

DAYDREAMER

Mark is an 11 year old boy who is brought for psychiatric consultation by his parents for problems he has had “since he was born.” He is described as socially immature and has always had trouble making friends. His mother sees him as unhappy; his father, as unfocused and lazy. This school year has been particularly hard. He is picked on and seems always to do and say the wrong thing.

Mark was a “demanding” baby. He never seemed to sleep, and he cried a lot. His developmental milestones were within normal limits. As a toddler he was “on the quiet side.”

In first grade he had trouble waiting in line and became attached to certain toys, preferring to play the same games repeatedly. He has always had difficulty with the change and transitions (e.g. changing the seating arrangement for dinner can throw him into a tizzy).

Academically, elementary school was uneventful. Mark maintained a B average, but his grades dropped in seventh grade. His father was very demanding and felt that Mark constantly wasted time when studying, daydreaming instead of focusing on his homework. His absent-minded behavior was evident when he became a member of the traveling basketball team in the sixth grade. Mark “got loss on the court” and was socially less mature than the others. He had poor eye contact and lacked social skills. He missed out on jokes and didn’t join in on team comradery.

Mark’s mother says he usually starts school off on a positive note, but as work becomes more difficult and complex, he gets disorganized. At meals Mark has trouble following the conversation. During the summer he has less trouble, and he is a good athlete and spends a lot of time in sports activities. However, in day camp he made only one friend; and since starting sleep-away camp at age 8, he has never developed a social network. The camp director reported that Mark was inflexible, said silly things, and had difficulty following instructions.

Mark had to be coerced by his mother to attend the evaluation. He says he has trouble making friends and he doesn’t do as well in school as he should. His favorite subjects are math and English, even though he does poorly in both. He says he fights with his parents and that his father’s criticism can make him cry. He is afraid that coming to see a psychiatrist must mean he is crazy. He says he has no problem sleeping, his appetite is excellent, and he loves to watch TV for hours, especially sports events. He has no friends and spends weekends alone. He can’t understand why people don’t like him. He acknowledges trouble keeping his attention on his work and admits that his mind wanders when the teacher talks. At camp things are okay when he’s playing sports, but he has no close friends. He prefers tennis to team sports because “it’s easier to pay attention when you know the ball is always coming to you.” He wishes that it would be easier to keep friends, that he and his father would stop fighting, and that he could eventually become a professional basketball player.

School reports consistently state that Mark has poor organizational skills. He is able to sit for 10 to 15 minutes, but frequently gets drinks of water or makes bathroom trips. He has poor concentration. When being tutored one-to-one, he can accomplish a lot, and he is evaluated as bright by his tutor. No disciplinary problems are reported in school.

ECHO

Richard, age 31/2, a first born child, was referred at the request of his parents because of his uneven development and abnormal behavior. Delivery had been difficult, and he had needed oxygen at birth. His physical appearance, motor development, and self-help skills were all age appropriate, but his parents had been uneasy about him from the first few months of life because of his lack of response to social contact and the usual baby games. Comparison with their second child, who, unlike, Richard, enjoyed social communication from early infancy, confirmed their fears.

Richard appeared to be self-sufficient and aloof from others. He did not greet his mother in the mornings or his father when he returned from work, though, if left with a babysitter, he tended to scream much of the time. He had no interest in other children and ignored his younger brother. His babbling had no conversational intonation. At age 3 he could understand simple practical instructions. His speech consisted of echoing some words and phrases he had heard in the past, with the original speaker's accent and intonation; he could use one or two such phrases to indicate simple needs. For example, if he said, "Do you want a drink?" he meant he was thirsty. He did not communicate by facial expression or use gestures or mime, except for pulling someone along and placing his or her hand on an object he wanted.

He was fascinated by bright lights and spinning objects and would stare at them while laughing, flapping his hands, and dancing on tiptoe. He also displayed the same movements while listening to music, which he had liked from infancy. He was intensely attached to a miniature car, which he held in his hand, day and night, but he never played imaginatively with this or any other toy. He could assemble jigsaw puzzles rapidly (with one hand because of the car held in the other), whether the picture side was exposed or hidden. From age 2 he had collected kitchen utensils and arranged them in repetitive patterns all over the floors of the house. These pursuits, together with occasional periods of aimless running around, constituted his whole repertoire of spontaneous activities.

The major management problem was Richard's intense resistance to any attempt to change or extend his interests. Removing his toy car, disturbing his puzzles or patterns, even retrieving, for example, an egg whisk or a spoon for its legitimate use in cooking, or trying to make him look at a picture book precipitated temper tantrums that could last an hour or more, with screaming, kicking, and the biting of himself or others. These tantrums could be cut short by restoring his status quo. Otherwise, playing his favorite music or a long car ride was something effective. His parents had wondered if Richard might be deaf, but his love of music, his accurate echoing, and his sensitivity to some very soft sounds, such as those made by unwrapping a chocolate in the next room, convinced them that this was not the cause of his abnormal behavior. Psychological testing gave him a mental age of 3 years in non-language-dependent skills but only 18 months in language comprehension.

NO BRAKES

Jeremy, age 9, is brought to a mental health clinic because he has become increasingly disobedient and difficult to manage at school. Several events during the past month convinced his mother that she had to do something about his behavior. Several weeks ago he swore at his teacher and was suspended from school for 3 days. Last week he was reprimanded by the police for riding his bicycle in the street, something his mother had repeatedly cautioned him about. The next day he failed to use his pedal brakes and rode his bike into a store window, shattering it. He has not been caught in any more serious offenses, though once before he broke a window when he was riding his bike with a friend.

Jeremy has been difficult to manage since nursery school. The problems have slowly escalated. Whenever he is without close supervision, he gets into trouble. He has been reprimanded at school for teasing and kicking other children, tripping them, and calling them names. He is described as bad-tempered and irritable, even though at times he seems to enjoy school. Often he appears to be deliberately trying to annoy other children, though he always claims that others have started the arguments. He does not become involved in serious fights, but does occasionally exchange a few blows with another child.

Jeremy sometimes refuses to do what his teachers tell him to do, and this year has been particularly difficult with the one who takes him in the afternoon for arithmetic, art, and science lessons. He gives many reasons why he should not have to do his work and argues when told to do it. Many of the same problems were experienced last year when he had only one teacher. Despite this, his grades are good and have been getting better over the course of the year, particularly in arithmetic and, which are subjects taught by the teacher with whom he has the most difficulty.

At home Jeremy's behavior is quite variable. On some days he is defiant and rude to his mother, needing to be told to do everything several times before he will do it, though eventually he usually complies; on other days he is charming and volunteers to help; but his unhelpful days predominate. "The little things upset him, and then he shouts and screams." Jeremy is described as spiteful and mean with his younger brother, Rickie; even when he is in a good mood, he is unkind to Rickie.

Jeremy's concentration is generally good, and he does not leave his work unfinished. His mother describes him as "on the go all the time," but not restless. His teachers are concerned about his attitude, not about his restlessness. His mother also comments that he tells many minor lies, though when pressed, he is truthful about important things.