Case Conceptualization- Gonzales Family

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Case Conceptualization – Gonzales Family

Introduction to client:

The Gonzales Family consist of an adult female and two children. The family was referred to the tier two domestic violence shelter on August 20, 2019 from an emergency shelter where they had been residing since May 20, 2019.

Anita Gonzales is a 27 years old Hispanic American hetero sexual female. Ms. Gonzales is currently unemployed. David Gonzales is an 8 years old mixed Hispanic African American male. He is in the third grade. Alexis Gonzales is a 4 years old female mixed Hispanic African American female. She attends preschool.

Presenting concern:

Ms. Gonzales reported that she has been homeless since 5/20/ 2019 after fleeing from her abuser. She blames herself for her family's problems. Ms. G reports that she hates living in a shelter because it is very restricting. She also feels that she is depriving her children of the ability to develop socially as they are not able to interact with other children outside of school and daycare. Ms. G also believes that she could benefit from family support but has been estranged from her extended family due to family conflicts. David thinks that his mother is the reason they are in a shelter. He states that he misses his friends and wants to visit his cousins. He thinks that his mother does not treat him as well as his little sister. He thinks that she gets away with everything while he gets punishment. Alexis states that she loves her mommy and he daddy. She reports that she likes to play with her doll Maggie. She reports that her brother is mean because he hides her doll.

Background information

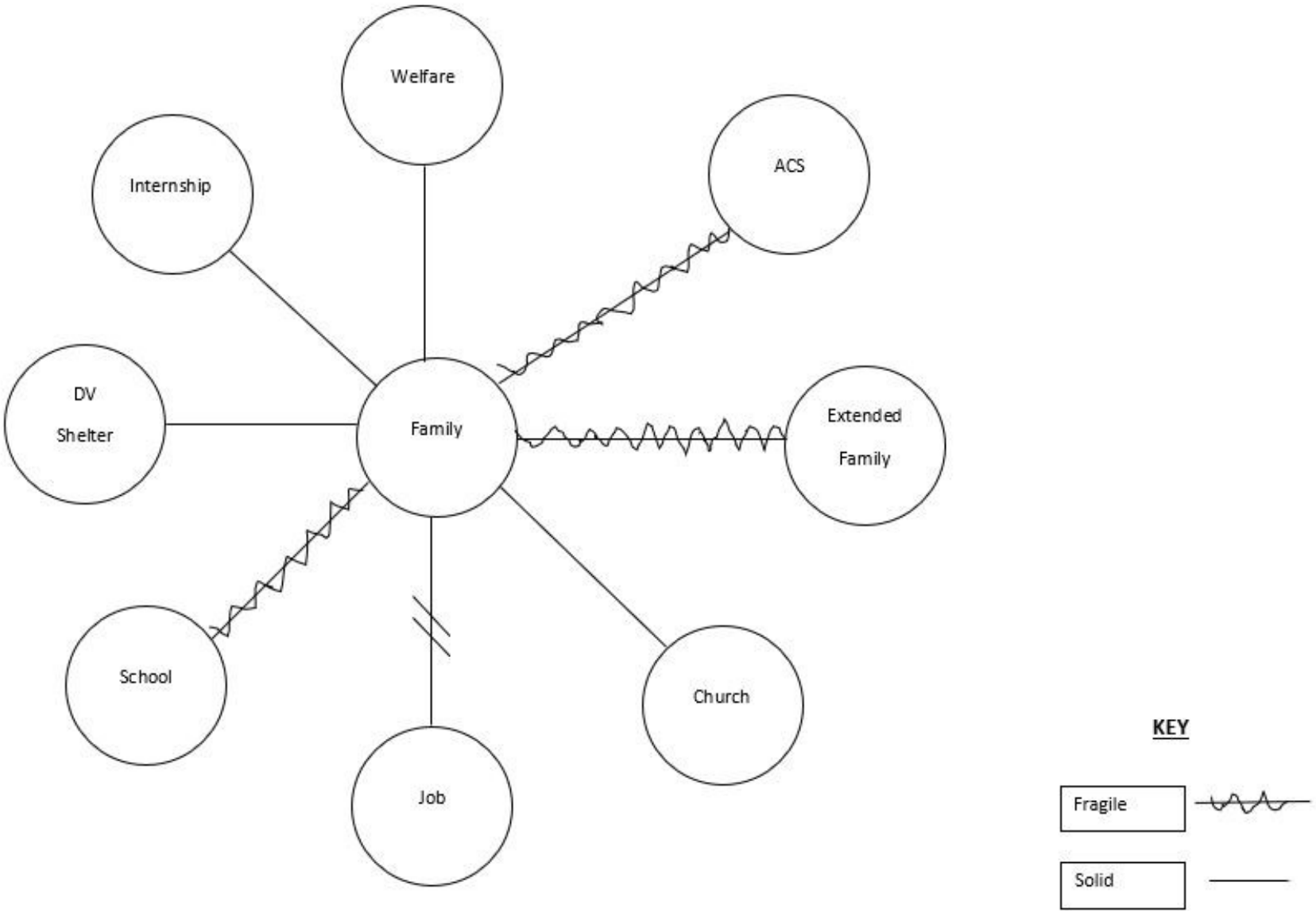
The family was referred to the tier two domestic violence shelter after their stay at the emergency shelter expired. The family consist of a 27 years old mother and her two children aged 8 and 4 years. Ms. G provided for her family for the past 4 years by working at the local department store

