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Case Presentation

Attachment Theory

1. This case will focus on one of my client's children who I have been involved with since the start of my internship and have built a relationship with. It is important to understand at the Children's Study Home family stabilization program our main clients are the parents, however we provide services for children and the main focus of the program is the safety of the children. John Rios is a 13 year-old, Hispanic male. John's primary language is English and he has been involved with DCF since the age of eight, however, he has only been involved with The Children's Study Home since September, due to allegations of physical abuse by his father.

2. At the age of eight John became involved with DCF out of the wishes of his father, Pedro Rios, due to major behavioral problems at home and at school. At that time he was placed into residential living. While in residential living, John's father had full access to visits and DCF did not have an open case against him. Through the years and many different residential locations/intensive foster care locations, John's behavior became worse. John has demonstrated multiple major behavioral issues such as constantly stealing from his step brothers, selling candy as if it were drugs at school, getting into multiple fights, punching his social worker while he was driving because he refused to buy John food at Wendy's, and falsely accusing his foster mother of neglect and maltreatment.

   During the years John was in residential living Pedro was inconsistent in visiting or contacting John, which caused John's behavior to become even worse. During a supervised visit on June 6th, Pedro struck John in the mouth and chipped his two front teeth. DCF immediately suspended all visitation rights and opened a case. Allegations of physical abuse were supported and Pedro contacted DCF multiple times to request to visit John. DCF determined that Pedro would be allowed to visit John within a supervised setting. This is when Pedro was referred to The Children's Study Home's family program and I began to hold supervised visits and provide parent education which covered alternate discipline, child-parent relationship, and maintaining a home free of violence.

   After approximately two months of being involved with The Children's Study Home, Pedro began to have unsupervised visits with John. This meant that the need for the Children's Study Home reunification services was no longer necessary and the case would transfer to only parent education, to ensure a smooth transition. However, the DCF social worker felt that The Children's Study Home services were unnecessary, yet Pedro desired to continue the services.

3. When John was just two years old his father was arrested and went to jail for five years for selling drugs. During this time, John lived with his step mother and her two sons, who became involved with gangs and drugs. When Pedro got out of jail, John was seven years old, and he was stealing from his step brothers' rooms and getting into fights at school. At this time Pedro thought it would be best if John was put into a residential living situation. This lasted about five years and during this time Pedro had very little communication with John.

   John has just turned thirteen years old and seems to be on the developmental stage that is expected intellectually, physically, and socially, however not emotionally. For example, John is very social in school and is engaged and interested in school. However, John does not know how to handle his emotions so he lashes out quickly and dramatically. John also craves adult affection and love.

John is emotionally behind because he lacked attention while his father was in jail. In addition, he grew up with a father and step brothers that are involved with gangs and sold drugs so he had to create a defense mechanism which for him was verbal and physical violence when he felt threatened.

4. John currently lives with just his father, Pedro Rios. However, prior to residing in the residential living John lived with his father, step mother, and her two sons who where much older (early twenties) than John. John is the youngest of Pedro's four sons, all with different women. John does not have any full brothers or sisters. John's oldest half brother is twenty years old. Genogram

5. John struggles with Bipolar, Obsessive-Compulsive Disorder (OCD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Pedro has recently told me that John's psychologist also said that he has "attachment disorder" He takes medications for his Bipolar, ADHD, and OCD, however, I do not know which medications because during the intake we ask about medical information of the client which is the adult. John also experiences blackouts when experiencing extreme distress, however his psychologist has not figured out the reason.

6. John has no past or current use of alcohol or drugs, other than the drugs prescribed. He also has no addictive behaviors.

7. John is in sixth grade; however he should be in seventh grade. John has attended many different schools during his time in residential/intensive foster care living and has had multiple behavioral issues while in school. Yet, John does not have any educational or cognitive delays.

8. John lives in a studio apartment with his father. The apartment is located in downtown Springfield. In the past, prior to living in residential living and intensive foster care, John lived with his father, step-mother and two step brothers in a different apartment also located in downtown Springfield. The climate of the past living experience was unsafe and hostile. Many of John's step brothers are gang related and John would often steal from their room, causing violent and unsafe disputes.

   Also, Pedro's attitude was much different while around his wife, John's step mother, in their old apartment. When around his wife Pedro often used violence and punishment to disciple John and his other children. Since living on his own he has begun disciplining without violence and using positive reinforcement.

9. John is not employed due to his age, however; Pedro works full time and has a stable income that allows him to appropriately provide for himself and John. Pedro collects DTA money payments.

10. John seems to draw much of his behavior from his father, both the negatives and the positives (social learning theory), however since becoming involved with DCF, Pedro has completely changed his life style. I would consider Pedro a healthy resource for John. John also has multiple resources at school, such as the school adjustment counselor. John also has many resources through DCF, such as a social worker, therapist, and psychologist. In addition, John also has a close relationship with Pedro's best friend, who is a great resource for John because she has run a daycare for many years and has great experience with children.

