

Interdisciplinary Team Role Play Activity: FOSTER PARENT(S) ROLE

Summary

David Smith is an 11 year, 11 month old boy who has significant allergies and asthma. Cognitive functioning appears to be in the borderline range. David has resided in multiple foster care homes, and has been in SRS custody since the age of 4. Parental rights were terminated in August of 1997. David has a history of significant behavior problems, and there have been numerous hospitalizations due to behavioral, as well as medical issues, in the past.

This is what you know:

David's History:

- David has lived with you for the past 6 months.
- David's biological parents are divorced. Reports indicate that both parents had mild mental retardation.
- David has been under SRS custody since the age of four. He has been in over ten foster care homes. Long-term foster care has been provided since he was six months of age.
- In August of 1997, the judge terminated rights on both parents due to neglect.
- Reports indicate that David was sexually abused by a male foster care provider and has received sexual abuse services at Wyandotte County Mental Health since December of 1997. Reports also indicate sexual acting out while in foster care against a neighbor child.

David's Health:

- David has multiple allergies both to external, environmental factors, as well as food allergies, and is taking allergy medications Claritin and Flonase.
- David has asthma and uses an Albuterol spray for that.
- Other than these issues, he appears to be in good health.
- Reports of vision and hearing screenings have been within normal limits.

David's Education:

- Currently, David attends Peterson Elementary. He is in a regular class with a paraprofessional. He has a modified curriculum and grade system, and is reported to be doing well.

About you:

- You like David a lot, and are considering possible adoption.
- You have 3 other children in the home, and you do not have a lot of time.
- You are concerned about David, because he is always getting into trouble and fighting with the other children all the time. He even hit you a couple of times.
- David never wants to do his homework, and often lies about already having it done. You are too busy to be checking up on him all the time.
- Whenever you tell David to do something he gets very verbally aggressive.
- You do not know what to do about David's behaviors and want the best for him.
- You think that all that David needs is love and attention.
- You have a high school education, and have a lot of trouble understanding labels and medical jargon, so you keep on asking questions when those come up.
- Whenever medication gets recommended, you ask a lot of questions, and are concerned about the interaction between recommended medications and those that David is already taking for allergies and asthma. You also wonder about the possible side effects. And you ask if the medication will "fix" David, or if he will have to take the medication forever.

Interdisciplinary Team Role Play Activity: SCHOOL PSYCHOLOGIST ROLE (P. 1)

Summary

David Smith is an 11 year, 11 month old boy who has significant allergies and asthma. Cognitive functioning appears to be in the borderline range. David has resided in multiple foster care homes, and has been in SRS custody since the age of 4. Parental rights were terminated in August of 1997. David has a history of significant behavior problems, and there have been numerous hospitalizations due to behavioral, as well as medical issues, in the past.

This is what you know:

- In Nov. 1999, the Sanford-Binet LM was administered and David obtained an IQ score of 69.
- In Oct. 2000, the Kaufman Assessment Battery for Children was administered. David obtained a Sequential Processing standard score of 87, Simultaneous Processing score of 88, and a Mental Processing Composite standard score of 86. His Achievement standard score was 85. The Vineland was administered at the same time with the Communication Domain standard score of 72, Daily Living Skills standard score of 74, Socialization was 57, Motor 57, and Adaptive Behavior Composite 60.
- In May 2000, the T.A.C.L.-R was administered. David scored one standard deviation below the mean.

According to testing you conducted:

- Re: Cognitive abilities: David is functioning in the upper borderline to low average range of cognitive abilities as measured by the Kaufman Assessment Battery for Children. David's Mental Processing composite standard score was 85 (mean = 100, SD = 15).
- Re: Speech and language: Speech and language evaluation indicated that David has significant delays in both receptive and expressive language skills, with a relative strength in his single word vocabulary comprehension. His language abilities are more severely affected than his cognitive skills with a total language score on the Clinical Evaluation of Language Fundamentals of 54 (mean = 100, SD = 15).
 - You feel that the severity of this deficit will impact his ability to understand and complete school assignments, as well as impact his ability to establish social relationships with peers.
- Re: Educational achievement: David's overall academic achievement is somewhat below his cognitive abilities. The Woodcock-McGrew-Werder indicated that his Reading standard score was 65, Writing standard score was 71, Math standard score 70, Factual Knowledge standard score was 68 (mean = 100, SD = 15).
 - This would suggest that his academic functioning is significantly below average in comparison to children of his age.
- Re: Visual/Motor abilities: David's overall performance in the visual motor and visual perception areas were assessed by occupational therapy. His skills were felt to be consistent with his overall level of development, indicating low average to mildly affected skills. David's score on the Developmental Test of Visual Motor Integration was 79 (mean = 100, SD = 15).

About you:

- You state that according to all the tests that you conducted, David scores below the mean in all of the areas (possible mental retardation range).
- You point out that David displays some characteristics of conduct problems, as well as reactive attachment problems.

Interdisciplinary Team Role Play Activity: SCHOOL PSYCHOLOGIST ROLE (P. 2)

- It is your professional opinion that David would have a great deal of difficulty attending class and following directions, based on the tests that you conducted.
- Furthermore, based on your observations, you feel that David would have a great deal of difficulty establishing relationships with others and you feel that his acting out that might interfere with successful school and home placement.
- You feel that David is wrongly placed in a regular classroom, and that a more appropriate placement would be in the special education classroom.
- You also suggest that David attend the anger management group therapy after school, and possibly that he regularly see a counselor for dealing with impulse control, lying, and sexual abuse.
- You emphasize testing scores and labels throughout the meeting.

