

Johnson Family Round Three

Version A

The Johnson case was opened for service and referred to the Child Welfare Case Management Provider (CWCMP). Anna was treated with antibiotics and released to Mrs. Johnson with instructions for a return visit within a week. Lissa remained hospitalized for severe dehydration, anemia and developmental delay. She was expected to be in the hospital for a few weeks before the cause and full extent of her physical and developmental problems could be determined. The CWCMP case manager met with Mrs. Johnson to begin the family assessment and also talked with several collateral contacts to gather the following information.

- Mrs. Johnson married her first husband, Lewis Dawes, when she was 16. She gave birth to three children, Anna, Todd and Raymond, in four years. Mr. Dawes left her shortly after Raymond was born, leaving her with no dependable source of support. She eventually was given a small child support subsidy. She moved in with a friend to reduce her expenses and almost immediately became involved with a man, Ralph Johnson, who lived in the neighborhood. She got pregnant, and they were married two months later. They were together for five years, until Mrs. Johnson got pregnant with the youngest baby. Mr. Johnson became more and more distant, and right after the baby was born, he filed for divorce and moved in with a young woman who was the receptionist at the garage where he worked.
- Mrs. Johnson doesn't know the current whereabouts of her first husband, Lewis Dawes. Mr. Johnson still works at the same garage but won't have anything to do with her. He claims there's no way Lissa is his. Mrs. Johnson claims it's because he doesn't want the responsibility of child support.
- Mrs. Johnson states her childhood was *"OK—we were really poor, and I was the third of 12 children, so my mother was pretty busy with the younger kids. All I ever did was housework and babysitting. I quit school in eighth grade to help take care of the younger kids. That was one of the reasons I got married and left home at 16. I thought I'd be free of the hassle. Looks like I'm following in my mother's footsteps."*
- Mrs. Johnson was ashamed and embarrassed to let her family know how much difficulty she was having, but she eventually agreed to let the caseworker contact her and see if help could be offered, although she doubted they'd be able to help, since none of them had much money.

- Mrs. Johnson's mother, Mrs. Peters, was appalled to learn of her daughter's situation, but as a single parent herself with very limited income and her own serious health problems, still caring for several minor children at home, she couldn't do much more for her daughter. She said she would see if any of the aunts and uncles might be able to help. She offered to have Mrs. Johnson move back home with her and her other children, even though *"it'd be mighty crowded, with six more people in the house. We barely have any room as it is, but I guess we'd manage if we had to."*
- Mrs. Peters said her daughter had always been *"a little odd"* in her behavior and seemed to be prone to long periods of sadness and daydreaming. She remembered one time when Mrs. Johnson was 18, just after Todd was born, when she quit talking to anyone and didn't go out of her house for about six months. Then she just seemed to *"come out of it"* and went around like nothing had happened. When the worker asked Mrs. Johnson about this, she acknowledged she had *"spells"* all her life. It was like someone had stuck a pin in her and let out all the air. She just didn't have the energy to do anything but sleep. She had been feeling this way ever since her baby had been born and her husband left, but this time she just couldn't seem to *"shake it off"*.
- When questioned about her children's care, Mrs. Johnson seemed to know the rudiments of child care, but seemed very surprised that Lissa was sick at all and particularly sick enough to be admitted to the hospital. She said she had no idea—she thought all babies spent a lot of time in their cribs, even though this baby was *"quieter than my others"*. She couldn't tell the worker when Lissa had last been fed. *"I feed her when she seems hungry—but she doesn't eat a lot. She's different from my others— she acts like she doesn't want to be held or anything, doesn't want me bothering her. I figured she was just happier being left alone."* She wasn't aware that Kayla *"cried all the time"* at school. She said Kayla was *"always a little more touchy than the others, but I didn't think it was anything"*. She seemed distressed and embarrassed that her children were having such difficulty.
- Mrs. Johnson claims she really loves her children, even though they are generally quite a lot of work. The worker observed only fleeting attentiveness to their needs. Often, the children had to shake and yell at their mother to get her attention. Mrs. Johnson rarely initiated interaction with the children, except to ask them to do something for her. In an isolated moment, the worker observed her watching one of them, smiling quietly to herself.

Questions

1. What has this additional information told you about the possible causes of neglect in this family? Do you need to revise your hypothesis?
2. Do you need any additional information to begin development of a case plan? How would you get this information?

3. Based on the information currently available, what would you identify as the family's needs and strengths?
4. Identify the case goal.
5. Develop three objectives and activities for a case plan, based on the family's needs as identified from the assessment.

Johnson Family Round Three

Version B

Anna was treated with antibiotics and released to Mrs. Johnson with instructions for a return visit within a week. Lissa remained hospitalized for severe dehydration, anemia and developmental delay. She was expected to be in the hospital for a few weeks before the cause and full extent of her physical and developmental problems could be determined.

The next morning, Mr. Johnson called the Kansas Department for Children and Families (DCF) supervisor to demand a meeting to determine why his baby daughter was being held in the hospital, when she could be cared for just as well—probably better—at home. The DCF supervisor told him the baby was extremely ill, the case was being transferred and an ongoing service worker would meet with him very soon.

