

Appendix A

Vignettes

Vignette 1

Presenting Problem

Caroline C. is a 6-year-old girl who lives with her mother (Deborah C., age 32) and her father (Phillip C., age 33). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent month. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Vignette 2

Presenting Problem

Caroline C. is a 10-year-old girl who lives with her mother (Deborah C., age 36) and her father (Phillip C., age 37). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Vignette 3

Presenting Problem

Caroline C. is a 14-year-old girl who lives with her mother (Deborah C., age 40) and her father (Phillip C., age 41). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less and appears to have lost weight. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Vignette 4

Presenting Problem

Caroline C. is a 6-year-old girl who lives with her mother (Deborah C., age 32) and her father (Phillip C., age 33). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born following an uncomplicated pregnancy and delivery. According to her parents, she has met all milestones in a timely, if not accelerated, manner. They described her as precocious, stating that she spoke very early and that she seems to pick up on things very quickly. They also described her as very socially aware. They stated that, early in her life, Caroline was constantly striving to be the center of attention. Caroline is a very attractive child, and her parents said that at the age of 3 she enjoyed dressing up and entertaining the family by singing and dancing.

When Caroline was 3 and 1/2, Mrs. C. gave birth to another daughter, Shelby. Her parents indicated that Caroline had appeared jealous of the baby when she arrived in the home, often making extreme efforts to win her parents' attention when they were caring for the baby. The C.s reported that, following the SIDS-related death of Shelby when she was 2 weeks old, Caroline became quiet, irritable, and sensitive to even the smallest reprimands. She withdrew from the spotlight and did not appear to enjoy "performing" to gain attention from others as she once had. Her parents interpreted this behavior as Caroline's way of grieving for her sister and expected that Caroline would recover in time. When she remained withdrawn and irritable several months following Shelby's death, her parents decided to talk to her about her feelings related to her sister's death. Caroline indicated that she believed it was her fault that her sister had died, because she thought "mean things" about her and sometimes did not even like her. After hearing Caroline's explanation for her sister's death, her parents told Caroline that her sister was in heaven now and that it was not her fault that she had died. They stated that she did appear to recover from her sister's death eventually, but that since that time she has been prone to moodiness, seeming melancholy at times and unusually irritable at other times. They stated that she is unnecessarily critical of herself, judges herself and her performance harshly, and seems to feel extremely guilty for even the slightest indiscretions. For example, the C.s stated that Caroline once woke them up in the middle of the night in tears to "confess" that she had taken a piece of candy from a friend's Halloween bag without asking.

When asked about her sibling's death, Caroline indicated that she remembers wishing that her sister had not been born. She also stated that she remembers believing that Shelby's death was her fault, because she had not liked having the baby in her home. She remembered feeling very afraid and "bad" because she had caused her sister to die by wishing her gone. She denied currently believing that her feelings and/or actions caused her sister's death.

Caroline's parents disclosed that Mrs. C. recently informed her husband that she had had an extramarital affair a year ago, and the couple subsequently decided to separate on a trial basis to work through their problems. They indicated that they had never fought in front of Caroline and had always made an effort to

appear united when in her presence. When they informed Caroline of their plans to separate, they simply explained that, although they still loved each other, they were unable to live together right now.

When asked about her parents' separation, Caroline indicated that she believes that they are separated because she is "bad". She stated that she must have made her father (who moved to an apartment) angry, and she gave several examples of things she had done which might have made him mad enough to move out of the house (not going to bed on time, failing to clean up her room, breaking a crystal serving platter he bought for her mother). She said she feels bad when she sees her mother crying, and she feels that it is her fault because she caused her father to move away.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be the current manifestation of distorted thinking. Caroline views herself as bad and as responsible for bad things happening. Specifically, it appears that Caroline's guilt and feelings of badness resulting from the belief that she caused her sister's death were never fully addressed, but rather continued to influence her feelings about herself and her interactions with others. These feelings have contributed to her "moodiness" since her sister's death. The current depressive episode appears to have been triggered by her parents' separation, which Caroline has mistakenly attributed to her own bad behavior.

