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# Exploring Inattentive Symptoms, Anxiety and Safety Needs in a Child: A Clinical Case Study

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## Abstract

*This case study presents a 7-year-old boy who was referred for concerns related to inattention, daytime urinary incontinence, frequent urination, and strong fear of using the toilet alone. His mother also reported forgetfulness, easy distraction, and a clear decline in school performance over the past six months. These problems started gradually but became more noticeable with time. The child also showed signs of emotional discomfort and appeared guarded during early clinical sessions. He avoided certain situations, especially those related to bathroom use, and often needed reassurance from adults.*

*A comprehensive psychological assessment was conducted using clinical interviews with the child and parent, behavioral observation, and standardized assessment tools. The results showed symptoms consistent with Attention Deficit Hyperactivity Disorder, predominantly inattentive presentation, along with elevated anxiety symptoms. The child showed difficulty with attention, working memory, and emotional regulation. During the therapeutic process, the child slowly began to share experiences that made him feel unsafe and fearful, which appeared to increase his anxiety and avoidance behaviors.*

*A structured and multidisciplinary intervention plan was provided. This included cognitive behavioral therapy; play based therapeutic techniques, emotional regulation support, and occupational therapy. The main goal was to help the child feel safe, reduce anxiety, improve emotional expression, and strengthen attention and daily functioning. The child was also supported in developing coping skills and confidence in managing difficult situations.*

*Over a period of six months, the child showed noticeable improvement. His anxiety reduced, emotional expression improved, and his ability to focus and participate in daily activities increased. He became more comfortable in therapy and showed better adjustment in daily routines and school related tasks.*

*This case highlights the importance of careful psychological assessment and timely intervention when children present with attention and anxiety related concerns. Providing emotional safety, consistent support, and multidisciplinary care can help improve both emotional wellbeing and functional outcomes in children.*

**Keywords** Phobia, Fear, Inattentive, CBT, Emotional Regulation

## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed neurodevelopmental disorders in childhood. It is characterized by persistent patterns of inattention, distractibility, and difficulties in executive functioning that interfere with academic, emotional, and social development (DuPaul & Stoner, 2021; Christiansen et al., 2019). Children with predominantly inattentive presentation often show forgetfulness, difficulty sustaining attention, poor task completion, and reduced academic performance. These symptoms can significantly affect their ability to function effectively in school and daily life.

Anxiety symptoms are also frequently observed in children and often co-occur with ADHD. Emotional dysregulation, fear, avoidance, and increased sensitivity to stress are common in children experiencing anxiety related difficulties (Cicchetti et al., 2019). The presence of anxiety may further worsen attentional functioning, emotional regulation, and behavioral responses. Research has shown that children with ADHD are more likely to experience emotional and behavioral challenges, including increased vulnerability to stress and anxiety related symptoms (Christiansen et al., 2019; Parker et al., 2021).

Environmental and psychosocial factors also play an important role in influencing emotional and behavioral functioning in children. Early adverse experiences, including inappropriate physical contact, harsh caregiving, emotional invalidation, or lack of emotional support, can disrupt a child's sense of safety and emotional stability (Jimenez et al., 2016; Nemmezi Karaca et al., 2022). These experiences may increase emotional distress, fear, and difficulties in emotional regulation. Children exposed to such experiences may develop avoidance behaviors, increased anxiety, and reduced trust in their environment. Research suggests that adverse experiences can worsen emotional and behavioral functioning, particularly in children with preexisting attentional vulnerabilities (Ali et al., 2022; Xi & Wu, 2021).

In addition, emotional security and caregiver support play a critical role in healthy psychological development. According to attachment theory, consistent and supportive caregiving helps children develop emotional stability, confidence, and the ability to regulate emotions effectively (Mikulincer & Shaver, 2019; Zahra et al., 2022). In contrast, inconsistent caregiving, emotional neglect, or punitive responses may increase emotional insecurity and behavioral difficulties. Children who do not feel emotionally safe may show withdrawal, fear responses, avoidance behaviors, and increased emotional distress.

From a developmental perspective, middle childhood represents a critical stage for emotional, social, and academic growth. Erikson's psychosocial development theory identifies this stage as Industry versus Inferiority, during which children develop competence, self-confidence, and a sense of achievement through academic and social experiences (Miller et al., 2020). Disruptions in emotional safety and support during this stage may contribute to feelings of insecurity, reduced confidence, and emotional distress, which can further affect academic and behavioral functioning.

