

Case Formulation and Diagnosis

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Zoey, born to parents Sarah and Jeff, is a three and a half year old girl who has been referred to Early Childhood Assessment and Treatment Services (ECATS) by her pediatrician Dr. Iatrician. Presenting concerns encompass sleep disturbances, emotional dysregulation, poor boundaries, sensory issues and social-emotional developmental concerns. Zoey's parents describe their daughter's behaviour as explosive and oppositional. Zoey can be particularly difficult during bedtime as she resists going to bed. Furthermore, Zoey often wakes in the middle of the night and takes a long time to settle even with the support of her mother, who she often calls out for. Another challenge Zoey's parent's encounter, is during meal times. As Jeff and Sarah explained, their daughter has aversions to some foods due to texture. Zoey's emotional and behavioural presentation appears to be beyond her parents understanding of how to effectively support their daughter. Zoey's parents report having a loving relationship; however, they do struggle with effective communication regarding emotions. This, in turn, has impacted Jeff and Sarah's ability to be effective and consistent in parenting their daughter. They have reached out for support to their pediatrician and have attended assessment appointments at ECATS, demonstrating that they need help to remedy their daughter's emotional and behavioral symptoms. Although Zoey's parents have some insight, they do not appear to have awareness around how they are at times emotionally, exasperating their daughter's behaviour.

Sarah communicated that Zoey was an unplanned baby; she denied use of illicit/prescription drugs, tobacco or alcohol throughout her pregnancy. Zoey was born full term with no complications during labor and delivery. Sarah shared that she experienced severe Post-Partum Depression for the first six months of Zoey's life, and again, to a lesser extent, following the birth of her son Dylan, who is now a year and a half old. Zoey's sleep disturbances correlate with Sarah's relapse in Post-Partum Depression. The lack of sleep exacerbated Zoey's mom's depressive symptoms. Sarah recalled an instance where, in an attempt to get her daughter to go to sleep, she locked Zoey in her room by holding the door closed, leaving her daughter to scream and kick the door from inside her bedroom. Zoey's mom not only

communicated insight into how this was not effective parenting, but also showed remorse for her actions. Sarah stated that in this instance, she did not know what else to do. Zoey's parents report having a loving relationship, but also acknowledged that they do not communicate well. Jeff cited that he often does not know what to do to support his wife in parenting their daughter.

Zoey's experience in having a mother with Post-Partum or Post Natal Depression (PND) in infancy, and again in toddlerhood, explains some of her current symptomology. PND effects a mother's mood (depression, anxiety, irritability), level of enjoyment or interest, sleep and concentration, which creates feelings of inadequacy, guilt and hopelessness. These feelings often result in suicidal ideation / tendencies if untreated (Murray, Halligan & Cooper, 2019). Like most mothers who have PND, Sarah would have likely had a difficult time bonding with Zoey in infancy due to being consumed by her own experience (Murray, Halligan & Cooper, 2019). Sarah's preoccupation would have impaired her ability to notice Zoey's signals and interests, making it difficult for Sarah to respond to her daughter in an appropriate manner to meet her needs (Murray, Halligan & Cooper, 2019). These early mother-child interactions can leave lasting imprints on a child's development.

Zoey is likely to have deficits in cognitive development due to lack of lack of scaffolding interactions between her and her mother during her mother's periods of depression (Murray, Halligan & Cooper, 2019). As such, an Ages and Stages Questionnaire – 3 was utilized to screen Zoey's development. The ASQ – 3 identified that Zoey was meeting her gross motor, fine motor and problem solving developmental milestones on schedule. The ASQ – 3 also indicated that development regarding Zoey's communication will need monitoring and her personal-social skills will require further assessment. An Ages and Stages Questionnaire: Social Emotional – 2 was utilized to further screen for social-emotional and behavioural challenges. Zoey scored above the cut-off on the ASQ: SE – 2, which is indicative of intervention being warranted. Murray et. al explains that a child's cortical electroencephalic activity, hypothalamic pituitary adrenal axis functioning and oxytocin system are all

impacted when the mother has PND (2019). This means that Zoey's oxytocin system is less responsive increasing her risk to struggle with internalized, and or, externalized emotional problems and impairs her empathy and social engagement (Murray, Halligan & Cooper, 2019).