Vignette 5

Presenting Problem

Caroline C. is a 10-year-old girl who lives with her mother (Deborah C., age 36) and her father (Phillip C., age 37). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

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When Caroline was 3 and 1/2, Mrs. C. gave birth to another daughter, Shelby. Her parents indicated that Caroline had appeared jealous of the baby when she arrived in the home, often making extreme efforts to win her parents' attention when they were caring for the baby. The C.s reported that, following the SIDS-related death of Shelby when she was 2 weeks old, Caroline became quiet, irritable, and sensitive to perceived criticisms. She withdrew from the spotlight and did not appear to enjoy "performing" to gain attention from others as she once had. Her parents interpreted this behavior as Caroline's way of grieving for her sister and expected that Caroline would recover in time. When she remained withdrawn and irritable several months following Shelby's death, her parents decided to talk to her about her feelings related to her sister's death. Caroline indicated that she believed it was her fault that her sister had died, because she thought "mean things" about her and sometimes did not even like her. After hearing Caroline's explanation for her sister's death, her parents told Caroline that her sister was in heaven now and that it was not her fault that she had died. They stated that she did appear to recover from her sister's death eventually, but that since that time she has been prone to moodiness, seeming melancholy at times and unusually irritable at other times. They stated that she is unnecessarily critical of herself, judges herself and her performance harshly, and seems to feel extremely guilty for even the slightest indiscretions. For example, the C.s stated that Caroline once woke them up in the middle of the night in tears to "confess" that she had taken a piece of candy from a friend's Halloween bag without asking.

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Caroline's parents disclosed that Mrs. C. recently informed her husband that she had had an extramarital affair a year ago, and the couple subsequently decided to separate on a trial basis to work through their problems. They indicated that they had never fought in front of Caroline and had always made an effort to

appear united when in her presence. When they informed Caroline of their plans to separate, they simply explained that, although they still loved each other, they were unable to live together right now.

When asked about her parents' separation, Caroline indicated that she believes that they are separated because she is "bad". She stated that she must have made her father (who moved to an apartment) angry, and she gave several examples of things she had done which might have made him mad enough to move out of the house (failing to clean up her room, playing too noisily with her friends, forgetting to inform him of messages on the answering machine, breaking a crystal serving platter he bought for her mother). She said she feels bad when she sees her mother crying, and she feels that it is her fault because she caused her father to move away.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be the current manifestation of distorted thinking. Caroline views herself as bad and as responsible for bad things happening. Specifically, it appears that Caroline's guilt and feelings of badness resulting from the belief that she caused her sister's death were never fully addressed, but rather continued to influence her feelings about herself and her interactions with others. These feelings have contributed to her "moodiness" since her sister's death. The current depressive episode appears to have been triggered by her parents' separation, which Caroline has mistakenly attributed to her own bad behavior.

Vignette 6

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Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born following an uncomplicated pregnancy and delivery. According to her parents, she has met all milestones in a timely, if not accelerated, manner. They described her as precocious, stating that she spoke very early and that she seems to pick up on things very quickly. They also described her as very socially aware. They stated that, early in her life, Caroline was constantly striving to be the center of attention. Caroline is a very attractive child, and her parents said that at the age of 3 she enjoyed dressing up and entertaining the family by singing and dancing.

When Caroline was 3 and 1/2, the Mrs. C. gave birth to another daughter, Shelby. Her parents indicated that Caroline had appeared jealous of the baby when she arrived in the home, often making extreme efforts to win her parents' attention when they were caring for the baby. The C.s reported that, following the SIDS-related death of Shelby when she was 2 weeks old, Caroline became quiet, irritable, and sensitive to perceived criticisms. She withdrew from the spotlight and did not appear to enjoy "performing" to gain attention from others as she once had. Her parents interpreted this behavior as Caroline's way of grieving for her sister and expected that Caroline would recover in time. When she remained withdrawn and irritable several months following Shelby's death, her parents decided to talk to her about her feelings related to her sister's death. Caroline indicated that she believed it was her fault that her sister had died, because she thought "mean things" about her and sometimes did not even like her. After hearing Caroline's explanation for her sister's death, her parents told Caroline that her sister was in heaven now and that it was not her fault that she had died. They stated that she did appear to recover from her sister's death eventually, but that since that time she has been prone to moodiness, seeming melancholy at times and unusually irritable at other times. They stated that she is unnecessarily critical of herself, judges herself and her performance harshly, and seems to feel extremely guilty for even the slightest indiscretions. For example, the C.s stated that Caroline once woke them up in the middle of the night in tears to "confess" that she had taken a piece of candy from a friend's Halloween bag without asking.

When asked about her sibling's death, Caroline indicated that she remembers wishing that her sister had not been born. She also stated that she remembers believing that Shelby's death was her fault, because she had not liked having the baby in her home. She remembered feeling very afraid and "bad" because she had caused her sister to die by wishing her gone. She denied currently believing that her feelings and/or actions caused her sister's death.