The present case study describes a child presenting with inattentive symptoms, anxiety, functional urinary difficulties, and fear related to toileting. The case highlights the complex interaction between attentional difficulties, emotional distress, and environmental experiences. It also emphasizes the importance of comprehensive psychological assessment and multidisciplinary intervention in addressing both emotional and functional difficulties in children.

## Case Study

A 7-year-old boy was brought for psychological evaluation by his mother due to increasing concerns about inattention, academic decline, anxiety, and recent onset of daytime urinary incontinence. The mother reported that these symptoms had become more noticeable over the past six months. The child was a first grade student and the second born among three siblings. There was no reported history of neurological illness, developmental delay, or major medical condition.

The child had previously been evaluated at the age of five due to concerns related to distractibility and academic performance. At that time, intervention was recommended, but the family was unable to continue treatment consistently. Both parents were employed in another city and returned home mainly on weekends. During weekdays, the child remained under the care of a nanny. This caregiving arrangement limited the child's direct emotional interaction with parents during daily routines.

The primary reason for the current referral was the recent onset of daytime urinary incontinence and strong fear related to using the bathroom independently. The mother reported that the child avoided using the bathroom alone and often showed distress when asked to do so. He would become anxious, cry, or refuse to enter the bathroom without reassurance. These behaviors were not present previously and represented a change in the child's functioning.

During clinical observation, the child appeared quiet, emotionally guarded, and cautious in his interactions. He showed difficulty maintaining attention during structured tasks and was easily distracted by environmental stimuli. His eye contact was limited initially, and he appeared hesitant while responding to questions. The child also showed signs of emotional discomfort when discussing topics related to safety, caregiving, or bathroom related experiences.

As rapport developed gradually over multiple sessions, the child began to express feelings of fear and discomfort related to certain past experiences. He reported feeling unsafe in specific situations and showed avoidance behaviors linked to these fears. The child also appeared sensitive to physical proximity and showed increased anxiety during discussions involving personal safety.

Further information obtained from the mother revealed that the nanny had used punitive responses, including verbal scolding and physical pinching, in response to the child's toileting accidents and behavioral difficulties. Following this disclosure, the nanny was removed from the caregiving role. The mother expressed concern regarding the emotional impact of these experiences on the child. The father's involvement in the evaluation process remained limited, and the child reportedly received less emotional support from him regarding his fears and concerns.

Based on clinical observation, psychological assessment, and behavioral reports, the child presented with significant inattentive symptoms, emotional distress, anxiety related to toileting, and reduced emotional security. These symptoms affected his academic performance, emotional wellbeing, and daily functioning. The child's presentation indicated the need for comprehensive psychological intervention and multidisciplinary support to address both emotional and functional concerns.

**Case formulation**

According to the family background, both parents were employed in another city, and the child's primary caregiver during weekdays was a nanny, who was reported to use punitive responses such as verbal scolding and physical pinching. These experiences may have contributed to emotional distress and avoidance behaviors. The father's limited emotional responsiveness and reduced involvement in the evaluation process may have contributed to the child's emotional distress and reduced emotional security (Mikulincer & Shaver, 2019). The child's reluctance to seek support from authority figures and increased anxiety responses may indicate emotional insecurity and reduced emotional safety (Zahra et al., 2022).

The child presents with significant inattentive symptoms, including distractibility, difficulty following instructions, and reduced academic engagement (Young & Sanders, 2021). He also displays anxiety symptoms, particularly related to bathroom avoidance and toileting related fear, which contributed to functional difficulties including daytime incontinence. Anxiety disorders commonly co-occur with attentional difficulties, and anxiety may further affect attention, emotional regulation, and coping ability (Christiansen et al., 2019). The child also demonstrated emotional dysregulation and increased sensitivity, which is consistent with emotional regulation difficulties observed in children with attentional vulnerabilities (Parker et al., 2021).

According to Erikson's psychosocial development theory, children at this developmental stage are building competence and confidence through academic and social experiences. Emotional distress and academic difficulties during this stage may contribute to reduced confidence and emotional insecurity (Miller et al., 2020). The child's avoidance behaviors and emotional distress suggest difficulty achieving emotional stability and confidence during this developmental period.

