

During activity – Please do not mark / make notes on these pages.

After activity – please compile case studies at the center of your table. The presenters will collect them at the end of the training.

Diagnostic Center – North Mental Health Training – Anxiety Case Study

Student: Connor (September of Kindergarten; age 5 years, 9 months; male)

Interviews	
General Ed Teacher	<ul style="list-style-type: none">• Transitional kindergarten teacher from last year said she could not understand him (articulation).• Connor’s teacher indicated his behaviors are like a “star student”. He is quiet and somewhat serious, but he gets animated when talking one-to-one with her.• He completes all class work successfully.• She reported above average academic skills.• Sometimes Connor comes in tired but doesn’t fall asleep.• He is an observer.• He relates better to adults. He needs the structure of a game to play successfully with peers; he likes activities that have structure and rules.
Parent	<ul style="list-style-type: none">• Mom took him to a psychiatrist, who diagnosed him as ADHD with OCD tendencies.• Connor no longer takes medications for ADHD because of their intense side effects (e.g., thinking snakes were crawling through his veins). He is taking meds to help him sleep.• He only has night terrors now once every other month.• Mom took him to a counselor to address home behavior. Connor’s tantrums include screaming, hitting adults, and refusing to eat. He has to control all rules at home, including what people watch on TV, how much food they eat, what route they take to the supermarket, etc.• Connor has to have the same lunch every day. He will even get upset if his mom adds his favorite candy to his lunch.• He hates when someone moves his toys in the common areas at home. He is fine if someone moves his toys in his bedroom.• He perseverates on what he wants to say and cannot move on until he has shared out.• Connor’s mind goes 100 mph. It is hard for him to focus. At home, if Mom redirects him, he will tantrum and turn into The Hulk.• Tantrums at home last 5 minutes to 3 hours. He stomps his feet, raises his fists, holds his breath, and hits his siblings if he feels like they are making fun of him. If he can’t figure out how to do something, he screams and hits his head.• Connor hates when his family talks about his negative behaviors amongst themselves or people outside the family. He hates when people know he has done something wrong.• If people raise their voice to Connor, he gets more upset and cannot calm down.• If Mom pretends she is sad when Connor is enraged, he calms down to comfort her.• He gets upset with himself if he hurts someone’s feelings. He wants to fix it if he has made someone sad. Once everyone else is calm, then Connor can’t keep himself under control anymore and he gets upset.• Connor really wants peers to be his friends. Mom has never seen or heard that Connor displays aggressive behaviors with peers.

	<ul style="list-style-type: none"> • Connor will accept only one babysitter. They have tried five other babysitter's in the last six months, but none of the babysitters will return. • Mom is shocked school does not observe these behaviors and that his general ed teacher says he is doing well in class.
SLP (preK-current)	<ul style="list-style-type: none"> • Connor has had intervention for articulation errors since he was 2 years old. • Academic learning is a struggle. • Connor shows OCD tendencies during speech therapy. He is rigid. If the room looks different, he must fix it. If she goes out of order with their routine, he must fix it. He is a little aware of these tendencies. • He gets very concerned if his small group peers are not doing they're work. He tells on them to the SLP, then goes straight back to doing his own work. • Connor can be over-focused in small group. It is hard for him to leave one thing to work on something else. • No psychoeducational assessment has been completed by the school district.

Observations / Assessment

- Performance anxiety was mildly observed with these assessors – when he was redirected to change a strategy or answer, he insisted on describing why he made his choices, and he refused to shift unless the reasons for the change that were provided by the adults made sense to him.
- Connor was observed to bite his fingernails until they bled, constantly lick his lips when stressed by academic challenges. These are physical indicators that he is attempting to cope with excessive amounts of anxiety.
- Connor's defensiveness can be observed by raised shoulders, tense body, hand-wringing, hands grabbing at the sides of his pants, consistently facing the teacher, and biting his lip.
- Connor's parents provided a typical example of excessive anxiety, involving his response to a news story they watched about flooding in parts of the country. Connor perseverated for 2-3 hours afterwards on concerns they were going to be flooded, and therefore, needed to construct a house high on a hill in order to protect themselves. The next morning as they drove to the assessment center in Fremont, it was raining. Connor's parents describe that he went into a panic and was worried that they would all die in the flooding, which he feared would result from the rain. They report having to carry him to the car because he was afraid of dying from a potential flood if he walked.
- The class recited many sentences, songs, and poems throughout the day. These were often integrated with gestures. Connor typically provided gestures and rarely integrated this with verbalizations. Whether a multisensory approach with gestures was used or not, he tended to respond with the final word or phrase when the sentence, song, or poem was repeated a second time.
- Connor precisely and immediately followed all of his teacher's instructions and routines. He was usually one of the first to complete any set of routine directions, such as standing up, sitting on the rug, pushing in his chair, sitting with folded hands and legs, raising his hand instead of calling out, writing activities, center activities and concluding his work without delay during transitions. Exceptions were when he approached an adult to share a personal story or opinion, and he appeared to enjoy this individual attention, given that he benefited from a verbal direction to join his peers once he concluded his verbal exchange.
- Connor appeared most comfortable with his peers when in a one-on-one situation. For example:
 - He responded to a female peer at circle time when most students' gaze was away from him and towards a teacher.
 - He leaned towards his table partner to talk and smile together while the rest of his group worked on an assignment.
 - He approached his favorite friend from his transitional kindergarten class multiple times during recess to talk and play.
 - After he volunteered a response during circle time, he had a delayed response in choosing the next peer to respond when his whole class looked at him.
 - Mrs. Cranfill asked all students to turn and greet a neighbor. Connor turned towards a neighbor and waited for her to say something first.