The Johnson case was opened for service and referred to the Child Welfare Case Management Provider (CWCMP). The CWCMP case manager scheduled an appointment to meet Mr. and Mrs. Johnson to begin the family assessment. During the course of the assessment, the worker talked with both parents and several collateral contacts to gather the following information.

- When the worker made the assessment home visit, Mr. Johnson opened discussion by making it clear that the family was doing just fine, and there was no need for children's services to be involved. He would see to it that both his children continued to get the medical attention they needed—immediately, and the agency could close the case. When the worker suggested the other three children were showing developmental and emotional problems as well, he indicated he would follow up and make sure they got the help they needed.
- Mr. Johnson claimed his wife had been "*ill*" on and off during their marriage, and that while it certainly took its toll on him and their children, there was nothing more to be done. She worked hard and had a lot to do, with five children to care for. Child care wasn't easy these days with everything being so expensive.
- Mr. Johnson believed himself to be an excellent and attentive father and husband. He was very involved in his family—he looked after his children and his wife and made sure they got what they needed. He took them to church regularly and played with the children on weekends when he wasn't working. He helped his older children with their homework. When asked why the children didn't have proper clothing or medical care, he said that work had been inconsistent lately, and even though he was trying hard, he wasn't bringing home very much money, and they couldn't afford things other families could. But, they did very well on what little money they had, and he fully expected "*things will turn around soon.*"

- Mr. Johnson blamed the inconsistency of work on a bad economy and job market. When asked whether his wife might help out by working, he stated that was a really bad idea—how could she possibly work when they had five children who needed her at home?
- Mrs. Johnson was quiet during much of this interview. When asked a direct question, she looked to her husband to help her answer and often deferred to him.
- Mr. Johnson said he had never been married before meeting Mrs. Johnson. When he met her, he was 35 and she was 20. He said she had really needed help—she was alone with three young children, had no source of support, and she should be grateful that he was willing to take them all under his wing without protest. "*She'd be living on the streets if it weren't for me.*" Mrs. Johnson nodded in agreement.
- The worker did a follow-up interview with Mrs. Johnson while her husband was at work. Mrs. Johnson was nervous about the circumstances, suggesting the worker come back at some time when her husband was home, but she was willing to answer questions when asked. She volunteered very little additional information.
- Mrs. Johnson was one of five girls born to her parents within a seven-year period. Her parents were both factory workers, and they lived in another state until her father's death of a heart attack at age 49. Her mother then moved to Florida. She said her father was a pretty good provider, but he drank a lot and "*wasn't always very nice*" to the family. When pressed, Mrs. Johnson said he was verbally abusive and sometimes "*slapped her mother around.*" She remembered a few times that her mother took the children and went to stay with her grandmother, but she always reconciled with her husband in a few days. She said her father yelled at her a lot but had never hit her.
- Mrs. Johnson strongly denied that Mr. Johnson ever laid a hand on her or any of her children.

Questions

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3. Based on the information currently available, what would you identify as the family's needs and strengths?
4. Identify the case goal.
5. Develop three objectives and activities for a case plan, based on the family's needs as identified from the assessment.

Johnson Family Round Three

Version C

The Johnson case was opened for service referred to the Child Welfare Case Management Provider (CWCMP). Anna was treated with antibiotics and released to Mrs. Johnson's care with instructions for a return visit in one week. Lissa remained hospitalized for severe dehydration, anemia and developmental delay. She was expected to be in the hospital for a few weeks before the cause and full extent of her physical and developmental problems could be determined. The CWCMP case manager met with Mrs. Johnson to begin the family assessment and also talked with several collateral contacts to gather the following information.

- Mrs. Johnson is one of six children. Her family still lives in the area. She lived with her mother until she was three years old, and then all six of the children were placed into foster care because of neglect. She remembers being in and out of foster care until she was 12, when she was returned to her mother. At age 15, she ran away and never went home again. She moved in with her boyfriend when she was 16 and he was 18, and they had three children in four years. They lived together on and off for several years before they split up. Mrs. Johnson said he "*went downhill fast*" after they split and is now in jail for drug dealing and armed robbery.
- Mrs. Johnson was very concerned that the agency might be thinking about foster care for her children, and said she'd get a lawyer and fight if that's what the agency was thinking. She had had enough of foster care in her own life—and she wasn't going to let any child of hers experience what she had. When pressed, she said she had been physically beaten by one foster mother and repeatedly fondled and eventually "*forced to have sex*" by the teenage boy who lived next door to the foster family when she was 11. She claimed she reported this to her foster mother, but nobody believed her.
- Mrs. Johnson said she has lots of friends. They meet in dance clubs around the city. Sometimes they go to each others' houses and "*party till the cows come home*". But she said she always leaves her children in the care of the woman who lives down the hall, a grandmotherly woman who does child care as her primary means of support.
- School personnel indicated that Mrs. Johnson rarely returned phone calls and almost never came to the school. Once Ms. Johnson appeared at a school function and appeared to have been drinking, as she smelled of alcohol and was slurring her words.
- When asked about her use of pills, Mrs. Johnson said they were sedatives because she had a hard time sleeping, and she drank on occasion, but not all the time. She denied using any other drugs. She admitted drinking beer and wine but never to the point of being drunk.

Questions

1. What has this additional information told you about the possible causes of neglect in this family? Do you need to revise your hypothesis?
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