even though she had not completed High School or a GED. She is currently unemployed and is hoping to find a new job soon. The family is connected to the welfare system and is receiving cash assistance and SNAP. They also have Medicaid insurance. Ms. G spent her formative years in a nuclear family with her older brother and had a close extended family. Her parents separated when she was 12years old and eventually divorced when she was fourteen. There is a history of mental health issues in the family. Her mother suffered from depression and overdosed on prescription medication when she was 13 years old. Her mother suffered a stroke and is currently residing in a nursing facility.

Ms. G has lived with different members of her extended family after her parents separated. She eventually dropped out of school and moved in with her boyfriend at age 16 and has since been estranged from her extended family. she remains in contact with her father and brother. That relationship produced her 2 children. She gave birth to David when she was 19 years old. He was born naturally and has no developmental or medical concerns. Alexis was born four years later and has not shown any signs of physical or developmental problems. Ms. G described her relationship with their father as difficult because she was very short-tempered and this led to many physical fights. They separated shortly after her daughter turned 2. Ms. G struggled to provide for her family as she did not receive support from their father or her extended family. She became involved with her abuser after he started helping her out financially. She fled the relationship after he threatened to kill her and her children. Ms. G called a CPS case against her children's father. She later recanted her statements in court. The children are still monitored by ACS. Ms. G denies ever using or abusing drugs. The family is currently homeless but are actively seeking permanent housing.

The ecomap was used to assess the family's connection to external agencies and systems.

Gonzales Family Ecomap



Family Protective and Risk Factors

Belief Systems

The family views their homelessness as a set-back but believe that this is an avenue where the family can be strengthened. Ms. G., despite being unemployed ensures that the needs of her children are met. All members of the family are healthy.

Social Support System

The family is connected to various social support systems through the local and community system. The children are connected to aftercare program through the shelter and participate in recreational group activities. Ms. G. also attends DV awareness group activities and is enrolled in an internship program. The family makes use of local community programs such as food banks.

Economic Resources

Ms. G was employed and supported her family financially despite her low educational attainment. The family is currently connected to the welfare system and their economic needs are being met through the public assistance and Supplemental Nutrition Assistance Programs. Ms. G also receives some support from her father and brother.

Spirituality

The family is deeply religious and attends mass at the local catholic church. Ms. G reports that she has been attending mass since she was a child and finds the programs at the church comforting and uplifting. She states that she sometimes prays when things are difficult and believes that God answers her prayers.

