

The Case of Anthony

Danielle Wright

May 2, 2020

Clinical Social Work Practice II with Families

Nyack College

Introduction to Client:

Anthony is a 15-year-old male Mexican -American who currently lives with his biological mother Ms. Okely in New City. Anthony's father has not been present in his life since the age of three years old and has not kept contact with him since. Anthony's mother has a history of alcohol drug and substance use and anxiety and depression since he was four years old until the age of 13years, during the time of Ms. Okely substance abuse, child protective Service got involved due to reports of Child neglect Ms. Okley would leave Anthony during the middle of the night to make drugs transaction and also child physical abuse. Anthony was temporarily taken out of his home and was living with his grandparents. Living with his grandparents Anthony gained a more structured life but was not permitted to socialize with other kids his age due to endorsing aggressive behaviors towards his peers. At the age of seven, Anthony would isolate himself to his room instead of taking part in family activities, if asked to join in an activity Anthony would become increasingly agitated and began screaming and cursing. Over the years his behaviors became unmanageable and his grandmother was no longer able to keep control of him so she eventually gave up and asked his grandfather to play a more active role with hopes that Anthony would be more receptive to the instruction given to him from a male perspective. Anthony and his grandfather developed an excellent bond and his behavior began to improve, after a year of working closely with his grandfather Anthony began to regress and old behaviors came back in addition to suicidal thoughts. One day Anthony reports to his teacher that his grandfather began to touch him inappropriately in his private area CPS was called again and Anthony was removed from his grandparent's home and back to his mother's home because she has been drug-free for 2 years.

However, from August 2019, - October 2019 Anthony was hospitalized for the first time for physical aggression, he threw an iPad at his mother's head while she was driving. Upon discharge, he was sent to a Mountain Lake residential academy where he stayed for a year then was discharged back to his home with mom. Anthony refuses to take his prescribed medication and began using cannabis daily, he reports that he was unable to sleep, had difficulty concentrating in school and was irritable for most of the day. Anthony punched his mother in the face and pushed her down the hill of snow which led to his third hospitalization. During this hospitalization, Anthony would get in arguments with staff members and continuously use racial slurs.

DSM Diagnosis (if applicable): After meeting with the social worker and psychiatrists it's determined that Anthony met criteria for multiple diagnoses:

Major depressive disorder, recurrent episode severe F33.2

Anxiety disorder F41.8

Post-traumatic Stress disorder F43.10

Unspecified Attention-deficit/ hyperactive disorder F90.9

Parent-child Rationale problem z62.830

Assessment tools

Family Adaptability and Cohesion Evaluation Scale-IV

Based on the presenting issues clinician noted that several assessment tools were acceptable to the client and his family. One of those assessment tools includes Family Adaptability and Cohesion Evaluation Scale IV, this evaluation scale to assess the relationship between parent and adolescent children ages it takes a deep look at the family functioning (Koutra, 2013).

Zung Self Rating Depression Scale

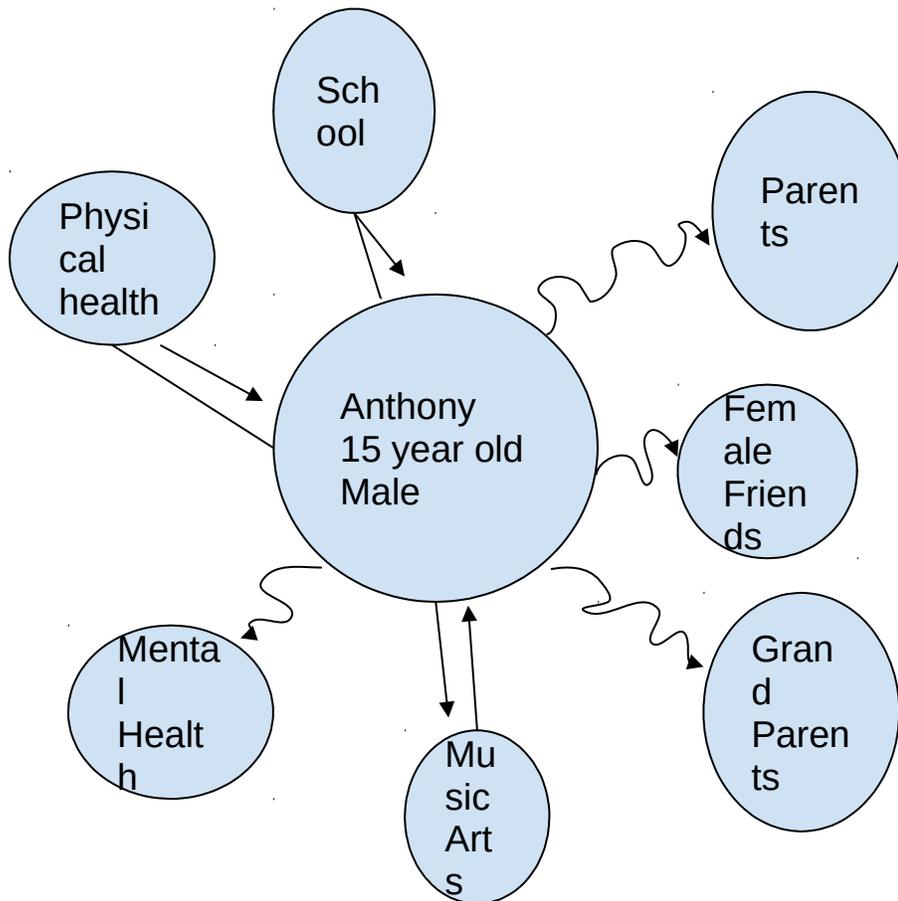
This is a self-report measure with 20 items each having four answer options. This test is usually used for depressed adults, adolescents, elderly inpatient and outpatients (Corcoran & Walsh, 2016). This too helps clients to monitor changes in the client's depression. I thought this tool would be beneficial to use with this client because Anthony has a diagnosis of depression and is actively working on becoming symptom free (Corcoran & Walsh, 2016).

