

Psychosocial Assessment: Leukemia

Rutgers University

Date

Basic Information

Tina Jordan is a single, 14 year old female Asian American. She grew up in America and speaks English as her primary language. She and her family identify as being part of the middle class. Tina currently lives with her mother and father in a two-story home in a small town in New Jersey. Although there are two floors in the home, Tina currently sleeps and resides downstairs on the couch in the living room due to the severe pain and difficulty she experiences going up and down the stairs. Ever since Tina's diagnosis of stage 4 acute lymphoblastic leukemia, her parents have become even more supportive and caring of her. So much so that her mother quit her job to be a full-time caretaker for Tina, as her father got a second job on the weekends so her mother can be supported as a full-time caretaker.

Tina was referred to me by her oncologist and the social worker from the hospital. The oncologist was concerned about Tina's extreme fatigue due to all of the tests and treatments she has been experiencing. Her parents are also concerned with how Tina keeps isolating herself from the community, and so they try to force her to go to church with them despite her not being religious. The client has been referred to me due to her mental and physical fatigue and withdrawal that have been prevalent since her diagnosis and treatment for leukemia. It seems that Tina needs help coming to terms with her diagnosis and trying to learn what is the next step for her.

Background and Current Functioning

Tina is an only child of loving married parents. Her parents both worked full-time until Tina's diagnosis this year, where Tina's mother left her job to become a full-time caretaker. Due to this decision, Tina's father obtained a part-time job to help pay the bills so Tina's mother can stay home full-time and focus on helping Tina. When asked what her life at home is like, Tina

states that it's good but her dad works a lot, so she doesn't really see him as often as she used to since her leukemia diagnosis.

Tina is currently a freshman in high school. This can be a tough adjustment for her, not only is she starting a new school, but she now has the leukemia diagnosis. Tina divulged that prior to her diagnosis, she was heavily involved in her volleyball and dance teams. She loved playing volleyball and being an active part of a team. Similarly with her dance team, it was a great outlet for her to take a break from school or life and feel free as she worked on her routine with friends. Due to the diagnosis, Tina is extremely fatigued and is in pain that fluctuates throughout the day. She is trying to find a balance on working on her school assignments while processing her leukemia diagnosis. Tina doesn't want a job at the moment as she is 14 and at the moment just wants to focus on school - but as previously stated this can be a bit of a hurdle as she is now preoccupied with her current health status. Other than the leukemia, Tina doesn't have any other prior diagnoses or treatments.

Although her parents go to church every Sunday and are very religious people, Tina is not. But she states that her parents "drag me to church every week" to try and surround herself with the power of the church to try and provide some comfort and support. While speaking with Tina, she seemed quite scared and confused of what her life will be like. She also looked very fatigued and tired, which correlates with her statement of feeling tired and in pain due to her chemotherapy and testing.

The mental strain on Tina is a lot at the moment. She socially has withdrawn from friends as she feels insecure and sad that the chemotherapy is making her hair fall out. Her parents are very concerned about her isolation from her friends and social circle. Tina expressed that she is tired of going to doctors' appointments and getting tests done so frequently. She is a young girl

that just wants to “feel normal” as she puts it. She hasn’t slept in her own bed or stayed in her own room for quite some time. Tina’s bedroom is upstairs, but she has not ventured to her bedroom as the stairs have become too painful for her to endure. So, she has been sleeping on the couch downstairs in their living room.

From what Tina has told me she has no history of any other previous trauma. She does not have any legal or financial concerns - just the concerns that have to do with her family life at home. Tina is thankful that her mom wanted to quit her job to take care of her but seems to express some concerns towards her father. He works during the week at his full-time position, and now works on the weekends to provide extra income for the family so Tina’s mom can continue to stay at home and be the sole caretaker.

This leads to the client’s strengths. Tina, although quite young, is extremely aware of her condition and the effects it has on her specifically as well as her family. Not only is Tina extremely resilient and strong for pursuing chemotherapy treatment and constant testing. She told me that she doesn’t want people to think of her as weak. She doesn’t want people to see her as something or someone that isn’t herself. Tina feels like she is a different person due to the chemotherapy and the leukemia. This seems to fuel a strength of hers though: recovery and focusing on staying strong. Her strength isn’t just physical though. Yes, Tina has been persevering through her physical treatments to fight the cancer, but she is also mentally stronger than she thinks. Mentally this may be extremely confusing and disorienting for a young 14-year-old female just starting high school. This age group typically focuses on their social life and how society (and school) views them. Although Tina is indeed worried about people seeing her as weak, that is the furthest thing from the truth. She is mentally strong- even though she is tired and fearful of the unknown and the future, she is pushing through treatment to gain control of her

life. She is pushing through physically and mentally draining and painful experiences and testing to try and assure that she has a present and a future. All Tina stated is that she wishes she could be with her friends. So of course mentally there is also the social strain of being isolated (as previously stated). But Tina being able to take the step to find treatment and recognize that she needs help coping and dealing with her diagnosis and the mental strain she is experiencing shows tremendous strength in her character.

Impressions, Assessment, and Recommendations

When asked how she defines and views her diagnosis, Tina said that leukemia is painful, lonely and it stinks. Looking at her mental state, Tina is looking at leukemia as a negative experience. The client seems to naturally have beliefs and perspectives that align with the theoretical perspective known as the medical model.

