

Script for Washington Case General Assessment

CW: Ms. Washington, I am going to ask you some questions about yourself and your family that will help me better to understand if there are any additional risks to your children of which I, or possibly you, may not be aware. Also, another purpose for these questions is to help us identify strengths and resources that you and your family have that may help to keep the children healthy and safe. Do you have any questions before I begin?
(Clarification of the Purpose of This Phase of the Session)

Client: No.

CW: How did you learn about parenting?

Client: I don't know that I ever thought about that. I guess I learned from my mother.

CW: How are your ideas and parenting practices similar or different from your mother?

Client: I guess I yell at the kids like she did. I'd get a whippin' if I was really bad or she was stressed-out. I can't remember her saying anything nice about me. I was pretty strong-willed; and, she didn't like that. From the time I was 5- or 6-years-old, I was expected to take care of my younger brother when she went out.

CW: How did that make you feel, having all that responsibility at such a young age?
(Reaching for Feelings)

Client: I think I resented that. I didn't get to play like the other kids because I had to watch my brother. If he got into trouble, I'd get a whippin'. I didn't think that was fair.

CW: Does that sound a lot like your relationship with DeeAnn? *(Inviting Client to Explore and Develop Insight)*

Client: Yeah, I guess it does.

CW: Do you think that maybe your relationship with your mother and its effect on how you correct DeeAnn might account, at least a little bit, for DeeAnn's "attitude" with you?
(Inviting Client to Explore and Develop Insight)

Client: Maybe it does.

CW: During your growing-up years, were you ever physically or sexually abused?

Client: I was never sexually abused, but I guess by today's standards, some of the whippins' I got from my mother would probably be abuse.

Script for Washington Case General Assessment (cont'd)

CW: You mentioned your brother. What about him?

Client: He went to live with my Dad when I was about 11 and he was 8. I didn't see much of my father.

CW: Where is your brother living now?

Client: He's in the Army. I talk to him every-once-in-awhile on the phone, but haven't seen him for a few years.

CW: I know your mother went to jail for drug-related offenses. What has your experience been with drugs or alcohol?

Client: I haven't had a problem with that stuff, God knows there is plenty of that around here in the projects. I think that is one lesson I learned from my mom, and my father's drinking was a real turnoff. He was hardly ever home, and when he was, he was drunk.

CW: I noticed that you keep a neat and clean house. How is it that with four kids you are able to do that? (*Compliment; Exploring for Client Strengths*)

Client: I put a lot of effort into that. It makes me nervous when things get out of control in the house.

CW: With the responsibilities of the kids and the apartment, how do you manage as well as you have? (*Acknowledging Client Successes; Looking for Strengths*)

Client: I think I'm a survivor. I had to survive when I was put in foster care. I learned something about taking care of myself through the Independent Living Program I was in at CYS. I put trust in God to get me through.

CW: What supports do you have in your life?

Client: The daycare programs help. Malik and Melanie are in a daycare program three-times-a-week. That gives me a break. The children's father takes Dwight Jr., DeeAnn, and Malik every-other-weekend. He's supposed to take them tomorrow for the weekend. Their father pays toward child support. He used to see the kids once during the week, but he has a new girlfriend now. She's pregnant. He's good at that, but not good for much else. He sweet talks but never stayed home much or helped around the apartment. I guess that's about it.

CW: Tell me about the children's healthcare?

Script for Washington Case General Assessment (cont'd)

Client: I take them to the Highland Health Clinic on Walnut Street. The kids have all their shots up-to-date. I just had DeeAnn and Dwight, Jr. to the clinic two weeks ago. They had some kind of virus. They wouldn't eat and were real tired and were throwing up.

CW: I'm going to ask you some standard questions that I ask all my clients. Have you ever been counseled, hospitalized, or taken medicine for mental health issues? (*Normalizing of Questions and Issues Intended to Reduce Client Resistance*)

Client: I had counseling when I was in the Independent Living Program, that's all.

CW: What were the issues you worked on in counseling; and, did the counseling help?

Client: I was pretty angry at my mother for what she did to me and for me ending up in foster care. I gave the staff a lot of attitude at the beginning. I think the counseling helped me some with that. I was never in a hospital.

CW: Considering your physical health, have you ever been hospitalized. Do you have any medical conditions?

Client: I was only in the hospital when I had my kids. I found out I had a thyroid condition when I was pregnant with the twins. I think the thyroid was too active or something and made me jumpy. I take some medication for that. Actually, I ran out of the prescription awhile ago. I probably need to check with the doctor.

CW: Have you ever been arrested or convicted of a crime?

Client: The only time was when I was in foster care. Me and a couple other kids went out. Some of them got drunk and were carrying on. We all got arrested, but nothin' ever came of it.

CW: Are there any other people living in the apartment besides you and the children?

Client: No.

CW: Is there anyone else who regularly visits here or has access to your children?

Client: No.

Script for Washington Case General Assessment (cont'd)

CW: Let me summarize what you've told me so far. Tell me if there is anything that I got wrong or you want to correct or add to. I see a lot of strengths. Like you said, you are a survivor and have managed to take care of yourself without many supports. You graduated from high school. You take care of your place here and make sure the children get good medical care. In addition, the children's dad is some kind of support to them and gives you a break. *(Summarizing/Motivational Feedback)*

Some areas concern me. In regard to parenting skills, it seems that yelling and hitting are the only tools that you have in your parenting tool box. That limitation, together with your tendency to lash out when you are angry or frustrated, can lead to the children getting hurt, even if you don't mean to hurt them. I think that your anger might be stronger because of feelings that you have about what happened to you growing up, especially being put in foster care. Also, your thyroid condition could increase your tendency to lose control. That condition increases the likelihood of you getting upset and hitting your children even harder than you may think you hit them. I think these issues put your kids, especially DeeAnn, at risk of being harmed.
(Summarizing/Constructive Feedback)

What do you think about what I just said? *(Reaching for Feedback)*

Client: Well, I think that's pretty much true. I don't want to hurt my kids or get into deep trouble with CYS. Maybe I need some help.

Action Plan:

Following the Intake Assessment, Dwight, Jr. and DeeAnn went to the home of their biological father for the weekend. Malik and Melanie remained home with their mother, Charlene Washington. Caseworker Tracey Spencer arranged for intensive in-home services to begin on the Monday following that same weekend. The focus of service was to assist Charlene in learning to manage her anger and learn new, non-physical, skills for managing the children. Thelma Ann Louise, from the Helping Families Center, provided in-home service. Ms. Louise visits Charlene on Tuesdays and Thursdays for two to three hours each visit. In addition to working with Charlene, the caseworker and in-home services provider worked with the children's father, Dwight Washington, Sr. to provide consistency and continuity of the child management strategies as well as respite when needed.