

DC:0–5™ Training Handout

CASE VIGNETTE: NATHAN

Nathan is a 16-month-old Jewish, Israeli boy, the only child of a young, teenage couple. He was referred by his pediatrician because of extremely frequent breath-holding spells, especially at meal time. Nathan is of slight build but does not appear to be significantly underweight for his age and size.

Developmental History:

Nathan was born prematurely at 35 weeks. He was diagnosed at birth with a diaphragmatic hernia that required immediate surgery. He stayed at the neonatal intensive care unit for 3 months because of convulsions and persistent respiratory problems. At discharge he was diagnosed with broncho-pulmonary dysplasia and left hemiplegia due to cerebral palsy.

Nathan's parents reported that his feeding was poor from the beginning. Nathan's mother was diagnosed with a mixed anorexia and bulimia eating disorder, in addition to childhood onset juvenile diabetes mellitus. Her eating disorder started shortly after her older brother committed suicide when she was 14 years old. Her pregnancy with Nathan was accompanied with repeated hypoglycemic spells due to maternal unbalanced diabetes.

Clinical Observation:

The observation of the mother–child interaction revealed a highly ambivalent and tense relationship. The mother was focused on sharing the details of the child's birth and developmental history with the clinician and was not able to show shared interest in the child's play in the office, even when Nathan repeatedly brought her toys. She was not responsive to his expressions of distress such as whining, cries, clinging to her, and pulling on her pant leg for attention. She expressed frustration and powerlessness about his clinging behaviors and "cries" for attention. Every so often she would stop speaking with the clinician and point to a toy "over there" in an attempt to redirect Nathan and get him to move away from her. Nathan remained close to her, though he rarely made eye contact with her. He did hold his breath for about 10 seconds when she offered him a bottle in an effort to appease him.

By teacher report, Nathan ate well and no longer held his breath in the child care setting. (He had some breath-holding spells during his first week in child care but they resolved.) In the child care setting he also seeks the teacher's attention and proximity, but is able to tolerate being with other children and engages in brief interactions with them.

What are some of the Axis III indicators you would include in your diagnostic impressions?