

Van der Tree Family Case Analysis Part 3

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SOWK 306

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March 26, 2020

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Prior to individual assessments taking place, the Van der trees' family will be assessed as a family unit. The talking circle would be considered to be an assessment, as the overall family functioning can be assessed by the social worker, as well as the family itself (Zehr, Amstutz, MacRae, & Pranis, 2015). This assessment approach not only gathers crucial information for the social worker, but also empowers the family in the process (Miley, OMelia, & DuBois, 2017). It is essential that the social worker frames the talking circle process in this context, as to ensure the empowerment takes place (Miley, OMelia, & DuBois, 2017).

The results of the talking circle proved to be quite successful. Each family member was able to express their concerns, and in a fashion where each member felt heard and respected. When a social worker is able to encourage participation in all members, more resources can be utilized. "Multiperson systems work best when they function in ways that allow all members to participate. Families, groups, and other larger sub-systems activate more resources when each member feels free to contribute (Miley, OMelia, & DuBois, 2017, p. 304)."

The Van der tree children expressed concern in regard to their mother and father's substance use. Murphy and Leslie expressed different concerns for each child. These concerns will all be discussed further in each family member's individual assessment, as well as their treatment plans.

Murphy

After hearing his family's concerns about his drinking, Murphy agreed to have his alcohol use assessed. Murphy attended a screening assessment at Alberta Health Services Addictions and Mental Health and completed a *Substance and Gambling Addiction Assessment* (SAGA) with an Addictions Counsellor, who was also a registered social worker. Through this assessment, the social worker was able to help Murphy gain insight into how his drinking has been negatively impacting multiple areas of his life. Without any judgement, the social worker

gave Murphy a choice of how to proceed with this information. “Empowerment-based strategies provide clients with information, offer options and opportunities to make decisions, and help to build social support networks” (Miley, OMelia, & DuBois, 2017, p. 308). Murphy felt that he did not wish to quit drinking and instead opted to cut down and only drink when the children went to bed. The social worker helped Murphy create a treatment plan that consisted of a schedule showing when he could and could not drink. The treatment plan also discussed healthy alternatives to help cope with his stresses. The next session will consist of adjusting Murphy’s treatment plan as need be.

Leslie

Assessment Process

As identified in the family assessment, Leslie consumes cannabis while painting and has a strained relationship with Murphy and Betty. Leslie’s concerns are Murphy’s alcohol consumption, and Betty’s hygiene practices. To look for historical family patterns, and their relation to current family tensions, Leslie would privately have a family of origin genogram completed along with a referral for a Substance Abuse Subtle Screening Inventory 3 assessment (SASSI-3) from Alberta Health Services. This approach has the benefit of using a genogram as an opportunity to conduct a screening for intimate partner violence, while the SASSI-3 screens for perceptions of biopsychosocial wellbeing without mention of substance use (Jordan, 2003). Assessing the side-effects of cannabis use, along with Leslie’s perception of experiencing symptoms associated with cannabis use, could provide opportunities to later examine how subsystems are impacted by substance use.

Results/Evaluation

The family of origin genogram led to a disclosure of witnessing intimate partner violence (IPV) from Leslie’s father to her mother in childhood. In this disclosure it was indicated that

alcohol was an influencing precursor for IPV. Leslie indicated that her father “was typical for that era.” Once asked if Leslie has experienced IPV, Leslie denied currently experiencing IPV from Murphy, but did experience “psychological abuse” from her ex-husband.

The SASSI-3 that Leslie agreed to take with AHS indicated that Leslie scored low in the face-valid scales, high in the symptoms scale, midrange in the obvious attributes scale, high in the defensiveness scale, low in the supplemental addiction measure, low in the correctional scale, and high on the family vs. controls subscale. The results may suggest that Leslie does not see cannabis use as having a negative impact on her wellbeing – potentially being pre-contemplative in cannabis cessation (the SASSI Institute, n.d.). Leslie’s high scores on the defensiveness and family vs. controls subscales may indicate that Leslie highly values perfection and the needs of others over her personal needs.

