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### Treating a 17 year-old with Moderate to Severe Anxiety Disorder

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#### **Abstract**

This case presents the treatment of a seventeen-year-old male for anxiety disorder. The treatment focused on cognitive exposure therapy and in-vivo exposure for family and school-based concerns. Since the completion of treatment, the client has had success at a traditional boarding school and has had not been limited by anxiety.

#### **Background Information**

Jack arrived at WayPoint Academy at the age of 17 years and 6 months. He grew up as the only child of single mother, Mary. His biological father had a brief relationship with his mother but they never married. Jack's interaction with his father was intermittent and sporadic, as his father lived in a different state. There were times that Jack had no contact with his father for years.

During the pregnancy, Mary reported her first episode with Obsessive Compulsive Disorder (OCD), which was evident primarily in contamination fears. Convinced the world around her was contaminated, Mary was propelled into a host of compulsive rituals. She thought the public water supply was contaminated and hence she purchased "pure" water in one-gallon bottles. The "pure" water usage ranged from personal hygiene (showers, brushing teeth) to washing dishes and drinking water for the family and the family pet. The cost of the "pure" water prevented the family members from taking regular showers and the timely washing of clothing and bedding, which, paradoxically contributed to the decline in overall hygiene of the home.

Mary's contamination fear morphed into related obsessions. The "contaminated" outside air "forced" the family to stay indoors for long periods of time. Shopping trips were followed with elaborate "cleansing" rituals. Because of the rarity of outside shopping trips, the "pure" water supply was limited and dirty dishes, pots, and pans were found throughout the apartment. The same was true for items of clothing.

By the time Jack entered elementary school, other problems arose. Mary insisted that Jack was being underserved through the public school system. To combat this perceived shortcoming in the educational system, Mary insisted on hours of extra homework. Jack looked forward to escaping from the apartment and his mother by going to school. However, the combination of a) Mary's contamination fears, which increasingly focused on her son, and b) Mary's desire to provide Jack with better education, propelled Mary to periodically withdraw Jack from school. By the time Jack was 17 years old, he had missed 2 years of high school and the associated credits.

Jack's lack of school credits came to the attention of Jack's extended family. While investigating the apparent problem they came to the conclusion to seek academic and psychological help for Jack. With the assistance help of an Educational Consultant, Jack's extended family placed Jack in a short-term residential treatment center. After about 12 weeks of treatment, the decision of his treatment team was for Jack to be transferred to WayPoint Academy, an extended residential treatment program that could aid Jack in further resolving his anxiety.

### **Description of the Present Problem**

Knowing that he would be referred to WayPoint Academy, Jack called the WayPoint therapist on 3-4 occasions while still in the short-term program. His inquiries were focused on the daily routine at WayPoint, the age of other boys in the program, and who would be his primary therapist. Jack's anticipatory anxiety was quite evident.

When the therapist picked Jack up at the airport, he met a young man, 6ft. tall, and curly hair with an athletic build. Jack was very polite and initially made good eye contact. But, soon after meeting, Jack's eyes began to wander while pacing pack and forth. The therapist told Jack that his mother called a few minutes prior to his arrival, inquiring about his safe arrival. Immediately, Jack had a visible anxiety attack with increased respiratory rate, sweating hands and forehead. He asked permission to sit down. He was emphatic that, during his previous treatment, he was instructed not to call his mother, as any communication with her would "put me in a tailspin."

During the first week at WayPoint, two issues became apparent. First, Jack characterized his relationship with his mother as problematic, suggesting that she treated him much like a prisoner. During the initial stages of individual therapy, Jack repeatedly referred to himself as the "pathological extension of my mother's severe OCD". He spoke of a deprived upbringing, describing the ways that his childhood experience deviated from the norm. Hence, whenever the topic of his mother arose, Jack's emotions vacillated between overt anger and anxiety. Second, in the formal classroom, Jack experienced a great deal of anxiety. He seemed unable to focus, was highly distractible, and had little follow through on assignments.

### **Diagnosis**

Based on a Psycho-Social Assessment, The Burns Anxiety Inventory, a Psychiatric Evaluation, and the Leisure Interest Inventory, Jack was diagnosed with Anxiety Disorder

NOS. During the first 2-4 weeks of treatment it became evident that the triggers for his anxiety centered on his mother and the classroom environment. In addition, Jack suffered from diminished self-esteem and issues with identity formation, both of which seemed related to his anxiety.

## **Intervention**

During the initial phase of treatment, detailed information was gathered about Jack's cognitive and affective response to his living environment. Individual and Group Therapy revealed that Jack's anxiety was acquired through a) the prolonged restricted living environment with his mother, b) his innate fear of performing adequately in the classroom, and c) self-doubt about negotiating "real" life in the future. Of clinical significance was the fact the Jack verbalized an intense desire to overcome his anxiety and willingness to do "whatever it takes" to ready himself for a normal, anxiety-free life. Moreover, Jack had a good idea of the etiology of his anxiety. What he needed were tools to increase his distress tolerance.

Jack's most severe panic attacks, both past and present, were centered on interactions with mother. Jack indicated the "... While I never plan to go back and live with her, I need to be able to interact with her without coming unglued". Accordingly, individual therapy focused on cognitive and in-vivo exposure therapy.

## **Cognitive Exposure Therapy**

The initial treatment objective centered on assisting Jack in establishing a fear-hierarchy scale pertaining to his most anxiety-provoking interactions with his mother (i.e. 0 = no anxiety, 10 = severe anxiety). A score of "zero" represented not thinking of his mother, whereas a score of "ten" represented having a live, in-person conversation with her that centered on Jack's honest disclosure of his experience growing up in her home.