From an attachment perspective, consistent emotional support and caregiving are important for emotional security. Inconsistent caregiving and reduced emotional support may affect emotional regulation and increase vulnerability to anxiety (Zahra et al., 2022; Nehmy et al., 2021). Emotional dysregulation and attentional vulnerabilities may interact with environmental stressors, contributing to increased anxiety and functional impairment (Becker et al., 2022; Parker et al., 2021).

**Psychological Assessment**

A comprehensive psychological assessment was conducted to evaluate the child's cognitive, emotional, behavioral, and functional functioning.

**Informal Assessment (Pre-Assessment)**

Table1 Subjective Units of Distress (SUD) ratings included, ranging from 0 (no distress) to 10 (maximum distress). The child's reactions and their perspective on each assessment method are incorporated with the corresponding distress ratings.

| Clinical Interpretation | SUD Rating (0-10) | Child's Verbatim | Assessment Method |
|---|---|---|---|
| High anxiety levels associated with toileting and sharing suggest a phobia and emotional distress linked to bathroom-related fears. These findings suggest elevated anxiety related to toileting and emotional distress, which may be associated with reduced emotional safety and emotional regulation difficulties. | 09 | • *I get scared when I go to the bathroom. I feel like someone is following me*<br>• *I don't want to tell anyone, as Baba says everyone considers me weak and teases me.* | Subjective Units of Distress (SUD) |
| These behaviors are consistent with emotional distress, particularly avoidance and anxiety around authority figures, social interactions. | 08 | • *The child appeared restless during the session, frequently shifting in his seat, looking around the room, and fidgeting with his hands.*<br>• *He had difficulty maintaining eye contact and often avoided direct engagement during structured tasks.*<br>• *When the male person attempted to initiate physical contact, such as guiding his hand or offering reassurance through touch, the child visibly flinched and pulled away. His body language became tense, and he seemed uncomfortable with the interaction.*<br>• *When discussing topics related to the bathroom, the child became noticeably withdrawn, showing avoidant behavior by trying to steer the conversation away from the topic.*<br>• *His speech was often monotone and quiet, and he seemed hesitant when asked to speak about school or family matters.* | Behavioral Observation |
| Societal Stigma and Avoidance Technique | 07 | • *The mother wants to give relief from the symptoms; she was less interested in telling the father and the school. She just wants to prepare him so he can cope. For that, she* | Interview with the mother |

| | | | |
|---|---|---|---|
| | | *was also looking for Karate classes for him.* | |
| Avoidance, Lack of support, and Lack of coping abilities | 08 | • *I don't want to go to school. I don't want to do homework, it's too hard. (avoidance of academic tasks)* | Behavioral Analysis |
| The narrative directs that something happens, after exploration, it has been indicated that a big boy followed him whenever he went and locked the washroom. | 09 | • *I was walking to the bathroom, and someone touched me... it made me scared* | Narrative Review |

***Note: the informal assessment has been conducted in the child's native language, not in English.***

**Formal Assessment**

Table 2 The Wechsler Intelligence Scale for Children Fifth Edition (WISC-V)

**WISC V Results**

**Composite Score Summary**

| **Composite** | | **Composite Score** | **Percentile Rank** | **95% Confidence Interval** | **Qualitative Description** |
|---|---|---|---|---|---|
| Verbal Comprehension | VCI | 100 | 50 | 92-108 | Average |
| Visual Spatial | VSI | 78 | 7 | 72-89 | Borderline |
| Fluid Reasoning | FRI | 79 | 8 | 73-87 | Borderline |
| Working Memory | WMI | 76 | 5 | 70-87 | Borderline |
| Processing Speed | PSI | 60 | 0.4 | 56-74 | Extremely Low |
| **Full Scale IQ** | **FSIQ** | **81** | **5** | **71-83** | **Low Average** |

*Note: The child demonstrated adequate understanding of task demands; however, performance was affected by distractibility and reduced processing speed.*

The child's cognitive assessment showed overall intellectual functioning in the Low Average range (FSIQ = 81). Verbal comprehension abilities were in the Average range, indicating adequate verbal reasoning and language understanding. However, weaknesses were observed in visual spatial skills, fluid reasoning, and working memory, which were in the Borderline range. Processing speed was in the Extremely Low range, suggesting difficulty completing tasks efficiently within time limits.

These findings indicate uneven cognitive functioning, with relative strength in verbal abilities and weaknesses in cognitive processing efficiency. Reduced processing speed and working memory may affect the child's ability to sustain attention, complete academic tasks, and respond efficiently in structured learning environments. These cognitive weaknesses are commonly associated with attentional difficulties and may contribute to the child's academic and functional challenges.