Sarah desires a connection to her daughter, as she recalls feelings of abandonment and unpredictability in relation to her own mother. Siegel and Hartzell highlight that:

“attachment is an inborn system of the brain that evolved to keep the child safe. It enables the child to (1) seek proximity to the parent; (2) go to the parents in times of distress for comforting as a source of a safe haven; and (3) internalize the relationship with the parent as an internal model of a secure base... the impact of these experiences is to provide children with an internal sense of well-being that enables them to go out into the world to explore” (2014, p.109).

This did not occur in Sarah's relationship with her mother, and as a result, has had a lasting effect on her relationships, including her bond with Zoey. Selma Fraigberg describes this as having, “ghosts in the nursery,” as Sarah's own experience is interrupting her ability to connect with Zoey as she continues to re-enact unresolved relational conflicts from her own childhood (Zeanah & Zeanah, 2019). It appears Sarah has preoccupied adult attachment because the lack of being able to develop a secure attachment with her mother in childhood has left her feeling anxious, uncertain and ambivalent towards attachment in adulthood (Siegel & Hartzell, 2014). This is reflected in Sarah's self-deprecating comments regarding her parenting ability. Sarah's disposition towards attachment can also be seen in her parenting behaviours. At times, she is withdrawn from Zoey, such as at bedtime. Other times, she can be overly intrusive with her daughter. For instance, I observed Sarah attend to her daughter in a swift manner when Zoey became distressed while playing with a train set. Unfortunately, Sarah did not attend to Zoey's feelings of disappointment and possible embarrassment and frustration. Instead, she tried to distract Zoey, which further upset her daughter. Following the tantrum that ensued, Zoey sought physical attention and comfort by sitting on her mom's lap.

Sarah's hot and cold response to Zoey has led her daughter to develop ambivalent attachment with her, as she has not consistently met her daughter's needs (Siegel & Hartzell, 2014). Features of separation anxiety and sleep disturbances have manifested as a result of this insecure attachment. As Sarah experienced PND following the birth of Zoey, this is likely the root of where her inconsistent parental attunement began. It is common for mothers with PND to move in and out of withdrawing from their child and conversely interacting in an intrusive manner (Murray, Halligan & Cooper, 2019). This, in turn, overrides their infant's signals and behaviour causing attachment ruptures within the mother child dyad, which leads to emotional and behavioural dysregulation like Zoey is exhibiting (Murray, Halligan & Cooper, 2019).

Because we know that attachment insecurity is significantly associated with increased risk for externalized disorders, as well as, impaired cognitive, language, and social emotional development, it is positive that Zoey's parents are seeking early intervention (Yaholkoski, Hurl & Theule, 2016). It is evident that Sarah still has a hard time reading her daughter's cues and shows low emotional efficacy. This was observed when Sarah missed an opportunity to "name it to tame it" when Zoey was upset by the train getting stuck on the tracks. Siegel and Payne-Bryson explain that parents can help their children tame their big right-brain emotions by eliciting information about what's making them mad, in turn, the child's left brain is activated to help make sense of their experience, leaving the child feeling more in control (2012). Since Zoey's parents lack attunement, they miss her cues and are not able to mirror Zoey's experiences and feelings. However, because sometimes Zoey does get her needs met by her parents in instances where they share eye contact and provide responses to her distress, she continues to ramp up her behaviour in hopes that she will be able to cue her parents in. Children presenting with insecure attachment can end up sending "miscues" or misleading messages, which can be confusing for their parents to interpret (Yaholkoski, Hurl & Theule, 2016). Zoey's sensory concerns regarding tags on clothing, textures of food and grooming are believed to be miscues at this time. If the symptoms persist post intervention, further investigation may be warranted. Miscues are a child or adults outward

manifestations or defenses to protect them from being hurt or alone (Powell, Cooper, Hoffman & Marvin, 2016). Zoey is diverting the attention on to external things, such as the toy train, or the clothing tag in an attempt to seek comfort and reassurance during times of duress, without becoming fully vulnerable to the possibility of being rejected by her caregiver. It is clear that trying to meet her needs and her parents needs is confusing for Zoey and takes up a lot of her energy; as a result, she has become hypersensitive (anxious) and reactive. There are times where Zoey's parents resort to yelling or conversely ignoring their daughter when in distress. They simply do not know what else to do, however, their very actions further reinforce lack of trust, empathy and safety within their parent child relationship.

