

Kip Kinkel: Psychotherapy Notes from Dr. Jeffrey Hicks

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Licensed Psychologist

Date: 1-20-97

Name: Kipland P. Kinkel

Date of birth: 9-30-82

PATIENT HISTORY

PRESENTING PROBLEM: Kip was referred by Ron Fountain of Springfield School District#19 and brought to his 1-20-97 intake appointment by his mother, Faith Kinkel. Mrs. Kinkel reported Kip has a fascination with explosives, guns and knives. This interest is shared by several of his friends and his mother is concerned such fascination is unhealthy and may lead to behaviors that could harm Kip or others. Kip often lies to his parents about his interest in explosives and his parents will no longer leave him alone at home. In addition, she describes her son as having a hot temper and sometimes kicking holes in walls at home. This Fall he was caught shoplifting CD's from Target and during the first week of January was arrested in Bend for kicking rocks off of an overpass at passing cars. He was held in detention for one night at the Bend juvenile facility and released to his parents. His mother describes Kip as "very emotional." His mother is seeking psychological consultation to help her son learn more appropriate ways of managing anger and to curtail his antisocial acting-out

PREVIOUS PSYCHOLOGICAL TREATMENT: None.

FAMILY HISTORY: Kipland resides with his biological parents, Bill and Faith Kinkel. His sister Kristin(20) is a student at Hawaii Pacific University and no longer lives at home. Mrs. Kinkel describes herself as quite emotional. The family history is negative for psychiatric illness.

EDUCATION:

Academic Performance- Kip is an eighth grade student at Thurston Middle School where he receives A and B grades. He is in the TAG Program and enjoys school. Kip is young for his grade placement and his parents had him repeat the first grade because of difficulties learning to read.

Peer Relationships- Kip has several friends and generally relates well with peers.

MEDICAL HISTORY:

Current Health/Medications/Physician- Kip is in good health and takes no medications. His physician is Eric Geisler, M.D.

Prenatal/Birth- Unremarkable.

Developmental Milestones- Within normal limits. He had difficulty learning to tie his shoes and also learning to read.

Illnesses/Injuries- Kidney stone surgery at age 12. No other significant events.
Appetite/Sleep No problems reported.

Substance Abuse- Denied by patient and not suspected by parents.

Physical/Sexual Abuse- Denied by patient and not suspected by parents.

DSM-IV Dx:

Axis I:(Clinical)- 296.21, Major Depression, Single Episode, Mild.

Axis II:(Personality)- V71.09, No Axis II Dx.

Axis III:(Medical)-No Axis III Dx.

Axis IV:(Stressors)- Relationship with parents.

Axis V:(GAF) Current- 50; Past Year- 60.

January 20, 1997

S- Kip is a fourteen-year-old boy with brown hair and blue eyes. He was adequately groomed and casually dressed in a green sweatshirt, black corduroy pants and a black leather jacket. He was oriented as to person, place and time with no evidence of delusional thinking or other thought disorder symptoms. His attention and concentration were adequate for interview purposes. His speech was logical, coherent and goal-directed. He was initially sullen but became more cooperative as the interview progressed. He became tearful when discussing his relationship with his father. He reported his mother views him as a "good kid with some bad habits" while his father sees him as "a bad kid with bad habits." He feels his father expects the worst from him and was not supportive of counseling because of the expense and his belief that it will not be helpful. Kip reported he often feels angry but does not know why he feels this emotion. Kip reported he makes explosives from gasoline and other household items and detonates them at a nearby quarry to vent feelings of anger. He denies intent to harm people or property. If he has a "bad day" at school, he feels better after detonating an explosive. I cautioned Kip that gasoline is very dangerous and advised he not use it for such purposes. When asked with whom he can talk about personal issues he identified his friends and, to a lesser degree, his mother. He cannot discuss his feelings with his father for fear he will become angry with him. He feels he has little in common with his parents and finds talking to them difficult. He is receptive to ongoing therapy.

O- Occasionally tearful when discussing his relationship with his father.

A- Kip is very angry and vents this anger by antisocial acting-out and detonating explosives. He is at risk for accidentally harming himself or others with explosives. He is also high risk for continued antisocial behavior. He is angry toward his father whom he

regards as very critical of him and has inadequate strategies for venting this anger.

A See in one week with a focus on appropriate strategies for managing anger and improving communication between Kip and his parents.

January 27, 1997

S- Good week. Temper under good control. Bill making a strong effort to be more positive with Kip and they had a good talk yesterday. No further use of explosives or playing with weapons. Feels less angry and is pleased with his father's efforts.

A- Less angry and less depressed.

P- See in three weeks.