Caroline's parents disclosed that Mrs. C. recently informed her husband that she had had an extramarital affair a year ago, and the couple subsequently decided to separate on a trial basis to work through their problems. They indicated that they had never fought in front of Caroline and had always made an effort to

appear united when in her presence. When they informed Caroline of their plans to separate, they simply explained that, although they still loved each other, they were unable to live together right now.

When asked about her parents' separation, Caroline indicated that she believes that they are separated because she is a "bad seed". She stated that she must have made her father (who moved to an apartment) angry, and she gave several examples of things she had done which might have made him mad enough to move out of the house (playing her music too loudly, failing to clean up her room, breaking a crystal serving platter he bought for her mother). She said she feels guilty when she sees her mother crying, and she feels that it is her fault because she caused her father to move away.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be the current manifestation of distorted thinking. Caroline views herself as bad and as responsible for bad things happening. Specifically, it appears that Caroline's guilt and feelings of badness resulting from the belief that she caused her sister's death were never fully addressed, but rather continued to influence her feelings about herself and her interactions with others. These feelings have contributed to her "moodiness" since her sister's death. The current depressive episode appears to have been triggered by her parents' separation, which Caroline has mistakenly attributed to her own bad behavior.

Vignette 7

Presenting Problem

Caroline C. is a 6-year-old girl who lives with her mother (Deborah C., age 32) and her father (Phillip C., age 33). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born 7 weeks prematurely and weighed approximately 3 lbs. 6 oz. at birth. She was hospitalized for 3 weeks after birth, during which time she was treated for jaundice and eating difficulties. At the time she was taken home by her parents, she weighed 4 lbs. 5 oz. At home, her parents were required to feed her every 3 hours around the clock for several weeks.

According to her parents, Caroline was developmentally somewhat behind her same-aged peers for about the first year of her life due to her prematurity. At the time she was to enter kindergarten, her parents elected to educate her in the home in order to ensure that she received individual attention and that she was provided with a solid educational foundation. In order to provide Caroline with social interactions, her parents enrolled her in ballet and gymnastics classes. They reported that she has done well in these activities, particularly in gymnastics, and that she appears to enjoy them and to get along well with the other children involved. They reported that she is somewhat shy, however, during less structured events such as birthday parties and sleepovers. During those activities, she will sometimes hang back from the others, particularly if the activity involves a large group of children. Because of this, her parents have made an effort to limit her social contact to small groups and one-on-one activities and to make sure that her social activities involve a certain amount of structure (movies, games, etc., rather than free-play activities).

Caroline remained in home-schooling for the first several months of her 1st grade year. When Caroline's parents separated in October, her mother found it necessary to begin working in order to compensate for the increased expenses of maintaining two households. Caroline began attending public school that month. In an effort to keep her daily routine as normal as possible, Mr. C. had been coming over to have dinner with Caroline and her mother every evening, and he did not leave for his apartment until after Caroline had gone to bed. When Caroline began school, he maintained this routine. Caroline's mother reported that Caroline initially appeared to be excited about going to school with other children, but that as the weeks went on she seemed to enjoy it less and less. Unsure about whether this was a result of the change to a new school or the separation between her and her husband, Mrs. C. requested a parent-teacher conference to discuss Caroline's adjustment to the classroom.

Caroline's teacher, Mrs. Johnston, indicated that Caroline was somewhat unprepared for 1st grade work when she entered the classroom, and she appeared to become upset and flustered easily when she made mistakes. She also appeared somewhat confused by the day-to-day classroom activities and procedures. For example, she often seemed anxious when called upon to speak in class, and when she did speak up she did not routinely raise her hand first. Mrs. Johnston indicated that she made an effort to educate Caroline to

the classroom procedures in a non-punitive way, but Caroline's reactions to her corrections seemed exaggerated. She would typically blush and at times even become tearful when corrected in the classroom.

