Annie's Story

By Elizabeth Barnes

FRIENDS AND NEIGHBORS TOLD ME I WAS A PARANOID FIRST-TIME PARENT, but I knew something wasn't right with our 18-month-old daughter, Annie. What began as high-maintenance toddler behavior deteriorated to intense, unprovoked bouts of persistent aggression by age three—despite our family's tireless efforts to follow through with consequences and positive reinforcement. She was compulsively defiant, as if possessed by some outside force to oppose every statement or directive coming from Mom or Dad.

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Annie had a hard time focusing on anything for more than a nanosecond, except activities resulting in immediate sensory gratification. Annie's happy moods were sporadic, and could be described as euphoric and melodramatic. In a typical happy state, Annie might have climbed on a large rock in the backyard and shouted, as if delivering a monologue, "I love my world! The world is mine!" Or at other times, "Mommy, I'll do anything for you! I love you so much! You're the best mom in the whole world!" During periods of euphoria, her creativity peaked, and she produced detailed drawings and block designs. Then, as if doing a theatrical exercise in rapid character change, her brow lowered, her teeth clenched, her fists swung—an angry disturbance, possibly brought on by a mental image or a voice in her head—complete with language commonly heard in a brothel. Then moments later... bang! As if she had just been splashed in the face with cold water, she assumed a happy-go-lucky demeanor—chattering away, going about the business of childhood.

During Annie's early years in St. Louis, it was difficult to take her out of our house, and my memories are a montage of doctors and clinics, teary phone calls to my husband, canceled play dates, and sore muscles from carrying a writhing child up the stairs to the safety of her room several times a day. One doctor suggested that Annie's behaviors warranted medication, even at the young age of four and a half, but conceded that she was too young to diagnose or treat for any particular disorder. Nevertheless, we hung on to the idea that Annie's positive traits—sense of humor, premature worldliness, love of nature—were still alive under the turmoil.

Finally, when Annie was five years old, her preschool teacher began calling home about Annie's odd behaviors and strange affect at school, and recommended a special education evaluation before kindergarten. My husband and I were relieved that our concerns were validated, and we had her tested right away. Annie's scores fell in the clinical range—significant enough to give her an "Emotionally Disturbed" eligibility.

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However, the evaluation team thought it would be best to withhold assigning special services or placement until Annie was given a chance to adjust to kindergarten. We agreed. To everyone's surprise, Annie squeaked by in kindergarten and beyond without the aid of special services, riding on her innate intelligence and ability to feign normality. Still posing concern to teachers, Annie struggled with inattention and erratic mood swings. She saw the school counselor regularly, and teachers did their best to provide frequent verbal cues, strategic seat placement, extra time to complete work, and help with organization.

Rages at home

Home was another story, however. Things went from bad to worse, and as Annie got bigger and heavier, it became harder for us to contain her during lengthy rages (spitting, biting, throwing large objects, kicking people and furniture, chewing paper and plastic, clearing counters and shelves). Rages usually began in response to the word "no" or to a random antecedent that often could not be identified by anyone present. They dragged on, some for over an hour, with varying forms of aggression and threats of killing me, herself, or others, and ended with remorse and sobbing.

Annie's chronic agitation and explosive behavior were taking their toll on our family.

When Annie became an immediate threat to herself or our family, we were forced to use physical restraint. These were extremely difficult situations, as I was often the only adult in the house during the week when Annie came home from school, ready to explode after sort-of managing her emotions all day. Restraining my own child as she lost complete control of her mind and body gave me an awful, sickening feeling. I hated Annie for causing her younger sister to live in fear of the next rage. I hated her for holding me prisoner during the prime of my life. I hated her for making me feel like an inadequate mom... and worst of all, I felt guilty for hating her. Annie's chronic agitation and explosive behavior were taking their toll on our family, and there were nights when I cried myself to sleep out of desperation and exhaustion.

We bounced from doctor to doctor,

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getting diagnoses like oppositional defiant disorder, intermittent explosive disorder, and early-onset bipolar disorder, but not much relief from the symptoms. The whirlwind of medications that turned our kitchen into a small pharmacy proved to be only mildly successful. Since Annie had boundless energy and craved sensory feedback, we invested in a small indoor trampoline and sacrificed a sofa to use as a crash pad. We experimented with naturopathic remedies and diet alterations—all to no avail. My husband and I read every well-intentioned book on the market with titles like *Spirited Child, Explosive Child, Difficult Child, Challenging Child*, and so on. We tried the many techniques touted by experts, such as offering incentives for positive behavior, teaching self-calming techniques (counting to ten, deep breathing, etc.) and following through with appropriate consequences. None of these strategies had any effect on Annie's behavior, but the energy required to use them consistently wore me out—the delivery of consequences for negative behaviors inevitably brought about further agitation and rages—and the cycle continued.