**Wechsler Individual Achievement Test Results**

| **Subtest** | **Standard Score** | **95% Confidence Interval** | **Percentile Rank** | **Age Equiv.** | **Ability level** |
|---|---|---|---|---|---|
| Word Reading | 75 | 72-78 | 5 | <6:0 | Borderline Learning Difficulty |
| Numeracy | 77 | 69-85 | 6 | 5:0 | Borderline Learning |
| Spelling | 73 | 64-82 | 4 | <5:0 | Borderline Learning Difficulty |

*Note: He was experiencing severe academic difficulties, which were also linked to a critical point in the academic cycle*

The academic assessment showed performance in the Borderline range across reading, spelling, and numeracy. These findings indicate academic functioning below expected age level. The child demonstrated difficulty in basic academic skills, which may affect classroom

performance and learning progress.

These academic difficulties are consistent with the child's attentional weaknesses, particularly reduced working memory and processing speed observed in cognitive assessment. Difficulties in sustaining attention and completing tasks efficiently may contribute to reduced academic performance. These findings highlight the need for academic support and targeted intervention to improve learning and classroom functioning.

**MASC-2 (Multidimensional Anxiety Scale for Children – 2nd Edition)**

| Subscale | Raw Score | T-Score | Percentile | Interpretation |
|---|---|---|---|---|
| Physical Symptoms | 16 | 67 | 93rd | Below Average |
| Harm Avoidance | 14 | 65 | 91st | Elevated |
| Social Anxiety | 13 | 63 | 88th | Average |
| Separation Anxiety/ Phobia | 11 | 59 | 82nd | Elevated – Social fears |
| Generalized Anxiety | 17 | 69 | 95th | Elevated |
| **Total** | **71** | **70** | **96th** | **Elevated Anxiety** |

The anxiety assessment showed elevated anxiety symptoms across multiple domains. The child demonstrated increased physical symptoms of anxiety, harm avoidance, and generalized anxiety. Separation related anxiety and social anxiety symptoms were also elevated, indicating increased emotional distress in situations involving perceived threat or lack of safety.

The total anxiety score was in the Elevated range, suggesting clinically significant anxiety symptoms. These findings are consistent with the child's observed fear, avoidance behaviors, and emotional distress, particularly related to toileting situations. Elevated anxiety may contribute to avoidance, emotional dysregulation, and functional difficulties in daily activities**.**

**ICIQ-CLUTS – Lower Urinary Tract Symptoms Questionnaire**

| Domain | Percentile Rank | Interpretation |
|---|---|---|
| Frequency | 85th | Elevated frequency (possible urge-related) |
| Urgency | 95th | Very high urgency |
| Incontinence | 75th | Moderate episodes |
| Nocturia | 50th | Typical range |
| Impact on QoL | 90th | High impact on daily life |
| **Total Score** | **92nd** | **Clinically concerning for LUTS** |

**Conners CBRS-4 – Parent Report (Age 6–8)**

| Subscale | Raw Score | T-Score | Percentile Rank | Interpretation |
|---|---|---|---|---|
| Inattention | 18 | 78 | 99th | Very Elevated |
| Hyperactivity/ Impulsivity | 09 | 60 | 84th | Mild to Moderate |
| Executive Functioning | 16 | 75 | 98th | Difficulty in planning |
| Learning Problems | 14 | 73 | 97th | Significant impact on academics |
| Emotional Distress | 17 | 70 | 96th | Elevated |
| Social Functioning | 12 | 64 | 94th | Difficulty in Peer Relations |

The parent rating scale indicated very elevated inattention and executive functioning difficulties. Learning problems and emotional distress were also elevated, suggesting significant impact on academic and emotional functioning. Hyperactivity and impulsivity were in the Mild to

Moderate range, indicating that inattentive symptoms were more prominent than hyperactive behaviors.

These findings are consistent with Attention Deficit Hyperactivity Disorder, predominantly inattentive presentation. Elevated executive functioning difficulties and attentional weaknesses may contribute to academic challenges, reduced task completion, and functional impairment in daily activities.

Through Formal and Informal assessments indicated that there are different symptoms that need to be addressed through a comprehensive and multidimensional perspective.