Penn Inventory for Post-traumatic stress disorders

The Penn Inventory for PTSD is a twenty-six item self-report measure that evaluates the individual for PTSD one of Anthony's diagnosis is PTSD, this scale is perfect to use in Anthony assessment because he has experienced multiple traumatic events (Corcoran & Walsh, 2016).

According to this scale if an individual scores from (0-78) he or she has severe PTSD (Corcoran & Walsh, 2016). The score uses a 3 points rating scale.

ECOMAP



History of Trauma and abuse

Anthony expresses that he has experienced trauma in the form of physical emotional and verbal abuse. As a child, Ms. Oakley Anthony's mother would apply excessive corporal punishment if he would misbehave or she would feel frustrated about having to take care of him by herself.

Anthony reminisces of having large bruises on legs and back this made him fearful of his mother. In addition, while living with his grandparents He was molested by his grandfather. He indicated that grandpa would ask him to sit on his lap and while he grinds on him grandpa would also touch him inappropriately, as a result, Anthony lacks the ability to be affectionate towards

members of his family and female who remind he of both his mother and grandmother, however, if he meets a girl he likes he would overcompensate by pouring all his love on that individual as evidence of how he treats one of his peer on the unit.

Substance use and abuse

As mentioned earlier, the patient indicates he has a history of Drug and Alcohol use from the age of 10. He reports drinking four to six ounces of vodka daily, he also reports smoking marijuana 3 times a week. Anthony has been exposed to other drugs occasionally when hanging out with individuals from his neighborhood, for instance, prescription pills and ecstasy.

Related historical background

There is no known history of mental illnesses but based on Anthony's mother reported there is an extensive history of Drug and Substance use on both parents' sides.

Client family protective and Risk factors

Analyzing this case, the clinician noticed that Anthony has several Protective and Risk factors. Some of the risk factors include lack of parental guidance and support, as we know both parents made choices to indulge in activities that were beneficial to their lifestyle as a result neglect the need of their child, as a result of this as cause some impairments on Anthony's cognitive and social skills resulting in negative coping skills. However, even though he experienced some challenges in his development one can say Anthony can be resilient if he uses his support system appropriately. Mom is willing to play an active role in Anthony's life after being two years clean from the drug, in addition, she is willing to follow through with the suggested intervention such as narrative family therapy and parent management classes. Another protective factor for this

client is that he enjoys sports and creating artwork as a clinician. We believe that he can use these hobbies as discretion whenever he feels as if he is being triggered. The patient also indicates that he is affiliated with the Catholic religion. Studies have shown that spirituality and religion to be helpful resources for dealing with a variety of difficult life issues (Rosenberg, 2018). Majority of psychological studies that have included measures of spirituality or religion have found these to be correlated to positive mental health (Rosenberg, 2018). In addition, because Anthony is a minor he is financially supported by his mother and Social security. Mom does work a fulltime job and is able to meet Anthony's financial needs. Anthony is future-oriented and would like to go to college and major in business so that he can become a business owner of film production.

Family Structure

Anthony has a simple family structure consisting of himself, his and his mother, he has no siblings he is the only child.