Barriers to progress:

Ms. G is unemployed, and her lack of education puts her at risk for finding a new job. The family would like to include the extended family in therapy but due to the agency being a confidential location that was not possible.

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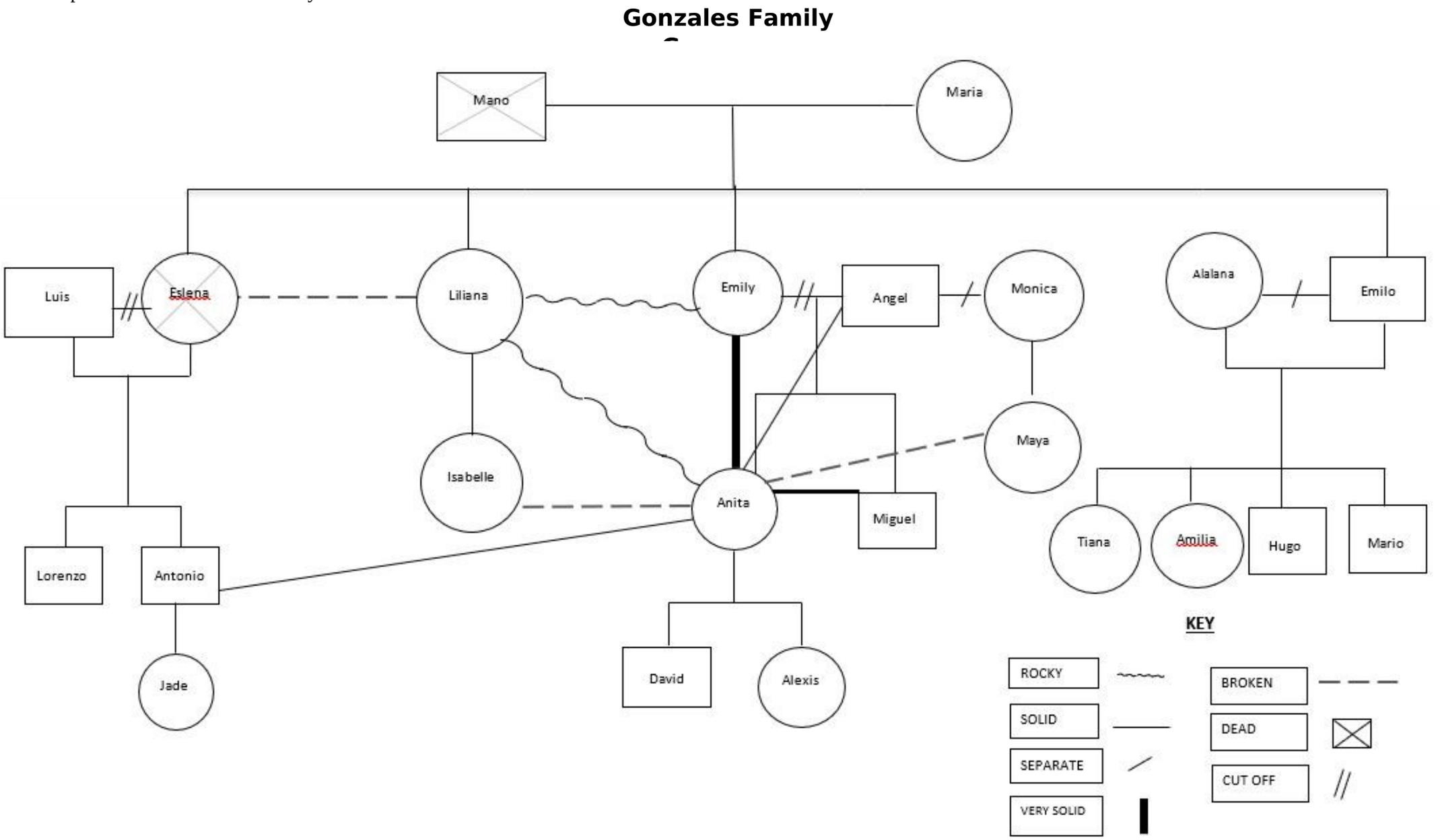

Family Structure

The Family Genogram to assess intergenerational patterns, multi-generational risk factors and family relationships. The genogram revealed several intergenerational patterns. Most of the adults in the family had been separated from their spouses. There were also conflicted relationships across different generations.

