DC:0–5™ Training Handout
CASE REPORT: EMMA

Name: Emma

Date of Birth: 08/02/2012

Evaluator: Jennifer Psychologist, PhD

Evaluation Dates: 09/16/2015

Additional Data Sources:

Review of Past Evaluations from Committee on Preschool Special Education and Private Psychiatric Evaluation

Standardized Behavior Rating Scales (CBCL 1.5-5, ECBI, SPAS)

Parent Child Observations (DPICS)

Reason for Referral:
Emma is a 3-year-old Caucasian female presenting with severe temper outbursts. Emma's parents sought out the current evaluation for a second opinion after a previous private evaluator gave them feedback that she met criteria for Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, and Obsessive Compulsive Disorder (OCD). The parents had questions about these diagnoses given Emma's age and wished to clarify diagnosis as well as recommendations for treatment. Current concerns include frequent and severe temper tantrums, physical aggression including biting her father, and problems cooperating and listening to adult requests.

History of Presenting Problem:
Parents noticed concerns about distractibility and self-regulation since infancy. Her mother found breastfeeding hard due to Emma's difficulty remaining focused on eating. Further, her difficulty self-soothing led to an unsuccessful attempt at sleep training at 9 months old when Emma cried for hours, prompting the parents to stop sleep training due to worry that she would throw up. Tantrums started slightly before 2 years old, often when she was told "no" or asked to do something she did not want to do. During tantrums, she sometimes bites her father, urinates on the floor, and throws toys. Tantrums occur daily and sometimes multiple times a day and can last half an hour or longer. In addition, she will often insist on things being done a certain way, including insisting which parent helps her with a task, and will tell her mother that she's a "bad mommy" when upset. At school, severe temper outbursts are less common. She often refuses to comply with teacher directives and is very distractible at school unless given more support to stay engaged. In response to redirection, she often shuts down or ignores the teachers. Teachers have also reduced demands on Emma to participate in clean-up and less preferred tasks to reduce outbursts. She has frequently been aggressive with peers in reaction to disputes over toys or seating.

Developmental History:
Emma was born full term weighing 6lbs. 12 oz. with no complications during birth or neonatal period. She met her developmental milestones for crawling, walking, toileting, and speech within normal timeframes. Current motor weakness has been noted in OT and PT evaluations for both gross and fine motor coordination. She currently wears glasses and is far-sighted. She does not go to sleep easily and sometimes needs 2 hours to settle into sleep with frequent parent presence. She does sleep in her own bed. She does not snore or breathe loudly during sleep and typically sleeps from 8pm to 7am. Parents noted she has sensory aversion to tags on her clothes and dirty hands but she does not mind being wet, having her hair brushed, or other sensory activities. She does not have any allergies or take any medications.

Education History:
Emma first entered school at 2 years old and adjusted to separation from her parents approximately 3 weeks into the school year. Last year the school day was 2 hours long and consisted of structured and

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unstructured activities. This year she is at school for 3 hours with a mix of structured and unstructured activities. In her classroom last year and this year, she needs teacher support to play for more than a couple of minutes in one activity. She is described as self-directed and does not follow the classroom routine without a great deal of support. She does not engage with peers meaningfully in play, but she does seek some peer interaction and is observant of peer activities.

Her Committee on Preschool Special Education evaluation suggested difficulties complying with the testing procedures without breaks, redirection, reward systems, and coaxing by multiple evaluators. She was found to have difficulties following multistep directions, trunk and extremity weakness as evidenced by crayon grasp, W-seating on the floor, and balance delays. Cognitive and speech abilities were in the average range. She was able to participate in limited pretend play with an adult but not with a child.

Family and Social History:
Emma lives in a one-bedroom apartment in Manhattan with her biological parents. Her father is a professor and her mother is a lawyer. Her father has OCD which is treated with medication, and her mother reported a history of anxiety and depression. The mother reports significant worry about Emma's behavior and emotional difficulties including how it will influence her in the future. For instance, if Emma appears less hungry for several days, her mother will worry she is getting too skinny, even if presented with evidence from her pediatrician that her growth is normal. Further, her mother will worry that Emma is depressed if she does not want to sit by her or resists a hug, even when feedback from school suggests she is happy and engaged. Parents believe the maternal grandmother, who frequently babysits Emma, may have undiagnosed ADHD.

