

Assessment Workshop Vignette 1

Please read the following vignette and answer the questions listed below.

Johnny is an 11 year old boy who has been in a stable non-relative foster care placement for a year and a half. On entering foster care Johnny received extensive dental treatment for tooth decay and was treated for severe Eczema. Johnny has some trouble with reading at school but otherwise is at grade level. Johnny was initially well behaved and quiet in his placement but began to act out after about six months. This included defiance, moodiness and aggressive behaviors. Johnny was placed on Abilify, Risperidal, and Zoloft and his acting out has decreased significantly.

Johnny is able to visit with his parents once a week, supervised at DHS but they are inconsistent in attending visits and this upsets him. He enjoys visits when they do occur and wishes he could return home. Johnny is also able to visit with his younger brother once a week who is in a different foster care home.

Johnny's permanent plan is reunification. His parents have engaged in services but have not been consistent and have had some recent setbacks. They are addressing drug and alcohol and neglect issues.

You are at the 18 month CRB review:

What are the needs of this child? What are issues of concern or decisions needing to be made?

What can be done, including assessments, to further clarify or identify the child's needs?

What are the next steps and what would you recommend?

Assessment Workshop Vignette 2

Please read the following vignette and answer the questions listed below.

Mark is a 10-year-old boy who has been in a local hospital's children's psychiatric unit for the last week after experiencing escalating unsafe and disruptive behaviors in the community. Leading up to the hospitalization Mark attempted to jump out of a second story window and was expelled from school due to aggressive and sexualized behaviors. The hospital is currently making several changes to his medications.

In the last 3 months Mark has been in 4 DHS and Behavioral Rehabilitation Services (BRS) foster homes and has been receiving Intensive Community Treatment Services (ICTS) since 2011. Last year Mark was in the same foster home for 11 months – his longest placement since entering foster care at 4 years old. Behaviors in the foster homes have included: urinating on foster family members, kicking the family dog, inappropriate sexual comments and behaviors, and hitting others. Mark's current diagnosis is: Mood Disorder NOS, PTSD, Reactive Attachment Disorder, Intermittent Explosive Disorder, and ADHD Combined Type. Reactive Attachment disorder is a new diagnosis within the last 18 months. Testing in 2013 indicated a Full Scale IQ of 82. Mark is on an IEP.

Mark's parents have had their rights terminated and their whereabouts are unknown. Mark's previous foster parents have visited him at the hospital. They are interested in him returning to their home, but do not feel able to support his safety and behavior needs at this point. The treatment team is currently making a transition plan, as discharge from the hospital is anticipated for next week. A referral to a residential program has been made, however the DHS worker is also willing to look at other foster homes.

What are the needs of this child? What are issues of concern or decisions needing to be made?

What can be done, including assessments, to further clarify or identify the child's needs?

What are the next steps and what would you recommend?
