Create a case study presentation for a client between the ages of 8 and 17 years of age based on your assigned diagnosis. Describe the symptoms that meet the criteria for the diagnosis, and include pertinent medical, educational, and family history.

1. Ava is the 8-year-old daughter of two parents Kate & Evan that serve in the US Army. Neither parent has ever been diagnosed with any psychiatric disorder, but Kate's mother suffered from mild depression. Ava has no adverse medical history; she is an overall healthy little girl who is in 98 percentiles for height at her age. She had a childhood full of moving due to her parents being in the army, she was born in Germany, her early years were spent in Oklahoma. They are currently living in El Paso, Texas and her mother decided to bring her into the office due to adverse behavior at home & at school. Ava is in school at E.J Blott and has been there since the move to Texas and once was an excellent student who had straight A's and phenomenal behavior. Mrs. Jackson reported that Ava has been getting upset extremely easily and is often losing her temper at school. She has been engaging in screaming, breaking and throwing items, and being aggressive towards classmates (kicking, pulling hair, hitting, and yelling). The behaviors seem to have begun around 8 months ago when her dad was deployed to Jordan. Lately these behaviors have been occurring at least twice a day for 3 months. She has been hitting classmates and her mother with toys whenever they do not comply with her instructions or demands. In public she is throwing herself on the ground in a full temper tantrum if her mother does not listen to her or buy her the things she wants. Ava is at risk for being suspended or expelled from school because of the negative behavior and Mrs. Jackson is concerned her safety as well as Ava's if she keeps breaking or throwing things.

Based on the case, identify pharmacologic and/or nonpharmacologic treatments you would recommend. Provide support from a scholarly source to support your decision.

2. The 1stline of treatment for Oppositional Defiant Disorder (ODD) in children is psychosocial interventions like therapy and training (Tee-Melegrito, 2023). Therapy is a nonpharmacological treatment where the child discovers the root of the anger issue and learn techniques to heal themselves. Cognitive behavioral therapy (CBT) can help the child identify maladaptive behaviors through patterns that cause the inappropriate behavior and Dialectical behavior therapy (DBT) helps teach children healthier ways to manage their intense emotions (Tee-Melegrito, 2023). Pharmacological treatment options are typically reserved for ODD symptoms such as aggression and emotional dysregulation that did not respond to the conservative treatments (Tee- Melegrito, 2023). The FDA does not have a drug yet approved for ODD, but the common drugs that are prescribed are antipsychotics such as risperidone or a mood stabilizer like lithium may be added if in conjunction with the antipsychotic if needed.

Describe a minimum of two referrals you would make for the client and include your rationale.

3. For Ava, two referrals that would be needed would be school-based training for her teachers so that they can assist with improving the child's classroom behavior and to a