

Eastern Kentucky University

**Encompass**

---

SWK 225: Human Behavior in the Social Environment OER Collection

---

2021

## **SWK 225: Case Vignettes**

Erin Stevenson

Follow this and additional works at: [https://encompass.eku.edu/oer\\_swk225](https://encompass.eku.edu/oer_swk225)

 Part of the [Social Work Commons](#)

---

## Case Vignettes

Adapted from *Human Behavior and the Social Environment I* (Tyler, 2019)

---

### Case Vignette 1: Infant

Misty arrived at 28 weeks' gestation, right at 7 months into the pregnancy. She spent several weeks in the neonatal unit but showed positive growth in development during this time. Her mother, Pam, was able to spend time with Misty daily but was not allowed to hold or touch her very often in the beginning due to needs for respiratory support. Pam held her as often as she could to provide comfort, cherishing the increased time each day brought but also worried about how the limited physical contact would affect their bond. The hospital has reported Pam will be able to take Misty home in a few days and she is meeting with the Social Worker to plan for discharge. The Social Worker has provided support for the family with connection to resources for developmental supports and plans for a home visit to follow up in a few weeks.

The Social Worker arrives for the follow up appointment and Pam reports taking care of Misty is “so much harder than I ever thought. She didn’t seem to cry this much when we were at the hospital and she won’t stay asleep longer than an hour at a time, it’s just so much and I don’t know how to help her or make her feel better.” Pam reports she has taken Misty to the doctor two times due to her concerns and was told they were not able to find any physical issues with Misty. Pam reported “I just feel so helpless, the doctors weren’t any help, they just told me I needed to give it some more time and she would eventually settle but I’m just not sure, it doesn’t seem to be settling, it seems like it’s just getting worse.” Pam also reports “I’ve been reading a lot of stuff online too about premature babies and attachment and it’s really scaring me because there are so many stories about how some babies really struggle with development and then all the stuff about poor attachment and all the stuff that happens if a baby doesn’t have a good attachment, it’s just all so scary....” The Social Worker takes notes on areas of concern Pam reports with Misty and then explored use of the resources Pam had been given at discharge. Pam looks down and reports “No, I haven’t called any of them. It’s just been so crazy and hard with Misty that I haven’t even thought about them.” The Social Worker reflects how hard it must be trying to manage a new baby and battle so many concerns related to the baby’s health and well-being. The Social Worker discusses working to set a schedule and increasing some of the structure for their day to see if this may help provide some supports for both Pam and Misty. Pam reports being open to “anything that will help” and schedules to meet with the Social Worker the following week.

Pam shares “nothing has changed” when the Social Worker arrives for their next meeting. The Social Worker allows Pam to share continued struggles with trying to comfort Misty and continued feelings of failure when “nothing works.” She states, “I just don’t understand. Is it me? Is something wrong with her? I just don’t understand and don’t know what to do. I tried all the stuff we talked about for a couple of days, but it didn’t seem to work so I stopped.” The Social Worker acknowledges how hard change can be and then explores options to make a referral for assessments in areas of Occupational and Mental

Health supports, discussing while the pediatrician reports nothing is physically wrong with Misty, there may be some sensory issues presenting that would need a specific assessment by an Occupational Therapist. The Social Worker also discussed how Misty's premature arrival can be felt as a trauma by both Misty and Pam and benefits of exploring this with a Mental Health provider for supports. Pam states "I'm willing to try anything at this point. Send me to as many places you think would help."

The Social Worker arrives for a follow up visit approximately 6 weeks after referrals were made. Pam arrives at the door smiling. The Social Worker recognizes this and comments on the difference from their last visit. Pam states "It's still been rough but better. We have started Occupational Therapy for some sensory issues that were found when we went for our assessment. We've also started seeing a therapist that focuses on work with parents and infants and it's been life changing for me to have a better understanding of how our experiences have impacted us both, as well as learning some coping skills for when I'm feeling overwhelmed. We've also been doing some attachment work and I'm starting to feel more connected to Misty and can tell she's feeling it too. We have a long way to go but I don't feel so hopeless anymore, I know we'll get there."

