

APPENDIX D.

Case Vignettes

- 1) Pauline is a 29-year old mother. She has given birth to three children. She had her first child when she was 16 and placed the child up for adoption. She had her second child at age 22 and transferred guardianship to her mother soon after birth. Pauline visits her every weekend. Pauline relapsed on heroin and cocaine several times during her third pregnancy. The hospital referred her to the Department of Child Protection and Permanency (DCP&P) after her daughter Hope was born. DCP&P referred Pauline and Hope to your program. Pauline appears very excited to have another chance to be a mother. She has expressed feeling anxious, saying she is not sure what to do with an infant as she has never taken care of one by herself. She is very worried DCP&P will take Hope away from her. Pauline has been meeting with your program regularly. In the sixth week of treatment, Pauline's urine toxicology screen is positive for heroin. Pauline becomes animated and tearful, saying, "Your test is wrong! I have not used anything!" Pauline says she is tired of people coming into her house all of the time and asks you to leave.

What is your formulation of Pauline's behavior?

How do you respond to her during this session?

How would you define successful discharge for this family?

- 2) Carmen is a 35-year-old mother. Carmen lives with her husband, Steven. He works a full-time construction job and is very supportive of Carmen. She just gave birth to their first child, Alex. He was born eight weeks premature and had some minor respiratory issues at the delivery. At the time of birth, Carmen and Alex were positive for THC. They have been referred by DCP&P to your treatment program. During sessions, Carmen talks about Alex being her "miracle baby" as she did not think she could have children. She holds Alex during each session, looks at him often, and talks to him quietly when he is awake. She appears very attuned to his cues and is timely in responding. When Steven or other family members ask to hold the baby, she declines, saying, "He likes being with his mother." Her family laughs and talks about how Carmen is always holding Alex even at night when she could be sleeping.

How do you understand Carmen's wanting to hold her child?

How might you learn more about this?

How would you define successful discharge for this family?

- 3) Melany is a 22-year-old mother. She has two daughters: Lisa, age 2, and Margo, age 4. Melany and her children reside with her mother, who works two jobs and is not home much. Melany tested positive for oxycodone and cocaine throughout her pregnancy with Lisa. She began using with her boyfriend, Lisa's father, at the age of 19. She tested positive throughout her pregnancy and was referred to CP&P after Lisa's birth. After DCP&P became involved, Melany began medication-assisted treatment and is now in your program to focus on cocaine use. During home visits, Melany sits on the couch watching her children play around the room. There are toys available to her children, though many are not appropriate for their age or developmental phase. While her children play, Melany talks about her tumultuous relationship with Lisa's father. When the children move toward Melany, she quickly points

out a toy for them to play with and continues talking. At one point, Lisa knocks over Melany's drink while trying to get up on the couch next her mother. Melany quickly jumps up, grabs Lisa, and places her on the stairs, saying "How many times have I told you to watch what you're doing? Now sit here." Lisa sits quietly on the stairs for the rest of the session.

What is Melany's understanding of physical and emotional development?

How do you understand Lisa's behavior?

How might you respond to this situation?

How would you define successful discharge for this family?

- 4) Angel is a 25-year old mother. She has a 3-year old son named Adam. She is in your treatment program for marijuana use. Angel started smoking marijuana when she was 13 years old and never thought she would be able to stop. Most of her family members and friends smoke marijuana. She was beyond excited when she had her first negative toxicology screen after three months in your program. Angel expresses ambivalence about her abstinence; she is very proud of herself for meeting her goal of abstinence, yet she has complained of increased irritability and difficulty sleeping, symptoms she feels are due to not smoking marijuana. During a session with Angel, you are sitting outside with her and Adam, talking on their front porch. Adam is riding a scooter that is intended for an older child, and he falls and scrapes his knee. He sits on the sidewalk in front of the house and is crying, rubbing his knee. Adam looks at you and Angel on the porch and reaches his hands out. Angel remains seated on the porch and says, "He'll be fine. He needs to learn to be tough in this world," and she continues talking to you.

What is your hypothesis about Angel's response to her child?

What is your intervention?

How would you define successful discharge for this family?

- 5) Chris is a 20-year old father. He lives with his partner, Cherie, and their child, Neveah, who is 8 months old. Neveah is their first child. Both Chris and Cherie use marijuana and cocaine. Chris, Cherie, and Neveah are living in Cherie's mother's apartment until they can save money for their own. Both Chris and Cherie have been referred for treatment, but Cherie declined, saying she would rather go to a different program. Chris agreed to start treatment in your in-home program. During the first three weeks of treatment, Chris canceled 4 out of 12 of his sessions. When asked about the canceled sessions, he stated that he had forgotten he had to work and could not meet. One time when you met with Chris in the home, Cherie was in the other room talking on the phone, and you overhear her say, "Chris's stupid program is here." The next time you went to see Chris, Neveah's grandmother answered the door and informed you that he "just left." No one answers the door when you attempt your second scheduled session that week. You have called Chris twice since then, and he has not returned your call.

What is your formulation of Chris's behavior?

What are your next steps with Chris?

How would you define successful discharge for this family?