Mrs. Johnston also indicated that, while Caroline was generally a sweet, considerate, and quiet child, she seemed to be having a difficult time making friends with the other children (who had already been in class together for several months prior to her arrival). Mrs. Johnston observed that Caroline seemed to be shy about sitting down with the other children at lunchtime and somewhat overwhelmed by the number of children in the lunchroom. She was often the first child to finish her lunch and get in line to go to the playground. However, Mrs. Johnston stated that, although Caroline appeared to enjoy structured classroom activities with the other children and one-on-one activities with her classmates; she tended to become shy and withdrawn in more "free-play" activities or during playground games which the teacher was not facilitating. During those times, Caroline would often gravitate toward Mrs. Johnston or another adult on the playground. When Mrs. Johnston tried to encourage her to join in on the games being played during recess, Caroline would state that she was "no good" or that she didn't feel like playing. While Caroline's peers did not actively taunt or reject her, they seemed not to notice her during these times, and she was seldom approached to play or selected for teams.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to difficulties at school, which in turn appear to be the result of social skills deficits. Specifically, Caroline appears to have been unprepared for the social environment of the public school setting, and she has as a result undergone a number of "failure" experiences at school. She lacks the knowledge and experience to join in on games with the other children, and she lacks the ability to "break in" to the group during more free-play activities. In addition, her inexperience in the classroom has caused her to elicit mild reprimands from her teacher. These difficulties appear to have heightened Caroline's sensitivity to social situations, which in turn appears to be causing her to feel bad about herself and to be preventing her participating in many social situations.

Vignette 8

Presenting Problem

Caroline C. is a 10-year-old girl who lives with her mother (Deborah C., age 36) and her father (Phillip C., age 37). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born 7 weeks prematurely and weighed approximately 3 lbs. 6 oz. at birth. She was hospitalized for 3 weeks after birth, during which time she was treated for jaundice and eating difficulties. At the time she was taken home by her parents, she weighed 4 lbs. 5 oz. At home, her parents were required to feed her every 3 hours around the clock for several weeks.

According to her parents, Caroline was developmentally somewhat behind her same-aged peers for about the first year of her life due to her prematurity. At the time she was to enter kindergarten, her parents elected to educate her in the home in order to ensure that she received individual attention and that she was provided with a solid educational foundation. In order to provide Caroline with social interactions, her parents enrolled her in ballet and gymnastics classes. They reported that she did well in these activities, particularly in gymnastics, and that she appeared to enjoy them and to get along well with the other children involved. They reported that she was somewhat shy, however, during less structured events such as birthday parties and sleepovers. During those activities, she would sometimes hang back from the others, particularly if the activity involves a large group of children. Because of this, her parents made an effort to limit her social contact to small groups and one-on-one activities and to ensure that her social activities involved a certain amount of structure (movies, games, etc., rather than free-play activities).

Caroline entered a private school in the 1st grade and, after an initial adjustment period, seemed to enjoy attending school with other children and to be doing well academically. When she and her parents moved to a new state in fall of her 3rd grade year, however, her mother decided to begin home-schooling her again in order to prevent her from entering her into an unfamiliar school in the middle of the semester. In order to provide social outlets for Caroline, Mrs. C. saw that she became involved in gymnastics and took part in a weekly book club. Because Caroline seemed to be doing well in home-schooling and because Mrs. C. enjoyed taking part in her child's education, she decided to continue to home-school Caroline during her 4th grade year and for the first few months of her 5th grade year as well. When Caroline's parents separated in October of her 5th grade year, her mother found it necessary to begin working in order to compensate for the increased expenses of maintaining two households. Caroline began attending public school that month. In an effort to keep her daily routine as normal as possible, Mr. C. had been coming over to have dinner with Caroline and her mother every evening, and he did not leave for his apartment until after Caroline had gone to bed. When Caroline began school, he maintained this routine. Caroline's mother reported that Caroline initially appeared to be excited about going to school with other children, but that as the weeks went on she seemed to enjoy it less and less. Unsure about whether this was a result of the change to a new school or the separation between her and her husband, Mrs. C. requested a parent-teacher conference to discuss Caroline's adjustment to the classroom.

Caroline's teacher, Mrs. Johnston, indicated that Caroline was somewhat unprepared for 5th grade work when she entered the classroom, and she appeared to become upset and flustered easily when she made mistakes. She also appeared somewhat confused by the day-to-day classroom activities and procedures. For example, she often seemed anxious when called upon to speak in class, and when she did speak up she did not routinely raise her hand first. Mrs. Johnston indicated that she made an effort to educate Caroline to the classroom procedures in a non-punitive way, but Caroline's reactions to her corrections seemed exaggerated. She would typically blush and at times even become tearful when corrected in the classroom.