### **Case Vignette 2: Early Childhood**

Tisha, 3 y/o, has been demonstrating increased emotional and behavioral issues at her preschool. Her parents, Mr. and Mrs. Taylor have been called to meet with the Director to discuss these concerns. They report the same issues occurring at home, stating "We have no idea why she's been having such a hard time; it was like she went to sleep our sweet girl one night and woke up a completely different child the next morning, refusing to listen, tantrums anytime she doesn't get her way, she just fights us on everything." They report they adopted Tisha when she was an infant and had minimal issues with her until several weeks ago when they report the change in behavior occurring. The Director discussed increased struggles with Tisha at school, also refusing to comply with requests from her teachers and showing increased aggression with her peers with hitting and biting, and possible need to dismiss Tisha from their program if her disruptive behaviors did not stop.

Mr. and Mrs. Taylor admit they have really struggled with what to do, "so we usually just end up letting her have her way because we get so tired and frustrated with fighting with her – we just don't know what to do." The Director explores a referral for mental health services that could be provided at the school, discussing how professional interventions may be needed due to her history and the Taylors agree to an initial assessment.

Mr. and Mrs. Taylor meet with a Licensed Certified Social Worker (LCSW) for an initial assessment. He greets them warmly and then invites Tisha to choose some toys to play with while he speaks with her parents. Tisha seems uncertain at first and slowly begins to explore the toys in the room. The Social Worker invites Mr. and Mrs. Taylor to share their story and concerns while Tisha plays and they report their history of struggling to conceive and how happy they were to finally have a child when Tisha came into their lives. They discussed how everything was going very well until the past several weeks when the emotional and behavioral struggles began. The Social Worker asked if any changes had occurred around the time Mr. and Mrs. Taylor noticed Tisha's change in behavior and they reported none they

could think of. The Social Worker then explored any information they were given about Tisha and her biological parents/family before she came into their care. They reported minimal information was given but remembering hearing her biological mother had struggled with drug use before becoming pregnant but had reported stopping use of all drugs except for marijuana while pregnant. Mrs. Taylor states “her biological mother had also reported struggles with caring for Tisha her first few months, but I don’t really know what that means.” They reported not thinking this had affected Tisha as she had not had any major issues during her first couple of years with them but are starting to wonder what she may have experienced in her first several months before coming to live with them.

During this time, the Social Worker notices Tisha engages in some aggressive play with various people figures and hitting toys together. He also notices she is rocking back and forth at times in between her play. She also gets increasingly louder when she hears her parents speaking. The Social Worker reflects this and Tisha sticks her tongue out at him.

### **Case Vignette 3: Middle Childhood**

Monty is an 8-year-old boy living with his mother, Foley, and maternal grandmother, Livia, in a small 2-bedroom apartment in the city. Foley was 15 when she had Monty and did not finish high school. Both she and her mother Livia work different shifts at a factory nearby their apartment so one of them can be home to provide care for Monty. Monty has never met his father and knows little about him. Recently Foley has been fighting more with her mother about how Livia is becoming less patient with Monty and has begun locking him in his room when he is being disruptive.

Monty has done fairly well in school until this past year. He has always been a high energy child but had been able to respond to his teachers the majority of the time when redirected. Over the past several weeks Monty has demonstrated increased struggles with defiance, aggression, and fighting with his peers. Foley has been called to meet with the school Social Worker to discuss these concerns.

