

SOWK 653: Comparative Approaches to Social Work Practice

Psychosocial Assessment Paper

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Introduction

This paper is a psychosocial assessment of Madam Jennifer Boadu who seeks help for depression and anxiety over the medical condition of an adopted child. The paper attempts to look at the clients' biodata, sources of data, source of referral, presenting problem, general description of the client, family composition and her background. The clients' religious and spiritual involvement, physical condition, psychological and psychiatric functioning will be assessed. Also her social supports systems, legal concerns, resources and a recommendation and a treatment plan will be considered. It must be noted that the names and contents are fictitious.

Case Summary

Jennifer adopted a one month old baby girl from the children's home. The baby was beautiful and nice looking. Jennifer did a single adoption and her husband who lives abroad was not involved in the process. She loved the baby so much that she named her after her mom, Maame. Nobody in Jennifer's extended family knew the baby was an adopted child because she posed pregnancy (this is common in my community because of the stigma attached to barrenness and adoption). Baby Maame was growing and doing well until six months when she failed to respond to the developmental needs of her age. Jennifer reported the problem to the

hospital and doctors began a series of tests on the baby. Maame was diagnosed with Down syndrome and her developmental retardation was attributed to that.

Doctors did everything medically possible to resolve her condition. She was referred for specialist care, and physiotherapy but none of these medical interventions could rectify the condition.

Jennifer resorted to the use of traditional medicine. She moved from one herbalist to the other but nothing good came out of the treatments. Little did Jennifer know that Down syndrome was a genetic problem that affected a child's development.

Jennifer was referred to the Social Work Unit by the specialist pediatrician in charge of Maame. An interaction with Jennifer revealed that she was troubled by the daughter's medical condition and how to disclose to her husband that Maame was adopted. She was also worried about neighbours rumour should it become public that her daughter was adopted.

The Assessment

Client's Biodata

Name of Client----- Jennifer Boadu

Gender----- Female

Age ----- 43 years

Marital Status ----- common law

Language spoken----- Akan and English

Hometown----- Manpong

Address----- J 44, South Suntreso, Kumasi.

Mobile Phone----- 020-8153-984

Education and Employment

Jennifer had her basic education at St. Peter's Girls' School, Kumasi and went to Bishop Porters' Girls for her secondary education. She further to Kumasi Polytechnic and read Accountancy. She has been working at the Kumasi Metropolitan Assembly as an Accounts Officer. She also manages a private business at the Kumasi central market.

Financial Resources

The client receives a monthly salary of \$ 1400 and about \$ 700 profit from her business every week. She also receives a monthly remittance from her spouse which she did not disclose.

Sources of Data

The information in this assessment was collected through interviews, observations, written materials, records from referring department and existing medical records. Jennifer was mostly accompanied by her mother during the sessions and was scheduled for a weekly, one-hour long interview.

Referral

The client was referred from Specialist Consulting Room 10, Child Health Directorate, Kath. She was an involuntary client.

Nature of Request

Psychosocial assessment of client's psychological, emotional and social needs and support systems available to her.

Presenting Problem

The client is a 43- year old woman who adopted a baby from the Children's Home a year ago. A month ago she was informed by her doctors that her baby's developmental problems was due to Down syndrome, which could not be cured because it was genetic.

Jennifer believes that the baby's medical condition is not medical but spiritual (superstitious). She believes her husband's family is the cause of the illness because she said they never approved her the marriage. She narrated her life story saying that she got married to Boadu 13years ago. She mentioned that her marriage was peaceful and loving until the issue of child birth became a problem. She mentioned that she and her husband moved from one fertility clinic to the other and she had had three miscarriages due to persistent pressure from her husband's family to have a child; hence her decision to pose pregnancy and adopt a child.

The client reported that she had spent a lot of money in seeking health care for her daughter. Her ongoing sadness, depression, anxiety and fears have affected her daily life and work. Her most worry is how to disclose the adoption information to her husband.

In presenting her program, she slumped back in her chair, and, from time to time, wiped tears from her eyes as she narrated the impact of Maame's health condition on her marriage, family life, and work and on issues of intimacy.

General Description of Client.

Throughout the interview sessions, the client looked worried, depressed, and anxious of what would happen in the next minute, hour or years with her marriage, child, family life and general wellbeing. She expressed concern about her inability to have things worked out for her child. She commented, "Who will care for me when I am old?" This statement was consistently in the clients' remarks in all the interactions.

She often paused and made the sigh "hmmm" in her speech. Though she was consistent and fluent with her words in the local dialect, she appeared worried about what her husband's response would be should she disclose the adoption news to him. The client arrived on time for all the sessions which were scheduled for a weekly, one-hour long interviews and always appeared neatly dressed in her traditional attire.

Family Composition and Background

Jennifer is the first of five siblings. She grew up with both parents and all siblings in her daddy's family house in Ashtown, a suburb of Kumasi. Her parents were both teachers and very religious and they were raised Catholic. She mentioned that she and her siblings were privileged to have a good education. Jennifer's siblings Kobby (Civil Engineer), Ann (Health Administrator), Rose (Teacher) and Joy (Nurse) are all happily married with kids.

