

Working With Children and Adolescents: The Case of Claudia

Claudia is a 6-year-old, Hispanic female residing with her biological mother and father in an urban area. Claudia was born in the United States 6 months after her mother and father moved to the country from Nicaragua. There is currently no extended family living in the area, but Claudia's parents have made friends in the neighborhood. Claudia's family struggles economically and has also struggled to obtain legal residency in this country. Her father inconsistently finds work in manual labor, and her mother recently began working three nights a week at a nail salon. While Claudia is bilingual in Spanish and English, Spanish is the sole language spoken in her household. She is currently enrolled in a large public school, attending kindergarten.

Claudia's family lives in an impoverished urban neighborhood with a rising crime rate. After Claudia witnessed a mugging in her neighborhood, her mother reported that she became very anxious and "needy." She cried frequently and refused to be in a room alone without a parent. Claudia made her parents lock the doors after returning home and would ask her parents to check the locks repeatedly. When walking in the neighborhood, Claudia would ask her parents if people passing are "bad" or if an approaching person is going to hurt them. Claudia had difficulty going to bed on nights when her mother worked, often crying when her mother left. Although she was frequently nervous, Claudia was comforted by her parents and has a good relationship with them. Claudia's nervousness was exhibited throughout the school day as well. She asked her teachers to lock doors and spoke with staff and peers about potential intruders on a daily basis.

Claudia's mother, Paula, was initially hesitant to seek therapy services for her daughter due to the family's undocumented status in the country. I met with Claudia's mother and utilized the initial meeting to explain the nature of services offered at the agency, as well as the policies of confidentiality. Prior to the

meeting, I translated all relevant forms to Spanish to increase Paula's comfort. Within several minutes of talking, Paula noticeably relaxed, openly sharing the family's history and her concerns regarding Claudia's "nervousness." Goals set for Claudia included increasing Claudia's ability to cope with anxiety and increasing her ability to maintain attention throughout her school day.

Using child-centered and directed play therapy approaches, I began working with Claudia to explore her world. Claudia was intrigued by the sand tray in my office and selected a variety of figures, informing me that each figure was either "good" or "bad." She would then construct scenes in the sand tray in which she would create protective barriers around the good figures, protecting them from the bad. I reflected upon this theme of good versus bad, and Claudia developed the ability to verbalize her desire to protect good people.

I continued meeting with Claudia once a week, and Claudia continued exploring the theme of good versus bad in the sand tray for 2 months. Utilizing a daily feelings check-in, Claudia developed the ability to engage in affect identification, verbalizing her feelings and often sharing relevant stories. Claudia slowly began asking me questions about people in the building and office, inquiring if they were bad or good, and I supported Claudia in exploring these inquiries. Claudia would frequently discuss her fears about school with me, asking why security guards were present at schools. We would discuss the purpose of security guards in detail, allowing her to ask questions repeatedly, as needed. Claudia and I also practiced a calming song to sing when she experienced fear or anxiety during the school day.

During this time, I regularly met with Paula to track Claudia's progress through parent reporting. I also utilized psychoeducational techniques during these meetings to review appropriate methods Paula could use to discuss personal safety with Claudia without creating additional anxiety.

By the third month of treatment, Claudia began determining that more and more people in the environment were good. This was reflected in her sand tray scenes as well: the protection of good figures decreased, and Claudia began placing good and bad

figures next to one another, stating, “They’re okay now.” Paula reported that Claudia no longer questioned her about each individual that passed them on the street. Claudia began telling her friends in school about good security guards and stopped asking teachers to lock doors during the day. At home, Claudia became more comfortable staying in her bedroom alone, and she significantly decreased the frequency of asking for doors to be locked.

7. What local, state, or federal policies could (or did) affect this case?

Chase had an international adoption but it was filed within a specific state, which allowed him and his family to receive services so he could remain with his adopted family. In addition, state laws related to education affected Chase and aided his parents in requesting testing and special education services. Lastly, state laws related to child abandonment could have affected this family if they chose to relinquish custody to the Department of Family and Children Services (DFCS).

8. How would you advocate for social change to positively affect this case?

Advocacy within the school system for early identification and testing of children like Chase would be helpful.

9. Were there any legal or ethical issues present in the case? If so, what were they and how were they addressed?

There was a possibility of legal/ethical issues related to the family's frustration with Chase. If his parents had resorted to physical abuse, a CPS report would need to be filed. In addition, with a possible relinquishment of Chase, DFCS could decide to look at the children still in the home (Chase's adopted siblings) and consider removing them as well.

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1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

Specific intervention skills used were positive verbal support and encouragement, validation and reflection, and affect identification and exploration. Knowledge of child anxieties/fear and psychoeducation for the client and her mother were also utilized. Child-centered play therapy was utilized along with sand tray therapy to provide a safe environment for Claudia.

2. Which theory or theories did you use to guide your practice?

I used theoretical bases of child- (client-) centered nondirective play therapy.

3. What were the identified strengths of the client(s)?

Client strengths were a supportive parenting unit, positive peer interactions, and the ability to engage.

4. What were the identified challenges faced by the client(s)?

The client faced environmental challenges. Due to socioeconomic status, the client resided in a somewhat dangerous neighborhood, adding to her anxiety and fear. The client's family also lacked an extended support system and struggled to establish legal residency.

5. What were the agreed-upon goals to be met to address the concern?

The goals agreed upon were to increase the client's ability to cope with anxiety and increase her ability to maintain attention at school.

6. Did you have to address any issues around cultural competence? Did you have to learn about this population/group prior to beginning your work with this client system? If so, what type of research did you do to prepare?

Language barriers existed when working with the client's mother. I ensured that all agency documents were translated into Spanish. It was also important to understand the family's cultural isolation. Their current neighborhood and culture is much different than the rural Nicaraguan areas Claudia's parents grew up in. To learn more about this, I spent time with Paula, learning more about her experience growing up and how this affects her parenting style and desires for her daughter's future.

7. What local, state, or federal policies could (or did) affect this situation?

The client and her parents are affected by immigration legislation. The client's family was struggling financially as a result of their inability to obtain documented status in this country. The client's mother expressed their strong desire to obtain legal status, but stated that lawyer fees, court fees, and overwhelming paperwork hindered their ability to obtain legal residency.

8. How would you advocate for social change to positively affect this case?

I would advocate for increased availability and funding for legal aid services in the field of immigration.

9. How can evidence-based practice be integrated into this situation?

Evidenced-based practice can be integrated through the use of proven child therapy techniques, such as child-centered nondirective play therapy, along with unconditional positive regard.

10. Describe any additional personal reflections about this case.

It can be difficult to work with fears and anxiety when they are rooted in a client's environment. It was important to help Claudia cope with her anxiety while still maintaining the family's vigilance about crime and violence in the neighborhood.

Working With Children and Adolescents:

The Case of Noah

1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

I utilized structured play therapy and cognitive behavioral techniques.

2. Which theory or theories did you use to guide your practice?

For this case study, I used cognitive behavioral theory.

3. What were the identified strengths of the client(s)?

Noah had supportive and loving foster parents who desired to adopt him. He quickly became acclimated to the foster home and started a friendship with his foster brother. He started to become engaged in extracurricular activities. Noah was an inquisitive and engaging boy who participated in our meetings.

4. What were the identified challenges faced by the client(s)?

Noah faced several challenges, most significantly the failure of his mother to follow through with the reunification plan. He has had an unstable childhood with unclear parental role models. There may be some unreported incidences of abuse and trauma.