Foley meets with the school Social Worker next and reports how Monty has always been a very active and impulsive child, not paying much attention to his surroundings or personal space of others. Foley describes Monty as “the Energizer bunny – he never stops, always running around, crashing into things, and making a mess wherever he goes. I have a hard time getting him to listen too, and I usually end up spanking him to make him stop. My mom also spans him, but she says it doesn’t always work so she started locking him in his room until he stops – we’ve been fighting more recently about this and I noticed he seems to be having a harder time too.” She shares some of their history with the Social Worker, such as being a teenage mother, Monty’s father never being around, and increasing struggles with her mother’s punishments for Monty, mainly locking him in his room. The Social Worker explored Foley’s thoughts on connecting Monty to mental health service as a support which could be provided at school. Foley reports feeling some anxiety with this as she does not know much about mental health services and fears Monty will simply be medicated “like a Zombie.” The Social Worker assures Foley this will not be the case as the focus will be how to support Monty with emotional and behavioral interventions, and if medication was something recommended, they would be able to discuss benefits vs

possible side effects with Foley having the final say in the decision. Foley agrees to “give it a try, couldn’t hurt anything, could it?”

### **Case Vignette 4: Adolescence**

Maryam is the oldest daughter in a family of four children and a junior at Alamo High School. Maryam’s mother is Superintendent of the school district and her father owns a thriving consultant company. Maryam is the president of the junior class, a starter on the basketball and volleyball teams, the secretary for the Spanish club, and a peer mentor at both school and church. She has met with the school counselor to discuss her plans to get into her first choice for college at Cornell University. When the counselor comments on her busy schedule, Maryam replies, “Well, I know but it’s what you have to do to get into a good school and I know what I want. I appreciate your help with the information, but I’ve got to go to class now, see you later!” The school counselor stops her before she leaves and inquires if Maryam would be open to meeting with the school Social Worker to explore some strategies for managing a busy schedule and Maryam shrugs and states, “sure, why not.”

The Social Worker asks to meet with Maryam the following week to check in and see how she is doing. Maryam reports feeling fine. She states “I know I’m busy but if I want to achieve my goals, then I have to be. Colleges want to see all the stuff you’ve done, and I want to make sure it’s enough.” The Social Worker reflects this and her desire to accomplish her goals, and then asks how Maryam handles all the stress that comes along with being engaged in so many activities as well as any pressure she may feel about going to college. Maryam replies “I don’t know. Fine, I guess. I mean, I don’t sleep much because I’m constantly thinking of all the things I have to do the next day and making sure I get into Cornell, and sometimes my head hurts, but I think that’s just from all the reading I have to do, besides, don’t most kids my age feel this way? I mean I just don’t want to disappoint my parents. They’re really hoping I get into Cornell because that’s where they both went to school.” The Social Worker asks Maryam what she plans to major in and Maryam states “I’m not really sure. My mom thinks I should go into education like her and my dad thinks I should go into business or finance like him.” The Social Worker asks Maryam to take some time over the next week and think about what she would choose if it were completely her decision and did not feel pressure coming from anyone, and to meet again to discuss what she comes up with. Maryam is agreeable and schedules a time to meet the following week.

Maryam arrives the following week, seeming a little more down. The Social Worker asks how she is doing, and she replies, “not so great.” The Social Worker explores this with Maryam and she states, “That activity you had me do, it just really got to me because I didn’t think it would be so hard to think about what I actually wanted, not what my parents have wanted for me, but what I actually wanted.” She reported feeling more anxious over the past week, stating “I just couldn’t stop thinking about it and feeling like I should know, I mean, who doesn’t know what they would want to do if they could do anything they wanted? I also noticed I wasn’t as motivated to do any of my normal extracurricular activities, except for running, that always makes me feel better.” The Social Worker discussed how her feelings were actually very normal for someone her age, as well as for many people trying to find “the

perfect fit” and shared this is something that takes time and this being ok as well. Maryam reported feeling some relief hearing this and asked to meet with the Social Worker again.

### **Case Vignette 5: Early Adulthood**

Don Stephens, 25 years old, and Keith James, 33 years old, have been together for 7 years. They married last year when New York legalized same sex marriages through legislation and are now planning to be parents for the first time this fall. They decided they wanted to expand their family shortly after getting married and found a surrogate, Paige, who is now 6 months pregnant with twins. While they are ecstatic, Don and Keith are both starting to experience anxiety about what it will be like to be parents. They do not have financial concerns but are struggling more with the uncertainties of the future: Will they be good fathers? Will they be able to care for TWO babies at once? Will their children face hardships due to having gay parents?

