Mental Health Grand Rounds

NYSCHA/NECHA Annual Meeting
October 28-30, 2015

M. Gerard Fromm, PhD

John Miner, MD

Each year, a number of bright and talented college students fall into a particularly serious place when facing the challenges of their college experience. Frequently, they will ‘disappear’ from classes, fail to respond to calls from deans and/or administrators and fail to follow through with evaluation and/or treatment sessions at college counseling services.

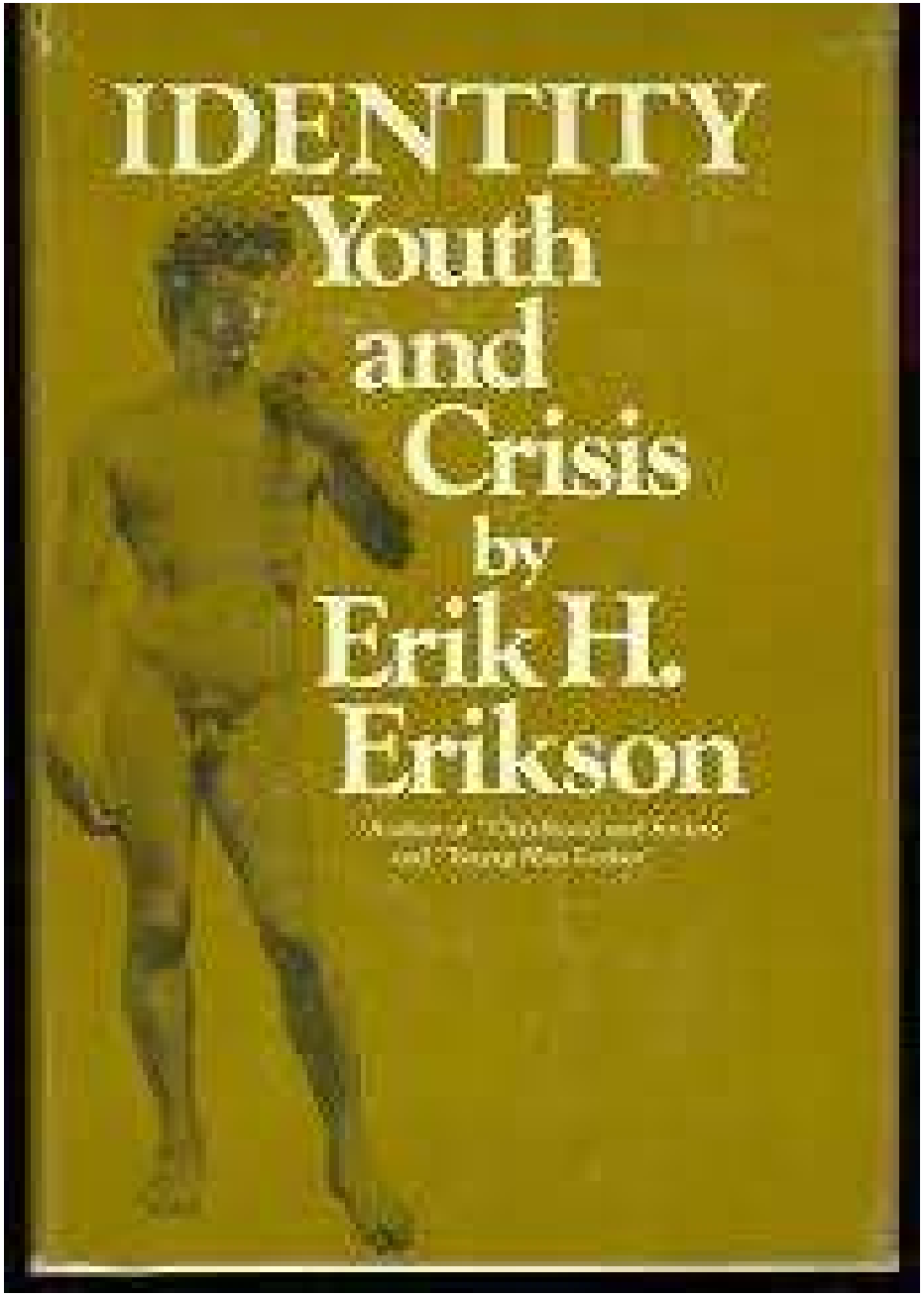
Despite a variety of interventions, many of these students end up leaving the college on academic, personal or medical/psychological leaves of absences.

They are …..

A Deer in the Headlights

When sensory information about a threatening situation is detected by the amygdala, output connections to the response-control systems in the brain stem initiate the expression of defense responses (freezing) and the supporting physiological changes in the body (stress response).

JOSEPH LEDOUX, PROF. OF SCIENCE
NYU CENTER FOR NEURAL SCIENCE
“THE EMOTIONAL BRAIN” & “SYNAPTIC SELF”


IDENTITY
Youth and Crisis
by
Erik H. Erikson

Colleges offer young people a sanctioned interim between childhood and adulthood: moratorium

Combination of:

prolonged immaturity and

provoked precocity

Susan is an 18 y/o, first year college student, from an East Coast urban city, referred by her home psychiatrist, who had been treating her with therapy and medications since her senior year of high school, when she developed depressive difficulties shortly after being accepted to college.

