

Johnson Family Round Two

Version A

The worker took Mrs. Johnson and all five children to the children's hospital emergency clinic, where Anna was diagnosed with and hospitalized for treatment of severe pneumonia. Lissa was admitted to the pediatric unit for observation and assessment for possible failure-to-thrive.

During the hospital visit, the investigation worker talked further with Mrs. Johnson and learned the following:

- Mrs. Johnson's second husband, Ralph, the father of her two younger children, had left her for another woman one year earlier.
- Mrs. Johnson has never worked. She has managed to "get by" on public assistance and some child support from her first husband, Lewis Dawes. She used to earn a few extra dollars a week babysitting for a neighbor, but when Mrs. Johnson's baby was born, she didn't have the energy.
- Mrs. Johnson has no family and few friends in the area. She talks to the neighbor at times, but they are not close. She claims she has been to church in town a few times, but doesn't go regularly. She claims she rarely leaves the house except to go to the grocery store.
- Mrs. Johnson feels ashamed to call her family, who live in another state. This is the second time she has been left by a husband.
- Mrs. Johnson claims that all her children have been sick on and off throughout the winter, but she hasn't taken them to the doctor because *"it's such an exhausting trip to spend the whole day at the clinic, and it costs so much."*
- Mrs. Johnson has no car. She claims she used to do everything herself by taking the bus, including grocery shopping, laundry, paying bills and other errands, and she knows her way around the city on public transportation. Since Lissa was born 10 months ago, it's been too much effort. Sometimes she leaves the children home, with Anna watching them, and rides to the store with her neighbor.

- When asked about her own health, the mother indicated it wasn't good. She reported chronic headaches and stated she has no energy. She claimed she was *"Tired all the time. All I want to do is sleep."* She had lost her appetite and sometimes couldn't think about food. She fed her children *"whatever was easy—it's too much effort to cook."* She had seen a doctor six months earlier for a back problem, and *"he didn't do anything—just charged me an arm and a leg and told me to take Advil."* She did not want to go back to the doctor, stating, *"They'll think I'm crazy."* After gentle questioning by the worker, she admitted to crying bouts that sometimes lasted for hours at a time. She usually went to bed when it happened and tried to sleep it off. When asked whether she had mentioned it to anyone, she said *"no,"* she was afraid that *"they'll lock me up, and then who will care for my children?"* She has had these symptoms for almost a year. They began shortly after her husband left, about the time her youngest child was born.

Questions

1. Based on what Ms. Johnson told you during your brief conversation, what hypotheses can you generate about some of the possible contributing factors and underlying conditions that led to the neglect of her children?
2. What additional information do you need to collect during the family assessment to further explore these hypotheses? How will you get this information and from whom?
3. What are the implications for the case plan if your hypotheses are accurate?
4. What could be an alternative hypothesis? How could you check it out?

Johnson Family Round Two

Version B

The worker took the mother and all five of the children to the children's hospital emergency clinic, where Anna was diagnosed with and hospitalized for treatment of severe pneumonia. Lissa was admitted to the pediatric unit for observation and assessment for possible failure-to-thrive.

During the hospital visit, the investigation worker talked further with Mrs. Johnson and learned the following:

- Mr. Ralph Johnson is the mother's second husband and the father of her two youngest children. She said he was rarely at home. He *"works all the time"* but doesn't make a lot of money. He often doesn't return from work until very late at night. The mother doubts he's at work all that time, but he won't tell her where he has been. Sometimes she thinks he has been *"visiting with his friends"* at a bar. When asked by the worker whether that bothers her, Mrs. Johnson said, *"I guess not....he works hard, and he's entitled to some time by himself with his friends."*
- Mrs. Johnson had worked prior to her marriage to Mr. Johnson, even though she was parenting three children from her first marriage. When her fourth child, Kayla, was born she had a complicated delivery and developed health problems. She found it impossible to care for four children and also work. Once Lissa was born, it *"took so much out of me that I haven't even been able to get my work done around the house, much less work a job."* Besides, she said her husband thought it better for her and the children if she stayed home. She has managed to keep her family together on her husband's earnings, when he is working.
- Mrs. Johnson has no family and few friends in the area. She talks to the neighbor at times, but they are not close. When she married Mr. Johnson, they moved away from her home community. She would call her family more often, but she said her husband didn't make enough money to cover a lot of long-distance phone calls, and he gets upset when the phone bills get too high. He says she doesn't need anyone but him anyway.
- The family attends church together, and she knows a few women at the church well enough to talk to them after services, but she does not see them at other times. Her husband is active in the church and *"knows a lot of people."*

