

## Child Welfare Case Study.

Luisa is a 11 year old Mexican American girl living in West St. Paul. She has 6 siblings ranging from 5 months to 22 years. Her mother has been receiving Child Protection case management services for the past 8 years. She is currently a 5<sup>th</sup> grader and is having trouble at school. While she has never been the identified client before, the school has made a report of educational neglect because in the past 4 months she has been to school for 10 full days. She often complains of physical health problems like headaches and stomach aches. She also will walk to school with her older sister and then leave through the back door to come home and hang out in the yard. Her mother lacks transportation to take her back to school and finds it somewhat helpful that Luisa is around to help her with the 5 month old.

Mother has also found her daughter to be extraordinarily clingy towards her—she has had serious asthma attacks when she finds out her mother left home without her requiring her mother to come home and take her to the emergency room for 4 hours to get her asthma under control. They see an asthma specialist on a regular basis—but the intense attacks still occur—mostly when she doesn't know where her mother is. Her mother takes her to the doctor often to attend to the headaches and stomach aches, but the doctor can find nothing wrong.

She is behind at school and constantly avoids doing homework. She has trouble sleeping at night and is up for hours after her mother has put her to sleep, sneaking back into the living room to watch late night television. If she does sleep, it is when she is sharing a room with a sibling or her mother. She seems to not have a lot of motivation to do things away from the house and is often irritable when her mother enforces rules or tells her that she needs to do her home work and go to school. Due to excessive snacking she has gained 15 pounds in the last 4 months. She seems to act younger than her 11 years by playing with dolls most of the day and yet she is more than willing to take care of her younger siblings. She gets into fights with other children at school when they tease her and she cries a lot about how the other children are mean to her. She doesn't play with other children much and prefers to spend time with her family. Mother loves her a lot and is very worried about her and doesn't know what to do. She tries to get her to school but is overwhelmed by Luisa's resistance.

# Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name..... LUISA

Male/Female

Date of birth..... 6.15.1999

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I finish the work I'm doing. My attention is good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that you have difficulties in any of the following areas:  
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature Luise

Today's Date 8/24/10

**Thank you very much for your help**

# Strengths and Difficulties Questionnaire

P 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name LUISA

Male/Female

Date of birth 6.15.1999

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shares readily with other youth, for example CD's, games, food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Would rather be alone than with other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Constantly fidgeting or squirming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas:  
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature Carmen

Date 8-24-2010

Mother/Father/Other (please specify:)

**Thank you very much for your help**

## youthinmind

### Report on the Strengths and Difficulties Questionnaire (Tuesday 24-August-2010)

#### Specific Scores

The scores are grouped into four bands so that in the general population roughly 80% of young people score 'close to average', 10% score 'slightly raised', 5% score 'high' and 5% score 'very high'. The exception is the scale for kind and helpful behaviour, with roughly 80% 'close to average', 10% 'slightly low', 5% 'low' and 5% 'very low'.

**The young person's name:**  
(for addition by hand)

**luisa, Female, aged 11, born 15th June 1999**

#### **Parent Questionnaire, completed 24th August 2010 by: mother :**

Score for overall stress	29	<b>VERY HIGH</b>
Score for emotional distress	9	<b>VERY HIGH</b>
Score for behavioural difficulties	5	<b>HIGH</b>
Score for hyperactivity and attentional difficulties	7	<b>SLIGHTLY RAISED</b>
Score for difficulties getting along with other young people	8	<b>VERY HIGH</b>
Score for kind and helpful behaviour	8	Close to average
Score for the impact of any difficulties on the young person's life	9	<b>VERY HIGH</b>

#### **Teacher Questionnaire - no information entered**

#### **Self-Report Questionnaire, completed 24th August 2010**

Score for overall stress	27	<b>VERY HIGH</b>
Score for emotional distress	9	<b>VERY HIGH</b>
Score for behavioural difficulties	5	<b>HIGH</b>
Score for hyperactivity and attentional difficulties	7	<b>HIGH</b>
Score for difficulties getting along with other young people	6	<b>VERY HIGH</b>
Score for kind and helpful behaviour	9	Close to average
Score for the impact of any difficulties on the young person's life	2	<b>HIGH</b>

#### Diagnostic predictions

The information provided by respondents is used to predict how likely a young person is to have emotional, behavioural or concentration problems severe enough to warrant a diagnosis according to the ICD-10 or DSM-IV classifications. For each diagnostic grouping, there are three possible predictions: 'low risk', 'medium risk' and 'high risk'. In general, these predictions agree fairly well with what an expert would say after a detailed assessment of the young person. Around 25-60% of young people who are rated as 'high risk' do turn out to have the relevant diagnosis according to experts. So do around 10-15% of 'medium risk' young people but only about 1-4% of 'low risk' young people.

#### **Diagnostic prediction**

Any diagnosis	- <b>HIGH RISK</b>
Emotional disorder (anxiety, depression etc.)	- <b>HIGH RISK</b>
Behavioural disorder	- <b>HIGH RISK</b>
Hyperactivity or concentration disorder	- <b>Medium risk</b>

#### **Caution**

If you think this report has missed the point, whether by exaggerating or underestimating the difficulties, you may be right. A brief questionnaire obviously isn't the same as an individual assessment by an expert. Perhaps both are needed.

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