    John is involved with an after school program where he gets to meet children of his age and interact through sports and other activities. John is also involved in football, basketball, and

lacrosse through his school, as well as the drama club.
<u>Ecomap</u>

11. John is a very social child and is friends with everyone; however, he has a very quick temper. Since going home to live with his father in November, his behavior has greatly improved, but he still experiences unexpected mood swings. In addition, John still asks to sleep in his father's bed every night, which is an odd behavior for a child that just turned 13. However, John is high functioning for his age.

12. John has both many strengths and resources. John is intelligent, sociable/outgoing, musical, and athletic. Music and athletics are important because they are things that John has begun to use to cope with different emotions. John is enrolled in an after school program which is a great resource because it keeps him off of the streets after school while his father is at work. Also, John plays football in the fall, basketball in the winter, and lacrosse in the spring, which gives him the opportunity to build healthy relationships with other children and coaches while also learning to cope with different emotions. Lastly, John is involved with the drama club at school which allows him to express himself freely.

13. At The Children's Study Home every client has their own individually focused treatment plan. However, John is not technically a client of The Children's Study Home; however, I visit him to ensure his mental and physical well-being. I have been visiting with John individually since December, but I have been involved with him since September. With that said, I do work with him on multiple different tasks, such as coping methods and how to build healthy relationships. I evaluate what I have done with John by discussing John's behaviors and relationships with Pedro during our parent education meetings.

    John also has goals assigned to him by DCF that are available to me in the file that I have. These goals are to develop a better understanding of how others are affected by ones words/behaviors, to experience fewer/less intense mood swings, stop incidences of assaultive behavior, and stop self-endangering behaviors. I use these goals to create different topics to talk about with John.

    Occasionally when I meet with John he is in a very depressive state and does not engage. I have learned not to take this personally because other weeks he is very engaged and seems to enjoy my presence.

14. John and I have many different cultural identities, such as race, ethnicity, age, and socioeconomic status that somewhat affect our relationship. I grew up in a white middle class home, while John is growing up in a Hispanic lower class home. These differences alone can make building a relationship difficult at the start, however, we have been able to overcome these differences and build a great relationship. However, the largest difference between John and I is undoubtedly our life experiences. John has unfortunately experienced physical abuse, residential living, and an unstable relationship with both of his biological parents. I have not experienced any of these life changing experiences.

15. I am using attachment theory to analyze this case. An attachment is defined as a bond that develops between an infant and caregiver. There are four main characteristics of attachment theory. First is proximity maintenance. This is when the child aims to explore the world but still tries to stay close to his care giver. Next is separation distress. This is when a child becomes upset or distressed when away from a caregiver. Third, children require a secure base so they can go out and explore the world. Lastly, children need a safe haven while sensing danger; this

will allow the child to feel safe.

Children develop and display either one of two basic attachment styles, secure or insecure. The quality and sensitivity of the parent-infant face-to-face interaction from a few months through and beyond the first year have shown to predict attachment style. According to John Bowlby, children come into the world biologically programmed to form attachments with others because this will help them to survive.

There are four pattern attachments stemming from the two attachment styles. First is called secure attachment and this is when the child creates a healthy bond with a caregiver, the child is able to grow and experiences separation anxiety. The next three patterns of attachment are in the insecure attachment category. First, avoidant attachment is most common among neglectful parents, and the child becomes independent, blunt, lacks trust, and fears rejection. The second pattern of insecure attachment is resistant attachment; this is when parents are inconsistent and insensitive towards the children needs. Children become upset whenever they get separated from their parent and over time the child learns that they can not rely on their parent when they need something. Lastly, disorganized attachment is when the child becomes confused because children naturally look for comfort, but when they are not supplied with comfort they get confused and will suffer from Reactive Attachment Disorder. Children that suffer from Reactive Attachment Disorder are often intellectually disabled, severely disrupted developmentally, and less concerned about maintaining close relationships.

John has recently been diagnosed with attachment disorder by his new psychologist. John displays many classic signs of a child/teen with a attachment disorder such as, false allegations of abuse (foster family), inappropriately demanding & clingy (asks to sleep in same bed as dad, lack of cause-and-effect thinking, stealing (step brother's rooms), and lastly destructive to self, others and material things. Not only does John show many signs of an attachment disorder he has multiple causes that make sense as to why he has developed an attachment disorder, such as his father going to jail, in the presence of gang and drug activity, living is a residential setting for five years, and experiencing verbal and physical abuse. However, there is one outlier in John's case relating to John having a attachment disorder and it is that John is very social at school and can strike up a conversation in a matter of seconds.

Much of the work that I do with Pedro, John's father, is how to build a healthy child-parent relationship and help John cope with different emotions that he is feeling. I was told that much of the management and treatment of attachment disorders is done through the primary caregiver's everyday interaction with the child. Knowing that information, I work individually with both John and Pedro to teach them about building healthy relationships and techniques on bonding successfully.

16. How should I intervene with John when he is experiencing a depressive episode?
    What interventions should I introduce to John to help him sleep in his own bed throughout the night?
    What are other interventions I could use to help manage John's attachment disorder?
    What do you think is the root cause of John's behavioral issues? Is it that he was away from home for awhile, his mental health issues or the violence he witnessed while a young child?