Family life cycle stage

The family life cycle consist of two stages the preschool aged and school aged children. It should also be noted that Ms. G is currently single.

Boundaries

The Gonzales family displays two distinct types of boundaries. The immediate family is enmeshed with mom and children totally dependent on each other. Ms. G expressed that she does not allow her children to go anywhere without her. She feels anxious when they are not with her. The children are also reported display enmeshed boundaries by crying for their mom when they are left with the childcare specialist. The boundaries within the extended family are at the other end of the spectrum. Ms. G reports that she has not been in contact with her extended family but contacts her father and older brother sometimes.

Triangular Relationships

There are several triangular patterns identified within the family. The first triangular patter is with Ms. G and her mother and the relationship with her aunt. Ms. G blames her aunt for placing her mom in an institution. There is also triangular relationship between Ms. G and her daughter and how she disciplines her son. David thinks that hi mom favors his sister and allows her to get away with stuff while he is always punished. Ms. G states that it is easier to do things with her because she is a girl.

Hierarchy

The family is led by Ms. G who sets the rules for the children. Ms. G does not always ensure that the rules are upheld. There are minimum consequences when the children break the rules. This results in conflicts when she tries to enforce the rules. Even though there is a presumed hierarchy it is not very functional.

Attachment

There is a concern about the attachment pattern displayed by the family. Ms. G expresses that she feels anxious when her children are away from her. Her children are also very attached and sometimes cries when they are away from their mom. Worker feels that this attachment pattern is projected onto the children by their mom. Children are confident and polite and willingly engage with anyone when they are in the presence of their mother.

Theories application

Ms. G presents with anxiety symptoms and GAD-scores indicate that she is mild severity- Ms. G has been given a DSM diagnosis of General Anxiety Disorder 300.02. She also blames herself for the major issues that the family is facing. The biological markers indicate that Ms. G is at a greater risk for having mental health issues because of her mother's disorder. The family will be examined using a strength-based multisystem approach based on the family's connection to various external factors.

Cognitive Family Therapy

The first theoretic choice is Cognitive Behavioral Family Therapy to address issues if anxiety in the family. This will be useful to help members to identify anxiety provoking situations as well as create anxiety logs to help determine triggers. Treatment options will include psycho education to help family understand the connection between thoughts and behaviors and how this influences their actions. When we act we do so based on the way we interpret a situation. Family

will be introduced to various coping skills including mindfulness activities to lower anxiety symptoms and cognitive restructuring to regulate catastrophic thinking.

Solution Focused Family Therapy

The solution focused family therapy is a strength-based therapy in which minimum time is spent talking about the problem. The focus is placed instead on moving the family forward by enacting solutions which may not directly be related to the problem. The Family works on identifying what the preferred solution might look like and taking incremental concrete steps to realizing their goals. Solution comes from various techniques and are used to identify clients' strengths and existing resources.

This therapy will be useful in helping to empower family by highlighting their strengths and giving them the power of self-determination. This will enable the family to create a new reality. The use of the miracle question which asked family members to imagine that they had a miracle while sleeping which took away their problem. When asked how they would know the miracle happened when they awake, family members stated that they would be out of the shelter and in their permanent home. Family members are challenged to strive to achieve this goal.

