

Kevin Hull
November 21, 2014
SW 301
Katy Miller

BIOPSYCHOSOCIAL ASSESSMENT OF MARIA ANTHONY

I. ENGAGEMENT

A. DESCRIPTION

CLIENT IDENTIFICATION:

Client's Name: Maria Anthony

Household Composition: Maria Anthony lives with her boyfriend of 8 years named Joe. They have one child named Joey, who is 4 years old.

Employment: Dietitian at Bay State Hospital

Address: 1215 Wilbraham Rd.
Springfield, Massachusetts 01119

Phone: 413-782-1756

Employment: Bay State Hospital

Interviewer: Kevin Hull

Date and time of interview: November 5, 2014 at 2 P.M
November 10, 2014 at 2 P.M

REFERRAL SOURCE AND PROCESS/COLLATERAL INFORMATION:

The client, Maria Anthony, is a 27 year old female who was referred to The Women's Services Center of Greater Springfield after the Springfield Police Department responded to a call of intimate partner violence. The female reported that a male had hit her. The male was arrested and the female was referred to The Women's Services Center. The purpose of this assessment is to evaluate the reason for admission and develop a safety plan.

When the intake worker made the initial phone contact to schedule a meeting with the client, the client provided little additional information other than to say that she really needs her boyfriend, Joe, home to care for their son, Joey, while she is working. The client seemed to minimize the incident stating "it was not a big deal."

CLIENTS MOOD AND EMOTIONAL STATE DURING THE INTERVIEW:

Information for the assessment was obtained through a face-to-face interview with the client in the social worker's office at The Women's Services Center as well as minimal information from

the intake worker. The client was sitting in front of the social worker, where the social worker set up a chair for her.

During the first interview on November 5, 2014, the client does not believe that this incident will occur again. She repeatedly said "I'm here because I have to be here" and she made it clear that she had other places to be and wanted to get it over with. The client appeared annoyed by the questions she was asked. The client appeared preoccupied throughout the interview, playing with her fingers, chewing gum extremely loud, and looked at her phone often.

During the second interview on November 10, 2014, the client had a flat affect and a depressed manner. She had poor attention constantly looking down and constantly crying. She also appeared anxious, fidgeting and ripping up her tissue.

CURRENT MENTAL STATUS DURING INTERVIEW:

The client is oriented to person, time, and place. She has no suicidal or homicidal thoughts or plans.

PERSON SYSTEM:

Maria Anthony prefers to be addressed as "Maria." She describes herself as Catholic. The client appeared to be Caucasian, approximately 5 feet 2 inches tall. On the date of the first interview, November 5, 2014, the client was dressed in jeans, a sweater, UGG boots, with her make-up done, and hoop earrings. She seemed to walk slowly and expressed an audible sigh as she sat down. On the date of the second interview, November 10, 2014, the client was dressed in similar clothing as the first interview however, this time the client's make-up and hair appeared to be not done. The client spoke with an accent common to Springfield, where she was born and raised.

FAMILY SYSTEM:

The client is the oldest sibling in her family. The client was born and raised in Springfield, Massachusetts. She has one younger sister, Kelly, who left her house for college in Chicago. Her sister attended Northwest University. The client's sister currently lives with another girl. This causes some tension between the client's mother, and the client's sister. The client is currently in

an abusive relationship with her boyfriend, and they have one child together who has developmental disabilities.

For the last eight years the client has been dating the same male. Six years ago they moved in together, and had a child together four years ago. For the last three years, the client's boyfriend has been saying that he is going to propose marriage to her, but he has not. This has raised tension in the relationship. When asked why he has not proposed, she responded, "none of your damn business."

See attached genogram that I prepared from the information obtained during the two interviews with the client.

COMMUNITY SYSTEM:

The client indicated that she has an "alright" job at Bay State Hospital. She has worked there for that last 6 years, after interning there while attending Springfield Technical Community College. The client then indicated her boyfriend has a job as a construction worker, and stated "that it is hard work."

The client has friends from work and one long term friend. She admits she does not get to see her friends as often since she has been dating her boyfriend. The client's boyfriend has a group of friends that the client describes as "alright." They come over every Saturday to watch football and drink a few beers.

The client also reported that she and her family go to church regularly and that she is involved with her son's activities and IEP at school.

See attached eco-map that I prepared from information obtained during the two interviews with the client.

PRESENTING PROBLEM:

On November 5, 2014, the client was referred to The Women's Services Center of Greater Springfield by the Springfield Police Department. She called the police after her boyfriend hit her. The client has no prior history of physical abuse.

