

Case Assessment & Research Intervention

Morgan Spiers

Longwood University

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Mrs. Teresa Reynolds

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VM was ordered into care at Petersburg Department of Social Services (PDSS) in 2021 by the Henrico Juvenile and Domestic Relations Court under a Child in Need of Services (CHINS) case. VM is a 17-year-old transgender male who identifies with he/him pronouns. He is of Caucasian descent. Prior to custody of VM being transferred to PDSS, VM had been in the home of his paternal grandmother in Richmond but concerns of abuse and neglect resulted in VM being placed with his aunt. Custody changed multiple times, and ultimately, VM was hospitalized due to a suicide attempt, leading to foster care placement. The decision for his placement in foster care was driven by significant concerns related to his well-being and safety, particularly regarding suicidal ideation, self-harm, and depressive symptoms. His challenging family dynamics and history of trauma also contributed to the need for intervention and support.

At the time of placement, VM was in 10th grade and had experienced multiple acute hospitalizations due to suicidal ideation and self-harm. He had mental health diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder. VM's biological father stated that he did not support VM being transgender and has expressed disinterest in reunification. The biological mother stated that she is not in a place in her life where she can care for VM and declined to participate in visitation or stay in contact with the agency. PDSS could not find any local foster families that could provide placement for VM. PDSS conducted Accurant searches trying to identify potential relatives and no one was identified; therefore, there are no family members or fictive kin available that can meet VM's needs due to his extensive mental health needs. VM is currently placed at UMFS Child and Family Healing Center, and he has been there since February 2023. The placement seems stable, and he is receiving appropriate treatment and support for his mental health needs as well as attending the Charterhouse School.

There have been many assessment activities such as the Brief Trauma Screening Tool (Ages 6-18) and numerous forms of psychiatric evaluations used to determine VM's needs and how to design an appropriate treatment plan catered towards those needs. PDSS conducted a CANS (Child and Adolescent Needs and Strengths) assessment to evaluate VM's needs and strengths comprehensively. The assessment covered various life domains, including functioning, strengths/resiliency, school performance, behavioral and emotional needs, and risk behaviors. Key factors, such as the home environment, family dynamics, and history of substance issues, were taken into consideration during the assessment process.

The assessment revealed that VM is grappling with a range of significant issues that severely impact his overall functioning and well-being. He experiences persistent suicidal ideation and struggles with PTSD-related flashbacks, which are indicative of deep emotional trauma. The agency identified that VM faces challenges in maintaining personal safety, leading to self-harm behaviors. His struggles with nightmares and a persistent depressed mood further highlight the extent of his emotional distress and mental health challenges. Considering these critical problems and their strong impact on VM's functioning, it is evident that he requires comprehensive support and specialized care. His traumatic experiences necessitate a trauma-informed approach to address his emotional struggles effectively. The agency's involvement is vital in providing a safe and nurturing environment that fosters healing and recovery. Through targeted therapeutic interventions and continuous support, the agency aims to help VM navigate these difficulties and work towards achieving stability and improved well-being.

Assessing and intervening with a client like VM involves considering various theories and developmental stages to gain a comprehensive understanding of his needs and challenges. One essential theory that can be applied is the Ecological Systems Theory. This theory

emphasizes the influence of multiple interconnected systems in a person's life, ranging from the immediate microsystem to the broader macrosystem (Crawford, 2020). A child's development is influenced by interactions within and between these systems (Crawford, 2020). In VM's case, understanding the dynamics within his family (microsystem) and the impact of the foster care system (exosystem) is crucial to developing effective interventions (Crawford, 2020). In terms of developmental stages, Erik Erikson's psychosocial theory can be valuable in understanding VM's identity formation (Bishop, 2013). As an adolescent, VM is likely navigating Erikson's stage of Identity versus Role Confusion. Given his transgender identity and experiences in foster care, he may be facing unique challenges in establishing a coherent sense of self and identity. Erikson posits that successful resolution of this stage leads to a strong identity, while unresolved issues can lead to confusion and emotional difficulties (Bishop, 2013). Understanding this developmental stage helps professionals tailor interventions that support his exploration of identity and promote a positive sense of self-worth and acceptance (Bishop, 2013).

In order to support these findings, data from various sources can be used, including VM's self-report, observations, and assessments like the CANS tool. Additionally, insights from VM's caregivers, teachers, and mental health professionals can provide valuable information about his strengths and challenges across different life domains. Despite his challenges, VM exhibits many strengths. He displays resilience by seeking help and support during difficult times. His willingness to address his cognitive distortions through psychoeducation shows a commitment to personal growth. VM's open exploration of his gender identity demonstrates his courage and self-awareness. These strengths can positively impact the assessment and intervention plan as they provide a foundation for building coping strategies and fostering a therapeutic alliance.

Addressing VM's foster care placement is a critical concern for the agency. The agency has provided services that offer a safe and nurturing environment to promote stability and emotional healing. The agency secured a placement in a residential facility called the UMFS Charterhouse which is experienced in providing care for LGBTQ+ youth, ensuring an inclusive and supportive environment. PDSS suggested that VM complete a safety plan while he remains in care at UMFS. The agency has also suggested evidence-based therapeutic interventions like Dialectical Behavioral Therapy (DBT) and other trauma-informed approaches that are effective in addressing issues such as suicidal ideation, self-harm, and emotional dysregulation, all of which are relevant to VM's case. So far, therapeutic interventions provided have been showing improvements in the youth's mental health outcomes evidenced by a decrease in suicidal ideation and positive progress in school, social life, and other domains.

Given the complex and sensitive nature of VM's case, ethical considerations are of high importance. Respecting VM's gender identity and ensuring LGBTQ+ affirmative care is essential to maintain trust and foster a positive therapeutic relationship between VM and all stakeholders responsible for his care. Diversity issues, such as the challenges faced by LGBTQ+ individuals in foster care, require cultural competence and sensitivity from the agency to address VM's unique needs. It is essential to acknowledge the client's needs comprehensively by involving professionals with expertise in LGBTQ+ affirmative care and trauma-informed interventions from the beginning of treatment.

As of now, the termination and follow-up activities for VM's case remain unclear, indicating ongoing involvement and assessments to determine the most appropriate discharge planning. Regular monitoring and collaboration with various stakeholders will be crucial to ensure a smooth transition and continuity of care. In considering what could be done differently,

it is important to prioritize the well-being and safety of the client. Continuous monitoring and assessment of VM's mental health and emotional needs, as well as ongoing support in navigating his gender identity, will be crucial. Additionally, involving VM in decision-making processes about his care and future plans is essential to ensure he will have agency and control over his life and outcomes, especially as he nears turning the age of 18.

References

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