

Mrs. Jones' Case  
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### Abstract

The purpose of this report is to discuss the case of Mrs. Jones. The social worker set up the report in a specific format, making it easy for the reader to follow and in the format the social worker would organize the case (if meetings actually occurred). At the start of the report the social worker summarized the presenting information for the case. The next section includes the social worker's and the client's initial meeting where the social worker gathered general information about the identifying problems using a generalist approach. Following this initial meeting the social worker had two jobs to complete before meeting with the client for the second time. First, the social worker had to decide on the best course of action for the remainder of the case (frameworks, perspectives, etc.) and gather evidence to guide his practice about sexual abuse and to find successful interventions for sexual abuse victims. In the last section, the social worker and the client meet for the second time to create mutual goals and actions.

Key words: generalist approach, strengths perspective, task-centered model, solution-focused model, COPEs

### Presenting Information

Mrs. Jones is a 45 year old divorced African-American female and was recently referred to agency X by Children Protective Services (CPS). The client has four biological children and one step child. The client lives at home with a daughter (age 12), a son (age 16), and a stepson (age 10). The client's fourteen year daughter, Nita, recently had a sexual encounter with the client's boyfriend while the client was away. Nita is now pregnant and has left home to live with an older sister (age unknown). In addition to the sexual accusation issues with the client's daughter and the client's boyfriend, the client has recently been experiencing complications with her diabetes making her unable to work. The other children within the family are currently enrolled in school, however; are often absent. Furthermore, the client's 16-year-old son is showing signs of gang membership, presenting by staying out late and wearing colors. Due to the multiple issues the client and her family are experiencing, the client thinks that she has lost control of her children.

During the first interview with the social worker, the client appeared apologetic that Nita has left home and extremely angry about her boyfriend's behavior. During the interview the client stated that she no longer is in contact with her ex-boyfriend, however he continues to try to contact Nita, who has dropped out of school and is due to deliver in two months. Throughout the interview, the client constantly indicate that she wants to keep her family together and that is her main goal.

The social worker assigned to this case is a twenty-two-year-old white male. It will be especially important for the social worker to remain culturally sensitive throughout his time with Mrs. Jones. According to Sheafor and Horesji, "the social work profession's unique focus on the person-in-environment requires that the social worker attends to several interrelated dimensions of the person: biological, intellectual, emotional, social, familial, spiritual, economic, communal, and so on" (Sheafor, B.W., & Horejsi, C. R., 2015, 7). Next, it is important that the social worker remains emphatic throughout the entire process, yet to be able to show empathy and understanding you have to completely understand the clients' situation. Lastly, it is crucial that the social worker builds a strong relationship with the client.

### Question Foundation

Given the complexity of the case it is crucial that the social worker gathers necessary information before working with the client on building mutual goals. During the first meeting the social worker plans just to ask questions to Mrs. Jones that are crucial for the case. The first focus of the questions are around Mrs. Jones and her overall well-being. These are question I would ask: Have you received help from other agencies in the past? Was it helpful? If so, what where your goals and what did you accomplish? What is the current state of your diabetes? Do you have support systems, such as family or friends? Do you receive disability?

Secondly, the social worker will focus questions around Nita's sexual interactions with the client's boyfriend and her leaving home to live with the client's older daughter. The questions would be as followed: Was the sexual encounter forced upon Nita? Why did Nita leave the house? What where the circumstances that Nita left under? Is Nita working or planning to work after the birth of the baby? Is the daughter's house safe for her and her new born child after birth? Was Nita impregnated by your boyfriend? Did you and Nita have a healthy relationship before the sexual encounter? Do you still have a healthy relationship?

Next, the social worker is going to focus questions around the sixteen-year-old child involved in gang activity. The questions would be as followed: Why do you have speculations that he is gang related? Do you have a relationship with him? Does he have responsibilities around home? Is his behavior influencing his other siblings? How is his school behavior? Does he do well in school?

After, the social worker will focus on the families involvement with CPS. I would ask: Why did you originally get involved with CPS? When did you get involved with CPS? What has been your past experience with CPS? Have you had any children removed? Do you meet monthly with your social worker? Do you have personal/family goals with CPS? What are your current goals with CPS?

Lastly, the social worker will ask questions around the other children remaining in the house, focused mostly around school attendance and their overall behaviors. I would ask the following: Why do the children not attend school? Do you bring them to school? While in school how is their overall behavior?