The second treatment objective was to teach Jack relaxation techniques using guided imagery with the aid of a biofeedback machine. With Jack's eyes closed, the therapist guided Jack through a number of visual scenes. The therapist then prompted Jack to "experience" the visual tour with all 5 senses. Concurrently, the biofeedback apparatus would indicate the breathing pattern of Jack. Hence, erratic, short breathing would indicated anxiety, while even, deep breathing for 2-3 minutes would indicated a state of relaxation.

Through a series of therapy sessions, Jack was incrementally exposed to the triggers on his fear-hierarchy scale. The therapist described a setting consistent with a trigger on his fear-hierarchy scale and monitored his breathing pattern. If the breathing became shallow and rapid, the therapist guided Jack through the "relaxing journey" of a guided imagery until Jack's breathing pattern returned to normal. When Jack was able to maintain a normal breathing pattern while experiencing a trigger on his fear-hierarchy scale, the next higher trigger in his hierarchy was introduced and so on. The use of the biofeedback machine was abandoned once Jack was able to control his breathing through the first half of his triggers on his fear-hierarchy scale.

This process was not linear, as is typically the case with anxiety. For example, at one point, Jack progressed successfully to 3 step on his fear hierarchy, only to cycle back to the bottom of the fear hierarchy scale a week later. However, over a 2 month period, Jack was able to achieve sufficient distress tolerance during high levels of cognitive exposure, as evidenced by the fact that he could consistently deal with increased triggers while keeping his anxiety in a manageable and mild state.

For subsequent exposure therapy, the “finger-method” was employed. Raising the thumb of the hand would signal “no anxiety.” Raising the index finger would indicate little anxiety and so on, until the rising of the little finger would indicate high anxiety. Jack moved smoothly thru this level of exposure and realized increased benefit from it.

### **In-vivo Exposure Therapy**

The next series of anxiety treatments focused on triggers that were based on conversing with Jack’s mother on the phone. In an ascending order they were a) 5 minutes of small talk, b) 10 minutes of small talk, c) 20 minutes of small talk, d) 10 minutes of processing with mother the reason Jack was in treatment, e) 30 minutes of conversation about why Jack was in treatment, f) explaining to his mother that Jack would not return home after treatment, but would enroll in a boarding school. Since it was not practical to place mother “on hold” during a phone call if Jack became too distressed, it was decided that Jack would terminate the phone call. Any premature termination of a phone call would be immediately followed up with a familiar relaxation exercise. Over a period of 4 weeks, Jack was able to successfully negotiate all of the above-indicated triggers.

The next series of triggers involved having Mary visit Jack at the treatment facility. The ascending hierarchy of those triggers was similar in nature to what was described above. They consisted of visiting with Mary for gradually increasing amounts of time and a shift from benign topics to highly sensitive topics, such as those involving the etiology and consequences of Jack’s anxiety disorder. On the top of Jack’s fear-hierarchy scale was spending a night with Mary at a hotel. After each step, Jack processed with the therapist. Data was collected about the level of distress along with countermeasure to be employed if the distress level became intolerable. The countermeasure consisted of calling the therapist for assistance. During a 3-day on-site visit with Mary, Jack was able to maintain his distress tolerance above the distress level and consequently never called the therapist. Jack reported that his anxiety level never rose above a level of two. The last step as part of the exposure therapy was for Jack to visit Mary at her home for a couple of nights. This too was successfully managed. Jack’s anxiety level rose no higher than a level of two.

### **In-vivo Exposure Therapy in the Classroom**

Beginning with the enrollment at WayPoint, Jack was placed in the classroom. The online curriculum, implemented with the aid of teachers, allowed Jack to progress at his own pace. During the initial phase of treatment, Jack engaged in an appreciable amount of avoidance behavior surrounding the timely completion of assignments. However, as his distress tolerance rose relative to interaction with his mother, so rose his rate of completion with academic assignments.

## **Other Components to the Treatment**

Prior to treatment, Jack had no contact with his biological father for a few years. Arrangements were made for a series of in-person family therapy sessions between Jack and his father. Consequently, throughout the latter course of Jack's treatment at WayPoint, he spent a number of weekends at his father's house. Jack's response to this newly re-kindled father-son relationship was that ". . . I no longer feel like a bastard child."

Prior to treatment, Jack had little exposure to the social world around him. Interaction with peers and adults were spotty. The culture of peers at WayPoint and the ongoing interaction with adults, both in formal and informal ways, contributed to Jack's newfound identity formation.

Because of Jack's upbringing, he was only marginally involved in typical food purchasing, selection, and preparation. Consequently, Jack benefited from growing a garden and food preparation, both of which are part of the daily routine at WayPoint. These experiences gave Jack tangible life skills for his future.

Upon admission, Jack's reported that the only activity he had participated in was swimming. Through the daily cardiovascular exercise program and the variety of recreational activities, Jack discovered a host of new interests, all contributing to a new sense of self-confidence and identity formation.

## **Disposition after Discharge**

By the time Jack finished his treatment at WayPoint, he had turned 18 years of age. Because Jack missed much school in the past, following discharge from WayPoint, Jack enrolled in a traditional boarding school. Since his enrollment in the boarding school he has been an "A" student. Jack does not plan to live with his mother in the future, however he visits with her occasionally.