Treatment Plan

To address the experiences of IPV, Leslie’s stage of change, potential value of perfection, and emphasis on the needs of others, several strategies can be used. Drawing from trauma-informed approaches, cannabis use would not be looked at as a substance-abuse disorder (BC Provincial Mental Health and Substance Use Planning Council, 2013). Furthermore, from the context of Leslie’s life history, the thoughts, feelings, and beliefs associated with her dislike for Murphy’s drinking can be reframed as adaptive (Yuen, 2008). The primary objective would be to achieve Leslie’s goal of building family cohesion. Education on family systems, while providing Leslie (and Murphy) the option to further learn models of communication, may be useful (The Family System Institute, n.d.; Gottman, Notarius, Gonso, & Markman, 1976; Yuen 2008; Corcoran, 2005). The use of the communication models could be applied in a couple’s intervention to explore how to further enrich the parent dyad.

Conversations with Leslie on exploring what perfectionism looks like, and how it fits within the context of her life, may provide opportunity to identify triggers (Center for Excellence for Women's Health, 2013). Understanding the context behind triggers may allow for the strengths and skill building model to be applied. Ideally this would allow Leslie to self-identify which triggers she would like to address (Corcoran, 2005). Reframing and normalizing techniques could be used address triggers, while expanding Leslie's toolkit through education on mind-body practices – such as relaxation strategies – that help mitigate the impact of stress-inducing triggers on Leslie and the family system (Kim, Schneider, Kravitz, Mermier, & Burge, 2013; Kelly & Garland, 2016; Clark, Lewis-Dmello, Anders, Parsons, Nguyen-Feng, & Emerson, 2014).

Kyle

During the family circle process, Kyle shared that he was angry with his father for causing an “incident.” Kyle did not elaborate on what this “incident” was in front of the other family members. The social worker then followed up with Kyle individually by having him complete an Adverse Childhood Experience (ACE) questionnaire. The ACE questionnaire revealed that an uncle had sexually abused Kyle when he was 10 years old. Kyle's father had left Kyle in this Uncle's care while he went out drinking with his friends one night. Kyle had been holding onto this anger ever since this incident.

Upon hearing this new information, the social worker made a referral to the Sexual Assault Response Committee (SARC). The ACE questionnaire was a helpful tool that externalized Kyle's abuse and led to a conversation that facilitated Kyle in becoming more open to the idea of speaking with an expert in this specific realm. It is important for a worker to utilize specific tools and resources for each unique circumstance in order to assist a client in making positive changes (Miley, OMelia, & DuBois, 2017). By the social worker having a good understanding of assessment tools and the resources available in the community, Kyle's challenges have been identified and a treatment plan can be further developed.

To address the experiences of IPV, Leslie's stage of change, potential value of perfection, and emphasis on the needs of others, a multi-faceted approach can be applied. Drawing from trauma-informed approaches, cannabis use would not be looked at as a substance-abuse disorder (Center of Excellence for Women's Health, 2013). Furthermore, from the context of Leslie's life history, the thoughts, feelings, and beliefs associated with her dislike for Murphy's drinking can be reframed as adaptive (Yuen, 2008). The primary objective would be to achieve Leslie's goal of building family cohesion. Education on family systems, while providing Leslie the option to further learn models of communication, may be useful (The Family System Institute, n.d.; Gottman, 1976; Yuen, 2008). Conversations with Leslie on; Exploring what perfectionism looks like, and how it fits within the context of her life, may provide opportunity to identify triggers (Center for Excellence for Women's Health, 2013). Understanding the context behind triggers can allow for the strengths and skill building model to be applied – so that Leslie can identify which triggers she would like to address (Corcoran, 2005). Reframing and normalizing techniques could be used address triggers, while expanding Leslie's toolkit through education on mind-body practices – such as relaxation strategies – that help mitigate the impact of stress-inducing triggers on Leslie and the family system (Kim, Schneider, Kravitz, Mermier, & Burge, 2013; Kelly & Garland, 2016; Clark, Lewis-Dmello, Anders, Parsons, Nguyen-Feng, & Emerson, 2014).

Betty

As identified in the initial family circle meeting, it was stated that the relationship between Betty and Leslie has been strained. This is due to Leslie believing that Betty is not practicing acceptable personal hygiene. Betty does have acne, but she does not feel it is as important as her mother makes it seem. Commencing an individual session provided

information about a strained relationship with mother, due to the arguments about Betty's personal hygiene. Utilizing the ACE questionnaire also provided information about Betty's concerns about her parent's substance usage. The eighth question on the questionnaire asks if the child lives with someone who is a problem drinker or uses street drugs (Centers for Disease Control and Prevention, 2019). Betty had a difficult time answering either yes or no. By using the social emotional learning approach as outlined by the CDC (2019, p.17), the social worker was able to work with Betty to develop the vocabulary to have discussions with both her parents on how their substance abuse affected her. This vocabulary would include being able to talk about her feelings in a way as to not victimize her parents and their substance use. She was able to self-identify her fears of the marriage ending and having the family split apart, which had a positive impact on both Murphy and Leslie. As stated previously, Murphy had stated he would be willing to decrease the amount of alcohol he consumed and stated he would only partake once the kids had gone to bed.