Bowenian Family Therapy

The third therapeutic choice is the Bowenian Family therapy. This will be useful in helping family members recognize the lack of communication as a dysfunction in their relationship. Family members seek to resolve the issue without casting blame on anyone. Instead the focus is on improving communication by stating how one is feeling about the situation using "I" statements

Treatment Plan

Goal 1- Ms. Gonzales wants to secure permanent housing for herself and her children by 4/30/2020

- Objective 1: Ms. G and will ensure an open PA case with HRA and attend all monthly appointments. (Solution Focused Family Therapy)
    - Intervention 1 Ms. G and family will create a housing plan.
    - Intervention 2 Ms. G and family will make a list of places where it would be safe for them to reside without fear of her abuser.
    - Intervention 3 Ms. G will visit the HRA and complete all outstanding appointment, back to work orders and collect budget letter (housing voucher) to determine eligibility and the value of the voucher.

- Objective 2: Ms. G will make biweekly housing search log and apply to all available public housing and housing lottery (Solution Focused Family Theory)
    - Intervention 1 Ms. Gonzales and Family will create a housing log search to document the places she has made application for housing.
    - Intervention 2 Ms. G will also record private landlords she has contacted and their responses to accepting the housing incentive offered to landlords who support and accept housing vouchers.
    - Intervention 3 Family will search online and using newspaper to fine apartments for rent

- Objective 3 Client will meet with housing specialist bi-weekly for housing counseling. (Solution Focused Family Theory)
    - Intervention 1 Client will present housing search log to Housing Specialist
    - Intervention 2 Client will discuss and process her feelings during the search for housing.
    - Intervention 3 Client will with the assistance of housing specialist reconnect with landlords who expressed interest in working with housing vouchers

Goal 2- Reconciling family relations by improving communication skills using Bowenian Family Therapy

- Objective 1 Client will identify barriers to communication that have caused misunderstanding (Bowenian Family Therapy)
    - Intervention 1 Client will make a list of times when communication has led to verbal misinterpretation.
    - Intervention 2 Worker will through education, help client identify communication style
    - Intervention 3 Client will identify and interpret non-verbal communicating cues

- Objective 2 Improve communication with extended family by practicing positive communication skills over an 8 weeks period. (Bowenian Family Therapy)
    - Intervention 1 Practice using positive non-verbal communication cues.
    - Intervention 2 Roleplay communication response for various situations
    - Intervention 3 Express feelings using 'I' statements to reduce communication tension and conflict.

- Objective 3 Improve aspects of family dynamics using learned communication skills (Bowenian Family Therapy)
    - Use process questions to help family identify present conflict that are related to
    - Intervention 1 Identify family roles and boundaries within the family
    - Intervention 2 Address boundary issues with family members using positive communication and I statements

Goal 3- Reduce Anxiety symptoms from severe to mild and lean new coping skills by engaging in 12 weeks of cognitive behavioral family therapy

- Objective 1 Identify triggers that increase anxiety symptoms (Cognitive Behavioral Family Therapy)
    - Intervention.1 With the workers help, identify triggers that produce anxiety symptoms
    - Intervention 2 Keep an anxiety log to document episodes for the week
    - Intervention 3 1Worker will use psycho education to help client link thoughts with emotion and behavior

- Objective 2 Learn coping techniques to decrease anxiety (Cognitive Behavioral Family Therapy)
    - Intervention 1 Use self -talk to identify distorted thoughts and restructure negative thought
    - Intervention 2 Practice using mindfulness. meditation and guided imagery after worker introduce the activities.
    - Intervention 3 Rate anxiety symptoms before and after intervention,

Termination Criterion and Plan for Termination

Termination is the final stage of the treatment plan. The termination phase of the treatment should be done gradually so that the clients could become used to being on their own. For the termination phase to be activated, client and worker must evaluate client's progress to see

if the goals and objectives have been achieved. In the weeks leading up to the actual termination, a portion of the session will be used to discuss the termination. Client will be encouraged to talk freely about her feelings regarding the termination process, what she expects and how she plans to put into practice the thing she has learnt. The worker will encourage the client to be confident in exercising her independence from the treatment program. Client continues to have

During the termination phase Ms. G reported her interview for an apartment through Housing Connect had been postponed due to Covid19. She stated that she is awaiting a reschedule but has been in contact with the property management company. She continues to actively pursue other housing options. Ms. G has made connection with her aunt and uncle. She stated that her aunt is still combative and so she does not communicate with her often. She reported that she has reconnected with her uncle and they speak daily. Ms. G was encouraged to continue using communication tools and skills she has acquired and to continue to gradually reach out to other members. Ms. G continues to have anxiety symptoms but only in the mild to moderate symptoms range. She will continue to use mindfulness activities.

