

# Case study: neglect

Education



This case involves a 16 year old male and subsequently four of his younger siblings. In elementary school, the client earned “ A” and “ B” grades. However, this did not continue in high school. Additionally, the once active boy began to isolate. He stopped playing basketball and spent more time in the counselor’s office just to avoid the other children as they often made fun of him. The client began seeing the school counselor when he was ten years old.

His parents were both alcoholics and were involved in using and selling illegal substances. The living conditions at home were unbearable. There was often no food, electricity, or water in the home. The client reported that the windows were only screen, leaving the home freezing. The client also reported that his parents would lock him and his siblings in their room to ensure they did not tell authorities the truth about what was going on in the house. This typically occurred when the parents got word that the police or the Department of Family Services was on their way over.

There was five children in this family, the client was the oldest, four children were currently still in the home. In addition to the neglect the client experienced, he also experienced abuse. This case study mentioned one obvious incident. When the client returned to his parent’s home after staying with his aunt’s because of neglect charge, he came back to school with a broken arm.

This was the only indication of physical abuse during this case study, however the client did not discuss what happened. Additional physical abuse or any other type of abuse is unknown. This client was also responsible for

his siblings. He made sure they were dressed and feed for school. He also assisted his siblings with their homework. This responsibility left no time for him resulting in poor grades and his social life decreased. The client also displayed symptoms of hopelessness, suggesting depression.

The school counselor made note of possible diagnoses, however, it does not appear that the counselor ever made an official diagnosis. The counselor did mention Depression as a primary diagnosis due to the client's negative doom related vocabulary. Treating this client for depression may be helpful.

To meet a diagnosis of Depression the individual must experience at least five of the following symptoms in the same two weeks: depressed mood, weight loss or gain, too much or too little sleep, increased or decreased psychomotor activity, fatigue, feelings of worthlessness, poor concentration, or suicidal ideation. These symptoms must be significant enough to cause marked impairment in work or school.

This client did display many of these symptoms. For example, the therapist stated that the client said the word "hopeless" often. The client also looked underweight, had difficulty in school both academically and socially, and did not receive the proper amount of sleep (DSM-IV-TR). Finally, these symptoms must be more severe than the common blues everyone experiences from time to time. While this client was probably suffering with some degree of depression, there were other factors which better explain these symptoms.

This client was the victim of child neglect and abuse. As noted above the children in this family often went without their basic needs. This is a better explanation for the client's symptoms than depression because when placed

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in a more nurturing environment, the client's symptoms dissipated. The client displayed this change in behavior when the courts sent the children to the aunt's home after the client called the Department of Family Services to file the neglect report.

During this time, all the children were going to school clean and fed. The children's homework, including the client's was completed. This dissipation of symptoms was seen a second time when the client was placed in foster care. Again, he was going to school clean and fed and with homework completed. Once at his foster parent's home, the client was also able to go back to playing basketball again.

During the course of the client and school counselor relationship, the client saw the counselor on a weekly basis. The school counselor designed these meetings to assist the client in problem solving with regard to caring for his younger siblings. The counselor's recognition of the client's needs in this regard was definitely a factor in the client's ability to make it through this difficult time.

This is not always the case in turn causing the client to feel that therapy does not work. Additionally, the counselor did not push the client for information or action so a healthy relationship was able to develop. The counselor was able to slowly earn the client's trust by showing him she was there for him. This benefited the client in a number of ways. He was able to develop a positive supportive relationship with an adult role model and he was able to gain the courage and strength to put an end to the neglect he was experiencing.

As the client progressed in his problem solving and decision making skills the therapist should modify the methods and goals of the therapy sessions. Once the client moved from his biological parents and later adopted, his roles and responsibilities changed drastically. With the new family he lived as a normal child, he was clean, well feed, and rejoined the school's basketball team.

He no longer had to care for younger children in a parenting capacity. At this point therapy should move the focus to resolving the issues of abuse and neglect so the client can come to terms with his past. The use of psychoanalytic therapy would be an appropriate therapeutic method. With this type of therapy the client is able to talk out his issues. With the help of the therapist, the client will learn how to forgive and cope with these issues.

What is unfortunate in this case is the fact that the other children ended up going back to the parents. Shortly after that reunification, the old ways came back. However, since the client was not there to act as the caregiver for the other children, the oldest sister took over that role. Here the cycle continues. Although the other children were not as open with the school counselor, they need close monitoring just as their bother received in the past.

This close monitoring may be able to stop further neglect and abuse from occurring. Additionally, it would be wise to continue monitoring and providing therapeutic services to this client. There may still be some deep seeded issues he will need to deal with. Finally, the client will need help adjusting to his new family and the issues they have brought him, specifically the separation of his adoptive parents.

In addition to ensuring that this client is adjusted in his new life, additional support and therapy can monitor the presence of future mental health related problems. Posttraumatic Stress Disorder is often seen in individuals who have experienced abuse. Because of the life situations this client had endured as a child, he is susceptible for Posttraumatic Stress Disorder. If this disorder develops, the client will experience flashback type symptoms. This may hinder his ability to cope with past and future life events.

Additional problems associated with Posttraumatic Stress Disorder include impulsive behaviors, insomnia, nightmares, avoidance issues, poor concentration, hypervigilance, and increased startle response. Because Posttraumatic Stress Disorder occurs after the individual experiences the trauma, symptoms may not appear until later in adulthood.

Also common in individuals with Posttraumatic Stress Disorder is alcoholism and substance abuse. Again, this client is at a higher risk for these issues because of the genetic component of both alcoholism and substance abuse. A diagnosis of alcohol abuse or dependence includes behaviors that include neglect of responsibilities. Individuals who abuse alcohol also will continue to use despite the fact that they know it is causing problems in their life both physically and socially.

With continued therapy and support, the client will be able to work out these childhood issues and therefore decrease the probability of future problems. Continued support will also give the client the skills necessary to cope with life's stressful events. The client will be equipped with the tools

need to deal with his problems in a healthy way as opposed to turning to drugs and alcohol.

Continued therapy will also allow the client to work out any feelings he may have regarding his siblings who were sent back to his parents. This aspect was not noted in the case study; however, he may harbor feelings of guilt or regret, knowing that his siblings are still in a neglectful situation. It would also be beneficial to the client to join support groups in order to increase his support system.

## **References**

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders: DSM-IV-TR. Washington, DC: Author.