The information gathered about Zoey and her caregivers in this assessment supports that she is not getting her needs met across the Circle of Security. Within the COS model, the caregiver is symbolized as a pair of hands which encompass the child's world; the top half of the circle support, known as the safe base, represents the child's need to explore their world and the bottom half of the circle, or the safe haven, emphasizes the child attachment needs (Powell, Cooper, Hoffman & Marvin, 2016). If the development sequence of attunement, balance and coherence, or as Siegel and Hartzell refer to them, the ABC's of attachment, are not established steadily, then proximity seeking, safe haven and secure base experiences do not have an opportunity to form optimally (Siegel & Hartzell, 2014). Although Sarah allows Zoey to play with toys and explore the observation room, she responded in a dramatic way when Zoey became distressed and attempted to distract her daughter in an effort to recuse her from her feelings. This communicates the world is scary and you can't possibly handle things without me. However, when Zoey does reach out, Sarah often feels ill equipped to help her daughter and becomes either overly intrusive or withdraws from her. Children with insecure attachments typically have caregivers who only fulfill one half of the COS circle. Although not perfect, Sarah is meeting Zoey's needs more at the top of the COS than on the bottom (Powell, Cooper, Hoffman & Marvin, 2016).

Infant mental health is best understood, assessed and treated in the context of the child's primary caregiving relationships; while symptoms typically manifest in distressing behaviour from the child, they are best conceptualized as relationship problems (Zeanah & Zeanah, 2019). Zoey meets the diagnostic criteria for Relationship Specific Disorder of Early Childhood, as she is presenting with persistent emotional and behavioral disturbance in her relationship with her mother. Although Zoey's dad struggles to support his wife in parenting, there is no mention of direct relational concerns within their father child dyadic relationship. Likewise, there was no reference of routine stressors between Zoey and her paternal grandmother, who provides childcare for the family.

Differential diagnoses for Relationship Specific Disorder of Early Childhood encompasses Axis I Disorders. While co-morbidity is possible, at this time, the following differential diagnoses have been ruled out: Separation Anxiety, Attention Deficit Hyperactivity Disorder, Disorder of Dysregulated Anger and Aggression of Early Childhood and Sensory Processing Disorders. These diagnoses have been ruled out largely due to the parent child relational concerns present. It is believed that as Zoey and her parents, specifically her mother, engage in treatment, the symptoms aligned with any of the aforementioned diagnoses will subside. Although Zoey meets a lot of the diagnostic criteria for the Disorder of Dysregulated Anger and Aggression of Early Childhood diagnosis, she is primarily struggling within the mother child dyadic relationship, and as a result does not meet full criteria. Because Zoey will be in a constant state of change as she continues to develop and psychopathology is characterized as the inability to change or adapt, it is crucial that we do not look at symptoms alone when diagnosing a child, but also at the functional significance of their emotional and behavioral manifestations (Zeanah & Zeanah, 2019).

Zoey is four times more likely to develop depression and or anxiety disorders by adolescence than children whose mothers did not experience PND (Murray, L., Halligan, S & Cooper, P., 2019). This can be explained by looking at the definition of mental health in early childhood, as it is described as "the developing capacity of the child... to form close secure adult and peer relationships; experiencing,

manage, and express a full range of emotions; and [to] explore the environment and learn” (Godoy, Davis, Heberle, Briggs-Gowan & Carter, 2019, P. 591). It is in Zoey’s best interest that her family has reached out for services at her age. The family qualifies for services through ECATS and would likely benefit from preventative interventions to address parent child dyadic relationship to minimize risk of development of full blown psychopathological disorders in later childhood or adolescence.

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