According to Vidair (2016), the final session should be used to consolidate gains made in treatment and make plans for the future. He suggests reviewing the initial goals, measuring progress evidenced by ongoing assessment and positively reinforcing the achievements. Termination does not mean that all the goals have been fully achieved, but that the client can handle typical problems that otherwise she would have needed help for and continues to progress using the coping skills she gained.

References

Gehart. D. (2018). *Mastering Competencies in Family Therapy: A practical Approach to Theories and Clinical Case Documentation.* 3rd Ed. California, Cengage.

Vidair, H. B., Feyijinmi, G. O., & Feindler, E. L. (2016*). Termination in Cognitive Behavioral Therapy with Children, Adolescents, and Parents*. Psychotherapy,doi:10.1037/pst 0000086

Van Hook, P. M., (2008) Social Work Practice with Families: A Resiliency-Based Approach. Lyceum, Chicago

Case Conceptualization Rubric					
	5 Exemplary	**4 Proficient**	**3 Basic**	**2 Developing**	**1 Unsatisfactory**
Introduction	☐Detailed intro that identifies client, age, ethnicity, occupation, grade, etc. ☐Descriptions useful for understanding problem	☐Identifies basic information: significant others, age, ethnicity, occupation, grade, etc.	☐ Missing 1-2 identifiers ☐ Does not identify any significant others	☐ Missing, incorrect or significant problem with identifiers and/or significant involved parties	☐Significant problem with identifiers and/or significant involved parties
Presenting Concern	☐Descriptions provides detailed, fair description of all stakeholder's views ☐ Thoughtful identification of stakeholders ☐ Word choice conveys empathy with most perspectives ☐ Begins to build clear conceptualization	☐Clear description of problem for each person and key stakeholders ☐ Sufficient description for case conceptualization	☐ Minor problems or lack of clarity with problem descriptions ☐ Missing stakeholders	☐ Significant problems with problem descriptions ☐ Missing key perspectives; incorrect characterization	☐ No problem descriptions ☐ Incorrect characterization
Background Information	☐ Skillfully discusses trauma and substance	☐Identifies salient trauma and substance abuse issues	☐ Misses trauma or substance use issues	☐ Significant information missing ☐ Unable to	☐ Significant information missing

	issues ☐Includes detailed summary of recent and past events ☐ Begins to build clear conceptualization	☐ Provides clear overview of history	☐ Insufficient, vague, minimal or missing background information	identify significant events	
Client/ Family Risk & Protective Factors	☐Detailed and useful description of all forms of risk and protective factors	☐ Identifies at least one of each form of risk and protective factors	☐ Underdeveloped description of risk and protective factors	☐ Significant problems identifying clinically relevant protective and risk factors	☐ Misses significant information of protective and risk factors
Family Structures - Boundaries	Detailed and sophisticated assessment of: ☐ Family life cycle ☐ Style of relating ☐ Boundaries ☐ Triangles/Coalition ☐ Hierarchy ☐Complementary patterns ☐Communication stances ☐Divorce indicators	Clear assessment of: ☐ Family life cycle ☐ Style of relating ☐ Boundaries ☐ Triangles/Coalition ☐Hierarchy ☐Complementary patterns ☐ Communication stances ☐ Divorce indicators	Minor problems with the following: ☐ Family life cycle ☐ Style of relating ☐ Boundaries ☐Triangles/ Coalition ☐Hierarchy ☐Complementary patterns ☐Communication stances ☐Divorce indicators	Significant problem with the following: ☐ Family life cycle ☐ Style of relating ☐ Boundaries ☐Triangles/ Coalition ☐ Hierarchy ☐ Complementary patterns ☐Communication stances ☐ Divorce indicators	Not identified: ☐Family life cycle ☐ Style of relating ☐ Boundaries ☐Triangles/ Coalition ☐ Hierarchy ☐ Complementary patterns ☐Communication stances ☐ Divorce indicators
Problem Interaction Pattern	☐ Detailed, insightful description of interaction sequence ☐ Detailed, insightful systemic hypothesis ☐ No member blamed	☐ Clear, behavioral description of interaction behavioral sequence ☐ Clear, useful systemic hypothesis	☐ Vague, non-behavioral description of interaction pattern ☐ Hypothesis vague or non-systemic	☐ Unclear interaction pattern ☐ Problems with hypothesis ☐ One member blamed for problem	☐ No interaction patterns ☐ One member blamed for problem
Genogram	☐ Detailed genogram with most relevant information including relational patterns,	☐ Key relevant information including relational patterns, occupations, medical and	☐ Genogram missing some key information ☐ Does not provide sufficient background to	☐ Missing significant information and/ or family members ☐ Several and/or significant	☐ No genogram

