

# Johnson Family Round Four

## Version A

Two weeks later, Laura summarized all she had learned from collateral contacts and from follow-up assessments of both Mrs. Johnson and the children. At the caseworker's request, the entire family was evaluated at the community mental health center, as a family and individually.

- Mrs. Johnson had been diagnosed with severe depression. It appeared she had chronic depression that was evidently exacerbated both after childbirth and by significant losses, such as the loss of her husband. The therapist indicated both medication and supportive therapy were needed, and referred her to a psychiatrist to be evaluated for medication.
- The baby, Lissa, was diagnosed with failure-to-thrive. In the hospital, with proper nutrition and focused attention, she gained weight rapidly and began to display more interest in her environment. The pediatrician noted she was still quite developmentally delayed, but would not venture a long-term diagnosis. He recommended a very stimulating and nurturing environment and special care for several months, during which time it would be determined whether Lissa's delays were from organic causes or the result of neglect, and whether, in a stimulating environment, she would catch up.
- Mrs. Johnson visited with Lissa in the hospital, but interacted with the baby only in a superficial manner, even when the nursing staff tried to get Mrs. Johnson to hold, feed and cuddle her.
- Todd was diagnosed with attention deficit disorder with hyperactivity, complicated by what appeared to be an underlying anxiety disorder. He was approximately three years behind in his developmental age. He was referred to a psychologist for further assessment and to a psychiatrist to determine whether medication would help him.
- Anna and Kayla were both diagnosed with mild depression, and both girls were in the low-normal developmental range.
- Raymond was developmentally delayed in all domains but showed no significant emotional problems.
- Mr. Johnson was contacted and explained that four of Mrs. Johnson's children were definitely not his, and while Kayla was born while they were married, he felt sure she wasn't his child either. He claimed Mrs. Johnson was always *"too tired to have sex"* and when Kayla was conceived, he hadn't *"been with her"* for months. He was initially resistive to taking a paternity test and said he would think about it.

- Mrs. Johnson knew of no one who could provide a temporary home for Lissa and preferred that the agency find a foster home for the baby. Laura put in a request for a home that cared for infants with special developmental needs.

## Questions

1. Considering the extent of Mrs. Johnson's depression, how would you engage and involve her in the development of a case plan?
2. Based on the additional information you have just been given, complete or revise your case objectives, activities and time frames for the family's case plan.
3. What kinds of services would you recommend for each of the children?
4. Because Lissa is being placed in a foster home for an indefinite period of time, explain how you would engage Mrs. Johnson in developing a concurrent plan for Lissa, and what would be its terms? What permanent options might be available for Lissa? How would these affect the four other children?
5. What strategies would you include in your plan to ensure continued contact between Lissa and the rest of her family?
6. Under what, if any, circumstances would you consider out-of-home placement for the other four children?
7. If you were developing a reunification plan for Lissa, what would be its terms and conditions?

# Johnson Family Round Four

## Version B

Two weeks later, Laura summarized all she had learned from collateral contacts and from follow-up assessments of both Mrs. Johnson and the children.

- Laura referred the family to the community mental health center for evaluation. In spite of having agreed to go, the family members did not keep their appointment. Laura called Mrs. Johnson to reschedule, and the family failed a second appointment as well.
- The physicians at Children's Hospital diagnosed Lissa with failure-to-thrive. In the hospital, with proper nutrition and focused attention, she began to gain weight and to display more interest in her environment. Further, an unusual bend in her left arm prompted full-body x-rays, which showed an old, healed fracture of her upper left arm, the nature of which suggested abuse. The pediatrician noted she was significantly developmentally delayed, but he would not venture a long-term diagnosis. Because of the need for a protected, stimulating and nurturing environment, the pediatrician recommended out-of-home placement until the cause of the abuse and developmental delays could be determined and Lissa's condition could be further assessed.
- The caseworker insisted that the four other children be thoroughly examined and interviewed in the children's hospital abuse unit, and she transported Mrs. Johnson and the children to this appointment. Mr. Johnson refused to go and threatened to prevent his family from going. When told he had a choice of letting them go voluntarily or being forced to by court order, he agreed to the appointment but refused to go himself.
- Anna and Kayla were diagnosed with anxiety and depression, but no significant developmental delays. Todd was identified as having ADHD and was also found to have several old scars on his neck, shoulders and back. There were no recent cuts, bruises or abrasions. He said a couple times when he had been really bad, his father had "*whooped him*" with a switch. Raymond showed delays in all domains, and was functioning below normal for his age. Anna, Kayla and Raymond showed no signs of abuse and none admitted to ever having been abused.
- Anna told the pediatrician that she didn't like hospitals. She said her mother had gone to the hospital a few months back with a broken arm and a black eye. She said her mother told her she had fallen down the stairs. She wore "*a cast and sunglasses... even in the house*" for several weeks, and Anna had to help with the housework. When the worker asked Mrs. Johnson about this, she confirmed she had tripped, fallen down the stairs and hit her head on the banister and berated herself for being so clumsy.