Interdisciplinary Team Role Play Activity: BEHAVIOR SPECIALIST ROLE (P. 1)

Summary

David Smith is an 11 year, 11 month old boy who has significant allergies and asthma. Cognitive functioning appears to be in the borderline range. David has resided in multiple foster care homes, and has been in SRS custody since the age of 4. Parental rights were terminated in August of 1997. David has a history of significant behavior problems, and there have been numerous hospitalizations due to behavioral, as well as medical issues, in the past.

This is what you know:

- In the past, David received services from Dr. Armond at KUMC Pediatrics regarding behavior management for noncompliant and tantrum behaviors. The data for those behaviors show a vast improvement when structure was put in place, and contingencies were clear.

Your Observations:

You have observed David at school in a couple of classes, and at home once:

- In one of the classes, David seemed to be following all of the teacher's directions. This class was very structured: There was a schedule posted for that day, stating what each student was expected to do, and when and the teacher always gave a 2 minute warning before transitioning to a different activity. This teacher was very up beat, and praised the students a lot. In addition, the teacher had a token economy system in her class, where students would earn tickets for appropriate behaviors such as having materials ready, working quietly, finishing the work on time. These tickets could later be exchanged for a variety of items, such as candy, soda, playing a game with a peer, not having to turn homework in for a day, not being counted tardy...
- In the other class observed, David seemed to not follow many directions: He did not do the work the teacher asked, he made noise throughout most of the class by tapping his pencil on his desk, and talked to peers nearby. The teacher often told him to stop making noise and threatened him to send him to the office. Close to the end of the class the teacher said "I am giving you after school suspension for class disruption."
- You visited the home once, in the evening and it seemed like chaos: Kids were running all over, foster mom was busy making dinner, toys were scattered all over the place... One of the kids began teasing David. David started screaming at him. The foster mother told David to stop, and he yelled at her back, so the foster mother sent him to his room. A couple of minutes later she went into David's room and apologized for getting upset at him.

About you:

- Although the Psychiatrist and Psychologist keep on emphasizing labels, you keep on asking about specific behaviors of concern, noting that the label is not very descriptive of what the actual problem is.
- You try to find out what are the exact behaviors that are of concern to the team (Is it school achievement? Is it non-compliance at home? Is it verbal aggression? etc...)
- You ask about environmental conditions when these behaviors occur. You try to find out if there are any relationships between David's behaviors and when he has allergies or asthma attacks.
- You feel that based on your observations and past behavioral report, that David needs a very structured, predictable environment.
- Although you are not completely against medication, you feel that other, less intrusive interventions should be tried first, because if they are effective, then medication may not be necessary.

Interdisciplinary Team Role Play Activity: BEHAVIOR SPECIALIST ROLE (P. 2)

- You state that maybe by changing some environmental conditions David's behaviors might change, and you suggest collecting information to see if there is any relationship between environmental events, behaviors, and consequences before making any changes (such as medication, etc...). You support the collection of data prior to making any other changes by stating that this way, whatever the eventual intervention is, the team will be able to tell if it was effective or not because the team will have some form of measurement of before and after the intervention.

Interdisciplinary Team Role Play Activity: PSYCHIATRIST ROLE

Summary

David Smith is an 11 year, 11 month old boy who has significant allergies and asthma. Cognitive functioning appears to be in the borderline range. David has resided in multiple foster care homes, and has been in SRS custody since the age of 4. Parental rights were terminated in August of 1997. David has a history of significant behavior problems, and there have been numerous hospitalizations due to behavioral, as well as medical issues, in the past.

This is what you know:

- David has had several hospitalizations due to health and behavioral issues. He was hospitalized at St. Michael's Hospital from 6-6-95 to 7-1-95. He was also at the KU Psychiatric Unit from 11-8-96 to 1-6-97. David was again hospitalized at St. Michael's Hospital from 1-9-97 to 1-25-97. He was at Rainbow Mental Health Center from 5-23-98 to 7-27-98. David was at Providence Hospital from 7-23-99 to 12-10-99, and at Rainbow again from 12-27-99 to 2-15-00.
- During his stays at various hospitals, David has received a variety of psychiatric diagnoses:
 - He was diagnosed with over-anxious disorder of childhood, with residual ADHD at Rainbow Mental Health.
 - At St. Michael's Hospital, David was diagnosed with defiant problems in impulse control.
 - He received a diagnosis of ADHD at Wyandotte County Mental Health with problems in impulse control.
 - David has also been diagnosed with post-traumatic stress disorder.
- In addition to these psychiatric diagnoses, David has received Axis II diagnosis including developmental delay, mild mental retardation to borderline intelligence.

About you:

- It is your professional opinion that David has ADHD (Attention Deficit Hyperactivity Disorder) and Depression, as according to you, he meets all the DSM criteria for those diagnoses.
- To support your diagnostic opinion, you emphasize that other psychiatrists have made similar diagnoses in the past.
- You emphasize the medical jargon and labels throughout the meeting.
- You are convinced that David needs to take Ritalin for ADHD and Welbutrin for Depression.
- When asked about side effects or medication interactions, you emphasize the importance of him taking the medications suggested to get his behaviors under control.
- When asked about if the medications will "fix" the problem you state that they will get the behaviors under control.