There was no history of any prior treatment or of identifiable mood episodes (hypomanic, manic or depressed) or diagnosable anxiety symptoms such as panic, phobia, OCD, GAD etc.

Susan indicated that, after her acceptance to college, she "decided she didn't need to go to high school any longer." She became very "apathetic" and had little interest, energy or enthusiasm for most activities and quit going to classes. Her previously stellar grades began slipping and her parents, both health care professionals, referred her to a local psychiatric colleague who saw her in therapy and also started her on Prozac 20 mg in the spring of her senior year.

Susan stated that she felt better shortly after starting the Prozac and was able to graduate cum laude from her private school and, reportedly, had a good summer before coming to college.

The first semester at college seemed to go reasonably well. She had periodic telephone sessions with her psychiatrist and she participated in JV soccer, freshman review (a theater production for first years) and briefly dated an upperclassman, who quickly moved on to another relationship with a woman who was more experienced sexually. When all of these activities ended in November, she lost interest in most activities, did not refill her Prozac prescription, quit going to classes and mostly stayed in her room. She was able to pass her classes, despite little preparation or attendance in the last month of the semester.

Over the Christmas break, she met with her psychiatrist frequently and her Prozac was restarted and then increased to 40mg before returning to college. However, Susan immediately began isolating and not attending her Winter Study course and her psychiatrist suggested that Susan locate her treatment with our college service and facilitated Susan's initial evaluation with me in mid January.

During my evaluation of her depressed mood, she indicated that she was not aware of feelings of sadness or feeling down, but instead feels that she is "incredibly apathetic". She had some DFA, little EMA and she admitted to trouble getting out of bed each day. Her appetite had been erratic, tending toward overeating more than loss of appetite. She admitted to decreased energy. When asked about her concentration capability she replied, "I haven't really tried to concentrate, so I don't know."

She had never felt seriously suicidal, had never made any attempts and, while she had some fleeting thoughts of suicide, she did feel any intent or concern of acting on those thoughts. She indicated that she thought suicide might be an option in the future if she was not going to fully participate in life.

We agreed that she should continue the increased dose of Prozac and that we would meet twice a week for a while to see what we could understand about this "obstacle" in her life, which seemed to immobilize her repetitively.

She didn't appear for her appointment 3 days later but called the secretary as I was contemplating a response to reschedule. In that rescheduled session, she apologized for sleeping through our appointment and she felt guilty for not "trying harder." I emphasized the 'obstacle' over the 'effort' model and, in an effort to frame this treatment as her own, I inquired how she might want me to respond if she missed subsequent sessions.
She wasn't sure… but was going to think about it.

She did not return but sent me an email a few days later indicating that she had failed her Winter Study class and her parents and the Dean had decided it was best for her to take a LOA, which she did. I spoke with the home psychiatrist about the brief series of events and my willingness to resume the treatment upon her return.

Questions, Comments & Discussion

LOA - February through September

intensive therapy

med changes to Effexor and Lamictal

volunteer work in a shelter

classes at a local college

quotes from re-instatement document

Return to college and review of treatment

We met in September, reviewed how the LOA had gone, what she had learned about her 'obstacle', etc. She indicated that she hadn't really thought much about 'obstacle', but really thought her problems were much more related to time management and procrastination. We decided to pick up where we had left off….beginning with twice a week therapy and continuing her medication regimen.

I returned to the issue of how she wanted me to handle the issue of keeping appointments and she indicated that she would take responsibility for that and that I needn't do anything. She cancelled the next appointment and missed the one after that. When she came to the following session, she apologized and explained how busy she was and how time management was, again, the problem.

In a quiet moment, she reported a dream:
She developed an intense crush on a young man but soon became uncomfortable after realizing she was rushing into a situation just so that she wouldn't be last in….

Most of her thoughts about the dream were about her social awkwardness and of feeling inauthentic, her inexperience with sexuality and relationship, etc.

I wondered if it also applied to our resumed therapy and that she needed to modulate the pace (and frequency) of sessions. She somewhat proudly claimed that once a week would be better for her, given her busy schedule, which I agreed to.

We met regularly through the fall, then, and I explored more about her interests (Willa Cather), her social supports (telling others of her LOA), her wishes to be adored and be seen as the best (relationships), her anxieties when she felt she revealed too much of herself, etc.

As November approached, she began to speak of her 'dread' of the ending of JV soccer and again began feeling overwhelmed with the volume of work that was needed as finals approached. We discussed the issue of her finishing grades needed to be her own and how they could be 'good enough'. She began skipping class again and indicated that she wasn't feeling badly about skipping. She missed her last session before Thanksgiving.

Returning after Thanksgiving, she indicated that she slept in her room at home the entire break and her family just 'let her be'. On her return to the dorm after break, she turned off her phone and didn't respond to emails.

