Case Study

Age: 10 years old

Gender: male (referred to here as X)

School: F

Presenting Problem

X presented with anxiety and was engaging in some repetitive and obsessional behaviours at home. He found it difficult to focus at school, often seeming unhappy or preoccupied. Family tended to somatise X's difficulties, and high levels of anxiety were expressed about X who also had allergies. X also had many angry outbursts and struggled to manage his frustrations. He appeared tired and pale, lacking in energy, with poor sleep patterns.

Intervention

X took well to the sessions, engaging with me and happy to work on thinking about his anxieties, things that made him angry and the rituals that he engaged in. Together we used creative materials to externalise the more obsessional behaviours and thoughts, giving it a name and character. He used clay to express his strengths/ weaknesses and to identify areas of resilience. In meetings with mum her own issues surrounding loss, and family history of mental health encouraged her to reframe X's difficulties and begin to take some steps to allow him more independence and not to collude with the rituals. In addition she also took steps to seek further mental health support for herself. Sessions with mum examined the importance of boundary setting; sleep hygiene and some psychoeducation around anxiety and obsessional thoughts. X used different creative materials to express his feelings, he also responded well to relaxation and breathing techniques as well as an increased awareness of self-monitoring and thinking about situations that worried him.

During the Sessions Topics Covered

My OCD monster – How I fight it. Working together we can 'boss' the monster away! Relaxation and visualisation.

Self-talk to combat the obsessional thoughts.

Dealing with angry feelings.

Self-esteem and confidence.

Relationships with parents.

Outcome / Impact

X made good progress. This was a relatively short-term piece of work (12 sessions). Mum reported a marked change in X's behaviour and that he seemed happier and more relaxed. He was less engaged in the obsessional rituals and expressed himself rather than somatising the difficulties. Mum had also stopped taking part in the rituals with X. It was noted at school that X was more productive with his work, taking greater pride in himself. Whilst he still expressed some anxiety the teacher noted that he took more responsibility. With support he was also able to take part in after-school activities. X himself presented as happier and more relaxed in himself. He spoke of practising the self-talk that we had covered in sessions to think and engage with his anxious and obsessional thoughts. Sleep hygiene tips were also shared with the family, and X looked more rested and relaxed in our sessions. Over the course of the sessions X became more confident in talking about his vulnerabilities, issues that upset him or areas he felt he did not do well in.