- Mrs. Johnson claims that all her children have been sick on and off throughout the winter, but she hasn't taken them to the doctor because *"it's such an exhausting trip to spend the whole day at the clinic, I can't get anything else done, and my husband gets upset if the house is in a mess and dinner isn't ready when he gets home. Besides, medical care is so expensive these days, and we can't really afford it."*
- Mrs. Johnson has no car. She stated during her first marriage, she used to do everything herself by taking the bus, including grocery shopping, laundry, paying bills and other errands, and she knows her way around the city on public transportation. But she feels so overwhelmed now; she is happy to let her husband and her children handle things or let them go altogether. Her husband didn't like her going places without him anyway.
- When asked about her own health, Mrs. Johnson indicated it wasn't good. She reported chronic headaches and stated she was without energy. She claimed she was *"tired all the time...all I want to do is sleep."* She had lost her appetite and sometimes couldn't think about food. She fed her children *"whatever was easy—it's too much effort to cook."* She agreed that her children's health was of concern, and she wished she had done more to help them. Her husband often got on her for not being a better wife and mother.
- When asked if her husband was often angry at her, she said, *"He gets mad sometimes, but I guess I deserve it. I'm not much of a housekeeper, and I'd be a better mother if I didn't have five children to look after. But he's always concerned about us, and he doesn't mean to hurt me. He took me in when I was alone with three children, and I don't know where I'd be without him."*

Questions

1. Based on what Ms. Johnson told you during your brief conversation, what hypotheses can you generate about some of the possible contributing factors that led to the neglect of her children?
2. What additional information do you need to collect during the family assessment to further explore these hypotheses? How will you get this information and from whom?
3. What are the implications for the case plan if your hypotheses are accurate?
4. What could be an alternative hypothesis? How could you check it out?

Johnson Family Round Two

Version C

The worker took Mrs. Johnson and all five children to the children's hospital emergency clinic, where Anna was diagnosed with and hospitalized for treatment of severe pneumonia. Lissa was admitted to the pediatric unit for observation and assessment for possible failure-to-thrive.

During the hospital visit, the investigation worker talked further with Mrs. Johnson and learned the following.

- Mrs. Johnson's husband, Ralph, the father of her two youngest children, has been "away" for several months. She never knows where he is. He leaves, saying he's going "looking for work" and may be gone days or weeks at a time. He claims he drives a truck cross-country. He may come back and stay for a while but never for long. Sometimes he leaves her money for the kids. She claimed she never should have married him; she should have known better, considering she was on the rebound at the time after separating from the father of her first three children.
- Mrs. Johnson says she has worked on and off her whole life, but even though she's worked a lot of jobs in a lot of different places, has never found any job worth keeping. She estimated the longest she had stayed at a job was six months. She said she often left jobs because "they treat you like dirt, don't pay you much, get mad if you don't do what they say, and can you when you stand up for yourself." She claims she makes enough money to "get by" and gives her children whatever she can.
- Mrs. Johnson said she knew her kids had runny noses and such, but "so do all kids, especially in winter, and my kids aren't any sicker than anyone else's kids." She said Anna should have told her how bad she felt. She had no idea Lissa had any problems. She thought she was just a quiet baby who didn't demand much.
- Mrs. Johnson says she sleeps because she's always tired. Sometimes the stress gets so great she can't settle down, so she takes some pills her doctor gave her that make her really sleepy, and then she doesn't wake up until the middle of the next day. She said Anna is very responsible and can be trusted to look after the younger ones while she sleeps.
- Mrs. Johnson says she has a lot of family, but she never knows whether they'll help her or not when she needs it. Her sister and mother, especially, get mad at her and think she's a "really terrible mother." She said, "My mother raised three and my sister only has one—they just don't get what it's like having five children."

- Mrs. Johnson said Lissa was "*an accident*". She never planned to get pregnant again. Her husband had been gone for many weeks, and she just got so bored and lonely sitting at home, she went "*out on the town*" with some girlfriends one night and ended up going home with her girlfriend's brother, who was home on leave from the Army. "*Next thing I know, I'm pregnant. I honestly don't even remember it happening, but it must have. Babies don't just happen, you know.*" The brother has gone back to active military duty and claims it's totally impossible for him to be the father of Mrs. Johnson's child.
- Mrs. Johnson claims she generally takes good care of her children and has no idea why the baby would be so sick. She attributed Anna's pneumonia as "*an oversight—I thought it was just a cold.*"

Questions

1. Based on what Ms. Johnson told you during your brief conversation, what hypotheses can you generate about the contributing factors that led to the neglect of her children?
2. What additional information do you need to collect during the family assessment to further explore these hypotheses, how will you get this information and from whom?
3. What are the implications for the case plan if your hypotheses are accurate?
4. What could be an alternative hypothesis? How could you check it out?