Utilizing this vocabulary, Betty was also able to discuss with her mother on the impact Leslie was having during their arguments about hygiene. Betty was able to have a constructive and honest conversation with her mother in a way that Leslie was able to adapt to a more positive way to voice her hygiene concerns without hurting Betty's feelings.

Further discussion with Betty led the social worker to discover that Betty was becoming more frustrated with her acne as she disclosed that she does wash her face excessively. Betty stated that she tried several different acne treatments available at the local drug store but that nothing was yielding any results. The social worker was given consent to talk with Dr. Lipschitz (the dermatologist) concerning Betty's acne. The doctor was able to provide some information about some new medications that the family had previously denied but were now opened to

discuss. Using the information from the dermatologist, a treatment plan was able to be developed to discuss the acne medication and her concerns for her family's welfare.

Sammy

In previous meetings the parents were not comfortable having Sammy meet with a worker alone. Now that trust has been developed from the family meetings, the parents have given consent for the social worker to begin one on one sessions with Sammy. According to the ACSW guidelines, “consent of a guardian must be sought when a minor is not deemed a mature minor. Whenever there is more than one legal guardian, those rights and responsibilities are equally shared between the guardians (Alberta College of Social Workers, 2015)”.

Now that enough trust has been established, the social worker was given consent and was able to complete an ACE questionnaire with Sammy. Throughout the questionnaire, Sammy stated that he had concerns around both his parent's substance consumption. Using additional probing techniques such as asking Sammy to describe how he feels when his parents use “those things” (Shebib, 2017, p.42), the social worker was able to deviate from the questionnaire and ask Sammy to describe why he was worried about his parents using the substances. Throughout the assessment, the social worker had some initial concern about the parent's substance usage around the children, but after meeting as a family those concerns were mitigated.

Once Sammy's concerns were identified, the social worker employed the use of a sand tray to help Sammy calm down when he is feeling agitated or anxious. As stated before, “Child Centered Play Therapy (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). Helping Sammy to use a sand tray at home would also provide him with calming techniques in the future.

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Appendix A

Family History

The van der Tree family is a rural family consisting of a heterosexual couple and three children. The family has voluntarily sought services. The father, Murphy, comes from a family of origin that was a part of the Mennonite community. Murphy is ex-communicated from the Mennonite community, and is not currently connected with the extended family. Murphy has his tickets in welding and previously worked in the oil and gas industry. He currently works at a gas station to supplement the family income. He does not like being underemployed but continues to work in that position. Murphy currently is drinking “about 4 beers a day.” Murphy shows strengths in his connection with Betty as they work on fixing up an old car.

Leslie, the mother in the family. She is currently employed as a dental hygienist. She is the primary breadwinner in the family. Leslie has a strained relationship with her daughter Betty, but feels she has good relationships with her sons Kyle and Samson. Leslie has an interest in art and does paintings while consuming cannabis (twice a week). Leslie is currently in her second marriage – being divorced from an unknown first partner who was emotionally abusive. Leslie is unhappy with Murphy’s drinking, which has created tension within the parental subsystem. Leslie disclosed experiencing situational depression as a teen.

Kyle is the oldest of the children in the family. The initial presenting concerns for Kyle were the use of cannabis. Kyle is, however, seeing an addictions counsellor. Kyle has identified in the past that he believes he may have depression. Kyle enjoys video games and has an interest in learning more about Mennonite culture.

Betty is the only daughter in the family. She is very interested in academics and wants to pursue higher education. She has been working on restoring a car with her father. There is a strained relationship between Betty and her mother, Leslie. Betty has been seeing a

dermatologist because of some “skin irritation.” The acne Betty experienced led to conflict with her mother, Leslie, who did not believe Betty was practicing good hygiene.

Samson is the youngest child. The family has described Samson as being “developmentally delayed.” Sammy responds well to the family pet – a potbelly pig named “Bacon.” Sammy enjoys working on puzzles and playing with Lego.