### Framework, Perspective, Model/Theories Pertaining to Case

“When selecting a framework, the social worker must grapple with the question: With what types of clients, with what kinds of problems, in what practice settings, and under what circumstances will a particular practice framework provide relevant and useful guidance” (Sheafor, B.W., & Horejsi, C. R., 2015, 69). Keeping this in mind the social worker began the planned change process with the client using a generalist framework. When the social worker first engaged with the client it was his goal to gather as much information as possible, and used a generalist approach. Using a generalist approach to begin services allowed the social worker to look at the client's multiple situations with a wide lens and assume the many different roles social workers play. After the initial engagement with the client, the social worker chose to use the ecosystem approach with a combination of strengths perspective throughout the remainder of the process. Using ecosystems perspective allows the social worker to analyze the client and the client's family in conjunction to their environment and multiple subsystems that affect their everyday life. Simply, ecosystem perspective focuses on transactions between individuals and their environment.

In addition to ecosystem perspective it is important that throughout the planned change process (after engagement) the social worker uses strengths perspective because, “when a social worker helps a client identify and build on his or her strengths, it has the effect of increasing client motivation, elevating the client's sense of hope and self-confidence, and reducing resistance of change” (Sheafor, B.W., & Horejsi, C. R., 2015, 76). The social worker chose this perspective because in strengths perspective the client is viewed as an expert on their situation and they are in control of how they proceed. Lastly, “the strengths perspective presumes that clients will usually know what types of interventions will be most helpful in addressing their concerns,” (Sheafor, B.W., & Horejsi, C. R., 2015, 76) and the social worker believes that the clients are experts on their own family and children, especially since the social worker never meets with other members of the family other than Mrs. Jones.

In this situation the social worker plans on using a combination of two models to aid the client in their planned change process. Using the combination of both task-centered model and solution-focused model allows the social worker and the client to work towards the goals and actions discussed below. Task-centered model breaks large daunting goals into smaller more

achievable goals. For example, the overall goal for the client is to keep her family together and increase the family's well-being, then the client and social worker broke that goal into three smaller goals focusing on Nita's sexual abuse, the client's son's gang involvement, and the clients other children's school attendance issues. Lastly, the client and social worker broke those three goals into smaller actions and objectives to help make those goals become more achievable.

Solution-focused model will also be used in this case to determine the best course of action for the client and her family. In this approach the social worker asks a variety of questions that help the client recognize that she already has control of the situation, as well as already has ideas on how to resolve it. According to Sheafor and Horejsi, "... this approach accepts the client's definition of the problem and invites her or his ideas on how to solve it, it is inherently more culturally sensitive than approaches that place the social worker in the position of identifying and diagnosing the client's problem" (Sheafor, B.W., & Horejsi, C. R., 2015, 89). Using this approach through the case builds off of strengths perspective and focuses on clients being the experts of their own case.

#### Evidence-Based Practice/Planned Change Process

Evidence-based practice is important for social workers because when social workers use methods that have worked in the past there is a better chance that it works again. According to Sheafor and Horejsi, "evidence-based practice also involves drawing on the most dependable information available about the many approaches for helping clients make needed changes" (Sheafor, B.W., & Horejsi, C. R., 2015, 101). As a social worker you should use evidence-based practice at every step of the planned change process: engagement (getting to know the client), assessment (identifying strengths and resources, as well as investigating the identified problem), planning (agreeing upon goals and interventions), implementation (working towards the goals, using interventions), evaluation (were the goals accomplished), and termination (ending of services). If a social worker uses evidence to guide practice throughout each step of change, then there is a greater chance that the process will be successful.

Evidence-based practice is also beneficial for the clients because it increases the validity and reliability of the interventions that the social worker is using. In addition, if the social worker uses evidence-based practice it is more likely that the client will reach their goals faster, meaning that services will end quicker. Lastly, evidence-based practice is important to the profession of social work because it gives the profession a baseline to work with and it allows social workers to learn from each other.

The social worker developed all of the question above with the COPES question method in mind because COPES questions are designed specifically to guide literature searches. COPES questions have three primary sections, first the questions must be client oriented, meaning that the questions are based around the welfare of the client and the client's situation. Next, COPES questions must have practical significance. Lastly, COPES questions are specific enough to guide an evidence search (Posing a Well-Built COPES Question).