Mrs. Johnston also indicated that, while Caroline was generally a sweet, considerate, and quiet child, she seemed to be having a difficult time making friends with the other children (who had already been in class together for several months prior to her arrival). Mrs. Johnston observed that Caroline seemed to be shy and about sitting down with the other children at lunchtime and somewhat overwhelmed by the number of children in the lunchroom. She was often the first child to finish her lunch and get in line to go to the playground. However, Mrs. Johnston stated that, although Caroline appeared to enjoy structured classroom activities with the other children and one-on-one activities with her classmates; she tended to become shy and withdrawn in more "free-play" activities or during playground games which the teacher was not facilitating. During those times, Caroline would often gravitate toward Mrs. Johnston or another adult on the playground. When Mrs. Johnston tried to encourage her to join in on the games being played during recess, Caroline would state that she was "no good" or that she didn't feel like playing. While Caroline's peers did not actively taunt or reject her, they seemed not to notice her during these times, and she was seldom approached to play or selected for teams.

CASE FORMULATION

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Vignette 9

Presenting Problem

Caroline C. is a 14-year-old girl who lives with her mother (Deborah C., age 40) and her father (Phillip C., age 41). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less and appears to have lost weight. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born 7 weeks prematurely and weighed approximately 3 lbs. 6 oz. at birth. She was hospitalized for 3 weeks after birth, during which time she was treated for jaundice and eating difficulties. At the time she was taken home by her parents, she weighed 4 lbs. 5 oz. At home, her parents were required to feed her every 3 hours around the clock for several weeks.

According to her parents, Caroline was developmentally somewhat behind her same-aged peers for about the first year of her life due to her prematurity. At the time she was to enter kindergarten, her parents elected to educate her in the home in order to ensure that she received individual attention and that she was provided with a solid educational foundation. In order to provide Caroline with social interactions, her parents enrolled her in ballet and gymnastics classes. They reported that she did well in these activities, particularly in gymnastics, and that she appeared to enjoy them and to get along well with the other children involved. They reported that she was somewhat shy, however, during less structured events such as birthday parties and sleepovers. During those activities, she would sometimes hang back from the others, particularly if the activity involves a large group of children. Because of this, her parents made an effort to limit her social contact to small groups and one-on-one activities and to ensure that her social activities involved a certain amount of structure (movies, games, etc., rather than free-play activities).

Caroline entered a private school in the 1st grade and, after an initial adjustment period, seemed to enjoy attending school with other children and to be doing well academically. When she and her parents moved to a new state in fall of her 7th grade year, however, her mother decided to begin home-schooling her again in order to prevent her from entering her into an unfamiliar school in the middle of the semester. In order to provide social outlets for Caroline, Mrs. C. saw that she became involved in gymnastics and took part in a weekly book club. Because Caroline seemed to be doing well in home-schooling and because Mrs. C. enjoyed taking part in her child's education, she decided to continue to home-school Caroline during her 8th grade year and for the first few months of her 9th grade year as well. When Caroline's parents separated in October of her 9th grade year, her mother found it necessary to begin working in order to compensate for the increased expenses of maintaining two households. Caroline began attending public school that month. In an effort to keep her daily routine as normal as possible, Mr. C. had been coming over to have dinner with Caroline and her mother every evening, and he did not leave for his apartment until after Caroline had gone to bed. When Caroline began school, he maintained this routine. Caroline's mother reported that Caroline initially appeared to be excited about going to school with other children, but that as the weeks went on she seemed to enjoy it less and less. Unsure about whether this was a result of the change to a new school or the separation between her and her husband, Mrs. C. requested a parent-teacher conference to discuss Caroline's adjustment to the classroom.

Caroline's homeroom teacher, Mrs. Johnston, indicated that Caroline was somewhat unprepared for 9th grade work when she entered the classroom, and she appeared to become upset and flustered easily when she made mistakes. She also appeared somewhat confused by the day-to-day classroom activities and procedures. For example, she initially seemed confused about moving from classroom to classroom, and she was frequently late arriving to homeroom at the end of the day. She also appeared anxious when called upon to speak in class, and when she did speak up she did not routinely raise her hand first. Mrs. Johnston indicated that she made an effort to educate Caroline to the classroom procedures in a non-punitive way, but Caroline's reactions to her corrections seemed exaggerated. She would typically blush and at times even become tearful when corrected.

