CASE STUDIES

1. **Sarah, age 7, Grade 2 (explosive behaviour)**

Sarah started showing explosive behaviour with her teacher in Grade 2. Her teacher has noticed that her drawings are often “dark” with depictions of dead and injured people. There was no previous record of any problems. Sarah’s father has bipolar disorder.

Sarah’s parents were contacted and came in for an interview. Parents agreed to Sarah being referred to a Counselor to help Sarah express her feelings and manage her anger. A plan was put in place to identify one adult in school who could help Sarah when she feels upset and provide a safe place for her to go. Parents were provided with some suggestions for helping Sarah at home. Sarah’s behaviour improved and she used the resources available to her.

Two years later, when Sarah was in Grade 4, she started exhibiting difficulty controlling her anger; she was acting out- ran out of school, threw an object at another student, and hid in school. At home, she was hurting her younger brother.

**Questions:**
What would you recommend to help Sarah and her family? Who should be involved? What would you do to follow up?

2. **Rick, age 15, high school student**  (Source: Dr. Ian Brown, Chief Psychologist, Durham Catholic District School Board)

In elementary school, the other children had whispered about Rick’s rituals. He had placed his books under his chair in the same spot every day. His pencil always had a sharp point and was positioned at the top of his desk, exactly in the middle. An eraser was kept on the upper right had corner, not too close to the edge. His papers always were arranged carefully in the middle of his desk. This has continued in secondary school.

As a secondary school student, Rick has few friends. He doesn’t like having visitors to his house because it takes too much effort to put things back in order after they leave. He experiences a lot of anxiety at school when furniture and equipment are moved in his classrooms, or there is an unanticipated change in routine. Rick takes a long time to get from one class to another and is frequently late for the start of class. He is easily upset when other students come close to his desk; some of the other students have noticed this and take pleasure in teasing Rick by threatening to mess up his papers. Consequently, he frequently watches the clock and begins to pack up his belongings several minutes before the end of the period. Lately, he has been missing a lot of his classes, reporting that he “wasn’t feeling well”. Formerly a high achieving student (on the work that he handed in), he is now handing in even less work than previously and is in danger of losing his credits.

**Questions:**
What more do you need to know to help Rick? How will you get this information? Which of Rick’s behaviours are suggestive of an anxiety problem? What general approaches would be appropriate for helping Rick? What specific steps will you take to assist him? What priority should each of these steps have?
3. **Marcia, age 14, Grade 9,** (Source: Dr. Ian Brown, Durham Catholic District School Board)

Marcia has just started grade nine at your school. In her first semester she attended a school in another jurisdiction. She is vague when asked about her past, but you get the impression that she has moved around a lot and attended several elementary schools. You’re not sure how capable she is academically, because she produces very little work. Much of her time in class is spent with her head down on her desk, or looking out the window, or sketching in a notebook that she always carries with her. When you approach her desk, she covers the notebook with a textbook and pretends to be doing what the class is supposed to be doing. When called upon to answer a question, Marcia nearly always has the correct response, but delivers it succinctly and with no “feeling.” She generally avoids the other students, but has been seen talking with Margaret, another student in three of her classes. Marcia does not go to the cafeteria to eat her lunch, but rather sits in a corner of the library by herself. The teacher-librarian has noticed that Marcia tends to read “dark” and “heavy” literature. One day Margaret comes to see you at the end of the day to say that she is very worried about Marcia. Marcia had allowed her to look at her sketchbook, and Margaret was alarmed by what she saw.

Questions:

What more do you need to know to help Marcia? How will you get this information?

Which of Marcia’s behaviours are suggestive of a mood disorder?

What specific steps will you take to assist Marcia?

4. **Mark, age 11, Grade 6,** (diagnosed with Conduct Disorder at age 5)

Mark has been in various systems since age 3. He lives with his mother and three siblings; his father left when he was 7 years old. He was diagnosed with Conduct Disorder at age 5 when he was aggressive with his sibling and classmates. He has difficulty keeping up with school work and has transferred to 4 different schools in the last 5 years.

Mark’s mother met with the teacher and social worker when he was originally diagnosed at age 5. His mother did not follow through with recommendations that were provided and does not seem to have the energy to deal with Mark. Mark has been in and out of care in the last few years. The school gets involved whenever there is a crisis.

Questions:

How would you deal with this situation? Who should be involved?

What would you do to follow up?
5. Robert, age 13, Grade 8 student in ‘social emotional issues’ class

Robert has been coming to school for the last several weeks wearing the same clothes, not showering, and high on some substance abuse. He demonstrates extreme behaviours in school. He hides out in the washroom for most of the day and gets ‘high’. When staff tried to remove him from the washroom, he dropped his pants. The Board’s Attendance Counselor became involved because he missed about 90 days of school. Robert and his parents were taken to court. There is no retention policy within the elementary school in this board. Lots of work has been done with little support from the family. Robert will be making the transition to High School in three months.

Questions:

How would you deal with this situation? Who should be involved?

What are the next steps you would take? How will you follow-up?

6. Paul, age 15, Grade 10, (diagnosed with ODD, ADHD and Bi-Polar Disorders)

Paul has recently moved into the Belleville area with his mother, step-father and two siblings, Ela (16), and Nila (7). The family is known to the Children’s Aid Society (CAS); two of three referral allegations were based on complaints of physical abuse which, upon investigation, were not verified. Paul attends a special behavioural class and recently received a one-week suspension after being caught with half a joint (marijuana) on school property. Police were called and the CAS contacted when Paul refused to go home.

During the initial interview at the school, Paul indicated he was slapped in the wrist, which he considered as beating. He was scattered in his thoughts about what beating or hitting really means and was unable to give more detailed information. He also stated that he will be losing everything, which meant losing privileges to computer and video games. His parents denied using any physical punishment on Paul and his siblings; the other children supported this. Paul’s mother is aware of her son’s challenges and has tried to help him with Big Brothers, Youth Services, and other respite programs where she previously lived. She seems to understand that there is no “quick fix” and she needs to learn how to manage his behaviour and mental illness on a day-to-day basis.

Paul’s Mother, Cathy, met with school staff after Paul completed his weeklong suspension. The Vice Principal discussed the possibility of engaging the school board counselor to follow-up and monitor. Cathy also contacted the local Mental Health Agency and made a request for their respite program. A completed risk assessment indicates a high level of risk for this family. The contributing factors are the family’s history with the Society, Paul’s developmental, mental health and behavioural issues.

Questions:

What are the next steps you would take? Who should be involved?

How will you follow-up?
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