- He did not respond during a writing activity at his group table when a peer shared his work. Another peer then shared his work, and then Connor slowly held up his paper after about five seconds. The peer complimented his work, to which Connor smiled but did not verbally respond.
- Connor appeared comfortable being called on by his teacher when he volunteered a response to the class. Connor often raised his hand to volunteer information.
- Connor's body appeared tense and unusually controlled throughout the day. Examples are:
 - He often walked with his hands gripping the sides of his pants.
 - He walked instead of ran when he passed in front of the assessors during recess.
 - His shoulders and neck appeared tight.
 - He also was observed biting his nails.
 - At times, he folded his hands tightly when sitting with the whole group while they recited the date and calendar songs.
 - He turned his whole body towards his teacher whenever she requested the class's attention. This also occurred when she moved around the classroom. Connor is seemingly very observant and aware of others, especially his teacher.
- Connor demonstrated advanced inhibition and sustained attention for adult-directed tasks, maintained focus despite external distractors of students getting out of school, and was not observed to impulsively respond verbally or behaviorally over three hours of observation, except for once. He took his medication to treat ADHD this day.
- The single occasion Connor displayed disinhibition was when one of the assessors joined his conversation about his dog by talking about her own dog. Connor repeatedly and insistently stated, "No ... no ... no ..." until the assessor stopped talking, at which point he resumed sharing his experiences. This appeared less like an impulsive response and more like an attempt to dominate or control the conversation.
- Topics of conversation were directed by Connor. He sought affirmation from the assessor when he spontaneously provided synonyms to descriptive words, noticed traits, and displayed expected behaviors.
- Connor titled one of his papers with his last name and was directed by an assessor to follow the rules and write his first name. Before he complied, he seemed to need control by understanding why his first name needed to be written. Later as the class was dismissed for recess, Connor approached the assessor and explained that he has written his first name hundreds of times so he wanted to learn how to write his last name, and today was his third attempt. The assessor praised him, and he walked away with body language indicating pride.
- Connor stated he likes school but worries that homework will get harder when he gets older because that's what his brother says.
- Connor's teacher rated his behavior for the afternoon was in the "Super" range, which was the second highest category. Just two other students received a rating at this level or higher.

Conclusions

- Connor presents with anxiety, Childhood Apraxia of Speech (affecting his learning by impacting auditory sequencing and phonological awareness), ADHD, and a sleep disturbance.
- Connor's intense need to control his environment, hypersensitivity, protest to change, and need for predictability are most likely consequences of his anxiety. Examples include needing his toys to be in the proper order and refusing to stay with anyone other than his one preferred baby sitter. His symptoms currently do not include the elaborate rituals characteristic of obsessive-compulsive disorder (OCD), and may instead be viewed as another attempt to deal with his anxiety.
- As a kindergartener, Connor exhibits signs of struggling to manage his anxiety and maintain an appearance of meeting others' expectations. His behavior at the time of this assessment appears most consistent with a predisposition to performance anxiety.
 - Connor's diligent work ethic and intense desire to complete all his work is driven by his need to please others and be viewed as someone competent. He has the desire to be perfect and his parents report that he does not tolerate constructive criticism.
 - Connor is terrified of being embarrassed for doing something inadequately, and he does not want to disappoint others, particularly adults. The result is analogous to a pressure cooker, because he contains his stress and worries internally, and he eventually explodes at home with tantrums and an intense need to control his environment.
- Additionally, Connor displays a variety of generalized anxiety symptoms related to frequent and excessive worrying. He does not have a single worry or obsession that persists once the stress triggering that worry is alleviated. Instead, his anxieties jump from one worry to another. Every time one worry is resolved and his stress is subdued, a new worry crops up and it is usually about an unrelated topic.
- He relies on predictability to avoid additional worries about whether he will be able to cope with new stressors.
- Connor presents as a highly behaviorally controlled but emotionally reactive individual.
- He does not know how to cope with the physical discomfort of being tense and stressed, his mental worry, and his exhaustion in the form of a sleep disturbance. Connor views his world as unpredictable and full of threats, so he also alleviates these uncomfortable physical feelings and thoughts by learning to control other situations. Examples include:
 - Needing to know why a decision is made
 - Needing to have all the information he can about something unfamiliar
 - Needing to say the last word
 - Wanting to have things done a certain way, such as lining up cans at market
 - Blaming others when his mechanical structures fall
 - Constant monitoring of the environment, like being a rule follower
- When attempts towards self-preservation through controlling his environment and his body's responses backfire, he shuts down in the safest and most secure environment he knows, which is home. His "fight or flight" survival technique is "fight." Disruptive, oppositional, and aggressive behaviors are often generated by unrecognized anxiety that he does not yet know how to define. He loses his self-control and engages in interfering behaviors like tantrums at home. He also lacks emotional regulation and pushes away the same adults who could help him feel secure and contained.