

Anxiety Disorders: Case Scenarios

Scenario 1:

A caseworker is currently investigating a case in which the referral included concerns of child maltreatment and domestic violence. There are three children in the family, two girls (ages 3 and 7 years), and one boy (age 9 years). Included in the referral is information related to violence occurring between the parents, particularly the father toward the mother. The police have been called to the home on several occasions as a result of the domestic violence. In addition, concerns were noted for the oldest child, who has missed a significant amount of school in the last several months. The father is not a consistent presence in the home, and frequently leaves for periods of time when things are not going well in the parental relationship.

While interviewing the family, the mother reports that the children have been present for almost all of the altercations between the parents and have been present when the police removed the father from the home on one occasion. The oldest child, Aaron (age 9 years), has tried to intervene at times to “protect” his mother and has been hit by his father as a result on at least one occasion.

Aaron has missed a significant amount of school in the last several months due to complaints of stomachaches and headaches. The mother feels that he may be avoiding school due to the fact that recently he has gotten in some trouble after he “went off” on several of his classmates for no apparent reason. Aaron’s teacher has also reported that Aaron has difficulty paying attention in class, and the teacher has found him writing disturbing drawings in his notebook when he should be paying attention in class. The mother reports that Aaron used to go outside to play with his friends after school, but now she has to “almost push him out the door” to get him to go outside with his friends. The mother also reports that Aaron has had difficulty sleeping over the last two months, and has reported experiencing nightmares and waking up in a cold sweat. She has also found him checking on her and his sisters late at night “just to make sure everyone is ok”.

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Scenario 2:

Michael is a 7 year old child who has been in foster care for 8 months due to his mother attending inpatient drug treatment. He maintains a close relationship with his mother, and has fit well into the foster family. He has a good relationship with both his foster parents and his foster siblings, but he has few behavioral problems. Although he is somewhat emotionally immature, he does well in school. Over the last several months, the foster parents have reported concerns about Michael. They report he seems “on edge” almost all the time. He has difficulty sleeping, and often insists one of the foster parents lay down with him until he falls asleep and he often wakes during the night frightened and calls for his foster parents.

The foster parents report that Michael becomes concerned about his homework being done correctly, almost to the point of obsession. When they have questioned him regarding this concern, he denies that his teacher has ever commented negatively about his performance or homework. The teacher has confirmed this. There have been many occasions where Michael has done the same assignment repeatedly (2-3 times) because he was not satisfied that it was done “good enough”. When he is reassured that his teacher is happy with his work, he presents many “what if” scenarios (i.e. what if she doesn’t like my handwriting; what if I forget to hand it in; etc.).

Recently, Michael has stated that he is concerned about his health. He worries “constantly” that something “could be wrong”, but he is unable to explain any reason why. He becomes very upset about this issue, unable to sleep, crying uncontrollably when this is discussed or for no apparent reason, etc. The foster mother has found him watching health programs on television, and Michael becomes very upset when he hears her on the phone talking about anyone who may be ill. Michael has not been ill recently, and according to his mother has never had a significant health problem. He has had no close experience with serious illness or death. Michael’s foster mother took him to the doctor for a full examination, and the doctor reassured him that he is perfectly healthy, but this has not alleviated Michael’s fears. When spoken to, Michael is able to acknowledge he has no basis for his fears, but states he “can’t help it”. He has reported feeling nauseous and having headaches, and will not go to friends’ houses to play, although he will invite children over to play with him.

The foster parents have stated that these behaviors are beginning to put a strain on the family as a whole and are requesting help in dealing with these issues.

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Scenario 3:

Colleen is a child whose family is currently receiving in-home services from your agency. Concerns that warranted the agency's involvement included the conditions of the home and mother's difficulty meeting the basic needs of the children due to lack of resources. The focus of the service plan is assisting mother to improve the living conditions and helping mother improve her parenting to four young children.

Colleen is 5 years old and is the youngest of four siblings. For the past two years, she has been home alone with her mother everyday while the rest of her siblings attended school. Colleen started kindergarten this year, and you, the caseworker, have received reports that her attendance to this point has been inconsistent and that the mother seems overwhelmed with the task of getting her to school. The teacher reports that Colleen does well in school, when she attends, and that she has made friends. Colleen seems to be on target developmentally.

When this issue is discussed with mother, she reports that Colleen becomes upset every morning when it is time to go to school. The mother reports this behavior actually begins the night before when it is time for Colleen to go to bed. On school nights, Colleen becomes tearful, questioning her mother repeatedly about what she will be doing when Colleen goes to school and if she will still be there when Colleen returns from school. Colleen often has difficulty falling asleep on school nights and she follows mother around the house almost constantly, refusing to let mother out of her sight. She screams and cries when it is time to go to school, and has even thrown up. Colleen's mother is at the end of her rope with the tantrums and many times has stated that it is just easier to allow her to stay home from school.

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Scenario 4:

You are currently investigating a case in which a father punched a 16 year old boy, causing him to have a black eye. In the course of the investigation, the father discussed the fact that the altercation occurred after he received yet another notification that his son, Jay, had been late for school. Jay's father reports that this occurs several times a week, on average, and that this is an increasing source of stress for the family as Jay receives after school detention which has a significant impact on the family's evening schedule due to transportation and other issues. Jay's grades have dropped significantly as a result of his absences. Jay's father also reported that he came home one day to find that Jay had not gone to school at all. When questioned why, Jay explained that a rubber band that he wore around his wrist had broken and he did not feel he could go to school without wearing it, fearing what may happen. Jay stated that he did not know what to do, so he stayed home.

Jay's father reports that Jay is very "particular" about his belongings and routines, and is easily upset, often to the point of extreme anger and aggression, if anything is out of order or his routine is interrupted. One example the father gave was that, when getting dressed, Jay has to put his right pant leg on first, placing his foot directly in his shoe so it does not touch the floor. One day, Jay's father heard a large crash in Jay's room. When he went upstairs to find out what was going on, Jay's right shoe was not on the floor where it was supposed to be, so he was unable to complete his routine. He was so frustrated that he picked his shoe up and threw it, breaking his lamp. He then had to undress completely, and get dressed all over again. Jay's father was able to give several other examples of such "rituals", including shutting the toilet seat, lifting it again, and closing it; turning on and off light switches; touching the same point on the wall when he goes down the stairs; etc. If he is unable to complete these routines or behaviors, he becomes extremely anxious or angry.

When the caseworker attempted to speak to Jay about these issues, Jay became very defensive, stating he is "not crazy" and that his dad is just making a big deal of nothing.