The client reported that this was the first time he has "abused her", and "things got out of hand." She stated, "He was angry that she was late coming home from work." The client's boyfriend then began yelling and punching the wall, grabbed her hair, threw her on the ground, and she burned her arm on the stove. She said, "He was upset that she was not home from work on time and he was "worried." Then the client called the police because she has "never seen Joe that mad before. Later that night the client, "bailed his ass out of jail." The client said "Joe apologized and got flowers, he felt bad and promised he would never do it again." The client then reported, "it was my fault because I didn't communicate with him"

The client presented with a low self-esteem, blaming herself for the physical abuse from her boyfriend, and stating her sister is better and smarter than her. The client did not appear happy to be at the meeting saying, "I'm here because I have to be here" and she did not understand why she had to be meeting with the social worker.

After the first meeting on November 5th, the client's boyfriend accused her of being out with "Mike" and he threw a lamp at her head. She grabbed her son and ran to her mother's house where her boyfriend followed her. The client's mother called the police and he was arrested for the second time. The client's boyfriend's mother bailed him out of jail, and he has been staying in their apartment while the client remains at her mother's house. He has been sending her text messages non-stop and she said "he will not leave me alone." Some of the text messages are threatening saying, "I still can't fucking believe you went off with a guy named Mike." Some of the other text messages are loving saying, "I love you. I'm sorry." The client's boyfriend has not come back to the client's mother's house and when the client went back to work a few days after the second physical abuse, the client's boyfriend did not show up there either. When the client's friend, Lisa, messaged the client's boyfriend on Facebook to tell him there is no man named "Mike," the client's boyfriend then responded on Facebook by calling her friend, "a nasty lying bitch."

The client's son is upset that he has not seen his father in days, and continues to ask where "Daddy is." However, the client does not what her son to see him angry. The client has tried to keep her son's routine the same, and the client's mother has helped keep this routine constant.

The second meeting November 10, 2014, the client understood she needed a change and agreed to complete the 209A form even though she was nervous that it would just make her boyfriend angrier. The client also said that she does not want him to be homeless and she is not sure if his mother will let him stay with her.

HISTORY OF TRAUMA/VIOLENCE:

The client does not have a history of violence or aggression. The client however, made the remark, "maybe I'd like to kill Joe" during the interview in November 10, 2014 but instantly down played it by saying, "but I would never do that." She denies having any other homicidal or violent thoughts.

She is currently in a physically and emotionally abusive relationship. She denies any physical abuse, other than the physical abuse by her current boyfriend.

The social worker is not aware of any past or current sexual abuse, environmental or communal trauma.

ASSETS, RESOURCES, AND STRENGTHS:

The client has many connections from Bay State Hospital where she works. Also, she appears to be close to her mother, who helps her with financial problems and provides a safe shelter when needed. The client has a lot of difficulty identifying any strengths, even with encouragement.

The client appears to have many strengths such as a job with a steady income, an apartment, many healthy relationships, and she has an able body. Also, the client shows resilience with this situation, appearing to overcome a tremendous amount of stress and still being able to function at a standard level.

SOCIAL HISTORY/RECREATIONAL:

The client does not have much of a social life, spending all of her time with her son or at work. The client appears close to her family and one of her co-workers, Josie. This co-worker gets along with the client's boyfriend, and is aware of the physical abuse. The client stated that her co-worker said, "It is good that he got her flowers."

She said she spends most of her time with her boyfriend and son, but occasionally she will go out for drinks with co-workers after work. However, before she had her son, she used to run, go on vacations with her boyfriend, or go to the shore for walks on the beach with her boyfriend.

In high school, the client played soccer and softball. She also worked at Dairy Queen. At the age of 17, the client's parents divorced and her father moved to Boston, and remarried the client's step-mother, Susan.

DIVERSITY FACTORS:

The client is a heterosexual, working class, female. She is also of able body from what we know. She is Catholic and attends church regularly. She expressed that this is a good way for her to relieve stress and have quality family time.

ECONOMIC SITUATION:

The client and her boyfriend have steady jobs. The client works as a Dietitian at Bay State Hospital while her boyfriend works construction. The client reports having financial stressors and admits she sometimes misses paying the bills and sometimes has to ask her mother for financial help. The client says that if her boyfriend knew, he would be very angry. Even though the client does not like doing that, her mother does not mind helping out when she is asked, and the client knows that her boyfriend would be very angry if he knew. However, they are caught up at the current moment. The client does not have a car, and relies on others or her mother for transportation.

