

Second Case Example: Christine not taking food in—Skin Hungry

Christine not taking food in— At four years old, Christine weighed just 26 pounds, despite having been fed a high-calorie diet via a tube inserted through her nose for weeks. Her files contained literally thousands of pages of documents, detailing visits with endocrinologist, gastroenterologists, nutritionists and other medical specialists. There were endless lab reports of blood work, chromosome tests, hormone levels, and biopsies. The documents included results from even more invasive tests, which had used scopes inserted into her throat to examine her stomach, and scopes inserted rectally to examine her bowels. There were dozens of reports from consulting physicians. The poor girl had even had an exploratory laparoscopy, in which doctors inserted a tube into her abdomen to scrutinize her internal organs. Some doctors call her a four-year-old girl with “intestinal epilepsy” while psychologists gave her a diagnosis of “infantile anorexia.”

Here her mother is 22 years old, and a single mom.

What would be her core cause of her not taking food?

1. What they have missed during “sensitive periods” of development, early childhood? Identify critical deficiencies that the child might have missed.

Assess the child across the SPECS of normal development.

SPECS—Social, Physical, Emotional, Cognitive, and Sexual Development

2. What would be core symptoms and issues? Refer to Behavioral impact of maltreatment, textbook, and lecture materials.
3. What questions do you have in order to develop interventions—care and counseling plan? Describe the first interview or meeting.
4. Based on those deficiencies, describe your care plan. What would you do to help the child? How would you intervene the issues? How long do you think it will take for any progress to be made? As time goes, how the symptoms and issues will progress?