

Case Analysis: Part Two

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Engagement – Beginning Dialogue with the Family

Theories to Facilitate the Working Relationship

Each member of the Van der trees has expressed an interest to improve family functioning by accessing assistance through Medicine Hat Family Services. It has been deemed necessary to have all the members of the family meet together with a social worker to give each member a chance to speak their concerns. The format to facilitate this meeting will consist of utilizing an indigenous lens through the use of “circle process”, or “talking circles.” “The philosophy of Circles acknowledges that we are all in need of help and that helping others helps us at the same time” (Zehr, Amstutz, MacRae, & Pranis, 2015, p. 288). In this circumstance, a “conflict circle” would be an ideal choice to begin the process of airing grievances and striving for resolution (Zehr et al., 2015). This format will allow each member of the family to express their concerns in a safe manner and begin the process of healing. Although this process can be helpful in finding a starting point for each member, individual sessions for each member will also be required.

Initiating the Working Relationship and Professional Relationship

The van der Tree family would be welcomed into the agency and asked to sit with the practitioner(s) in a circle. The practitioner would explain the purpose of the circle and its use in future family sessions. The practitioner(s) would discuss their role in the process of identifying the family’s goals and building on the strengths that allowed them to come together and look for ways to address their current challenges. The social worker(s) would depict their role as a facilitator to aid in bringing forth the families own wisdom and assist them in creating their own solutions to the challenges.

The social worker(s) would proceed to ask the family what has changed since the initial contact to set up the appointment. The social worker(s) can use skills such as empathic listening, reflections, and summaries to acknowledge any changes, and point out any gains since the initial contact. The social worker(s) would follow up with outlining the purpose of a working contract.

Continuing the contract process, the social worker(s) would outline confidentiality and the limits on confidentiality – harm to self or others – while making note of the physical, emotional, and mental aspects of harm to self or others and limitations to confidentiality (Province of Alberta, 2019). The social worker(s) would then ask the family to outline how they would know that they know that they no longer needed the services provided by Medicine Hat Family Services.

As goals develop from the preceding question, the strategies that can be applied will become clearer. The social worker(s) can then begin to describe the interventions and methods that could be applied in the current circumstances. The social worker(s) would then outline the benefits and associated risks with the developing strategy for intervention. The genogram as an assessment tool can be outlined and framed a tool that could assess the progress of the family over time. The family can be asked if it would be a relevant tool for tracking progress. If consent is given, the last component of the contract – payment, session length, session frequency, and contingency planning – can be carried out to conclude the contracting phase (Murphy & Dillon, 2015). If the genogram is not a sufficient for tracking progress, other measurement tools such as the “Family Environment Scale” can be used as an evidence-based assessment tool used at periodic reassessment points (Jordan, 2003). A final option to the contract would be the ability to renegotiate its terms – allowing the clients and workers to move into assessment.

Creating an Empowering and Culturally Relevant Relationship

A cultural consideration of Murphy's upbringing history with, and departure from, the Mennonite community will be considered during this process. Those circumstances provide an opportunity to delve into the core values held by family members and explore how our families of origin influence our values. Exploring the relevance of the Mennonite community and Anabaptism faith on Murphy's self-concept and concept of family roles may help. While elements of values can be brought up in the genogram through spiritual markings (Sperry, 2012), it may serve well to dovetail the core values of narrative practice with the ideal self of a new narrative that positions Murphy to fulfill his own crafted role in addressing the family challenges (Mainstone, 2014; White & Epston, 1990). The developing narrative can be complimented by highlighting discrepancies that emerge between the roles fulfilled in the current family system and value-congruent self as outlined in motivational interviewing (Oshman, Combs, & Freedy, 2016; Miller & Rollnick, 2013).

Murphy has expressed that he is distressed with his current employment situation and feels powerless about it. It is essential to build rapport with Murphy by identifying and highlighting his strengths in order to help Murphy gain back a sense of control over his life. Murphy's strengths may not be visible to him such as: resiliency in maintaining employment, his connection with his daughter, and his many different skill sets. Highlighting these strengths may provide an excellent opportunity to build a therapeutic relationship. It is a social worker's aim to "...build relationships in which clients recognize and use strengths to take charge of themselves and change their situation" (Miley, OMelia, & DuBois, p. 141, 2017). Once rapport is built, Murphy may be more open to clarifying goals and assessing his substance use. Assessing Murphy's substance use would consist of referring him to Alberta Health Services Addictions

and Mental Health. No matter how mild or severe Murphy's substance use is, Murphy could benefit from understanding how his use is impacting him and his family.