	occupations, medical and abuse history ☐ Tracks patterns related to presenting problem ☐ Few if any format errors	abuse history ☐ Provides useful information for presenting problem ☐ Minor format errors	presenting problem ☐ Several formats errors	format errors ☐ Does not provide useful clinical information	
Intergenera-tional Patterns	☐ Detailed description of significant intergenerational patterns ☐ Consistent with rest of assessment	☐ Clear description of key intergenerational patterns	☐ Vague or incomplete description of patterns	☐ One or more key intergenerational pattern not addressed	☐ **I**ntergenerational pattern not addressed
Attachment Patterns	☐ Detailed description that supports assessed attachment pattern	☐ Assessed pattern consistent with rest of assessment	☐ Minor problems with identified pattern for one or more person	☐ Significant problems identified pattern	☐ Pattern not identified
Solution Assessment	☐ Detailed description of failed solutions and exceptions ☐ Positively stated, behavioral answers to miracle question ☐ Clear implications for intervention	☐ Clear description of solutions did not work and exceptions ☐ Clear behavioral answer to miracle question ☐ Relevant to intervention	☐ Vague or unhelpful descriptions ☐ Non-behavioral or negatively stated answers to miracle question ☐ Implication for intervention not clear	☐ Poor example of previous solutions ☐ Confusing what worked and what didn't ☐ Non-behavioral and negatively stated answers to miracle question	☐ No solution
Choice of Theory	Choice of theory demonstrates sophisticated understanding of the evidence base and best approaches for presenting problem; adapts choice for age, culture, ability, trauma, values, etc.	Choice of theory demonstrates thoughtful understanding of presenting problem; good choice for age, culture, ability, values, trauma, etc.	Choice of theory is appropriate for presenting problem.	Minor problem with chosen theory for client; no particular attention to age, culture, ability, values, etc.	Inappropriate choice of theory given problem, research, age, culture, ability, values, etc.
Consistency	☐ Develops consistent, insightful conceptualization of dynamics	☐ Assessment generally consistent across areas	☐ Minor inconsistencies	☐ Significant inconsistencies	☐Inconsistent
Overall	☐	☐ Integrates	☐ Minor	☐ Significant	☐ Poor

Conceptualization: Quality of Assessment	Systematically integrates available information to develop a clinically relevant conceptualization ☐ Consistent throughout ☐ Sophisticated depiction of systemic functioning ☐ Provides clear focus for treatment	available information to develop a clinically relevant conceptualization ☐ Majority of assessment areas are consistent ☐ Clear depiction of systemic functioning ☐ Provides at least one clear area of focus for treatment	problems with integration and consistency across areas of assessment ☐ Focus for treatment not clear	problems with integrating areas of assessment ☐ Numerous inconsistencies ☐ No clear focus of treatment	integration