

## **Child Cases – Session 1**

### **Daydreamer Case**

Mark is an 11-year old boy who is brought for a psychiatric consultation by his parents for problems he has had since he was born. He is described as socially immature and has always had trouble making friends. His mother sees him as unhappy; his father, as unfocused and lazy. This school year has been particularly hard. He is picked on and seems always to do and say the wrong thing.

Mark was a demanding baby. He never seemed to sleep, and he cried a lot. His developmental milestones were within normal limits. As a toddler he was on the quiet side.

In first grade he had trouble waiting in line and became attached to certain toys, preferring to play the same games repeatedly. He has always had difficulty with change and transitions (e.g., changing the seating arrangement for dinner can throw him into a tizzy).

Academically, elementary school was uneventful. Mark maintained a B average, but his grades dropped in seventh grade. His father was very demanding and felt that Mark constantly wasted time when studying, daydreaming instead of focusing on homework. His absent-minded behavior was evident when he became a member of the traveling basketball team in sixth grade. His father was an assistant coach and observed that Mark got lost on the court and was socially less mature than the others. He had poor eye contact and lacked social skills. He missed out on jokes and didn't join in the team camaraderie.

Mark's mother says he usually starts school off on a positive note, but as the work becomes more difficult and complex, he gets disorganized. At meals Mark has trouble following the conversation. During the summer he has less trouble, as he is a good athlete and spends a lot of time in sports activities. However, in day camp he made only one friend; and since starting sleep-away camp at age 8, he has never developed a social network. The camp director reported that Mark was inflexible, said silly things, and had difficulty following instructions.

Mark's mother, age 40, has a Master's Degree in audiology. His father, age 41, has an MBA from an Ivy League school and is a successful investment banker. The marriage is described as excellent, and Mark seems to be the only focus of conflict. His father is disappointed and irritated with Mark, and his mother is protective and worried. There are two younger brothers, ages 9 and 7, who are without any emotional problems.

Mark had to be coerced by his mother to attend the evaluation. He says he has trouble making friends and he doesn't do as well in school as he should. His favorite subjects are math and English, even though he does poorly in both. He says he fights with his parents and that his father's criticism can make him cry. He is afraid that coming to see a psychiatrist must mean that he is crazy. He says he has no problem sleeping, his appetite is excellent, and he loves to watch TV for hours, especially sports events. He has no friends and spends his weekends alone. He can't understand why people don't like him. In school he acknowledges trouble keeping his attention on his work, and admits that his mind wanders while the teacher talks. At camp things are okay when he's playing sports, but he has no close friends. He prefers tennis to team sports

because it is easier to pay attention when you know the ball is always coming to you. He wishes it would be easier to keep friends, that he and his father would stop fighting, and that he could eventually become a professional basketball player.

School reports consistently state that Mark has poor organizational skills. He is able to sit for 10 or 15 minutes, but frequently gets drinks of water or makes bathroom trips. He has poor concentration. When being tutored one-to-one, he can accomplish a lot, and is evaluated as bright by his tutor. No disciplinary problems are reported in school.

The Teacher's version of the Conners Teacher Rating Scale (1990), which assesses hyperactivity, impulsivity, and attention, was completed by several of his teachers. They indicated that he had a short attention span, was easily distracted, daydreamed much of the time, and consistently failed to finish things he started. The neuropsychological testing data indicated problems with attention and processing speed. He did poorly on a spatial relations test, a timed, complex test requiring rapid processing of information. He also did poorly on following oral directions that required attention to both visual and verbal detail. On a test of memory and learning, he did well on memory tasks that are meaningful, but poorly on memory tests of randomly connected information.

### **Questions for the Daydreamer Case**

1. What are the important aspects of this case?
2. What is the Differential Diagnosis? (List at least 3 diagnoses)
3. What is the most likely diagnosis and why?
4. What are treatment options?



## Sniper Case

Leah, age 7, was referred by her teacher for evaluation because her tearfulness, irritability, and difficulty concentrating in class. Two and a half months earlier Leah had been among a group of children pinned down by sniper fire on her school playground. Over a period of 15 minutes, the sniper killed one child and injured several others. After the gunfire ceased, no one moved until the police stormed the sniper's apartment and found that he had killed himself. Leah did not personally know the child who was killed or the sniper.

Before the shooting, according to her teacher, Leah was shy but vivacious, well-behaved, and a good student. Within a few days after the incident, there was a noticeable change in her behavior. She withdrew from her friends. She began to bicker with other children when they spoke to her. She seemed uninterested in her schoolwork and had to be prodded to persist in required tasks. The teacher noticed that Leah jumped whenever there was static noise in the public address system and when the class shouted answers to flash cards.

Leah's parents were relieved when the school made the referral, because they were uncertain about how to help her. Leah had been uncharacteristically quiet when her parents asked her about the sniping incident. At home she had become moody, irritable, argumentative, fearful, and clinging. She was apprehensive about new situations and fearful of being alone, and insisted that someone accompany her to the bathroom. Leah regularly asked to sleep with her parents. She slept restlessly and occasionally cried out in her sleep. She appeared always to be tired, complained of minor physical problems, and seemed more susceptible to minor infections. Her parents were especially worried after Leah nearly walked in front of a moving car without being aware of it. Although she seemed less interested in many of her usual games, her parents noticed that she frequently engaged her siblings in nurse games, in which she was often bandaged.

When asked about the incident in the interview, Leah said that she had tried desperately to hide behind a trash can when she heard the repeated gunfire. She had been terrified of being killed, and was shaking all over, her heart pounding and her head hurting. She vividly told of watching an older child fall to the ground, bleeding and motionless. She ran to safety when there was a pause in the shooting.

Leah described a recurring image of the injured girl lying bleeding on the playground. She said that thoughts of the incident sometimes disrupted her attention, though she would try to think about something else. Lately, she could not always remember what was being said in class.

She no longer played in the area where the shooting had occurred. During recess or after school, she avoided crossing the playground on her way home from school each day and avoided the sniper's house and street. She was particularly afraid at school on Fridays, the day the shooting had occurred. Although her mother and father comforted her, she did not know how to tell them what she was feeling.

Leah continued to be afraid that someone would shoot at her again. She had nightmares about the shooting and dreams in which she or a family member was being shot at or pursued. She ran away from any popping noises at home or in the neighborhood. Although she said that she had