RELIGION:

The client is Catholic Christian and attends church regularly with her family, including her own mother and the mother of her boyfriend. She expressed that this is a good way for her to relieve stress and have quality family time. However, after the second physical abuse she did not attend church because she was not sure if her boyfriend would be at the church, and she did not what to see him. The client reported that she would like to talk to Father John about the incident with her boyfriend; however, does not want Father John to know what happened.

The client's mother is an "old school catholic" and this poses a problem with the client's sister, who has a roommate that is a female. The client says that her mother tends to ignore that her daughter is a lesbian. On the other hand, the client "could care less" if her sister is a lesbian or not.

PERSONAL MEDICAL/PHYSICAL/BIOLOGICAL HEALTH:

The client denies any medical conditions or physical complaints other than the burn on her elbow from her boyfriend pushing her into the stove, but she believes that it is "fine" and does not want it looked at by medical services.

PERSONAL MENTAL HEALTH HISTORY:

The client denies any past mental issues.

PERSONAL DEVELOPMENTAL DISABILITIES:

The client denies any developmental disabilities.

FAMILY MEDICAL/PHYSICAL/BIOLOGICAL HEALTH:

The client is not aware of any family medical/physical/biological health.

FAMILY MEDICAL/PHYSICAL/BIOLOGICAL HEALTH HISTORY:

The client is not aware of family history of medical/physical/biological health.

FAMILY MENTAL HEALTH:

The client has no current family mental health issues.

FAMILY MENTAL HEALTH HISTORY:

The client has no history of family mental health issues.

The client's boyfriend's father had anger management problems, and is now currently in jail for murdering his own brother. The client expressed that her boyfriend is like his father having a "quick temper."

FAMILY DEVELOPMENTAL DISABILITIES:

The client's son had many issues at birth. He spent a long time in the hospital and was diagnosed with a developmental disability. The client's son has problems speaking and writing as well as trouble being potty trained. He receives speech therapy and occupational therapy and the client agreed to talk to the school social worker to set up a meeting for additional support. He also received early intervention therapy.

FAMILY DEVELOPMENTAL DISABILITIES HISTROY:

The client has no past history of developmental issues in her or her boyfriend's family that she is aware of.

SLEEPING/EATING HABITS:

During the first meeting on November 5, 2014 the client denied any abnormalities in sleeping or eating habits.

During the second meeting on November 10, 2014 the client said she has not been sleeping. She has to stay in her son's room until he falls asleep or he will cry for her. The client also stated she has not been hungry since the second physical abuse. She said her mother has been trying to make her eat but she is just not hungry.

HYGIENE:

During the first interview on November 5, 2014 the client appeared very well kept with her make-up done and her hair nicely styled.

During the meeting on November 10, 2014 the client appeared tired with dark circles under her eyes, and her make-up and hair seemed not to be done. She also informed the social worker that she had not been eating or sleeping much.

STRESS-MANAGEMENT STRATEGIES:

The client identified minimal ways that she deals with stress. One way is playing and spending time with her son. Another is going to church with her family.

EXERCISE HABITS:

The client expressed that ever since the birth of her son she has not been able to exercise as much as she used to or as much as she would like. The client's son has developmental issues, and when the client has free time it is working with her son, and not exercising.

GRIEF/LOSS HISTORY:

The client's parents divorced ten years ago and her father, Thomas, moved to Boston. He comes back to visit the client's son occasionally. The client's father is remarried.

The client reported that she has worked at Bay State Hospital for the last six years and has only had one other job, at Dairy Queen in high school. From this information it appears that the client has not had any significant loss of job in her life.

The social worker is not aware of any significant death or miscarriages in the client's life.

RELATIONSHIPS:

The client states she has one close friend. She reports having only a few friends because she does not have enough time. In the past, the client was close to her friend, Lisa. however, her boyfriend "hated her" and the client's boyfriend thought Lisa had a brother that liked the client. The client rarely talks to her anymore because her boyfriend gets mad; however, the client told her about both intimate partner violence incidents.

The client has been together with her boyfriend for the last eight years, since her senior year of high school. She has not had any other relationships since, that the social worker is aware of. Four years ago they had an unplanned son together. For the last three years, the client's boyfriend has been saying that he is going to propose marriage to her, but he has not. The client says, "I guess" we should improve the relationship.

Throughout the interviews the client appeared to have a very strong relationship with her mother. The client's mother supplies the client with financial help when need. During both incidents of abuse the client and the client's son went to the client's mother's house for safety.

During both interviews the client expressed what appeared to be "love" for her sister. Her sister moved out of the house when she went to Northwest University for college. The client expressed that her sister is not around often because she lives so far away, however, they talk frequently.

