Text: Webb

1. FERPA (the Family Educational and Privacy Act) requires that parents be allowed to inspect their children’s medical and school records. These would include records kept by social workers. In one sentence each, give one reason why each of the following principles is or is not applicable. Specify the conflict or the concurrence of FERPA with the principle. (I encourage you to discuss this on the class Internet list in more detail.)

   - Client Well-Being – Child (NASW Code 1.01)
   - Client Self-Determination – Child (NASW Code 1.02)
   - Client Self-Determination – Parent (NASW Code 1.02)
   - Privacy and Confidentiality – Child (NASW Code 1.07)
   - Promotion of Social Justice – Discrimination (NASW Code 6.04(d))

2. We shall continue with Betty Sue (last week’s study questions). Here is some more information.

   Betty Sue is a 13-year old girl who lives with her mother and 10-year old brother, Aaron. She is in the eighth grade at Milford Mill Middle School. Betty Sue came to the school social worker seeking help because of "nervousness," specifically nervousness related to speaking in class. She said that, beginning about two years ago, she began to feel uncomfortable at school, including experiencing "panic attacks" (her term). This coincided with moving into this community and entering middle school.

   According to Betty Sue and her homeroom teacher, she has formed several close friendships since entering school. However, Betty Sue said that she gets "really nervous and shy" when speaking in front of groups or to strangers, and, occasionally, to classmates or friends.

   Beginning about a year ago, Betty Sue started pretending she was sick so that she wouldn't have to go to school or would occasionally simply cut classes to avoid having to answer questions or recite in class. She began cutting a speech and communication class last year to avoid the public speaking requirement. This fear has generalized to speaking in other classes. During the most recent six weeks grading period, Betty Sue cut class two or three days a week on average.

   Over the past year, Betty Sue has had difficulty getting to sleep at night, sometimes taking as much as two hours before dropping off. On the nights when she has difficulty falling asleep, she usually wakes up five or six times during the night. The next day, she has trouble staying awake in class. This occurs around once a week. The most frequent set occurred three times in a week. At the other extreme, she went about a month without having any sleep problems.

   About two months ago, she tried taking some of her mother's tranquilizers before school in an attempt to reduce her anxiety. She said that they "helped a little at first, but not any more." She tried the tranquilizers four times and reported that she is not taking them any more.

   Betty Sue told me that lately she has felt more uncomfortable in social situations. "I get really afraid that I'll do something stupid . . . like, something that'll show I'm scared." She has begun to feel "nervous" at social activities although she continues to attend them as well as participate in other activities (e.g., the school volleyball team, the swimming team).
Betty Sue has two girlfriends. One is a (swimming) teammate of Betty Sue’s. The other girl moved into the house next door to Betty Sue’s about three months ago. She does things with them, but characterizes their relationship as “friend, but not super close friend.”

When asked if she had experienced any exceptionally bad experiences at school, Betty Sue replied, “Not at this one.” At this point, I realized why Betty Sue’s name had evoked a sense of familiarity. Approximately three years earlier, the Ladysmith family had been in the news because of a school boycott in a small community in another part of the state. Betty Sue’s older brother, Joey, was a hemophiliac who had been infected with the HIV/AIDS virus. Several members of the community did not want the boy attending public school because of presumed danger of contagion and kept their children out of school for a time. The school superintendent tried to have Joey assigned to the homebound schooling program, ostensibly to protect Joey from contracting illness from other children. Betty Sue had also experienced taunts and threats from other school children. She said that she felt very vulnerable in her old school, particularly since her father had died a year before in an automobile accident.

I asked Betty Sue if she thought that her experiences at her old school were behind her fears at the new school. Betty Sue said that being picked on at the old school had made her more suspicious and scared of people. She has told her two girlfriends that her older brother died, but they do not know that he had AIDS.

She thought that her previous experience wasn’t unconnected with her current fears, but that she felt that her problem was still mostly shyness and fear of appearing foolish. She also expressed concern that her shyness would lead her to “fail” at school and in her social relationships.

We went on to talk about her father. She said that she still missed him, but not as frequently as before. She described a close and warm relationship with him. Both of them were interested in sports (not an interest of her mother). Since her father’s death, she had been seeing her maternal grandfather a great deal more (paternal grandparents are deceased). During the period when the family was experiencing difficulties with some members of the community, her grandfather moved into the house with them. She still sees her grandfather once or twice a month. He lives nearby (about thirty-five miles from her new home). Betty Sue said that her grandfather was doing a “lot of the dad stuff” with her and that this helped a great deal.

I interviewed Ms. Anne Marie Ladysmith, Betty Sue’s mother. She recounted the same history as Betty Sue with respect to the family and the community response to Joey’s infection with the HIV/AIDS virus. She believed that the attempt to assign Joey to the homebound school program was not to protect him from contracting illness from other children, but a smokescreen to cover a desire to get him out of school. She was in the middle of a lawsuit against the school district when Joey contracted pneumonia and died two years ago. Ultimately, she settled out of court for a $70,000 award plus legal expenses. Ms. Ladysmith was very bitter towards school officials and the community in general, and elected to move to this community to be nearer to her parents.

Ms. Ladysmith took a bookkeeping job at the bursar’s office of a local university about five months ago. This is the first full-time, non-temporary position she has held since moving to this community. Prior to this she was working as a fill-in worker.

Joseph Ladysmith, Ms. Ladysmith’s husband, was killed in an automobile accident four years ago. At about the same time, Joey tested positive for HIV. Since that time, Ms. Ladysmith’s parents have been helping the family, providing material and emotional support.

Ms. Ladysmith said that Betty Sue had always been a "quiet girl," but not as "shy" as is currently the situation. Betty Sue was verbally attacked and threatened at school during the controversy over Joey’s attendance. Not surprisingly, Betty Sue began to express fear of going to school. However, when Betty Sue and her family moved to this community, Betty Sue was looking forward to attending her new school and starting with new friends. While Betty Sue did make new friends, her mother noticed that she was more reticent about social contacts than previously.
Ms. Ladysmith currently is not seeing any human services professional. About three years ago, her family physician prescribed some tranquilizers to help alleviate feelings of extreme anxiety associated with Joey’s illness and the family situation. Betty Sue recently told Ms. Ladysmith about taking some of Ms. Ladysmith’s tranquilizers. Ms. Ladysmith told Betty Sue that she was concerned that Betty Sue had taken the tranquilizers, but appreciated being told. She and Betty Sue talked about why it was not a good idea to take tranquilizers unless prescribed. They also talked about Betty Sue’s fears. Ms. Ladysmith and Betty Sue decided that it would be a good idea for Betty Sue to see a counselor at school, which led to her appointment with the school social worker (me).

Ms. Ladysmith went on to say that she was confident that Betty Sue would not take tranquilizers any more. Ms. Ladysmith filled out the Child Behavior Checklist (CBCL) for Betty Sue. The Total T-score was 62, which was just beneath the borderline clinical range. The Externalizing T-score was 45, which was in the nonclinical range. However, the Internalizing T-score was 68, which was in the clinical range. The only Problem Scale score in the clinical range was the Anxious/Depressed score (T = 72). None of the Competency Scale scores were in the clinical range. Betty Sue took the Youth Self-Report Form (a version of the CBCL). Her profiles were consistent with those based upon her mother’s responses to the CBCL.

Identify and prioritize Betty Sue’s top three problems using Gambrill’s guidelines (see your Assessment notes). For each problem, give a one to two sentence explanation as to why it is a high priority problem.

Do not infer problems. Only use problems identified by Betty Sue or her mother.

Problem 1:
Problem 2:
Problem 3: