Case Study Quiz CHILD OPTION

Your client is a 9-year-old female in foster care named Tasha. You are working as a case worker with a large case-load that includes Tasha. Tasha’s mother was killed by her “boyfriend” during an argument while Tasha was hiding in a closet in another room. The “boyfriend” has been charged with second-degree murder. Prior to Tasha moving into foster care, she and her mother had lived in five different residences over the course of a two-year period. Her mother was alcohol dependent and said to suffer from depression though no “official” diagnosis has been charted anywhere.

Tasha began acting out the first night in the foster home (that also houses two other 9-year-old females). She hit another resident and threw a plate of food against the wall. She has been in this home for 3 months now. She was assessed by both a mental health agency psychiatrist and a court-related social worker. The psychiatrist diagnosed her with Bipolar I Disorder and Oppositional Defiant Disorder. The social worker diagnosed her with Post Traumatic Stress Disorder. The psychiatrist has prescribed an antidepressant (sertraline) (25mg once daily), a “mood stabilizer” Trileptal/oxcarbazepine (900 mg. daily) and an anxiolytic (Xanax, .25 mg twice daily).

She has been taking these medications for two months and there has been no documented decrease in her aggressive behavior or anxiety. She sleeps more and complains of being tired.

1. What are the most important advocacy questions to ask about Tasha?
2. Who should you ask?
3. What do you think the most “resourceful” way to do this is?
4. Assume that the foster parents become angry when you start asking questions. What do you think the best course of action is to deal with that dynamic?

Case Study Quiz ADULT OPTION

Gary is a 42-year-old African American engineer at a local firm. He has always been a high achiever and can drive himself hard. In the past year he was in a serious car accident when he was hit by a drunk driver and he lost his 69-year-old mother after a 4 month bout of pancreatic cancer. While Gary has recovered fully from the accident he is very nervous driving. He has started experiencing panic attacks and general anxiety about driving. He tried counseling once but said “it wasn’t for me.” He has been diagnosed with Panic Disorder and Post Traumatic Stress Disorder. He is a regular though moderate user of alcohol (4-6 drinks per week, mostly on the weekend). His physician initially prescribed paroxetine (20 mg. a day) but Gary said it killed his sex drive and he quit taking it after 10 days. His doctor is open to prescribing him a benzodiazepine but wants Gary to try counseling one more time if she prescribes that. She says that the PTSD is the primary problem and if he can treat that the panic will likely subside. Again Gary was hesitant to go to counseling

1. Why do you think Gary is so reticent about counseling? How could you discuss this with him if you were the therapist?

Until Gary could make up his mind about counseling the doctor wanted to try buspirone. Gary took it for the recommended two weeks but said it made him feel sedated and he had more nightmares while taking it. Gary finally agreed to counseling and the doctor prescribed alprazolam .50 mg 1-2 times daily. Gary wants to know what the side effects of this drug will be.

1. What would you tell Gary about the side effects?
2. Why do you think the doctor was hesitant to prescribe the alprazolam?

Gary stated he did much better with the alprazolam but a friend of his told him it was Valium and he could get addicted to it.

1. Gary asks you if he will get “strung out” on the alprazolam. How do you respond?