The client's son and the client's boyfriend have a close relationship. The client says, "Overall he is a great father." However, the client's boyfriend gets upset and frustrated when the client's son doesn't speak clearly. The client's boyfriend also gets angry because their son is not potty trained.

B. DEVELOPMENT

PERSONAL, FAMILIAL, AND CULTURAL:

The client has lived in a duplex apartment with her boyfriend for the last six years. When needed, the client goes to her mother's house, which is within walking distance.

The client's sister went to college in Chicago, and decided to live there with a female. Mother pretends that she does not know about her living with another girl. The client talks to her often, and the client's sister is fond of the client's boyfriend.

The client's son had many issues at birth, spent a long time in the hospital and was diagnosed with developmental disabilities. The client says he is, "really nice, he is a good kid." At school he receives speech therapy, and has begun to use some sign language to communicate.

CRITICAL EVENTS:

The client received her degree in Health Sciences at Springfield Technical Community College. While attending Springfield Technical Community College she interned at Bay State Hospital. After graduating from Springfield Technical Community College, the client got a job as a Dietitian, and has worked at that job for the last six years.

At the age of 17, the client's parents divorced and her father moved to Boston, and remarried.

The client was physically abused by her boyfriend on two occasions. The first occasion of physical abuse was the reason she was referred to the Women Services Center and the second occasion of physical abuse was on November 5, 2014, after our first meeting.

From what the client said in the interview, it appears her boyfriend has been emotionally abusing her for years. The client says her boyfriend is always worried about her safety, and she says this has gotten worse over time. However, she stated in the first interview that this is what she likes about him, he takes care of us, and he is mostly a very good guy.

SEXUAL:

The client did not talk much about her sex life during the interview held on November 5th and November 10th. However, the client did not appear to have sexual developmental issues. She gave birth to her son at the age of 23, the birth was unplanned but the client said "they were happy to have a child". They do not plan on having another child at this time.

ALCOHOL AND DRUG USE:

The client has no past or current problems with alcohol that were apparent or the social worker was told about. The client's boyfriend appears to have a minor drinking problem. The night of the first incident of physical abuse she believed that he had been drinking.

The social worker is not aware of any drug abuse by the client.

LEGAL:

The client has not had any major legal issues that the social worker was informed of. However, the client's boyfriend was arrested twice for intimate partner violence against the client. The first time the client bailed him out, and the second time he was bailed out by his mother.

The client's boyfriend's father is currently serving a life sentence for murdering his brother, the client's boyfriend's uncle. The client's boyfriend found out this information from his sister on Facebook. The client's boyfriend stated, "He is glad he is "rotting in jail."

EDUCATION AND EMPLOYMENT HISTORY:

The client received her degree in Health Sciences at Springfield Technical Community College. While attending Springfield Technical Community College she interned at Bay State Hospital. After graduating from Springfield Technical Community College the client got a job as a Dietitian, and has worked that job for the last six years. Her shifts at the hospital vary, but she never works over night shifts, and it never affects her sleeping habits. The client reported that she did not care about school but achieved average grades. She denies having any learning difficulties. The client appears to be of normal intellectual functioning.

PRIOR PSYCHOLOGICAL AND/OR SOCIAL SERVICES:

The client has not had any prior psychological and/or social service; however, she worked with a social worker in the hospital after the birth of her son for his early intervention program.

The client's boy friend has not had any psychological and/or social service that the client is aware of.

ADDITIONAL INFORMATION NEEDED:

During the interviews on November 5 and November 10, 2014, the social worker did not receive information on many topics needed to complete this assessment. First, the social worker missed many crucial names and last names of significant people involved with the client, such as the client's boyfriend's last name, the client's son last name, the first and last name of the client's mothers as well as the first and last names of the client's boyfriend's parents. Nor did the social worker receive information on how long the client's parents were married, and when the client's father remarried. Next, the social worker also missed important information on birth dates and ages. The social worker missed all birth dates, such as the client's birth date, the client's boyfriend's birth date and age, the client's son's birth date, the client's mother's birth date, the client's sister's birth date, the client's father's birth date, and the client's boyfriend's parent's birth date and age. The social worker did not receive information about the client's son's school grade or school that he attended. Lastly, the social worker did not obtain the name of the church that the family attends.

Also, during both of these interviews the social worker did not receive information on many important aspects to know the client's exact situation. The social worker missed information that

identifies the client, such as race and ethnicity. The social worker also forgot to touch upon the client's dental health, auditory health, visual health, and any prescriptions to medications. Along those lines the social worker did not receive information on birth control or sexually transmitted diseases. Also, the social worker did not touch upon past miscarriages. Lastly and most importantly, the social worker did not receive information on past or current sexual abuse or substance abuse.

The social worker missed this information for different reasons: first, the social worker did not have time to cover all the information needed. Second, the social work forgot to ask certain questions to cover the information on the assessment. Lastly, the social worker had to meet the client where they were at, and at that moment in the client's life it was more important to create a safety plan than to get answers for the assessment.

In addition to the missed information about the client, the social worker also missed important information about the client's boyfriend such as when his parents got divorced and any of the names or ages of his siblings.

II. TENTATIVE ASSESSMENT

A. ECO-SYSTEMIC ANALYSIS:

The client expressed many different systems that contributed to the creation and continuation of her current problems throughout the interviews on November 5 and November 10, 2014. Systems that the client identified that contributed to the current problem were the client's boyfriend, the client's son, the client's father, Bay State Hospital, and social work services.

The changes in the client's system such as the client's father leaving when she was 17, her boyfriend becoming over protective through the years, the unplanned birth of the client's son and him having developmental issues, the client's work schedule at Bay State Hospital often changing without notice, and an out of the ordinary meeting with a social worker, lead to the abuse of the client. The client appeared to have a need to have a male figure in her life after her father and mother divorced and the client's father moved to Boston. Shortly after the client's father left, the client began dating her current boyfriend. After years of emotional abuse within this relationship, the client was physically abused by her boyfriend because the

client came home late from work at Bay State Hospital. Also, the client's boyfriend most likely is frustrated because the client stated her boyfriend gets upset and frustrated when their son does not speak clearly and gets mad that he is not potty trained. After this incident the client came to The Women's Services Center of Greater Springfield, on November 5, 2014. Following this meeting, the client and the client's boyfriend got into another fight. The boyfriend accused her of being out with "Mike," while the client was actually in the interview with the social worker.

Due to the abuse, the client has become detached from life, and it is beginning to affect the client's son system, as well as the client's mother's system. After the second physical abuse on November 5, 2014 the client and her son went to her mother's house and have stayed there since. The client's son did not attend school on Friday November 6 or Monday November 10. The client stated that, "She can tell her son is upset, because he is having trouble falling asleep and he has never had this problem in the past." The current problem of the client does not only affect the client's son and mother, but it also affects one of the client's friends, Lisa, because after the second physical abuse, the client's friend went on Facebook and told the client's boyfriend there is no man called, "Mike." The client's boyfriend then called her "a nasty lying bitch."

After the first physical abuse, the client bailed her boyfriend out of jail and continued to live with him. The client most likely did this to keep equilibrium within her life. If the client moved out, she would have no one to watch over her son while she is at work. Also, they are month to month on bills and the client needs the income of her boyfriend to remain financially stable. The client also came to The Women's Services Center of Greater Springfield to maintain equilibrium.

After the second physical abuse, the client did not bail her boyfriend out of jail, however the client's mother bailed him out and he went back to the client's and the client's boyfriend's apartment. She remained living at her mother's house to stay safe and maintain equilibrium with herself and her son. The client also went back to work shortly after the abuse to remain in equilibrium and not stray too far from her "everyday" life. Lastly, she came back to The Women's Services Center of Greater Springfield to work on creating a new equilibrium without her boyfriend.

The strategies the client used to maintain equilibrium after the first physical abuse did not prove effective because the client was physically abused by her boyfriend again.

However, after the second physical abuse the client used more effective strategies that incorporated both maintaining equilibrium and safety for herself and her son.

The client's current problems are greatly due to of lack of fit between needs and environmental resources. If the client had environmental resource that helped her with her son while she was at work, and resources that helped her with financial issues, she may not have bailed her boyfriend out of jail after the first incident of physical abuse which in turn would have prevented the second incident of physical abuse occurring.

As shown in the attached ecomap, the client has many other large systems that affect her life. First, the client is very involved in her local church. The client and the client's family attend every Sunday, and she has a strong relationship with her Priest, Father John. The client stated this is a great way for her to manage her stress. However, the Sunday after the second incident of physical abuse the client did not maintain this relationship with her church, out of fear that her boyfriend would be attending. Next, the client has a steady job, and she reported that it was, "alright." The client has one close friend that she met through work that is a moderately strong relationship but a negative influence for the client. The client has maintained her job even after the physical abuse. In addition, the client has a positive relationship with the social worker. This relationship was created after the Springfield Police Department referred the client after they responded to a call of intimate partner violence. The relationship between the client and social worker started off as a stressful relationship, however, over time it grew and now it is a less stressful relationship for the client. The client is involved in her son's school therapies, which makes the relationship between the client and the client's son stronger. Lastly, the client is affected greatly in a positive way by the police and the court system. This relationship was created when the client was originally physically abused by her boyfriend.

