

**Family Treatment Plan**

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## **Introductory Phase**

### **Vignette**

Ruby Jones, 8 years old, is the identified client of this family. Ruby lives with her mother Marsha for most of the year and spends every other weekend with her father, step-mother, and half-siblings. Youth climbed on top of and over mom in the session, disregarding boundaries mom set for her, becoming escalated and evidencing an inability to regulate her emotions. Mom's expression was downcast and although she at times was verbally assertive in session, her attempts to cajole or intimidate youth were ineffectual until youth hurt herself by hitting the wall in the midst of her tantrum, started crying and allowed herself to be calmed down.

At school staff report she has a hard time with transitions, emotional regulation, and with tasks and subjects that challenge the youth. Youth constantly wants one on one adult attention which the school is not able to provide although the youth does do better in the small group classroom she spends a portion of her day in according to her individualized education plan. Her IEP is not written because of her Autism diagnosis as the youth does not meet the criteria for autism according to state regulations from the evaluation made by the school psychologist, but is instead written due to her behavioral issues at school. Youth was diagnosed with Autism by a primary care doctor from an in-person visit and by a specialist via three videos due to covid when she was 5. Youth's behaviors have recently been escalating as she has attempted leaving the school building and about six months ago started expressing suicidal ideation at school with increasing frequency ever since. School staff are puzzled by youth's affect not matching the intensity of her words, and secretly had concerns about the pattern that was forming of youth being frustrated, stating suicidal ideation, and then being taken into a staff's office for supervision until mom picked up the youth positively reinforcing suicidal ideation that maybe

the youth did not really mean or even understand. Mom is very concerned by youth's suicidal ideation, and questions youth about it a lot when it comes up, asking leading questions to find out what is driving the sadness. This is youth's first year at this school in 2nd grade as mother moved her from the previous school due to the school not being willing to accommodate the youth's needs. Youth has weekly occupational therapy where transitioning from preferred to unpreferred tasks has been the focus of services for over a year now.

When the therapist called father to get his perspective, and arrange a session with him, he denied youth's diagnosis and blamed it all on mom's parenting. In a session with father and his family and the youth, youth's behavior, attitude, and affect were starkly different from the previous session. Youth's mom was not involved in this session and had not brought youth. Youth was cheerful, playful and energetic as was normal for her age but did not display verbal or physical aggression, suicidal ideation, and transitioned well in between tasks and did not display any defiance towards her dad or step mother. When youth was told no she was briefly sad and then moved on. In an individual session with mom, mom admitted to being overwhelmed, not having social support, financial pressure, and that youth started expressing suicidal ideation after hearing the mom express her own suicidal ideation in response to her own depression. Mom said she does not get along with her own mother, and said "I am raising the child I didn't get to be".

### **Case Conceptualization**

Although Ruby is the symptom bearer of the family, her dysfunctional family interaction patterns shape her behavior and so the family itself is the client. Ruby Jones, meets the criteria for and has been diagnosed by previous practitioners with ADHD, Autism, oppositional defiant disorder, and listed as having referral behaviors of verbal/physical aggression and suicidal ideation. These issues are made worse by dysfunctional family interaction patterns, indicating

that the family system itself is contributing to Ruby's symptoms. Ruby's behavior varies significantly between her time with her mother and her father, suggesting differing family dynamics and responses to her behavior. The mother's own emotional struggles and lack of social support, along with possible reinforcement of negative behaviors at school, contribute to Ruby's difficulties in emotional regulation and adaptive functioning. Marsha and Ruby have already completed Parent and Child Interaction Therapy (Lieneman et al., 2017) when the youth was 3 years old and mother reports that it was helpful then, but that the use of the techniques has tapered off due to the mom letting her out of time out early and the youth's current size.

### **Working Phase**

#### **Subsystems**

The parental subsystem is comprised of Ruby's mother, Marsha, and her father and stepmother, as they represent the primary parental figures in Ruby's life. The discord between Marsha and Kristopher affects Ruby's stability and sense of security (Bowen, 1993). Although her parents aren't in the same home anymore so she isn't subject to outright conflict as previously, the passive-aggressive conflict and disagreement over parenting styles takes its toll on Ruby as she goes back and forth and each parent's attitude toward the other. Not only do the parents need to unify their parenting approaches across the different households in order to decrease youth's problem behaviors, there needs to be a basic level of agreement and cooperation between the parents to co-parent effectively. Collaborative problem solving conversations between Marsha and Kristopher can decrease family conflict, promoting youth's desire to live and safe and prosocial behavior. And by seeing calm and effective communication modeled for her, the youth might be more likely to demonstrate that herself. While there are

other subsystems of siblings, and a therapeutic one including the therapist, the parental subsystem is the primary subsystem with the focus of this working phase.

