

Working With Families: The Case of Brady

Brady is a 15-year-old, Caucasian male referred to me by his previous social worker for a second evaluation. Brady's father, Steve, reports that his son is irritable, impulsive, and often in trouble at school; has difficulty concentrating on work (both at home and in school); and uses foul language. He also informed me that his wife, Diane, passed away 3 years ago, although he denies any relationship between Brady's behavior and the death of his mother.

Brady presented as immature and exhibited below-average intelligence and emotional functioning. He reported feelings of low self-esteem, fear of his father, and no desire to attend school. Steve presented as emotionally deregulated and also emotionally immature. He appeared very nervous and guarded in the sessions with Brady. He verbalized frustration with Brady and feeling overwhelmed trying to take care of his son's needs.

Brady attended four sessions with me, including both individual and family work. I also met with Steve alone to discuss the state of his own mental health and parenting support needs. In the initial evaluation session I suggested that Brady be tested for learning and emotional disabilities. I provided a referral to a psychiatrist, and I encouraged Steve to have Brady evaluated by the child study team at his school. Steve unequivocally told me he would not follow up with these referrals, telling me, "There is nothing wrong with him. He just doesn't listen, and he is disrespectful."

After the initial session, I met individually with Brady and completed a genogram and asked him to discuss each member of his family. He described his father as angry and mean and reported feeling afraid of him. When I inquired what he was afraid of, Brady did not go into detail, simply saying, "getting in trouble."

In the next follow-up session with both Steve and Brady present, Steve immediately told me about an incident Brady had at school. Steve was clearly frustrated and angry and began to call Brady hurtful names. I asked Steve about his behavior and the words used toward Brady. Brady interjected and told his dad that being

called these names made him feel afraid of him and further caused him to feel badly about himself. Steve then began to discuss the effects of his wife's death on him and Brady and verbalized feelings of hopelessness. I suggested that Steve follow up with my previous recommendations and, further, that he should strongly consider meeting with a social worker to address his own feelings of grief. Steve agreed to take the referral for the psychiatrist and said he would follow up with the school about an evaluation for Brady, but he denied that he needed treatment.

In the third session, I met initially with Brady to complete his genogram, when he said, "I want to tell you what happens sometimes when I get in trouble." Brady reported that there had been physical altercations between him and his father. I called Steve in and told him what Brady had discussed in the session. Brady confronted his father, telling him how he felt when they fight. He also told Steve that he had become "meaner" after "mommy died." Steve admitted to physical altercations in the home and an increase in his irritability since the death of his wife. Steve and Brady then hugged. I told them it was my legal obligation to report the accusations of abuse to Child Protective Services (CPS), which would assist with services such as behavior modification and parenting skills.

Steve asked to speak to me alone and became angry, accusing me of calling him a child abuser. I explained the role of CPS and that the intent of the call was to help put services into place. After our session, I called CPS and reported the incident. At our next session, after the report was made, Steve was again angry and asked me what his legal rights were as a parent. He then told me that he was seeking legal counsel to file a lawsuit against me. I explained my legal obligations as a clinical social worker and mandated reporter. Steve asked me very clearly, "Do you think I am abusing my son?" My answer was, "I cannot be the one to make that determination. I am obligated by law to report." Steve sighed, rolled his eyes, and called me some names under his breath.

Brady's case was opened as a child welfare case rather than a child protective case (which would have required his removal

from the home). CPS initiated behavior modification, parenting skills classes, and a school evaluation. Steve was ordered by the court to seek mental health counseling. One year after I closed this case, Brady called me to thank me, asking that I not let his father know that he called. Brady reported that they continued to be involved with child welfare and that he and his father had not had any physical altercations since the report.

5. What were the agreed-upon goals to be met to address the concern?

The goal was to find solutions to alleviate their frustrations and the discord in their relationship.

6. Did you have to address any issues around cultural competence? Did you have to learn about this population/group prior to beginning your work with this client system? If so, what type of research did you do to prepare?

I was aware and sensitive to the fact that they were a gay couple. I was cognizant of the possible biased reactions they might have received from administrators at Jackson's school and their surrounding community. I inquired into their interactions with the adoption agency and the school to get a sense of any negative interactions that might have impeded service delivery. I also suggested a support group for lesbian and gay couples who adopt.

7. How would you advocate for social change to positively affect this case?

I would advocate for better education for foster and adoptive parents on the resources they may be eligible to receive.

8. How can evidence-based practice be integrated into this situation?

Using weekly scaling questions would be one way in which evidence-based practice could be implemented.

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1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

I used structural family therapy, particularly the use of a genogram. I addressed issues of grief and loss and child development. Finally, I used education to help them learn about services available and crisis intervention.

2. Which theory or theories did you use to guide your practice?

I used structural family therapy.

3. What were the identified strengths of the client(s)?

Brady's bravery in disclosing the altercations between himself and his father showed great motivation and strength.

4. What were the identified challenges faced by the client(s)?

Steve was resistant to his own mental health needs and the effect on his relationship with Brady. Brady was not receiving proper evaluation and intervention for his presentation of developmental delays/disabilities. Brady and Steve were clearly dealing with unresolved grief due to the death of Brady's mother.

5. What were the agreed-upon goals to be met to address the concern?

The goal was to obtain a second evaluation and then provide suggestions of services to improve Brady's behavior in the home and at school.

6. What local, state, or federal policies could (or did) affect this situation?

The child abuse reporting laws were relevant to this case.

7. How would you advocate for social change to positively affect this case?

I would advocate for more education and support for children with developmental disabilities and their parents. It was clear that Brady had an intellectual disability that had not been previously acknowledged nor properly addressed.

8. Were there any legal/ethical issues present in the case? If so, what were they and how were they addressed?

While the reporting laws and ethics for clinicians are very clear in a case like Brady's, there is always the concern that a parent might file a lawsuit against the social worker for making the report. These are cases in which the clinician's documentation of the sessions needs to be accurate and thorough to justify the CPS report.

9. Describe any additional personal reflections about this case.

I am often asked by students, "Do you find it difficult to make calls to Child Protective Services and does it get any easier?" My answer to that question is no, I do not find it hard to make calls to CPS because those institutions are there to help. However, I do continue to find it hard to hear stories of abuse from children. That will never get easier. I have learned a great amount of humility in these cases. If a child (or adult) finds my office space

safe enough and is able to disclose such complex issues as these to me, I feel honored. It is because a client trusts me enough to tell me these things that I feel responsible to do my job.

Working With Families: The Case of Carol and Joseph

1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

This case required extensive use of active and passive listening and patience to enable the client to become sufficiently comfortable with me and to arrive at a point where she could work on her issues. Initially she was very angry, hostile, resistant, and very much in denial.

2. Which theory or theories did you use to guide your practice?

I work with people in their homes, which is their territory, not mine. I think it is very important to be aware of how I would feel if I were in their shoes. The person-in-environment perspective and Carl Rogers' person-centered approach are crucial here.

3. What were the identified strengths of the client(s)?

She was smart and had a good support system in her husband and mother, who were very supportive during her treatment.

4. What were the identified challenges faced by the client(s)?

Carol was a severe alcoholic and had a drug problem to a lesser extent. She had psychological issues as well, including low self-esteem, depression, and anxiety. She also had transportation and legal problems as a result of losing her driver's license after the DUI.

5. What were the agreed-upon goals to be met to address the concern?

The primary goal was to protect her child by keeping Carol sober and finding the intervention method that would be most appropriate for her to do that. This took time due to the resistance to treatment.

6. How would you advocate for social change to positively affect this case?

Treatment options and access to them need to be improved in rural areas. There were not many choices for this client,