Around Annie's ninth birthday, our psychologist told us that since we had tried just about every behavioral technique known to humankind, we would have to ride out the storm until her frontal lobe matured or a ground-breaking medication was discovered. She also told us in no uncertain terms that if Annie's unsafe rages continued, she would have to be hospitalized. For me, the writing was on the wall. My fears ranged from bailing our daughter out of jail, to being forever tied down by an adult child with mental illness. Not a moment too soon, my husband was offered a job on the west coast, closer to family and clean ocean air.

Renewed hope

It didn't take long to find two very good doctors in San Diego who are as intent on getting to the root of Annie's issues as we are. Our psychiatrist is trying to make sense of the unique set of symptoms Annie presents. Is bipolar disorder (now being used to describe Annie's condition) being complicated by AD/HD, or vice versa? Does Annie's inability to sleep stem from mood instability, AD/HD, medications, or a combination? Medication is still one of the trickiest pieces of our puzzle, even though we have an excellent doctor on board. On another front, our psychologist is working with Annie on taking responsibility for her needs so she can help herself feel better. He insists that Annie have discussion ideas in mind before she gets to her appointments so their time together is well spent, and often includes movement and nature in therapy sessions. Both doctors are good listeners, deliberate decisionmakers, and are sensitive to the complexity of our situation.

Most importantly, Annie was miraculously placed in a fourth-grade classroom with an incredibly gifted teacher. Despite a ridiculous class size of 32, her teacher quickly recognized Annie's challenges with impulsivity, concentration, and emotional vulnerability, and is taking a refreshing approach to addressing her weaknesses—she's focusing on Annie's strengths. From somewhere beneath the complicated layers, she found Annie's strong moral compass and compassion for living things, and I guess she's just going with it. I don't understand exactly how, but then again, I don't need to. I do know that Annie's teacher believes in differentiated approaches to living and learning—that not everyone gets the same thing, but everyone gets what they need. This is evident in the way she individualizes the classroom environment for all children and in the way she invests time and energy in children's emotional health.

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Annie's compassionate nature has intensified since she befriended a girl in her class with more significant special needs. Because her teacher understands that emotional state and learning capacity are inextricable, it is obvious to her that Annie benefits more in the long run from walking her friend to physical therapy than from, let's say, editing the last paragraph of a written response. Occasionally, I see Annie at school from a distance bounding down the sidewalk behind her friend's wheelchair, fulfilled by the positive feedback she gets from helping another person—only to return to the classroom with improved readiness to learn. Her teacher's daily agenda couldn't possibly include having therapeutic discussions with Annie about missing her friends in St. Louis, nor could her plans include accommodating Annie's sudden need to bolt outside for a two-minute run around the schoolyard...or could they? Furthermore, couldn't the time she allocates to "class sharing meetings" and visual-motor activities just as easily be spent drilling proper nouns? (Surely there must be a state test coming up!) No, these children excel in school because their teacher educates the whole child—and as it turns out, the whole family.

A perfect antidote for the fragility of a family living with mental illness, Annie's teacher is a person with an infectious positive charge—the kind of person whose humanness is apparent the moment she walks through the door. Oblivious to her genius, she frequently asks me for advice on how to best meet Annie's needs (as if she isn't meeting them already), and listens intently to my sometimes lame answers. Like the TV commercial we hear so many times we start to believe its message, she tells me again and again that Annie is a wonderful child with a heart of gold—just waiting to grow into her spirit. She has persuaded me by example to renew my appreciation for Annie's gifts—an appreciation that has been long buried beneath eight-and-a-half years of baggage. Without realizing it, she's urging me not to give up—that there remains something alive under the turmoil.

Annie's behavioral issues still challenge our family on a daily basis, and from what I've learned about her illness, I don't expect this pattern to change any time soon. However, beginning around the time Annie started school in September, the severity of her symptoms has been slowly waning. More recently at home, Annie's stormy opposition is giving way to hints of resigned flexibility. She is becoming interested in activities outside of herself, like teaching a younger neighbor to ride a scooter, and helping me make dinner. Annie is also beginning to enjoy reading—an activity requiring sustained mental effort—and now takes full responsibility for completing her homework.

As our life begins to feel a little less crisis-ridden, I am better able to reflect on Annie's situation. I've decided that there are many factors contributing to her emotional growth—frontal lobe maturity among them!—but I am most convinced by the six hours each day that Annie spends connected to a very special person, and the unequivocal statements that come home from school to the tune of my teacher understands me! Those who know Annie have been touched by her recent upward trend, a momentum fueled in large part by a teacher's unwavering dedication and unconditional love. That a teacher can impact a child's emotional well-being while juggling curriculum and mandatory testing speaks volumes about the power of people... and gives me hope as I brace myself for a long journey ahead. ●

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