They have decided to begin therapy with a Licensed Certified Social Worker (LCSW) for some support. She greets them warmly and asks what brings them in to see her. Don and Keith share their story and uncertainties related to becoming fathers.

Don shares some of his childhood experiences with his own father, who was verbally abusive, and fears he will be “just like my dad, because that’s all I know, I mean, can you even be a good father when you didn’t have one yourself? How will I know what to do? I have my dad’s temper and I’m afraid it’s going to come out if I get mad and that’s the last thing I want, my kids to fear me or me say something I don’t mean and then I’ll ruin them. I’m also not working right now. I’m planning to go to graduate school, but I’m still not sure about what I really want to do....”

Keith shares his fears are more related to societal views and responses to their family. He states “It’s hard being a gay man or couple sometimes, I see the way some people look at us when we walk by and that’s so hard in itself some days, I can’t imagine how much more it will hurt when we have our children. It keeps me up at night thinking about how our children may be treated simply because of who their parents are or what their family looks like.”

### **Case Vignette 6: Middle Adulthood**

Seth is a 44-year-old Caucasian male. He grew up in a small town with six siblings and his parents worked hard in a factory their whole lives. His parents had little education but had high hopes for their children and always said “if you work hard, you can achieve anything” and he believed this. Seth started working when he was 15 years old, graduated high school at 18 years old, and then joined the Air Force. He went to college after serving his term but had to work during this time to afford school and pay his bills. It took 6 years, but he was able to earn a degree in Accounting, and he was very proud of his accomplishment.

Seth got married a couple of years after graduating college but divorced after 8 years. They did not have any children. He then began to experience some health issues which caused him to miss so much work that he was eventually laid off. Seth struggled to find work with another accounting firm and then suffered a stroke. He had saved up some money and had hoped this would help him remain some financial stability while looking for another job but lost this sense of security after paying for the hospital bills. He then realized he had no other choice but to apply for benefits and financial assistance from the government.

Seth decides to seek some support through the VA. He is connected with a Social Worker who helps him apply for the needed resources. He states "I can't believe it's come to this. I never thought I'd have to get help like this. It's just been so hard since I lost my job last year." The Social Worker recognizes Seth has faced some stressors over the past few years and explores to see if he feels there may be some benefit in seeing a therapist at the VA. Seth states "You know, I'd never thought I'd be asking for financial help like this and it's been tough. I could probably use some help to figure out how this has all been affecting me."

### **Case Vignette 7: Late Adulthood**

Alaina is an 85-year-old African American woman who lives alone with her small dog, Gus. Alaina lost her husband a few years ago after a painful battle with prostate cancer. Alaina and her husband had a wonderful, supportive relationship. Alaina cared for her husband throughout his illness, but it took a toll on her both physically and emotionally. She still struggles with grief over his death and has days where she still cries uncontrollably. Her family checks in on her often but struggle with knowing what to do on days she is experiencing deep sadness. Gus has been a great support for her and has been critical in helping her get through some of her hardest times.

Alaina is aware of the changes that occurred over the years in the neighborhood where she has so many memories and enjoyed life for so long. Despite the increasing crime, she continues to feel safe in her home as she maintains relationships with her friends who live close by and with the support of her church family, who also check in on her weekly.

Alaina has been experiencing some increased health problems recently. She suffers from back pains, osteoporosis, and diabetes. She has been prescribed several medications to manage her health issues and has been experiencing increased side effects due to the new medicines. Alaina works hard to maintain her daily routine but her friends have noticed that she has started to engage in some unusual behaviors, such as walking without Gus or being out alone after dark, as well as self-report she has had some dizzy spells and was falling more. Her friends have shared their concerns with her children, and they have decided to meet with their mother to find out more information to determine how to best support her needs.