Mrs. Johnston also indicated that, while Caroline was generally a sweet, considerate, and quiet child, she seemed to be having a difficult time making friends with the other children (who had already been in class together for several months prior to her arrival). Mrs. Johnston observed that Caroline seemed to be shy about sitting down with the other children at lunchtime and often elected to forgo lunch and go to her next classroom early instead. Mrs. Johnston stated that, although Caroline appeared to enjoy structured classroom activities with the other children and one-on-one activities with her classmates; she tended to become shy and withdrawn during unstructured activities. During those times, Caroline would often gravitate toward Mrs. Johnston or another adult rather than interacting with her peers. While Caroline's peers did not actively taunt or reject her, they seemed not to notice her during these times, and she was seldom approached to join groups or play on teams.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to difficulties at school, which in turn appear to be the result of social skills deficits. Specifically, Caroline appears to have been unprepared for the social environment of the public school setting, and she has as a result undergone a number of "failure" experiences at school. She lacks the confidence and ability to join in on unstructured activities with the other children. In addition, her inexperience with the day-to-day procedures within the school setting has caused her to elicit mild reprimands from her teacher. These difficulties appear to have heightened Caroline's sensitivity to social situations, which in turn appears to be causing her to feel bad about herself and to be preventing her participating in many social situations.

Vignette 10

Presenting Problem

Caroline C. is a 6-year-old girl who lives with her mother (Deborah C., age 32) and her father (Phillip C., age 33). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less of her lunch, bringing a large portion home in her lunchbox uneaten at the end of each day. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born following an uncomplicated pregnancy and normal delivery. Her parents described her as a "rough and tumble" youngster and a "social butterfly" and state that she has always been a leader in her peer relationships. From an early age, Caroline was engaged in a number of activities outside of school, including soccer, ballet, and acting classes. At home, Caroline always seemed to be engaged in something and was rarely ever still. When she was about 4 years old, her parents became concerned that she might have AD/HD because of her constant movement. Her pediatrician, however, reassured Mr. and Mrs. C. that Caroline did not appear to have attentional problems. Rather, she appeared to have a need for a high level of activity combined with abilities in many areas.

When Caroline entered kindergarten at the age of 5, her teacher described her to Mr. and Mrs. C. as a very "busy" child. She made efforts to identify "extra" activities for Caroline in case she finished with her assignments early, in order to prevent her from wandering the classroom in search of an activity. She agreed, however, that Caroline did not appear to have attentional difficulties. For example, she described Caroline as being able to attend to an entire two-hour movie, although she might also be doing "gymnastics" in her chair the whole time.

When Caroline's parents decided to separate in the fall of her 1st grade year, Caroline's mother found it necessary to begin working in order to compensate for the expenses associated with maintaining two households. Because of her work schedule and because of the strain on the family's finances, Caroline was unable to continue her after-school dancing and acting classes. Instead, she was required to ride the bus to her grandmother's house, where she stayed until her mother returned from work at 5:00. Before the separation, dinnertime was always a happy time for Caroline. She would talk "nonstop", chatting with her parents about her day and making up "nonsense words" with her father. Mrs. C. was often required to award "points" to one or another of them for the best nonsense word. Following the separation, however, dinnertime became a more solemn affair, and often consisted of reheated meals, frozen dinners, or fast food in front of the TV while Mrs. C. went about preparing for the next day. Mrs. C. admitted that at times, she was too tired and depressed at the end of the day to engage in meaningful conversation with Caroline in the evenings.

Caroline's bedtime had also become more erratic since the separation. At times, Mrs. C. would be so caught up in her housekeeping activities and preparations for the next day that she would lose track of time and allow Caroline to stay up later than intended. At other times, she would feel guilty about her lack of interaction with Caroline and would allow her to stay up so that they could spend some time together. As a

result, Caroline was often too tired to get up on time in the morning, and occasionally even missed breakfast before going to school.

Caroline's weekends changed a great deal following the separation. Prior to that time, she had spent most weekends playing with her friends in the neighborhood, and playing games with her father in the yard. Following the separation, she spent weekends with her father in his new apartment across town from her neighborhood. There were no children Caroline's age in Mr. C.'s apartment building, and it was too far away from Caroline's friends homes to have anyone over to play. Although he made an effort to find activities for Caroline to do in the apartment, she appeared to miss the more active games they were able to play when they had a yard available. Caroline was always happy to see her father, but became restless and bored easily which, over the course of the weekend, taxed Mr. C.'s patience and caused him to become frustrated and short tempered with her.