### **Cross-Generational Coalitions**

There seems to be a coalition between Ruby and her mother, with Ruby's behavior mirroring Marsha's emotional state and struggles (Minuchin, 2009). This coalition is detrimental as it reinforces Ruby's negative behaviors and suicidal ideation. This coalition between Ruby and her mother can be addressed by Marsha pursuing individual therapy in addition to the family work that is taking place. By addressing her own depression and unresolved experiences from her own childhood, she can build up assertiveness to regain her independence, respect herself as a first step of engendering respect from her child, and decrease the fusion between them. Ruby's father's denial of her diagnoses and blaming of Marsha's parenting creates a cross-generational coalition against Marsha, undermining her authority and exacerbating familial tension.

### **Boundary Assessment**

The boundary between Ruby and her mother is enmeshed. Ruby climbs over her mother, disregarding boundaries, and Marsha's attempts to assert control are ineffective until Ruby accidentally injures herself during her tantrum which triggers de-escalation as youth seeks co-regulation from mother at this point. The boundary between Marsha and Ruby's father is highly conflicted. The lack of co-parenting and differing perceptions of Ruby's behavior and needs create inconsistent boundaries for Ruby. The boundary between Marsha and her mother has become more rigid in response to Marsha's life choices eliciting judgment from her mother and incurring a more distant relationship as Marsha pushes away in response.

### **Hierarchy**

The hierarchical structure in Marsha's household is unclear and inverted, with Ruby exerting significant control over interactions and boundaries. To address this mother needs to be empowered to not only set but follow through on effective expectations with the youth with time out/time in, and rewards and consequences. Also mom is getting a lot of her social and emotional needs met from the youth due to her own lack of social support. By increasing her social support, mother can enhance her own mental well-being, and have enough emotional energy to follow through with expectations that she sets for the youth. In her father's household, a clearer hierarchy is observed, with Ruby responding to parental authority appropriately.

### **Complementarity**

Marsha and Ruby's interactions are complementary in a dysfunctional manner: Marsha's attempts to manage Ruby's behavior are ineffective, leading to escalated behaviors from Ruby, which then reinforce Marsha's feelings of helplessness and depression. Mother has described how relieved she was when the youth received a diagnosis of autism, describing crying because then she knew the problem was not just her, the mom, as some of her friends and family have insinuated. Mom has also mentioned that she herself took an online autism quiz and thinks that she may be a little autistic herself. In contrast, Ruby's father and stepmother provide a more structured and authoritative environment, leading to more adaptive behaviors from Ruby.

### **Family Development**

The family is in a transitional phase with Ruby moving to a house and new school within the year and Marsha struggling with depression and lack of support. Ruby's behavior reflects the stress and instability in this developmental phase. Addressing Marsha's mental health and establishing consistent parenting strategies across both households are critical to the family's development. Also critical to the family's development is a permanent schedule to when youth

lives with mom and when she lives with dad. Although the current schedule has been going on for a while, Kristopher is looking to increase the amount of time youth spends at his home, and this will add additional transitions to the youth's life.

### **Strengths**

Marsha's concern for Ruby's well-being and her proactive steps, such as seeking therapy, indicate a willingness to improve the situation. Mom is willing to bring the youth to occupational therapy, family therapy, and individual therapy, and her willingness to be consistent in giving the youth medications and bringing to her appointments is a strength. The structured environment in Ruby's father's household provides a model for effective parenting strategies that can be extended to Marsha's home. Ruby demonstrates the ability to adapt and behave appropriately in a structured environment, indicating potential for positive change with consistent and supportive interventions.