B. ROLES AND ROLE FUNCTIONING:

The client has many roles, such as girlfriend, friend, mother, employee, client, sister, daughter, and step-daughter. The client having to play all of these roles causes a role overload. The client often feels overwhelmed with too many roles to play. This role overload often leads to role conflict in the client's life. The client made the comment in the first interview that she does not get to see her friends often because she spends all of her free time with her son and boyfriend. The client states that her boyfriend "is a worrier" and does not

allow her to go out with friends alone, that is the reason she does not have many friends. This role conflict of being a good friend and being a good girlfriend cause the client to have a limited social life outside of her family.

Going along with the previous role conflict the client also struggles with the role of being a good worker and being a good girlfriend. The client's boyfriend complains when she is working long hours and is not home. However, at the same time he is expecting her to make the majority of the money for the household. This creates tension within the relationship, and was the cause of the first physical abuse.

Related to that role conflict, the client also has a conflict between the roles of being a devoted employee and a dedicated mother. The client often works late and frequently has long hours; however, at the same time the client wants to be home with her son. Plus, the developmental disabilities of her son adds to the stress of not being able to be home with her son.

On top of those role conflicts, the client has a struggle with being a supportive sister and a loyal daughter. The client's sister is living with another female and that causes tension between the client's sister and the client's mother. The client is in the middle of this tension wanting to be supportive to both parties. This affects the client's system because it is just one more stressor put on top of the other stresses in the client's life.

The client has embraced most of the roles that she identifies with, other than her role as a step-daughter. The client shows minimal role ambiguity, but at times the client struggles with being a step-daughter because the client does not really know her step-mother and does not know what she expects. However this does not have much affect on the situation at hand. The client also has role ambiguity being a client because the client is unsure how to act in this role.

These roles of the client are affected by what happens around her. For instance, the client's boyfriend has expressed the need for the client to be home more often to help care for their son, which is affecting her role as a worker. Also, the incident of abuse affects the client's ability to be an effective mother and effective girlfriend. However, having her mother there to take her in after the physical abuse allows for the client to continue being an effective mother. The police department also helps provide safety for the client as well as helps her to be an effective mother by enforcing the restraining order. Lastly, the social

worker at The Women's Services Center of Greater Springfield affects the client in a positive way helping her in many of her roles, mostly as a mother.

C. DEVELOPMENTAL CONCERNS:

The client is currently in the developmental stage of young adulthood or Intimacy versus Isolation, the proper stage for her age. Much of the client's problems involve stress, related to the tasks that go along with the developmental stage of young adulthood. The client expressed her disappointment and anger about not being married. This has raised tension in the relationship between her and her boyfriend. Also, it appears that there are trust issues within the relationship. These trust issues relate back to why the client's boyfriend always needs to know where she is which lead to the original abuse. On the other hand, the client has completed tasks within this developmental stage such as career choice and starting a family.

The client appears to have low self-esteem, always blaming herself, and not being able to identify any strengths in her life. This low self-esteem most likely stems back to her young childhood or industry versus inferiority developmental stage. It appeared to the social worker through out the interview was there is a good chance that the client's parents focused on her sister because she was the "golden child," and from this, the client feels inferior to others.

Another, developmental stage that the client struggled with was the adolescent stage or identity versus role confusion. At the age of 17, the client's parents divorced, and shortly after she began dating her current boyfriend. Perhaps the reason why she began dating her boyfriend was because she lacked a male figure in her life. Her father moved to Boston after the divorce, and she lived with her mother and sister. This relates to the current problem because she is having a difficult time leaving her boyfriend even though he has abused her twice, the reason may stem back to her need of a male figure in her life.

The client demonstrated learned helplessness, a negative "distorted" belief about her self-worth, ability to survive on her own, and responsibility for the abuse and it is possible to relate all of these back to the past events that occurred in the client's life.

D. RISK FACTORS:

The main risk factor in the client's case is the physical abuse by her boyfriend. The client's abuse is serious and urgent for her safety and the safety of her son. However, within the context of the person-in-situation the urgency of this abuse is increasing with time. It

appears that these incidents of abuse are getting worse with time, and you never know when it will escalate to death. On top of the physical abuse, there is also emotional abuse within this relationship. This risk factor is not as serious or urgent as the physical abuse however, it can not be ignored. She shows signs of prolonged emotional abuse, presenting with a negative "distorted" belief about her self-worth, ability to survive on her own, and responsibility for the abuse. The client was constantly accused of cheating and not communicating with her boyfriend. Through all of the abuse the client experienced, she was not clinically depressed nor had thoughts or plans of suicide.

