

Case Histories

Case History A – Bianca

Bianca is 12 years old and she is in seventh grade. Everyone agrees that Bianca is very bright. However, she dreads school and reports being sad since her 11th birthday.

Academically: Bianca is challenged by anything timed. If stressed, she shuts down or dissociates. When called on in class, she cannot provide answers even if she knows them. Her teachers have suggested she has ADD. She is a visual learner and is very organized. She dreads school and has only one friend in the school.

Socially: Bianca is largely a silent observer. She has friends outside of school but avoids groups. She prefers to stay in her bedroom playing with her Barbies and Beanie Babies.

Physically: Bianca likes swimming and ice skating, but refuses to participate in group sports or dance classes. Her balance is good. She is very healthy, but lately has complained of anxiety-related conditions, like headaches and stomachaches. She sleeps a lot.

Emotionally: Bianca presents as depressed and cries frequently. She dissociates whenever she is stressed. We noticed that she puts her hands into a fetal thumb hold when anxious.

History: Bianca's grandmother was diagnosed with cancer within two weeks of Bianca's conception, and died two weeks after Bianca's birth. Her mother was stressed, grieving, and had marital and financial stress throughout the pregnancy. She was otherwise healthy.

Bianca was an unintentional home birth and the midwife called her 'the most laid back baby' she had ever seen. She didn't cry a lot when hungry. She was generally undemanding. Three months after the birth, the mother returned to work. Mom and dad shared childcare.

During her first year she was held a lot and spent most of her time in a walker, car seat, stroller, or high chair.

Bianca is startled by sudden noises, particular about the texture of her clothes, and is sensitive to light.

Her crawling and creeping are both primitive, and her arms don't swing when she walks or runs. She cannot skip.

Case History B - Melanie

Melanie is 11 years old and in sixth grade. She is a gregarious and energetic child who is easily frustrated and quick to anger.

Academically: Melanie has trouble organizing her thoughts and ideas. She has very low reading comprehension and is very literal. She has difficulty following directions and has to ask for the details over and over. Homework that should have taken 30-45 minutes, usually took Melanie 4 hours, which involved frustration, yelling, and tears.

Socially: Melanie is gregarious but immature in her play, and her relationships are compromised by her mood swings and her inability to 'go with the flow'.

Physically: Melanie is somewhat awkward and slightly overweight. She gets hot very easily. She is very sensory and becomes overloaded quickly. She hates itchy clothes, tags in clothes, and screams when her mother brushes her hair. She is prone to headaches and dizziness, primarily at night. She awoke from sleep about five times a night until she was ten years old.

Emotionally: Melanie is quick to frustration, and she is rigid and prone to rages, if challenged. She seems to have no regard for the consequences of her behavior and her mother says she 'lacks common sense'.

History: Melanie's mother had high blood pressure. Melanie was an induced forceps baby. Her face looked purple and smashed at birth. At six weeks, she started crying and did not stop until nine months. She fell twice from a high bed, once at age four and again at age five. Although she was held a lot, she did some creeping and crawling in her first year.

Case History C – Jason

Jason's label is autism. He is eight years old and in second grade. He is an adopted child with parents who have applied every therapy they could find to help him overcome his disability. He has been immersed in activities with normally developing children. They report that all of his skills have been 'programmed in' by a form of behavior therapy known as ABA therapy.

Academically: Jason is about six months behind his peers in reading comprehension and at grade level in other subjects.

Socially: Jason has many challenges, as his speech is robotic and perseverative. He is not interested in other people. He does not initiate conversations, make eye contact, or respond to conversations that do not involve his limited interests, which include birthdates, the time his next event is going to happen, and dinosaurs. He is very disturbed by the sound of crying babies.

Physically: Jason's gait is heavy and stilted. He does not swing his arms. His left foot is flat. He tolerates a LOT of pain, doesn't report heat, and has kept a heavy coat on in 80-degree weather. He does not know when he's hungry. He was very late to toilet train. He bites his nails until they are bloody. He does not notice oncoming cars and thus can't be trusted to cross the street on his own.

Emotionally: Jason seems to be unaware of what he is feeling. He is rigid and timid. He did not talk until he was two and a half, and his speaking vocabulary is limited.

History: Jason was adopted from Korea at 12 months of age. He was swaddled for most of the first year of his life at an orphanage. At 12 months, he could not lift up his head. He had a severe regression of skills following his MMR shots and had two possible convulsions. As soon as he was adopted, his new parents gave him lots of floor time. He has been in a loving and attentive home since he was 12 months old.