### **Termination Phase**

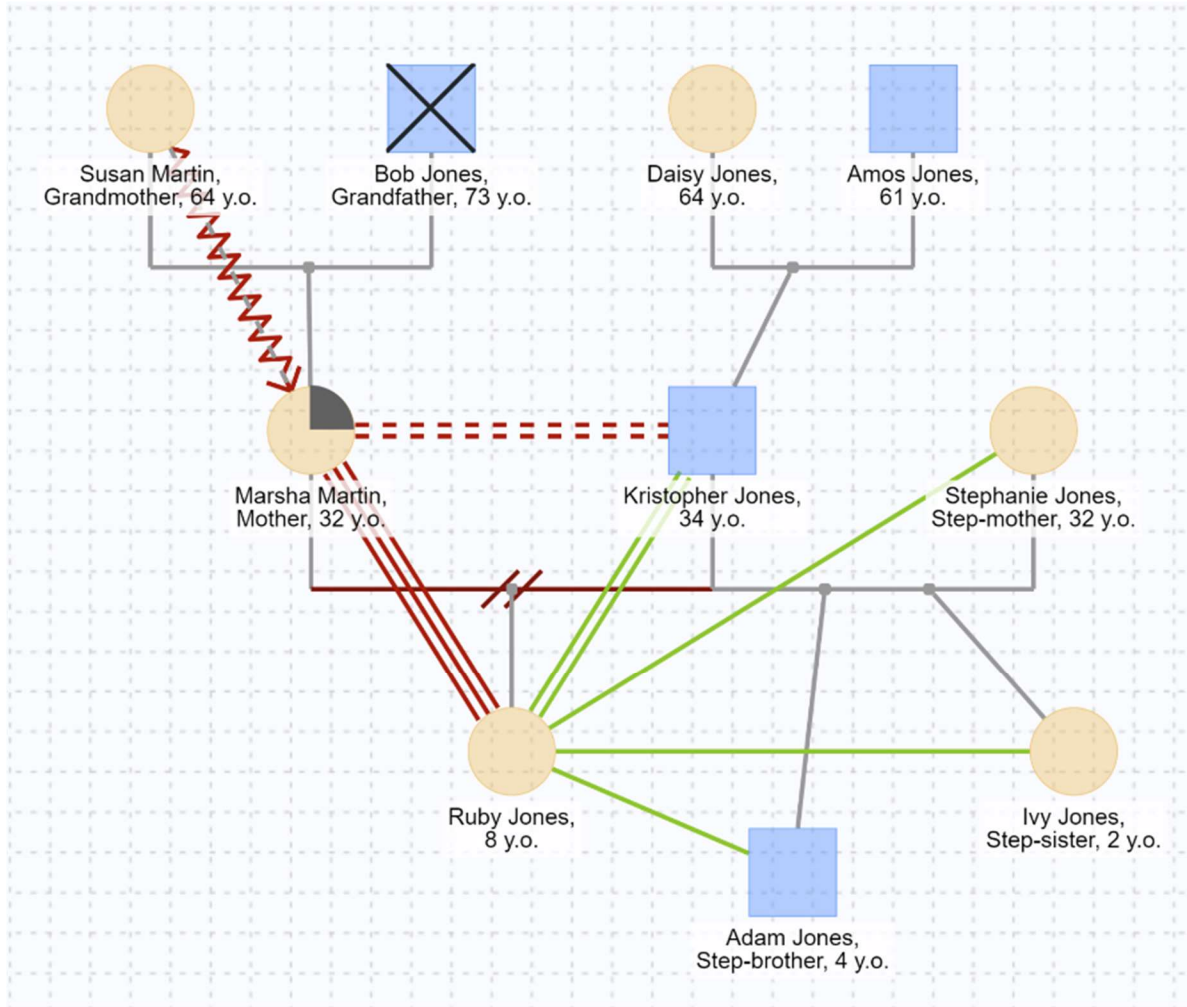
After working together for 8 weeks, Ruby is demonstrating better emotional regulation, reduced suicidal ideation, and improved transitions at school. There has been improved co-parenting between Marsha and Kristopher, and a marginally improved relationship between Marsha and her mom. Marsha's own depression has gotten less severe as she has garnered more emotional and practical support in her life and set better boundaries with her mother and daughter.

Ongoing individual therapy for Marsha is recommended to maintain and build upon progress. Communication is recommended to be prioritized between the parents to continue consistency across both households. Marsha is encouraged to continue building her social support network to reduce reliance on Ruby for emotional needs. Ruby is still catching up to her

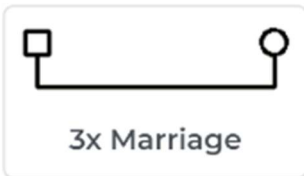
grade level in math, tutoring is recommended to help her catch up to her grade level by the end of next school year.



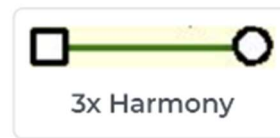
# Family Map



## Family Relationships

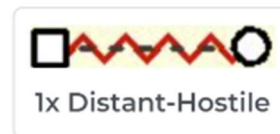
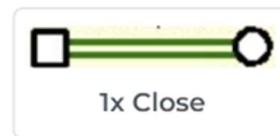


## Emotional Relationships



## Health Conditions

● Depression



## References

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