Some protective factors that exist for the client is her mother, the police department and a 209A form. During the first meeting on November 5, 2014 the client left with a simple plan of going to her mothers if her boyfriend hit her again. The client did not believe this type of incident would occur again and making a safety plan with her was difficult.

During the second meeting on November 10, 2014 she understood she needed a change for her and her son. The social worker informed her of the 209A and she began to contemplate that idea. At the end of the meeting the client agreed to fill out the 209A form if the social work went with her to the police station to fill out the form.

E. STRENGTHS PERSPECTIVE:

Strengths perspective focuses on the positives in the person's life to fix the negative situations. The client has many strengths even though she can not identify these strengths, due to a low self-esteem. The client has a job with a steady income, an apartment, many healthy relationships, and she has an able body. Also, the client shows resilience with this situation overcoming a tremendous amount of stress and still being able to function at a standard level.

The client demonstrated learned helplessness, a negative "distorted" belief about her self-worth, ability to survive on her own, and responsibility for the abuse making it clear that she has had low self-esteem for many years. People that demonstrate a low self-esteem have a hard time identifying strengths. However, the client has drawn upon strengths in the past with handling bills, she used her intelligence to receive a college degree and get a job, and maintains great relationships with her mother, son, and sister.

The relationship between the client and her son appears to be the strongest relationship in the clients system. Throughout the interviews with the client she appeared to be a very

devoted mother to her son. Not having a single bad thing to say about him, in fact she said, "He is really nice, he is a good kid." Even though he has struggled with developmental disabilities from birth, she has never left his side. After his birth, he was placed into early intervention and now he receives speech and occupational therapy at school. He has begun to use some sign language to communicate, and the client is supportive of this type of communication. When the client and the client's boyfriend get into arguments, the client always looks out for what is best for his son. During the latest incident of abuse, the client did what was best for her son and put him in the bathroom to make sure he was safe, and then grabbed him and brought him to her mother's house with her.

Throughout the interviews the client appeared to have a very strong relationship with her mother. The client's mother supplies the client with financial help when need. During both incidents of abuse the client and the client's son went to the client's mother's house for safety.

During both interviews the client expressed what appeared to be "love" for her sister. Her sister moved out of the house when she went to Northwest University for college. The client expressed how her sister is not around often because she lives so after away, however, they talk frequently.

During the first interview on November 5, 2014 the client identified as the primary person in the household that handles the finances. This shows that the client has organizational skills and the ability manage money.

The fact that the client has an education, steady job, and steady income are all strengths that will provide the client the ability to survive on her own. As the social worker, it is important to assist the client in actually identifying and noticing that these strengths exist. Next, it is the social workers job to continually reinforce and educate the client about how she has the ability to survive on her own. Lastly, once the client understands she had the ability to live on her own, she will realize that she no longer needs her abusive boyfriend in her life to survive.

During the second interview on November 10, 2014 the client talked about resisting, avoiding, and fighting back against her boyfriend and that appears to make her feel a little better about herself, and gives her a feeling of self-worth. The first task for the social worker was to assist the client in noticing these feelings of self-worth. After the client notices these feelings of self-worth it is the social workers job to assist the client in continuing or sustaining these behaviors. Lastly, once the client is engaged in these behaviors without the

social worker's assistance, the client will be on her way to realizing a more satisfying life that excludes her violent relationship with her boyfriend.

F. STAGE OF CHANGE:

During the first interview on November 5, 2014 the client did not leave the stage of precontemplation. The client entered on November 5, 2014 not thinking the abuse from her boyfriend was a problem, and she had no intentions of changing any aspect of her life.

During the second interview on November 10, 2014 the client began to go through the different stages of change starting at contemplation. At this stage, the client came into the interview actually considering a change; however, she did not know what to do to make this change and was looking for help from the social worker to guide her through this stage.

As the interview continued, she began the preparation stage of change. The client reached this stage after the social worker informed her of the 209A form, and she began thinking about doing the 209A form. However, she was still weighing out the pros and the cons of completing the form. The pros included that making this change would keep her and her son safe, while cons of filling out this form would be making her boyfriend even angrier. In the action stage of change, the client actually agreed to follow through with going to the police department and filling out the 209A form.

G. CASE FORMULATION:

A prioritized list of concerns that the social worker believes needs to be addressed in order to help improve the client's current situation

1. Abuse
2. Affects of abuse on the client and the client's son
3. Self-esteem
4. Recognizing strengths
5. Need for a male figure in her life
6. Create concrete roles, with concrete obligations

However, the client would not have the same list of concerns as the social worker because at this time in her life she is focused on the problem of abuse and the affect it has on her son; however I believe that the client would make a list that looks like this.

