

Hybrid Case Presentation Deng

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Part 1 Assessment



Client

- **Deng***
- **9 years**
- **Grade 3**
- **Attends local primary school with high proportion of NESB families**
- **Referral to RCH CASEA Program**
- **Reason for Referral:**
 - Problems relating appropriately with his peers.
 - Problems with disobedience in the classroom.

* Pseudonym used

Service Procedures

- **Parent invited to interview at the school by school staff**
- **Meeting with CASEA staff to explain the program and gain consent**
- **Conduct initial family interview (60mins)**
- **Conduct child assessments**
- **Formulation and treatment recommendations**
- **Conduct group sessions**

Presenting Problems – Deng's Teacher

- Gets into fights with others, can be teased by others
- Often argues and is disobedient
- Disrupts discussions and disturbs others
- Difficulty finishing tasks
- Inattentive, impulsive and difficulty sitting still
- Poor, messy schoolwork and underachieving for his potential

Presenting Problems – Deng's Mother

- Few concerns expressed for Deng's behaviour at home in initial interview – he is just an active boy
- Concerns for Deng's behaviour at school
 - Being called up for school meetings about behaviour
 - Not listening and getting into trouble in the classroom
 - Kicking other children and swearing
- In later sessions, it was revealed that Deng is sometimes non-compliant, breaks rules, and fights with siblings

Communications Between Home and School

- Concerns for Deng's behaviour at school had been communicated to Deng's mother at several school interviews.
- School staff reported that Deng's mother had maintained that she was not having difficulties with such behaviour at home.
- Deng's mother reported that she thought the school would manage Deng's behaviour whilst he is there.
- Referral suggestions had been made by school staff and the school psychologist, but not accessed.

Genogram



nb. Pseudonyms used

Family Background

- **Deng was born in Sudan**
- **Mother wanted to leave Sudan, father did not**
 - Mother wanted children to go to school
- **Mother and children spent two years living in Cairo in Egypt**
 - Father stayed in Sudan
 - Mother and children experienced racism and they reportedly lived in constant fear
- **New arrivals in Australia four years prior to the assessment**

Developmental History

■ **Pregnancy/Birth**

- No complications

■ **Developmental Milestones**

- Met as expected
- No concerns re eating or sleeping
- No concerns re fine/gross motor skills

■ **Health**

- Deng experienced hearing difficulties at the time of assessment
- He received grommets during the assessment phase
- He has been prescribed glasses for reading – he does not wear them



Educational History

■ Began education in Prep

- He first learnt English
- Described as well behaved and a good learner according to his mother

■ Grades 1 & 2

- Behaviour deteriorated
- Described as a good learner by his mother

■ Grade 3

- His behaviour in the classroom and playground became worse
- He is not completing his schoolwork to his potential according to his teacher



Assessment

- **Classroom Observation**
- **Cognitive Assessment – WISC-IV**
- **Educational Assessment – WRAT-4**
- **Behavioural Assessments**
 - **CBCL**
 - **TRF**
 - **Eyberg**
 - **SESBI**

Observations

- **Classroom Observation**
 - Inattention
 - Moving around the classroom
 - Interrupts class discussions
 - Offensive comments between peers
 - Responds well to praise and responsibility
 - Responds well to timeout

- **Behavioural Observations During Testing**
 - Difficulty maintaining attention
 - Fidgeting and getting out of his seat
 - Interrupting the clinician
 - Seemingly using strategies to avoid the task

Cognitive Assessment Results

Subscales	Percentile Rank	Classification Range
Verbal Comprehension	3	Borderline
Perceptual Reasoning	3	Borderline
Working Memory	91*	Superior
Processing Speed	7	Borderline
Full Scale Score	7	Borderline

* Significantly higher than other subscale scores.

Educational Assessment Results

Subscales	Percentile Rank	Classification Range
Word Reading	82	Above Average
Reading Comprehension	42	Average
Spelling	97	Superior
Mathematics	50	Average

CBCL & TRF Results

Scale	Parent Form	Teacher Form
Internalising Problems	N	N
Anxious/depressed	N	N
Withdrawn/depressed	N	N
Somatic complaints	N	N
Externalising Problems	N	CS
Rule breaking	N	CS
Aggressive behaviour	N	CS
Other Problems		
Social problems	N	R
Thought problems	N	N
Attention problems	N	R
Behavioural/Emotional Disorder Symptoms		
Conduct	N	R
Oppositional	N	CS
ADHD	N	CS
ADHD – hyperactive	-	CS
ADHD – inattentive	-	R
Anxiety	N	N
Affective / Mood	N	N
Total Problems	N	CS

N = Normal Range

R = At Risk Range

CS = Clinically Significant Range

Eyberg & SESBI Results

Scale	Parent Form	Teacher Form
Intensity	x	✓
Problem	x	✓

✓ = Exceeds clinical cut-off

x = Does not exceed clinical cut-off

Questions and comments...

Part 2

Formulation and Intervention

Formulation & Intervention 1

- **Differential Diagnoses:**
 - Learning Difficulties – Borderline to ID range?
 - Language Difficulties
 - ADHD
 - ODD
- **Recommended Intervention:**
 - Assess difficulties with language acquisition
 - Consultation with Paediatrician/Psychiatrist
 - Child's participation in the CASEA program
 - Parent management strategies – i.e., participation in the CASEA program

Formulation & Intervention 2

■ Issues to consider:

- Validity of assessment tools
- Missing understanding of the family narrative
- Accuracy of understanding impact of behaviour on the family – i.e., values, beliefs, explanatory models of illness
- Diagnosis vs cultural considerations
 - E.g., Classroom Behaviour - Can the child cope with the expected classroom task or behaviour?
 - E.g., Aggression towards peers and siblings - What is the child's understanding about how to solve problems?
- Implications of a diagnosis for the family
- Parent group sessions vs individual sessions
- Appropriateness of parent management strategies vs more culturally appropriate intervention

The Challenges of Working Within the Constraints of the Service

- **Transport to sessions**
- **Maintaining appointment times for sessions**
- **Time to engage families and build a relationship**
- **Expectations regarding assessing mental health diagnoses**
- **Limitations on time/sessions for episode of care**

Working Towards Culturally Competent Practice

- **We can incorporate a different way of working within these constraints**
- **How?**
 - **Our approach to engaging families**
 - **Educating families re the system**
 - **Cultural awareness in our formulation**
 - **Collaboration with families in approaches to treatment**

Questions and comments...