Along with the three sections of COPES questions, COPES questions have four features: client type and problem, what you might do, alternate course of action, what you want to accomplish. Creating a COPES question for Nita who is the client's daughter, the social worker would start with determining the client type and problem: an African American female with anxiety following a sexual assault. The next feature of COPES questions is determining an

intervention such as, trauma focused cognitive behavioral therapy. Then the social worker creates an alternative intervention such as, eye movement desensitization and reprocessing. What the social worker wants to accomplish is decreased anxiety for the client. The final COPES question would be: If an African American female who is sexually assaulted receives eye movement desensitization and reprocessing (EMDR) or trauma focused cognitive behavioral therapy, which approach will effectively reduce anxiety? (Posing a Well-Built COPES Question)

#### Evidence about Sexual Abuse Victims

It is important that every case a social worker takes on; they do an ample amount of research about the multiple identifying problems. For example, it is important that the social worker researches about affects and mental health issues of sexually abused adolescents. When researching evidence about sexual abuse, in the context of this case it is crucial to remember the characteristics of the case, such as Nita's age, gender, and environment.

According to the Bureau of Justice Statistics report, "children who do not live with both parents as well as children living in homes marked by parental discord, divorce, or domestic violence, have a higher risk of being sexually abused" (Child Sexual Abuse Statistics). Individuals with a history of sexual abuse are at greater risk of becoming depressed or suicidal later in life. Adolescence is the most vulnerable period for those youths who may attempt suicide repeatedly (Brown J, Cohen P, Johnson JG, Smailes EM., 1999). Stated in the 2003 National Institute of Justice report, "3 out of 4 adolescents who have been sexually assaulted were victimized by someone they knew well" (Child Sexual Abuse Statistics). This pertains to the case because there is suspicion that the client's boyfriend sexually abused Nita.

#### Identify a specific intervention/treatment modality for Nita and sexual abuse

Even though the client in this report is Mrs. Jones and all of the actions created and the individual goals are to serve her treatment plan, Nita's issues need to be addressed. In this section, the social worker identifies specific interventions and treatment models specifically accommodating Nita, not the client.

There are multiple therapy styles that have been proven to be successful for victims of sexual abuse, such as individual therapy, group therapy, crisis intervention. To go along with each therapy style, there are multiple treatment models. "Therapists have specialized training and credentialing in several evidence-based and evidence-informed practices (Sexual Assault Center: Counseling and Education)," that have proven to be successful in treating sexually abused clients. Having the knowledge about the proven evidence allows the therapists to create an individualized treatment plan with each client, depending on each person's unique needs. According to the Sexual Assault Center Counseling and Education there are five best practice treatment models: trauma focused cognitive behavioral therapy, eye movement desensitization and reprocessing, play therapy, art therapy, dialectical behavior therapy.

First, trauma focused cognitive behavioral therapy is used as one of the primary models for treating sexual abused clients. Basic CBT focuses on looking at how negative thought patterns may be affecting your mood. Then, the therapist helps you learn how to make positive changes in your thoughts and behaviors. TF-CBT is beneficial because it allows the therapist to educate the client, allows the client to create a narrative around their trauma, and lastly it allows the client to experience feelings around the event.

Next, eye movement desensitization and reprocessing, yet controversial, is a psychotherapy treatment that was created to ease the distress linked with traumatic events, such as sexual abuse.

EMDR therapy uses a three pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning (What Is EMDR? | EMDR Institute – EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY).

Third, play therapy is often used in treating children that have experienced a traumatic event. Children often feel more comfortable talking while engaging in activity. This can be effective in adolescents as well because teens often do not enjoy expressing emotions sitting across from an adult at a table. Play therapy includes many different activities such as playing sports, playing with toys, and more. The activity chosen depends on the client's age and interests.

Similar to play therapy, art therapy is another great treatment model for clients that have experienced a traumatic event. It has been proven that the creative process of art-making improves and enhances physical, mental and emotional well-being of clients. Art therapy is often used in conjunction with other types of therapy.

Lastly, dialectical behavior therapy is a type of cognitive behavioral treatment. Dialectical behavior therapy, "is a behavioral intervention that focuses on teaching clients four sets of key skills for daily life functioning: interpersonal effectiveness, emotion regulation, distress tolerance and mindfulness skills" (Sexual Assault Center: Counseling and Education).

### Case Goals

After the gathering of basic information from the client, selecting appropriate frameworks, and gathering evidence, the next step for the social worker and the client is to create mutual goals together. Creating the goals together is important for two reasons, first it demonstrates the client's self-determination and second there is a better chance that the client wants to complete the goal because "they" have created that goal. It is crucial that every goal is SMART (specific, measured, achievable, realistic, and time-oriented). With SMART in mind the social worker and the client created the three following goals: The client needs to reduce the emotional distance between herself and Nita within the next two months, so that Nita can disclose the details of the abuse and vent anger around not being protected. Next, the client needs to establish her son's involvement with gang activity within the next month, so that she can interact. Lastly, the client and social worker need to work together and get involved with the children's school officials within the next two weeks, so that the children get the necessary education needed.