Neither of her family members, especially her nuclear family have ever had a history of substance abuse nor had any member ever been in conflict with the law. There was also no history of psychiatric problems among family members. The client is in contact with her siblings through the phone every week.

Jennifer's parents Mr & Mrs Ansah are both worried about her problems and their granddaughter's medical condition.

Religious and Spiritual Involvement

Jennifer described herself as a "staunch Catholic". She attends Mass every Sunday. She is the treasurer of the Catholic Women's Association and a member of St. Theresa's Society. She has been receiving prayer supports from both her Parish Priest and members of her Christian groups. She also attends almost all the prayer meetings and camps within the Catholic Diocese of Kumasi. Again, Jennifer regularly attends other weekly social gatherings organized by her church.

Physical Functioning, Health Conditions and Medical Background

Jennifer appears to be in good health, although she complained of headaches that was handled by a family physician. She is currently managing her condition with a pain medicine (Diclofenac 500mg). She does not have any physical disability and no known medical condition. She appeared to be physically fine aside her usual depressive mood.

There is a history of high of blood pressure in her maternal line but none of her immediate family members had ever had that problem.

Substance Abuse

Jennifer does not have any history of substance abuse. She does not take alcohol, she does not smoke nor use any hard drug.

Psychological and Psychical Functioning

Jennifer started experiencing depression and anxiety in her life six years ago, when she was struggling with miscarriages and was unable to have a child of her own. She mentioned that she moved from one fertility clinic to the other in search of a biological baby.

She expressed her worry about her situation and that got her down most of the time. She recollected being sent to the hospital one time when she was so depressed and anxious of having a baby and that affected her mental health somehow. But she mentioned that she recovered with medication.

Social Functioning and Supports

Jennifer took her four weeks annual vacation and spent her time mostly with her Mom. She made time to attend all her appointments. She also supervised her business from time to time. She attended prayer meeting of her church almost every Sunday evening. She mentioned that her group members, co-workers and friends visited her quite often. She stayed with her parents for a while and returned to her house.

Legal Concerns

During the sessions, Jennifer described her situation as worrying. Her deepest

worry was how to disclose Maame's condition to my husband. The client lives in her husband's house at Dichemso and fears an ejection treatment from her husband's family, (whom she claimed has never been compatible with) because of her inability to have children.

Clients Strengths, Capacities and Resources

While Jennifer is in depressible state, she manages to attend Sunday Masses. She makes time for association meetings in her church and visits her shop every weekend. Jennifer is a staunch Catholic and believes in supreme intervention. She consoles herself with the story of Job, she said. At a point in the meeting, she described her situation as "suffering with Christ". Her mother is currently staying with her and she receives periodic visits from her siblings. Her close Church members often visit her and engage her in religious conversations. Her colleagues at work also visit her once a while.

Madam Jennifer sees her daughter's medical situation as hopeless and only hopes for divine intervention.

Clinical Summary, Impressions and Assessment

Madam Jennifer Boadu is a 43 year old employee of the Kumasi Metropolitan Assembly who seeks help for depression and anxiety over the medical condition of an adopted child. She recalled her trials of having a child of her

own. Jennifer mentioned she moved from church to Church and herbalist to herbalist in search of a biological child. She feels she is a failure.

Jennifer's major concern is how to disclose Maame's condition to her husband and how that disclosure will affect her marriage. She also expresses fear of stigma from neighbors. Throughout the interview sessions, Jennifer appeared very worried, depressed and anxious over her situation. She is worried especially about the fact that all her siblings are happily married and are having their own children. She is looking up to the day when her situation will change. Although she suffers from a steady degree of depression and anxiety, she is still able to work at a successful level. She was almost punctual for all the sessions but felt concerned over her current emotional state and appeared to be motivated for change.

Goals and Recommendations for Work with Client.

Given Jennifer's problems with depression and anxiety, resulting from her inability to have a child, medical problems with her adopted child and fear of these on her marriage, work and social functioning, solution-focused therapy is suggested. This therapy is based on solution- building rather than problem-solving. The therapeutic focus will look at the client's desired future rather than at past problems or present conflicts. The client's

desired goal is to disclose Maame's medical condition to her husband, possibly return the child to the children's home and maintain her marriage. The treatment will take 12 to 16 one-hour weekly sessions for a period of three months. The initial phase will last for 3 sessions, the middle phase 10 sessions and the termination 2 to 4 sessions. Her health insurance will cover the cost of treatment. After the initial three months, Jennifer has agreed to reconvene with me and consider further options if necessary.

Treatment Plan

- Client Problem: Depression- anxiety

 - Problem Definition - Adopted child with Down syndrome and inability to have own child.

 - Clients Strengths and Weakness
1. Strengths – Family support, empathic, bright and articulate

 2. Weakness – people pleaser, fear of divorce
- Therapy Goal: To disclose child's medical condition to spouse.

Activity 1: Involve spouse in therapy .

Outcome1: Spouse accepts child's medical condition.

Goal 2: Return child to children's home.

Activity 2: Inform Legal Counsel and Social Welfare.

Outcome 2: Legal processes done and child returned to children's home

Complimentary Treatment: Regular exercise, desensitization, Nutrition, mindfulness and relaxation practices, sleep and social support from friends and relatives.

Type of Counselling

- Individual counseling and couple counseling

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