Her parents contacted the Dean's Office about her not responding and a 'wellness check' was done, where Campus Security found her quietly reading in her room.

She came to our next session and was furious about the ‘wellness check’, indicating that she desperately wanted to be cherished and missed….but not worried about!
She indicated that I needn’t worry about her (ie being suicidal) and I took her at her word, having the sense that she was claiming something. She did not return for our last session before Christmas. She passed her classes for the semester, but later reported feeling embarrassed about them, being very focused about what others thought.

She returned for Winter Study, signing up for a creative writing course. We reviewed her break and she focused on how she had become deeply depressed again, particularly humiliated over her semester’s grades. She minimized dynamic factors, focusing on her poor time management. She did not attend class, did not attend therapy and took another LOA before failing another Winter Study.

She returned home and began working with a new psychiatrist and volunteered again and took more classes. However, she did not initiate plans to return to Williams at that time and remained out on a longer LOA.

During the fall of that LOA, she had a repeat deterioration of her mood and motivation. As her depression continued to be unremitting, she was eventually admitted to a psychiatric hospital in March of the following year.
She remained in treatment within that system of care for 2 years.

Description of Inpatient Treatment

After 18 months in the hospital, she was re-instated and began classes while continuing the hospital's step down program with both an apartment near the hospital and with a dorm room at the college. She was not seen at our service during the fall.

As she approached discharge from the step down program, she 'disappeared' from treatment, prompting 'wellness checks' from the hospital's nursing staff and a clinical review and consultation to the therapy. The treatment ended abruptly.

She was then referred to one of our staff therapists, but only came 1 time and she did not keep any follow up therapy appointments.

She began meeting with me before spring break, ostensibly to take over the medication treatment that had been initiated and managed by the hospital until her discharge.

Our conversation was pleasant and brief and she mostly reported how the semester was going, about her strategies for time management were working and she was accepting more of her limits and felt she could ask for more help if she needed it.

I was surprised then, 2 months later, that she came in and announced that she was taking another LOA, much to the consternation of her parents. They had indicated to her that she was not able to return home and her LOA plan was to go to live with a grandmother in a different state.

Discussion

Historical Perspectives:

1961 Student Apathy
Paul Walters, Jr. MD

1966 Talent as Danger
Psychoanalytic Observations on Academic Difficulty
Roy Shafer, PhD

1967 Student Alienation
Seymour Halleck, MD

1969 Academic Decline
Darius Ornston, MD

1983 Defeating Process in Psychotherapy
Martin Cooperman, MD

Emotional Problems of the Student

edited Graham Blaine, Charles McArthur

Chapter 9 Student Apathy

Paul Waters, Jr., MD 1961

1) Not agitated…indifferent, apathetic
2) Wish for maternal love and aggressive in nature
3) A normal defense to expected defeat, humiliation or deprivation
4) Similar to WW II troops needing a ‘buddy’ to nurse them
5) Marasmus / anaclitic depression
6) Reduce the other to powerlessness

The College Dropout and the Utilization of Talent

edited by Pervin, Reik & Dalrymple

Chapt 10 Talent as Danger:
Psychoanalytic Observations on Academic Difficulty
Roy Shafer, PhD 1966

1) Predominance of intellectualism & ascetic defenses
2) Danger of impossible ego ideal
   (no achievement possible)
3) Danger of expressed ideals bringing humiliation

American Journal of Psychiatry
5 November 1967

Psychiatric Treatment of the Alienated College Student

Seymour Halleck, MD

Estrangement from family, values & self

Superficial maturity

Live in the present; no future, no commitments

Sudden bouts of depression, not unremitting

Treatment:

1) Need for more activity in therapist
2) Attention of misuses of frame & structure
3) Importance of interviewing parents in presence of student
4) Value in utilization of group therapy modality
5) Impatience and frustration on part of therapist

Journal of American College Health Association
Vol. 17, June 1969

Academic Decline

Darius G. Ornston, MD

Research study of 27 juniors who had declined
from top quarter to bottom quarter since freshman year

-65% had major shifts in family constellations during college
significant alienation and lack of interest experienced from home
-70% had significant conflict over career choice with parents
-None of this cohort took any LOA
? value of LOA as a moratorium

Psychoanalysis and Psychosis

Edited by Ann-Louise S. Silver, MD

Chapter 16 Defeating Processes in Psychotherapy

Martin Cooperman, MD

Therapy is the progressive development of

an increasing mature relationship

Progression can be halted and thwarted in an act of vengeance

High price of winning

Power struggles

Hurt feelings of defeat on the part of the therapist

Mimicking identifications

Discussion

There is a “natural” period of uprootedness in human life: adolescence

Like a trapeze artist, the young person in the midst of vigorous emotion must let go of his safe hold on childhood and reach out for a firm grasp on adulthood, dependent for breathless interval on his training, his luck and the reliability of the “receiving and confirming” adults.

Erik Erikson – “Identity and Uprootedness in Our Time”