Assessment – The Discovery Phase

Initial Assessment: A Family Genogram

Building off of the benefits of circles in practice, the facilitator can co-create a family genogram while the family is still in the circle. This provides a structure with already established norms for speaking, while providing a more distributed proximal power structure (Zehr, Amstutz, MacRae, & Pranis, 2015). The potential differences in opinion on the nature of relationships can provide a launching point to explore discrepancy and develop goals for the family system. Including all family members in the genogram construction fits with the benefits of providing a common visual representation. Furthermore, relationships can be objectified to foster discussion of family and/or individual goals, their relation to connections within the family, and their own roles in overcoming family challenges (Sperry, 2012). A further benefit of the genogram is that it can be revisited and reconstructed through the progression of the intervention(s) to reassess changes in family subsystems as other interventions are carried out or completed.

Individual Assessments: ACE Assessments for Minors

As noted by the United States Center for Disease Control (CDC), "Adverse Childhood Experiences (ACE) can have negative, lasting effects on health, wellbeing, and opportunity. These exposures can disrupt healthy brain development, affect social development, compromise immune systems, and can lead to substance misuse and other unhealthy coping behaviors" (CDC, 2019, p.7). Using this assessment can be beneficial for the children in the family in that they have all experienced ACE's in their lives in one form or another. Using this assessment

could help identify the level of impact the experiences have on each child and could help to determine a treatment plan best suited for each child. Along with ACE's, the CDC has developed specific "technical packages" that can be adapted to ensure the ACE's are minimized or reduced. One of these packages include "Teaching skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges" (CDC, 2019, p.9).

Kyle has described his father Murphy as being the, "cause of his depression". As of this moment it is unknown as to why Kyle's father is causing such strong emotions in Kyle. An ACE questionnaire could be helpful in assessing for safety concerns for Kyle. If Kyle is able to verbalize his difficulties in regard to his father during the talking circle, the ACE questionnaire may be forgone, and a narrative approach could be useful in understanding and assessing Kyle's concerns. "In narrative approach, the analysis of genograms is a process of re-telling family stories in a way which is helpful for the session participants" (Chrzastowski, 2011, p. 637). The use of drawings or sand tray could also be utilized to help understand and explain Kyle's points of view, as these techniques can provide a mechanism for Kyle to convey ideas and thoughts, they may be challenging for him to discuss at this time (Serneels, 2013).

Betty has witnessed her father abusing alcohol in the past, she has also witnessed her mother using cannabis on more than one occasion. She has never taken the substances herself, but she has noticed the change in her parents' attitude after they have used their substances. She has also witnessed arguments between mother and father due to the alcohol consumption. Betty has also experienced some negative attention from her mom as she is beginning to develop some negative feelings about her own body due to acne. Betty understands that mom was previously married, and that the marriage ended because of the husbands drinking. Betty does not want this to happen to her family and has taken it upon herself to talk to her father while they are working

in the garage together about her concerns. An ACE questionnaire would be beneficial to determine the level of impact these experiences have had on Betty.

Another possible outcome of the ACE questionnaire would be to determine if possible narrative therapy or play therapy could be useful while working with Betty to help her feel more at ease while talking. “Theoretically, Child Centered Play Therapy (CCPT) may be an effective modality in helping lessen anxiety as it allows children to be self-directed, based on the belief that children are the most knowledgeable experts on what they need for emotional and behavioral growth” (Stulmaker & Ray, 2015). Utilizing CCPT would be a great tool in assisting Betty to better explain how she is feeling with everything going on in her life. Another tool used with CCPT would be the use of a sand tray, or a calming tool that Betty could use while speaking with a professional or while answering the ACE questionnaire.

Sammy is the youngest child and is currently receiving speech and language assistance at school. Because of this, it is sometimes difficult to fully understand what Sammy is trying to express. Sammy has witnessed his father drinking and has witnessed when “Daddy drunk too much and got tipsy”. Sammy does have a slight understanding that he has been the center of many arguments in the family home. He has also seen mom use cannabis more than once. As Sammy states, he does not like it when “Mommy uses the stinky stuff.”