February 24, 1997

T.C. resumed to Faith. Kip meets with Dr. Crumbley, Dept. of Youth Services on Wednesday at 11:00

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February 26, 1997

S- Faith reports Kip is doing very well. Kip is feeling less angry and recently achieved a 104% in math class. He met with Dr. Crumbley this morning who assigned thirty-two hours of community service will require he write an apology letter to owner of car he hit with a rock and pay for damage to car (\$50.00). No prosecution planned though, if he is arrested within six months, he will be prosecuted for this event and the rock throwing Faith feels Bill is making an effort to be more positive with Kip though he sometimes continues to add a negative comment after praising Kip. Kip predicts he will be able to stay out of trouble in the future. He is not practicing specific techniques for managing anger Suggested he consider riding his bike, running, shooting baskets or tearing old magazines(old phone books or newspapers) when angry.

A- Good effort by Kip to manage anger. He continues to feel depressed several days per week but denies suicidal ideation.

P- See 4-4-97 at 4:00 P.M.

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April 04, 1997

S- Behavior remains under good control. Some ongoing interest in explosives but no activity. Upset parents are giving their third car to his sister who is a college student in Hawaii. He was hoping to be able to drive this car when he gets his license. He's tried to talk to his parents about this and they bring up everything he's done wrong. He's not sure if they just don't want him to have a car "I've made a rule that I don't tell them anything about school. If they ask I say I was a fine day." He does this because he feels they get angry and "everything is automatically my fault." Mother joined session at this point and Kip raised the issue about the car. Faith told him the car will be back by the time he's sixteen and his ability to use it will depend on his being responsible. Kip not feeling well today.

A- important Kip not make assumptions and ask for specific information from others. He is not willing to do this with his father but is more comfortable approaching his mother. Affect remains depressed though he is clearly less angry.

P- See in three weeks.

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April 30, 1997

S- Kip and Faith in. Kip angry and upset about two suspensions in the past week. Last week he was suspended for two days for kicking a peer in the head after this boy has shoved him. Kip is angry that the other boy, who started the altercation, was not punished. Yesterday, Kip was suspended for three days for throwing a pencil at another boy. The teacher, Mr. Boom, saw this as an assault, therefore the three-day suspension. Both Kip and Faith have questions about how these incidents were handled by school personnel. Recommended parents consult with school officials, perhaps V-P Mr. Nelson, to inform them of how much progress Kip has made and show them the excellent grades and positive teacher comments from this past term.

A- Kip may have overreacted but feels unfairly treated by school officials. It is important he feels supported by his parents and that school personnel acknowledge his improved behavior and performance.

P- See in two weeks.

June 02, 1997

S- Behavior under good control but his mother is concerned he seems too cynical and disinterested in participating in Summer camps. His father continues to make a strong effort to reach-out to Kip and to be positive with him. Discussion with Faith about

possible use of antidepressants. She agrees Kip is having ongoing difficulty with depression symptoms and is receptive to considering a trial of an antidepressant. Kip reports, "Eating is like a chore." He complains that food doesn't taste good. He often feels bored and irritable. He feels tired upon awakening most mornings. He reports there is nothing to which he is looking forward. He denies suicidal ideation, intent or plan of action.

O- Release to Eric Geisler, M.D. in chart.

A- Ongoing major depression symptoms. Kip is no longer feeling as angry as when initially seen but depression continues to interfere with his emotional functioning. He is easily frustrated, negative in his outlook and it doesn't take much stress to overwhelm him.

P- See in two weeks. Kip and his parents will discuss consulting with Dr. Geisler about a trial of an antidepressant.

Chart note to Dr. Geisler.

June 18, 1997

PROBLEM: Depression.

DATA: Dr. Geisler started him on Prozac 20 mg. A.M. twelve days ago. He is sleeping better and there have been no temper outbursts. Kip is taking the Prozac as prescribed and reports no side-effects. His father is making a good effort to spend time with him and Kip is pleased with this change. ASSESSMENT: Kip appears less depressed though it is certainly too early to assess the usefulness of the Prozac. PLAN: See in three weeks.

Chart note to Dr. Geisler.

July 09, 1997

PROBLEM: Depression. DATA: Faith in with Kip. He missed two days of Prozac while camping with friends but is generally taking it as prescribed. She reports he is less irritable and generally in a better mood with no temper outbursts. His energy remains low but he is sleeping well and his appetite is normal. He is getting along well with his parents and his father continues to make efforts to spend time with him. ASSESSMENT: Kip appears less depressed and is generally doing well. PLAN: See in three weeks.

Chart note to Dr. Geisler.

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July 30, 1997

PROBLEM: Depression.

DATA: Kip continues to do well. He is taking Prozac 20 mg. A.M. daily with no side-effects. He does not appear depressed and denies depression symptoms. His mother reports his moods have generally been quite good. He recently returned from a family reunion in San Diego and was very well behaved and seemed to have a good time.

ASSESSMENT: Kip continues to function well with no evidence of depression.

PLAN: Kip, his mother and I agree he is doing well enough to discontinue treatment. The family will call prn for consults.

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