Caroline's 1st grade teacher described her as being noticeably more tired and distractible recently. She stated that Caroline seems to be having a harder time paying attention in class. She is not completing all her homework assignments, and she is making more mistakes on the work that she does complete.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to the many changes she has experienced since her parents separated several months ago. Specifically, Caroline appears to have been removed from many of the activities she previously found reinforcing, and has been required to adjust to a less environmentally stimulating and more sedentary lifestyle. She has been separated from activities, social relationships, and familiar routines. In addition, she has experienced fewer positive interactions with her parents and more negative interactions with her father, in particular. Further, some of her basic needs (for adequate sleep and food, for example), have not been consistently met. In combination, these factors have contributed to fewer positive experiences and more negative and "failure" experiences both at school and at home. These experiences, in turn, have caused Caroline to feel bad about herself and to have less energy for her previous level of activity.

Vignette 11

Presenting Problem

Caroline C. is a 10-year-old girl who lives with her mother (Deborah C., age 36) and her father (Phillip C., age 37). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less and appears to have lost weight. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born following an uncomplicated pregnancy and normal delivery. Her parents described her as a "rough and tumble" youngster and a "social butterfly" and state that she has always been a leader in her peer relationships. From an early age, Caroline was engaged in a number of activities outside of school, including soccer, ballet, and acting classes. At home, Caroline always seemed to be engaged in something and was rarely ever still. When she was about 4 years old, her parents became concerned that she might have AD/HD because of her constant movement. Her pediatrician, however, reassured Mr. and Mrs. C. that Caroline did not appear to have attentional problems. Rather, she appeared to have a need for a high level of activity combined with abilities in many areas.

When Caroline entered kindergarten at the age of 5, her teacher described her to Mr. and Mrs. C. as a very "busy" child. She made efforts to identify "extra" activities for Caroline in case she finished with her assignments early, in order to prevent her from wandering the classroom in search of an activity. She agreed, however, that Caroline did not appear to have attentional difficulties. For example, she described Caroline as being able to attend to an entire two-hour movie, although she might also be doing "gymnastics" in her chair the whole time.

When Caroline's parents decided to separate in the fall of her 5th grade year, Caroline's mother found it necessary to begin working in order to compensate for the expenses associated with maintaining two households. Because of her work schedule and because of the strain on the family's finances, Caroline was unable to continue her after-school dancing and acting classes. Instead, she was required to ride the bus to her grandmother's house, where she stayed until her mother returned from work at 5:00. Before the separation, dinnertime was always a happy time for Caroline. She would talk "nonstop", chatting with her parents about her day and making up "nonsense words" with her father. Mrs. C. was often required to award "points" to one or another of them for the best nonsense word. Following the separation, however, dinnertime became a more solemn affair, and often consisted of reheated meals, frozen dinners, or fast food in front of the TV while Mrs. C. went about preparing for the next day. Mrs. C. admitted that at times, she was too tired and depressed at the end of the day to engage in meaningful conversation with Caroline in the evenings.

Caroline's bedtime had also become more erratic since the separation. At times, Mrs. C. would be so caught up in her housekeeping activities and preparations for the next day that she would lose track of time and allow Caroline to stay up later than intended. At other times, she would feel guilty about her lack of interaction with Caroline and would allow her to stay up so that they could spend some time together. As a result, Caroline was often too tired to get up on time in the morning, and occasionally even missed breakfast before going to school.

Caroline's weekends changed a great deal following the separation. Prior to that time, she had spent most weekends playing with her friends in the neighborhood, and playing sports with her father in the yard. Following the separation, she spent weekends with her father in his new apartment across town from her neighborhood. There were no children Caroline's age in Mr. C.'s apartment building, and it was too far away from Caroline's friends homes to have anyone over to visit. Although he made an effort to find activities for Caroline to do in the apartment, she appeared to miss the more active games they were able to play when they had a yard available. Caroline was always happy to see her father, but became restless and bored easily which, over the course of the weekend, taxed Mr. C.'s patience and caused him to become frustrated and short tempered with her.

Caroline's 5th grade teacher described her as being noticeably more tired and distractible recently. She stated that Caroline seems to be having a harder time paying attention in class. She is not completing all her homework assignments, and she is making more mistakes on the work that she does complete.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to the many changes she has experienced since her parents separated several months ago. Specifically, Caroline appears to have been removed from many of the activities she previously found reinforcing, and has been required to adjust to a less environmentally stimulating and more sedentary lifestyle. She has been separated from activities, social relationships, and familiar routines. In addition, she has experienced fewer positive interactions with her parents and more negative interactions with her father, in particular. Further, some of her basic needs (for adequate sleep and food, for example), have not been consistently met. In combination, these factors have contributed to fewer positive experiences and more negative and "failure" experiences both at school and at home. These experiences, in turn, have caused Caroline to feel bad about herself and to have less energy for her previous level of activity.