- Mr. Johnson's employer confirmed his employment and indicated that in general, Mr. Johnson was a reliable employee. The company was having financial problems, and work was sporadic. The pastor at the Johnson's church said the Johnsons attended regularly and seemed like a really nice family, although there were times Mrs. Johnson seemed withdrawn and sad. With the exception of Todd, who was "*a handful*," the children were generally well-behaved. The pastor had never seen the baby, and in fact, was unaware the Johnson's had a fifth child.
- A screen of Mr. Johnson's police record indicated several traffic violations, one old arrest for DUI that resulted in a six-month suspension of his license and one old incident of involvement in a bar brawl. There were no felony convictions. There were, however, several restraining orders that had been filed against him by his prior girlfriend, who had alleged that he had threatened to kill her.
- In a phone call to Mrs. Johnson's mother, the worker learned that nobody in the extended family knew much about Mr. Johnson. They rarely saw him, he had never talked about his own family or background, and Mrs. Johnson had told them very little.

## Questions

1. How would you handle the suspicion of abuse of both Todd and Lissa, and the possibility that Mrs. Johnson's injuries and behaviors may indicate spousal abuse?
2. Considering the extent of Mr. Johnson's resistance and Mrs. Johnson's passivity, how would you engage and involve them in the development of a case plan for their family? What will you do if neither one cannot be engaged?
3. Based on the additional information you have just been given, complete or revise your case objectives, activities and timeframes for the family's case plan.
4. What kinds of services would you recommend for each of the children? For Mrs. Johnson? For Mr. Johnson?
5. Because Lissa is being placed in a foster home for an indefinite period of time, explain how you would engage Mr. and Mrs. Johnson in developing a concurrent plan for Lissa, and what its terms would be? What permanent options might be available for Lissa? How would these affect the four other children?
6. Under what, if any, circumstances would you consider out-of-home placement for the other four children?
7. If you were developing a reunification plan for Lissa, what would be its terms and conditions?

# Johnson Family Round Four

## Version C

Two weeks later, Laura summarized all she had learned from collateral contacts and from follow-up assessments of both Mrs. Johnson and the children. She tried to locate Mr. Johnson and was unsuccessful. At the caseworker's request, both Mrs. Johnson and the children were evaluated at the community mental health center.

- Mrs. Johnson agreed to be seen for a psychological assessment and drug screening. She did not have any mental illness or serious emotional problems but did have a low-normal IQ and indications of borderline personality disorder.
- The drug and alcohol screening indicated significant recreational drug use but no obvious addiction. The drug counselor was concerned, however, that Ms. Johnson's use of drugs was impacting her care of the children. This was brought to her attention during counseling.
- The baby, Lissa, was diagnosed with failure-to-thrive. In the hospital, with proper nutrition and focused attention, she gained weight rapidly and began to display more interest in her environment. The pediatrician noted she was still quite developmentally delayed but would not venture a long-term diagnosis. He recommended a very stimulating and nurturing environment and special care for several months, during which time it would be determined whether Lissa's delays were from organic causes or the result of neglect, and whether in a stimulating environment, she would catch up.
- Mrs. Johnson visited with Lissa in the hospital daily for several days, did what she was asked by the nurses and seemed eager to help. Then she failed to visit for four consecutive days. When she returned, she told the hospital staff she had been "*out looking for work.*"
- Todd was diagnosed with ADHD, complicated by what appeared to be an underlying anxiety disorder. He was approximately three years behind in his developmental age. He was referred to a psychologist for further assessment and to a psychiatrist to determine whether medication would help him.
- Raymond was developmentally delayed in all domains but showed no significant emotional problems.
- Anna and Kayla were both diagnosed with depression and anxiety, and both girls were in the low-normal developmental range.

- Anna told the therapist who evaluated her that her mom didn't take very good care of her, and she felt a lot of times she was the mom in the family, not her mother. She also didn't like all her mom's boyfriends. Sometimes they had loud arguments, and sometimes it sounded like her mom was being hurt really badly, because Anna heard her crying and moaning all night. One of the boyfriends kept coming into her bedroom at night and woke her up. Anna said he didn't come around much anymore. She denied having ever been touched or fondled. She said she really liked Mrs. Andrews, the neighbor. She called her "Grandma" and liked staying at her house, because Grandma looked after her and made her cookies.
- Mrs. Johnson wasn't happy about Lissa's placement in a foster home, but she couldn't offer any suggestions about someone in her family to care for Lissa. She said she was willing to do *"whatever was best for Lissa"*.

## Questions

1. Considering the extent of Mrs. Johnson's erratic and inconsistent behavior, how would you engage and involve her in the development of a case plan?
2. Based on the additional information you have just been given, complete or revise your case objectives, activities and timeframes for the family's case plan.
3. What kinds of services would you recommend for each of the children?
4. Because Lissa is being placed in a foster home for an indefinite period of time, explain how you would engage Mrs. Johnson in developing a concurrent plan for Lissa, and what would be its terms? What permanent options might be available for Lissa? How would these affect the four other children?
5. What strategies would you include in your plan to ensure continued contact between Lissa and the rest of her family?
6. Under what, if any, circumstances would you consider out-of-home placement for the other four children?