Utilizing an ACE questionnaire may be a little too advanced for Sammy, but it could be adapted to help determine the level of impact these experiences have had on Sammy personally. Using the technical packages of the CDC along with ACE’s, a possible option could be to incorporate some early childhood home visitations, which could provide the child with some calming techniques in his own home when he is upset.

These discussions could lead to a personalized care plan that incorporates some CCPT for Sammy to better explain his experiences. As stated before, “CCPT provides a direct intervention for children, which may increase the effectiveness of the intervention due to the internalizing nature of anxiety” (Stulmaker & Ray, 2015).

Assessing Concepts of Family & Families of Origin

Leslie has the strength and resilience of being a primary income provider for the family, a desire to partake in interventions with the aim of enhancing family functioning, and a knowledge of what activities she does for self-care (creating art while using cannabis). It currently remains unknown as to how the family history from her childhood has shaped her understanding of family norms, roles, and boundaries within the subsystems. Knowledge of her previous marriage and experience of divorce in childhood provides opportunity to further explore her family of origin and see if there are any patterns that emerge.

The creation of the family of origin genogram should be framed and scheduled as something done both individually and privately for Leslie and Murphy. Separate sessions provide the social worker(s) with an opportunity to explore if either partner has experienced intimate partner violence in the family of origin, or in their prior or current family system (McClennen, 2010). From this, the social worker can help the client develop a safety plan, assess risk of harm to self or others (as it applies to confidentiality and duty to report), and make any necessary referrals.

Assessing Substance Use

The practitioners should understand that Leslie’s use of cannabis may not be recreational and could serve as an adaptive response to trauma from childhood, adverse experiences in her previous marriage, or as a coping tool to her current living circumstances (Andrade, 2009;

Clements, Seedat, & Gibbings, 2015). It could be worthwhile to explore Leslie's cannabis use through a referral out to AHS Addictions and Mental Health that can conduct an (Substance Abuse Subtle Screening Inventory 3) SASSI-3. SASSI-3 has a 90% accuracy in identifying substance use patterns (Jordan, 2003). The SASSI-3 is recognized for discussing symptoms of substance use without direct reference to substance use to avert the defensiveness and denial of substance use – making the assessment less stigmatizing (Jordan, 2003).

Understanding the degree of impact cannabis use has on Leslie's wellbeing may provide an entry point to explore if Leslie's use of cannabis is adaptive or maladaptive in its current context. Furthermore, exploration of cannabis use could provide insights as to how systems within the family are connected to, or impacted by, substance use. Given Murphy's current level of drinking, he may also benefit from a referral for an SASSI-3 assessment. This could provide points where the family can explore the degree of discrepancy between the developing preferred narrative and status quo when exploring how substance use may impact exchanges in the family system. Incorporating some elements of motivational interviewing may be useful (Miller & Rollnick, 2013).

Family Resources

Future sessions could include an ecomap to explore resiliency. The family has managed to stay together long enough to have 3 children, while not having familial support from Murphy's family of origin. That may demonstrate that there were strengths and resiliency that helped the family navigate through past experiences. Such circumstances warrant further exploration and can provide insights as to the resources that were accessed to keep the family as a united subsystem within their rural community. Future assessments with an ecomap can also pave the way to revisit the strengths of utilizing their community connections and explore how

they may be transferrable to the current circumstances as the ecomap is constructed and revisited (Holosko, Dulmus, & Sowers, 2013).

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Appendix A

Family History

To understand the process for assessment, applicable theories, and tools utilized in working with the van der Tree family, an understanding of the family history can aid in understanding the circumstances, strengths, and presenting concerns that the family experiences. First, the van der Tree family is a heterosexual couple with three children and one potbelly pig pet. They live in a rural setting and have sought services by their own choosing.

Murphy

Murphy is the father of the family unit. Murphy sees his family as being “traditional.” He was excommunicated from the Mennonite community. Murphy has an education in the trades (welding) but was laid off with the oil and gas slowdown. Murphy works at a gas station which he does not like. He currently smokes tobacco and drinks “4 beers a day.”