Vignette 12

Presenting Problem

Caroline C. is a 14-year-old girl who lives with her mother (Deborah C., age 40) and her father (Phillip C., age 41). She was referred to the clinic by her mother, who described Caroline as depressed. According to Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less and appears to have lost weight. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

Assessment Information

Results of the CBCL completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

Background Information

Caroline was born following an uncomplicated pregnancy and normal delivery. Her parents described her as a "rough and tumble" youngster and a "social butterfly" and state that she has always been a leader in her peer relationships. From an early age, Caroline was engaged in a number of activities outside of school, including soccer, ballet, and acting classes. At home, Caroline always seemed to be engaged in something and was rarely ever still. When she was about 4 years old, her parents became concerned that she might have AD/HD because of her constant movement. Her pediatrician, however, reassured Mr. and Mrs. C. that Caroline did not appear to have attentional problems. Rather, she appeared to have a need for a high level of activity combined with abilities in many areas.

When Caroline entered kindergarten at the age of 5, her teacher described her to Mr. and Mrs. C. as a very "busy" child. She made efforts to identify "extra" activities for Caroline in case she finished with her assignments early, in order to prevent her from wandering the classroom in search of an activity. She agreed, however, that Caroline did not appear to have attentional difficulties. For example, she described Caroline as being able to attend to an entire two-hour movie, although she might also be doing "gymnastics" in her chair the whole time. When Caroline entered junior-high, she began participating in even more extracurricular activities and after school events. She joined the junior debate team and became president of the spirit club.

When Caroline's parents decided to separate in the fall of her 9th grade year, Caroline's mother found it necessary to begin working in order to compensate for the expenses associated with maintaining two households. Because of her work schedule and because of the strain on the family's finances, Caroline was unable to continue her after-school activities and dance classes. Instead, she was required to ride the bus to her grandmother's house, where she stayed until her mother returned from work at 5:00. Before the separation, dinnertime was always a happy time for Caroline. She would talk "nonstop", chatting with her parents about her day and making up "nonsense words" with her father. Mrs. C. was often required to award "points" to one or another of them for the best nonsense word. Following the separation, however, dinnertime became a more solemn affair, and often consisted of reheated meals, frozen dinners, or fast food in front of the TV while Mrs. C. went about preparing for the next day. Mrs. C. admitted that at times, she was too tired and depressed at the end of the day to engage in meaningful conversation with Caroline in the evenings.

Caroline's bedtime had also become more erratic since the separation. At times, Mrs. C. would be so caught up in her housekeeping activities and preparations for the next day that she would lose track of time and allow Caroline to stay up later than intended. At other times, she would feel guilty about her lack of interaction with Caroline and would allow her to stay up so that they could spend some time together. As a

result, Caroline was often too tired to get up on time in the morning, and occasionally even missed breakfast before going to school.

Caroline's weekends changed a great deal following the separation. Prior to that time, she had spent most weekends visiting her friends in the neighborhood, going to movies and other events with her friends, and playing basketball with her father in the driveway. Following the separation, she spent weekends with her father in his new apartment across town from her neighborhood. There were no children Caroline's age in Mr. C.'s apartment building, and it was too far away from Caroline's friends homes to have anyone over to visit. Although he made an effort to find activities for Caroline to do in the apartment, she appeared to miss the more physical activities they were able to engage in at the house. Caroline was always happy to see her father, but became restless and bored easily. She spent a good deal of time on the phone or listening to loud music which, over the course of the weekend, taxed Mr. C.'s patience and caused him to become frustrated and short tempered with her.

Caroline's homeroom teacher described her as being noticeably more tired and distractible recently. She stated that Caroline seems to be having a harder time paying attention in class. She is not completing all her homework assignments, and she is making more mistakes on the work that she does complete.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to the many changes she has experienced since her parents separated several months ago. Specifically, Caroline appears to have been removed from many of the activities she previously found reinforcing, and has been required to adjust to a less environmentally stimulating and more sedentary lifestyle. She has been separated from activities, social relationships, and familiar routines. In addition, she has experienced fewer positive interactions with her parents and more negative interactions with her father, in particular. Further, some of her basic needs (for adequate sleep and food, for example), have not been consistently met. In combination, these factors have contributed to fewer positive experiences and more negative and "failure" experiences both at school and at home. These experiences, in turn, have caused Caroline to feel bad about herself and to have less energy for her previous level of activity.