**Assessment Summary**

Overall, findings from cognitive, academic, emotional, and behavioral assessments indicate significant attentional difficulties, elevated anxiety symptoms, and associated functional impairment. Cognitive assessment showed Low Average overall intellectual functioning, with specific weaknesses in working memory and processing speed, which may affect attention and task efficiency. Academic assessment indicated Borderline range performance in reading, spelling, and numeracy, consistent with attentional and cognitive processing challenges.

Emotional assessment revealed clinically elevated anxiety symptoms, particularly related to fear, avoidance, and emotional distress. Behavioral rating scales indicated very elevated inattention and executive functioning difficulties, with associated emotional and academic impact. These findings are consistent with Attention Deficit Hyperactivity Disorder, predominantly inattentive presentation, along with clinically significant anxiety symptoms. The results highlight the interaction between attentional, emotional, and functional difficulties, supporting the need for comprehensive multidisciplinary intervention.

**Multi-Dimensional Therapeutic Approach**

A multi-dimensional therapeutic approach has been designed to address the child's concern. According to Shirk (1992), at the age of 7 years, children are still developing their trust in adults outside their family. A strong emotional connection built through play, consistency, and empathy sets the foundation for therapy. Initially, in this case, the psychologist also develops trust and ensures confidentiality, and then the child reveals the physical touch happening with peers. The schedule of the multidisciplinary team visit was followed as;

Table 3 Six Months plan

| **6 Months Plan** | |
|---|---|
| **Professional Visits** | **Duration** |
| Psychiatrists | 2 in six months (pre and Post) |
| Neurologist | One time only |
| Pediatrician | Once in three months for evaluation |
| Psychologist | Once a week |
| Occupational Therapist | Twice in a week |

- ***This plan for the sessions after formal and Informal assessment followed for 6 months***

Table 4 Phased Psychological Intervention Framework and Outcomes

| **Intervention Phase** | **Core Techniques** | **Targeted Domains** | **Duration** | **Observed Outcomes** |
|---|---|---|---|---|
| **Engagement & Safety Building** | Rapport building, non-directive play, storytelling | Trust, emotional expression | Weeks 1–2 | Reduced withdrawal, improved engagement |
| **Anxiety & Phobia Management** | Graded exposure, cognitive restructuring, visualization | Toileting anxiety, phobia | Weeks 3–8 | Decreased avoidance, reduced SUD scores |
| **Emotional & Behavioral Regulation** | Emotion identification, anger management, token economy | Emotional regulation, compliance | Weeks 9–16 | Improved self-regulation, reduced tantrums |
| **Social & Academic Support** | Social skills training, academic confidence tasks | Peer interaction, academic engagement | Weeks 17–24 | Improved classroom participation |

Table 5 Occupational Therapy Domains, Techniques, and Functional Gains

| **OT Domain** | **Techniques Used** | **Functional Focus** | **Frequency** | **Observed Improvements** |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| **Sensory Processing** | Sensory integration, proprioceptive input | Sensory tolerance | 2×/week | Improved calmness, reduced hyperarousal |
| **Emotional Regulation** | Zones of regulation, breathing | Self-regulation | 2×/week | Improved emotional awareness |
| **Social & Boundary Skills** | Role-play, assertive communication | Safety, boundaries | Weekly | Increased assertiveness |
| **Motor & Self-Confidence** | Obstacle courses, self-defense | Confidence, coordination | Weekly | Increased confidence |

***Note: Session's activities were repeated to make him more comfortable and commendable***

Table 6 Post–assessment, Subjective Units of Distress (SUD) ratings included, ranging from 0 (no distress) to 10 (maximum distress).

| Assessment Method | Presenting Complaints | SUD Rating (0-10) Pre Assessment | SUD Rating (0-10) Post Assessment |
|---|---|---|---|
| Subjective Units of Distress (SUD) | Distraction | 09 | 04 |
| Behavioral Observation | Frequent Urination & incontinence | 08 | 03 |
| Interview with the mother | Distractibility | 07 | 03 |
| Behavioral Analysis | Phobia of insects | 08 | 04 |
| Narrative Review | Low academic Performance | 09 | 04 |

***Note: the informal assessment has been conducted in the child's native language, not in English.***

## Discussion

This case study highlights the complex interaction between attentional difficulties, anxiety symptoms, emotional distress, and environmental experiences in a young child. The child presented with prominent inattentive symptoms, elevated anxiety, and functional difficulties, including toileting related fear and daytime incontinence. Comprehensive psychological assessment confirmed attentional weaknesses, elevated anxiety, and associated academic and emotional challenges.