Emma's mother is currently pregnant and due in a month. In addition, her nanny just had a baby and is on leave. Parental conflict and living in a one-bedroom apartment are other psychosocial stressors. Parents previously have been in couples counseling; however, they discontinued this therapy because they did not find it helpful. A significant source of conflict for the couple is disagreements about how to handle Emma's behavior. Emma has never witnessed or experienced a traumatic or life-threatening event.

Emma plays mostly by herself in playground and classroom settings. She may seek a peer out to play but then moves on to a different activity or toy without developing a conversation or plan with the peer. She appears to be "visiting" peers around the room or playground but then running off to do something new. She can play with peers and adults with more structure and encouragement from adults.

School Observation:
Teachers reported Emma shuts down when she is overwhelmed at school. She does not play with others by choice but will when coached by adults. During the classroom observation, she went from one activity to another, not spending much time on any one task. She wanted to touch things almost in a frenzy. She was constantly seeking input and demonstrated limited danger awareness. She often refused to comply with adult requests and continued to do what she wanted to do in the classroom. She was able to be redirected to join at the play-dough table for a longer period of time. She spoke to peers when she encountered them at different activities but only briefly and not in shared play. She did not participate in clean up before the rug time. She participated verbally and stayed in her space on the rug. She did sit with demonstrated trunk weakness and spent some of the time looking around and not attending to the teacher.

Symptom Checklists:
Child Behavior Checklist for 1 ½–5 year olds. The CBCL is a 100-item parent and teacher measure assessing a wide range of child behaviors and symptoms with subscales measuring Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Sleep Problems, Attention Problems, and Aggressive Behavior as well as broader subscales measuring Internalizing Problems, Externalizing

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Problems, and Total Problems. T-scores greater than 70 are considered clinically elevated, and scores from 65–70 are considered borderline. T-scores below 65 are considered to be in the normative range. Emma's mother's responses on the CBCL indicated clinical elevations on Emotionally Reactive (T-score = 75), Somatic Complaints (T-score = 75), Attention Problems (T-score = 80), and Aggressive Behavior (T-score = 88). Teacher ratings on the CBCL indicated a borderline elevation on Emotionally Reactive (T-score = 68).

Eyberg Child Behavior Inventory. The ECBI is a 36-item measure of common behavior problems where parents rate the extent to which the behavior occurs (Intensity Scale) and endorse whether or not the behavior is a problem (Problem Scale) on a 7-point scale. T-scores 60 and above are considered clinically elevated. Both of Emma's parents completed the ECBI, and both reports indicated elevations in the intensity of her disruptive behavior (Mother: T-score 72; Father: T-score 73) as well as their perceptions of it being problematic (Mother T-score: 80 and Father T-score: 76).

Spence Preschool Anxiety Scale. The SPAS is a 34-item measure of anxiety symptoms in children ages 3–6 years old with subscales measuring OCD, Social Anxiety, Separation Anxiety, Physical Injury/Fears, and Generalized Anxiety as well as a Total Score. Emma's scores fell in the normative range on Separation Anxiety, Generalized Anxiety, Social Anxiety, Physical Injury/Fears, and Total Anxiety. Her scores fell in the elevated range (though not clinically elevated) for OCD (T-score = 62).

Dyadic Parent Child Interaction Coding System. The DPICS is a standardized behavioral observation system designed to assess the quality of parent–child social interaction. Observations are conducted in three 5-minute situations (child-led play, parent-led play, and clean-up) and assesses parenting and child behavior problems. Parenting behavior observed included positive following during child-led (which included behavior descriptions, praises, and reflections) and negative leading during child-directed (consisting of commands, questions, and negative talk) and total commands during parent-led play and clean-up. Percent compliance was coded for the child during parent-led and clean-up. Parent–child interactions demonstrated that parents had difficulty allowing Emma to lead the play during the child-led interaction and frequently used questions and commands in attempt to redirect from behaviors they perceived to be bossy or controlling (e.g., taking all of the blocks). Her mother gave some critical feedback at these moments, and her father used questions and commands to try to distract her. During parent-led play, she resisted parent commands and frequently negotiated with both parents. Parents frequently repeated themselves and attempted to reason with her to gain compliance. During clean-up with her father, Emma began screaming and throwing toys (magnetic tiles). At this point, he stopped trying to get her to clean up and used questions and commands to try to calm her down.

	Mother Observations	Father Observations
Positive Following (Child-Led)	5	8
Negative Following (Child-Led)	46	31
Total Command (Parent–Led and Clean-Up)	55	27
Compliance	14%	21%

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