Theoretical application

Narrative Therapy

Working with Anthony I was able to identify three theoretical perspectives that can be applied to his family case (Hook, 2014). Narrative therapy is a theory that has the assumption that family problems and solutions are based on the meaning that people attribute to life events. In this theory, each member of the family creates his or her story which makes sense of past and current events as well as influences their expectation for the future (Hook, 2014). In Anthony's case, he often refers to his traumatic experiences as reasons for his deviant behaviors his explanation correlates with this theory in the sense his story is influenced how he perceived his life such as experiencing his mother and father separation at a young age and then mom is addicted to drugs not having that neutering from both parents but rather being constantly abused. Narrative theory helps individuals to change the way they view their story, it helps the individuals to come to the realization that their loved ones or the person whom they think are a problem is really not the problem but rather they experience the problem. In other words, families are not viewed as the problem they are viewed as contending with the problem. In the case of Anthony rather than him seeing his mother as the problem and the cause of his delinquency. Using this type of theory in the treatment process the clinician will ask the client a series of questions that will aid in reconstructing a more empowering story (Hook, 2014). I feel this is also a great theory to use for Anthony because he is clinically diagnosed with PTSD among other disorders which can have an immobilizing effect that further silences communication on the individual. The narrative theory addresses risk factors of the belief system that are negative which maintain the continuation of negative patterns (Hook, 2014).

Structural Family Theory

Anthony lives with his mother who is a single parent based on our interview with the family. It's evident that the family has lost its structure. Using structural family therapy will help to bring effective organization to family so that members can find better solutions to their problems (Hook, 2014). Structural family therapy

Bowen Family System Theory

Bowen therapy is a multigenerational process-oriented therapy. The main goals are to increase differentiation and to reduce emotional reactivity to anxiety (Hook, 2014). This theory places emphasis on the therapist to be able to model the process of differentiation for the client. The therapist must help the client separate thoughts and feelings from emotions. Therapists are encouraged to be non-reactive and to operate in a non-anxious manner. The goal of this type of theory when used with Anthony and his family is to help reduce family anxiety that fuels problems (Hook, 2014)

Treatment plan

Goal 1- Anthony will be able to identify and manage his emotions, as evidenced by his ability to maintain safety.

Objective 1: Anthony will identify one reason why unsafe behaviors such as using racial slurs, destroying property can be viewed as a negative coping skill.

Intervention 1: Individual therapy two times a week for 45 mins with License Social Worker with a clinical focus on developing healthy coping skills. During this session clinician and client will work together to identify the client's problem, the client will then come up with healthy alternatives to deal with the issues at hand. DBT will be applied in this type of therapy. DBT (Dialectical behavior therapy) which places emphasis on problem-solving. Scholar believes that this type of therapy is effective because clients will be required to play an active role in therapy. DBT assumes that effective treatment, including group skills training, must pay as much attention to the behavior and experience of providers working with clients as it does to clients' behavior and experience (Psy worker, 2020).

Intervention 2: Psychoeducation

Both Anthony and his family can benefit from psychoeducation. Psychoeducation is

Goal 2- To improve functioning in family relation

Objective 1: Anthony will try to communicate with his family respectfully

Intervention 1: Narrative Family Therapy

Anthony and his family will meet with a therapist twice a week for 45 mins. Clinicians will use narrative family, Some of the benefits Anthony and his family may receive from using this type of therapy is an understanding of working together as a team; it may also help to identify the issue within the family system and also provide a solution. However, this family therapy will focus on working out communication issues, ongoing fear of abandonment, along with other attachment issues.

Intervention 2: Anthony and mom will do at least one leisure activity once a month.

Leisure as defined by the family as (going to the mall to see a Movie, Playing sports at the park, Jogging, and painting.

Intervention 3: Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)

This intervention seeks to empower families who are at risk for physical abuse. It's a short term program with about 16-20 sessions strength-based therapy programs for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. In Anthony's case, this intervention would be beneficial due to the fact that he was subjective to extensive corporal punishment by mom. I strongly believe this intervention would help both, Anthony and mom, to build trust for one another and work together cohesively as a team.

Goal 3: To minimize out of home placement such as residential treatment and hospitalization

Objective 2: To remain out of short term treatment facility for the next 3 months

Intervention 1: Yes Empowerment Program

This is an after school program for youths that connects them with a mentor, this program uses the person-centered approach. Anthony will be able to use this platform as an immediate outlet to help him navigate through any crisis while at home. Mentors check in daily on students and his available 24/7 for talk therapy.

Reference

-
Koutra, K., Triliva, S., Roumeliotaki, T., Lionis, C., & Vgontzas, A. N. (2013). Family Adaptability and Cohesion Evaluation Scales IV Package--Greek Version. PsycTESTS. <https://doi-org.ezproxy.nyack.edu/10.1037/t27636-000>

Hook, M. V. (2016). *Social work practice with families: a resiliency-based approach*. New York, NY: Oxford University Press.

Dialectical Behavior Therapy. (n.d.). Retrieved April 5, 2020, from <https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy>

Rosenberg, S. J., & Rosenberg, J. (2018). *Community mental health: challenges for the 21st century*. New York: Routledge, Taylor & Francis Group

Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice*. New York: Oxford University Press.

CEBC. (n.d.). Retrieved May 2, 2020, from <https://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/>