The cognitive assessment showed overall intellectual functioning in the Low Average range, with specific weaknesses in working memory and processing speed. These cognitive weaknesses may affect attention, task efficiency, and academic performance. Previous research has shown that reduced working memory and processing speed are commonly associated with attentional difficulties and may contribute to academic challenges in children with ADHD (DuPaul & Stoner, 2021; Christiansen et al., 2019).

Emotional assessment revealed elevated anxiety symptoms, particularly related to fear, avoidance, and emotional distress. Anxiety symptoms can increase attentional difficulties and affect emotional regulation and daily functioning (Cicchetti et al., 2019). In this case, anxiety appeared to contribute to avoidance behaviors, particularly related to toileting situations. Emotional distress and fear may affect a child's sense of safety and confidence, leading to functional difficulties.

Environmental and caregiving experiences may also influence emotional wellbeing and emotional regulation. Inconsistent caregiving and emotionally distressing experiences may affect a child's emotional security and coping ability (Mikulincer & Shaver, 2019; Zahra et al., 2022). Children who experience emotional insecurity may show increased anxiety, avoidance behaviors, and emotional distress. These findings are consistent with research showing that adverse experiences may increase emotional vulnerability and behavioral difficulties in children (Jimenez et al., 2016; Nemmezi Karaca et al., 2022).

The child also demonstrated academic difficulties, which are commonly observed in children with attentional and executive functioning weaknesses. Difficulties in attention, working memory, and emotional regulation may affect learning, task completion, and classroom functioning (Young & Sanders, 2021; Parker et al., 2021). These difficulties highlight the importance of early identification and targeted intervention.

The multidisciplinary intervention approach used in this case, including psychological therapy, emotional regulation support, and occupational therapy, contributed to improvement in emotional functioning, anxiety symptoms, and daily functioning. Providing emotional safety, therapeutic support, and structured intervention helped the child improve emotional expression, reduce anxiety, and increase functional confidence.

This case highlights the importance of comprehensive psychological assessment and multidisciplinary intervention in children presenting with attentional and anxiety related difficulties. Early intervention, emotional support, and coordinated care can improve emotional wellbeing and functional outcomes.

**Conclusion**

Overall, the child showed meaningful progress throughout the course of therapy, benefiting from a multidisciplinary approach involving the occupational therapist, clinical psychologist, and caregiver collaboration. Each professional contributed to the child's development by addressing specific concerns, such as distraction, distractibility, phobias, incontinence, and low academic performance through targeted interventions. The occupational therapy sessions focused on improving sensory processing, self-regulation, emotional control, and social functioning. Simultaneously, the psychologist supported emotional and behavioral regulation using therapeutic tools, assessments, and parental guidance. Caregiver involvement further reinforced the strategies at home, enhancing the child's capacity to generalize these skills in everyday situations.

Post-assessment outcomes, including a significant decrease in SUD (Subjective Units of Distress) ratings across multiple domains, highlight the effectiveness of the interventions. The child's ability to express emotions, maintain focus, manage anxiety symptoms, and participate in social and academic activities has improved notably. Ongoing support and follow-up sessions are recommended to ensure continued progress, with a focus on integrating learned strategies into the school environment and daily routine. Regular coordination among professionals and caregivers remains essential for sustaining and building upon the gains achieved.

**Ethics Statement**

Formal institutional ethical approval was not required for this single case report, as no experimental intervention was performed and all procedures were part of routine clinical assessment and therapeutic care. However, ethical standards related to confidentiality, child protection, and informed consent were strictly followed throughout the assessment and intervention process.

**Funding Statement**

No funding was acquired.

**Conflict of Interest**

The authors declare no conflict of interest.

**Confidentiality Statement**

All identifying information has been removed or anonymized to protect the identity of the child and family. Names, locations, dates, and other potentially identifiable details have been altered or omitted to ensure confidentiality. No information that could reasonably lead to the identification of the child has been disclosed.

**Informed Consent**

Written informed consent was obtained from the child's parent/legal guardian for psychological assessment, intervention, and the publication of this case report. Assent was also obtained from the child in an age-appropriate manner. The parent/legal guardian was informed about the purpose of the study, the nature of the assessments and interventions, and the use of anonymized clinical information for academic publication.

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