Leslie

Leslie is the mother of the family. She works as a dental hygienist. She has not given information on a family of origin but disclosed that she divorced an individual with a history of drinking. Leslie is the current breadwinner in the family. Leslie disclosed situational depression as a teen. Leslie enjoys creating art and uses cannabis “twice a week” while painting.

Kyle

Kyle is the oldest sibling. He self-identifies as “goth” and a “metal head.” He believes he may have depression. He has been seeing an addictions councilor for cannabis use in school. He enjoys video games and has expressed interest in learning about his father’s Mennonite culture.

Betty

Betty is the only daughter in the family unit. She has a keen interest in academics and looks forward to pursuing higher education. She has a strong connection with her father, as they are restoring an old car together. She has a strained relationship with her mother and is seeing a doctor over some “skin irritation.” She has a strong bond with her youngest brother, Sammy, and the potbelly pig, Bacon.

Samson

Samson is the youngest child. The family described Samson as “developmentally delayed.” Sammy also responds well to Bacon and enjoys working on puzzles and with Lego.

Appendix B

Family Genogram

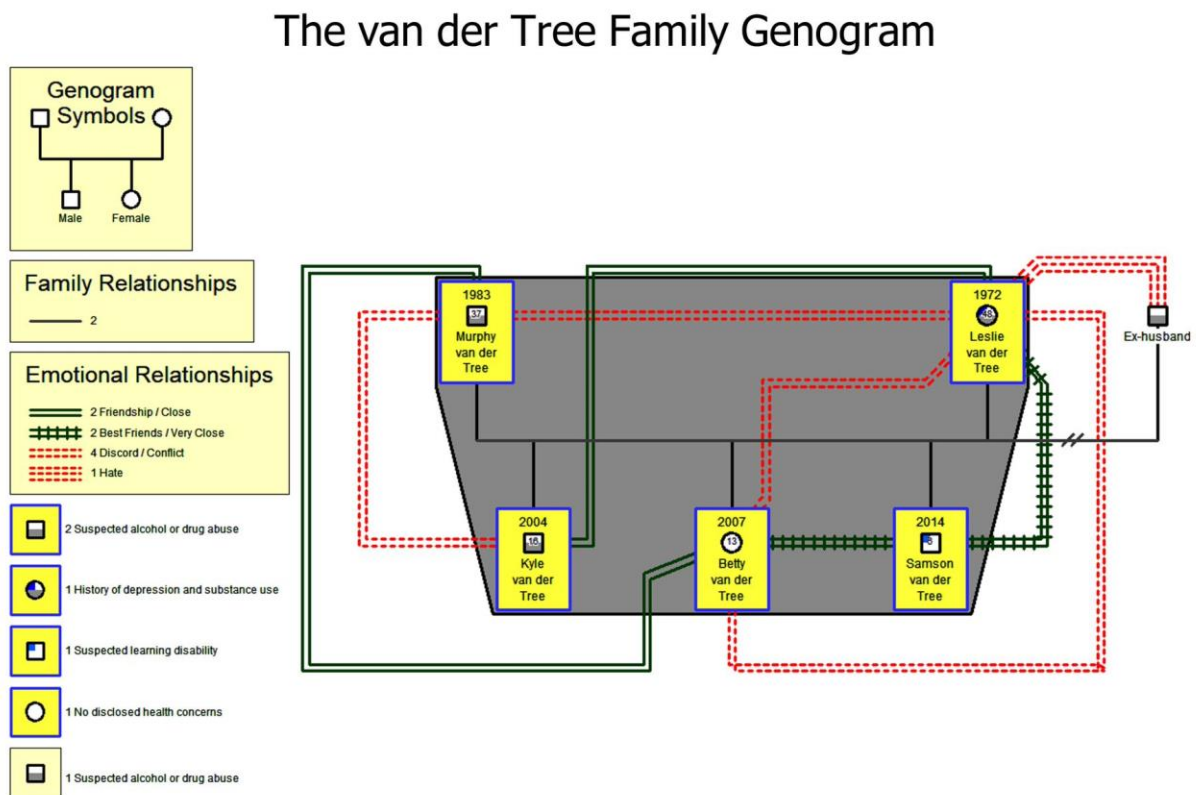


Figure 1. The van der Tree family genogram. This genogram displays the family system and relationships gathered from the family circle.