

## **Party of One Workshop, ACBS 2020: Case Studies**

### **Hannah**

Hannah was a 37-year-old Caucasian – Hispanic married mother of a 4-year-old boy named Sam. Sam suffers from severe food and environmental allergies, and has a history of hospitalizations and intensive medical treatment. Hannah had completed college-level education (bachelor’s degree) and was caring her child full-time at home, with her husband being the sole provider for the family.

Hannah has a history of anxiety and depression, reports feeling overwhelmed at home. She reports that her husband typically does not assist with childcare tasks and she never relies on others to help care for her child. She has friends and extended family members who she feels she can count on for emotional support and typically spends approximately 5-10 hours per week interacting with friends or family members over the phone.

Hannah reports that all areas of her life have been highly impacted by the coordination of care for her child. She feels that she is doing her best caring for her child but that it isn’t sustainable to continue caring for him at this level alone. She expressed that she most struggles with the grief of her son’s medical diagnoses and the worry that there might be other therapies or treatment options for him out there that she did not know about - she has a constant feeling of “not doing enough” and struggles with guilt around whether she is doing enough to help him. The only time she can ever really relax is when Sam is asleep.

Hannah expressed that she would most like help with accepting that she is doing the best she can and can’t control everything. She also expresses that she would like a more balanced parenting partnership with her husband – to be able to stop “micromanaging” everything and to take time for herself to mentally disconnect for a while, and to see that as being “ok and healthy”.

### **Sinead**

Sinead is a 15yr old girl with OCD centering around a fear of getting older. She struggles with thoughts about growing up and wants “to be a kid forever”. She expressed she is scared of what it would be like to be an adult because people treat you differently and expect things of you. She has fears about adulthood being “boring” and “scary”.

Sinead struggles with a wide variety of compulsions and avoidance behaviors, including always telling people she’s younger than she is, always wearing her hair and clothes in styles she associates with being a kid, walking hunched over (to make herself small) and acting younger than her age. She is afraid to sweat (because she equates that with being a teen) and avoids any activity that might cause her to perspire. She avoids looking at or coming into contact with any items that she considers “adult” (e.g., razors, sports bras, deodorant, teen magazines, makeup etc.) She also only uses “kid products”, such as kids shampoo and toothpaste. She avoids talking about anything “teen” or “adult” as she believes that talking about these things will make her grow up faster.

## **Party of One Workshop, ACBS 2020: Case Studies**

At home, Sinead struggles with periods of extreme rage (yelling at family members, slamming doors, throwing objects, screaming) followed by depression and hopelessness. Sinead also struggles with perfectionism and expresses a constant desire to be a “good kid” and “do things right” – at school and at home. She asks constant reassurance questions from her parents, such as “Am I a good kid?”

All of these difficulties have led to school refusal for the past year and Sinead giving up most of the things she loves (including going to the barn to care for and ride her horse). She no longer sees her friends and struggles to leave the house for fear of coming into contact with any triggers. Her relationships with her family are difficult. She is particularly distant from her older sister, whom she previously had a good relationship with.

Sinead is motivated to be in treatment and wants to work towards a life that is not dominated by fear. She wants to go back to school and be able to play sports again like basketball, make friends, and be free to wear whatever she wants and wear makeup. She wants to be able to do all the things she loves without being restricted by OCD. Sinead loves to laugh and be goofy, and is an energetic and adventurous young woman - one day she would like to do “adult” activities like bungee jumping and skydiving.

### **Theresa**

Theresa is a clinical supervisee – she reports feeling burned out and is considering leaving the training program. She is struggling with setting boundaries with a family who often request changes to session times and frequency and the treatment plan, and do not accept recommendations or feedback from the supervisee. Your supervisee says “venting” makes her feel better but she goes home feeling very stressed every day and doesn’t have any “bandwidth” left for other clients. She spends a few hours a day venting to other coworkers at the clinic (as well as to her own family and friends), and this family have become the “hot topic” of the office the past few months.

### **ASD kids group**

You are working with a small group of 7-10 year olds with high functioning autism struggling with difficulties related to inflexibility in play with peers at school, lack of social initiations, and poor responding to social cues. These difficulties often result in frequent negative interactions with peers and isolation during lunchtime and recess. The children will be coming to your center once per week for 2 hours, to participate in a social skills group. You are planning on running an ACT (DNAV) social skills group. Each child will have their own coach during the course of the social skills program. All children express a desire to participate in the group and say they want to have fun and to have friends, and not get upset at school. Their parents “just want them to be happy” and worry about them being isolated and left out at school.