It is important to look into each goal and actions that go along with completing that goal, to make sure that each goal is SMART:

**Goal #1:** The client needs to reduce the emotional distance between herself and Nita within the next month, so that Nita can disclose the details of the abuse and vent anger around not being protected.

This goal is specific and includes the five "W's" who, what, when, where, and why. This goal is set for the client in order to help her daughter. It is created so the client can begin to build a relationship with her daughter. This goal will continue for the next two months. This goal will be completed at her home, through what the client has learned in the group she will begin to attend and individual therapy she currently attends with the social worker at agency x. This goal is important because Nita and the client need to build a relationship so that Nita can disclose the details of abuse and vent anger around not being protected.

This goal is measurable and will be measured by simply asking if she has had reduced the emotional distance between herself and Nita. In addition to this, the social worker will track every step of progress in the process of the client and Nita building a healthy relationship. This goal is measured by a yes or no question.

This goal can be achieved by following the actions listed below:

Action #1: The client will attend a group with other women experiencing family sexual abuse

Objective #1: The client will attend this group at least once a week, that the social worker from agency x will find.

Objective #2: The client will interact with other participants in the group meetings within four meetings

Action #2: The client will attend individual therapy

Action #3: The client will focus on Nita's well-being

Objective #1: The client will reach out to Nita within the next two weeks

Action #4: The client will build upon strengths within the mother/daughter relationship

Objective #1: The client will practice the strengths that have been recognized while in therapy

This goal is realistic in the time frame which is in the next two months. Although the client and Nita need a lot of help reducing the emotional distance between them, the social worker believes this goal is achievable in the next two months if she attends her group, and her individual therapy at agency x, as well as focuses on their relationship strengths.

The time frame for this goal is the next two months because the client needs a great amount of help reducing the emotional distance between the client and Nita.

**Goal #2:** The client needs to establish her son's involvement with gang activity within the next month, and then use next two months focusing on getting him out of gang relation or work on gang precautions.

This goal is specific and includes the five "W's" who, what, when, where, and why. First this goal is set for the client in order to help her son. Next, the goal was created for the client to gather information on her son's gang activity, and depending on the information found, proceed from there, either focusing on getting him out of gang relation or work on gang precautions. Third, this goal must continue for the next three months. This goal will be completed at the client's home, through what the client has learned in individual therapy she currently attends with the social worker at agency x. Lastly, this goal is important so that the client's son either remains out of gang affiliation or gets him out of gang affiliation.

This goal is measurable and will be measured by simply asking if she has talked to her son about his gang relation and what other information she has gathered. This goal is measured by a yes or no question.

This goal can be achieved by following the actions listed below:

Action #1: The client will work on strengths within her son's and her relationship

Objective #1: The client will practice the strengths that have been recognized while in therapy

Action #2: The client needs to continue to attend individual therapy at agency x.

Action #3: The client needs to gather information about how to help teens involved with gangs from multiple sources such as the internet, seminars, or classes

This goal is realistic because she has told the social worker that she will do anything to keep her family safe and together. The client feels remorseful about the situation with Nita, and does not want it to happen again with her son.

The client needs the next three months to complete this process with her son because changing behavior is not easy. For the first month it is crucial that she gathers information about his involvement with gangs, and then use the next two months to change behavior or to work on precautions.

**Goal #3:** The client and social worker need to work together and get involved with the children's school officials within the next two weeks, so that the children attend school and get the necessary education needed.

This goal is specific and includes the five "W's" who, what, when, where, and why. First this goal is set for the client and the social worker in order to help the client's children receive the necessary education children need. This goal will happen within the next three months, but will be begin immediately. Where this goal is completed is not relevant. Lastly, this goal is important because attending school is crucial to receiving the necessary education as a child.

This will be measured by the social worker asking the school officials about the client's children attendance. Also, the social worker, the client, and school officials will meet every two weeks to talk about the client's attendance and behavior while at school.

This goal can be achieved by following the actions listed below:

Action #1: The client's son will attend individual therapy

Action #2: The client will personally drive them to school

Action #3: The social worker and the client will meet biweekly with school officials to discuss the client's children's school attendance and behavior.

This goal is realistic because the client has expressed concern for her children and said she has felt like she has lost control of her children and wants to keep her children together.

The time frame for this goal is two weeks to make initial contact, however, overall it is a long term goal because behavior change is a tough task and evaluation of change needs to be a lengthy amount of time.

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