1. Abuse

2. Affects of abuse on the client and the client's son
3. I have to many things to do

On the top of the list for both the social worker and the client are the abuse and the affects of the abuse on the client and her son. The systems needed to resolve this problem are support from family and social workers, as well as the police department, the court system, and legal obligations related to incidents of abuse such as the 209A form. It is also important that the client follow through with getting the restraining order, not remove the restraining order and not move back in with her boyfriend. The prognosis for this concern being resolved is an 8 out of 10. After the first interview the client appeared unfazed by the incident, however, after the second physical abuse the client understood there had to be a change, and asked for help in taking the proper steps in making the change happen. Also, the client cares deeply about her son and does not want to put him in harms way.

Next on the social worker's list of concerns is self-esteem. This concern would not appear on the list of the client because she is so caught up in the abuse and the safety of her son that she does not have anytime to think about other problems. Never putting herself first is a sign of low self-esteem but also a sign of being a good mother. To resolve this problem of low self-esteem the client first needs to recognize that she has this problem and that could be done with the help of family and social workers. After talking these problems out, it is up to the client to continue to work on building her own self-esteem. The prognosis for this concern being resolved is a 5 out of 10. The social worker believes that this concern can realistically be resolved, but she has to be fully onboard.

Going along with the self-esteem problem is the inability to indentify strengths. This, as well, would not be on the list of the client because when you have a low self-esteem you do not think you are good at anything. To resolve this problem the support of both the social worker and the client is needed. The client and the social worker will work together to help the client recognize her strengths. Next, the social worker will continually reinforce these behaviors, and educate her on her abilities. Lastly, once the client understands she has these strengths, she will realize that she no longer needs her abusive boyfriend. The prognosis for this concern being resolved is a 4 out of 10. The social worker believes this concern will be hard for the client to resolve due to such a low self-esteem and such a negative self image of herself.

Also, along with the psychosocial aspect, the need for a male in the client's life needs to be resolved. This concern appeared in the identity versus role confusion stage, when the client's father moved to Boston after the divorce. To resolve this problem, so the client does not go back to her boyfriend, the social worker feels it is vital that the client builds a stronger relationship with her father. The client however, would not identify this as a problem because she is unaware that she has this problem at this current time. The prognosis for this concern being resolved is a 4 out of 10. The social worker feels that the client is unaware of this issue and would deny a need for a male figure in her life.

Last on the list is creating concrete roles, with concrete obligations. I believe that the client would say something along the same lines as the social worker. For instance, the client may say, "without Joe how am I going to provide for Joey, I need him home to watch Joey while I am at work." This shows role strain, and it is a common problem among single parents. The client wants to be home for her son; however she has to work to provide for the family. To resolve this problem of too many roles with too many different obligations, the client needs support from her family, the support of a social worker, and possibly a day care. First the family could show support by caring for the client's son while she is at work. A day care could be used to provide care for the client's son if the family is not available to do so. Lastly, the social worker can help the client create these concrete obligations within her roles, as well as, be there for the client if she fails or has a conflict. The prognosis for this concern being resolved is a 7 out of 10. The social worker feels that the client understands that she has too many roles, and needs help identifying which roles are most important, and needs help understanding that it is impossible to be successful in all of these roles given her situation.

III. REFLECTION

As I look back on the interviews held on November 5 and November 10, 2014 I would go about the interview differently. First, I would start with more of an engagement approach and build more of a relationship with the client, instead of going right into talking about the physical abuse of the client. I would gather basic information such as all names, all birth dates and the dental health, visual health, and auditory health of the client. Next, I would go into the presenting problem, which was the physical abuse of the client, and when the client talked about her boyfriend I would touch upon past sexual abuse and possible sexual

transmitted diseases. Then I would ask her how she deals with the stress-related to this problem, and then from there, ask if she has history of substance abuse.

After gathering and talking through this important information, I would educate the client on the cycle of abuse. I would tell her that after the abuse occurs there is often a stage where the abuser does everything in their power to prevent the person from leaving. However, then the abuse most likely occurs again.

During the interview on November 10, 2014 the client left the interview very upset, and I personally did not think a social worker should allow a client to leave in that emotional state. However, I did not know what to say to make her less upset.

Cites I used:

1. <http://www.transitionhouse.ca/THEORY.html>
2. http://psychology.about.com/library/bl_psychosocial_summary.htm