The medical model is quite a rigid perspective when looking at the diagnosis of any ailment, injury, or condition. The medical model, in short, states that any diagnosis that does not fit the description of “normal” for human function or is perceived as someone’s body being defective. The medical model looks at physical differences like abominations. The medical model looks at humanity and states that they should all be healthy and “normal” without any bump or unsuspecting disability or diagnosis coming across the path of life. Instead of looking at diagnoses as an overall experience that is a learning experience, the medical model only states that it is negative and is stuck in its old-fashioned way. Instead of encouraging people to pursue and adjust to life in this new perspective, the medical model just thinks it is bad and that is all there is to the diagnosis - when that is far from the truth most of the time.

I bring up the medical model since Tina seems to be aligning her beliefs in this perspective. The medical model is extremely rigid since it doesn’t look at context within a

client's life or environment - only the diagnosis. This is not helpful, and this is similar to Tina's mindset as well. She is just focusing on the negatives of her current situation. Granted it can be quite hard trying to find the positives or any light in a negative situation. It seems that Tina is focusing on the physical and medical aspects of her diagnosis and disability. Rather than looking at how she has a wonderful loving family to support her through this trying time. Tina is focused on the pain and the strain that she is experiencing. She is focused on the "defect" of how she can't sleep in her own bedroom anymore since it is on the second floor and it hurts too much to use stairs. It seems that her emotional and mental strain and struggle to cope is being morphed into frustration towards her diagnosis and her body. She says that she can't "be normal" since she has to go to doctors' appointments and get tests run very frequently. This lines up with the medical model's black and white viewpoint of good and bad diagnoses or lives. The medical model only looks at the medical aspect: the diagnosis, the symptoms, the physical features. This seems to be the only thing that is occupying Tina's mindset: what she can't do, what her physical limitations are, what she's missing out on. It is like having tunnel vision; only focusing on what can't be done rather than what could be adjusted or what can be currently accomplished. Tina's focus is on being stuck and not considering her mental health or the strength that resides within herself.

Goals and Recommendations for Work with Client

As Tina was referred to me by her Oncologist, I think one of the things that should be addressed is simply how she is doing. Not just physically since that is easier to discuss since it is so much present information, but how she is mentally and socially. I think the most prevalent issues that I would like to address with Tina is if she has any coping skills or mechanisms that she is utilizing to help her through this extremely tough time. She had mentioned that her parents

are extremely supportive, but I'm curious and want to learn more about if she's stayed in touch with her friends despite her tendency to isolate from social environments. I'd also like to address how the isolation makes Tina feel, and what she thinks her friends would say or how they would react if she reached out to spend time with them. While working on these challenges, one main key theme with these perspectives is that Tina is just focusing on how her leukemia is bad. I would like to speak with her in one of our sessions to see if she finds any strengths within herself, and how we can empower her especially during this stressful time.

Honestly even though Tina's perspective resides with the medical model, this is not a helpful model when it comes to social work as it only focuses on the medical aspect. So I would like to incorporate the biopsychosocial model since it looks at the overall well-rounded picture of the client. This means the model looks at the biological perspective, psychological perspective, and social perspective of the client and their life. So, when presenting goals and interventions with Tina I am doing so with an open-mind and asking her questions about her life to get a bigger picture of what's going on. I had asked her how she defined her disability in the middle of our initial assessment, and she seemed quite upset when she said, "it's lonely, cancer sucks." I asked her what about it makes it lonely, and she stated that since she's afraid of the future and being seen as weak, she doesn't spend time with her friends anymore. Her main time is spent at home with her parents, or at church when they bring Tina there on Sundays.

The intervention that I would specifically want to try to implement with Tina is cognitive behavioral therapy (CBT). Seeing that her fears and her communication is led by distorted cognitions shaped by fear and insecurities. The goal of this intervention would not only be to help work through these cognitions, but to show Tina that she can control these thoughts and unless it is fact, she can prove them wrong. Like with her fear of being seen as weak by her

friends, Tina knows her friends as well as they know her; if she knows them well enough then she understands that rationally they won't see her as weak. We will work on reshaping the cognition into something realistic or positive. Like stating that instead of her friends seeing her as weak, I will help Tina believe that her friends love her for who she is and will only see her as a strong young woman fighting cancer. I think the main goal to keep in mind with Tina's goals as of this moment, is that her issues seem to be coming from a similar theme of uncertainty and insecurity. Tina doesn't want to seem vulnerable, so the goal is to also help Tina understand that vulnerability isn't necessarily a bad thing.

In Tina's case, I would like to focus on a majority of short-term goals to make it easier to grasp and more realistic for her to achieve and conceptualize. Just to reiterate, the goals and analysis in this assessment is utilizing the biopsychosocial model as it is more productive and positive than the medical model that Tina's mind seems to be set in.

The first goal I would like to set with Tina (as we communicate with one another) is short-term that could last for the long-term, but it's reaching out to one friend. She can name a friend that she feels the closest and safest with (maybe her best friend) and have Tina reach out to the friend, whether it's a text message or a phone call, to maybe meet in a safe place for Tina like her home. The goal is to just instigate some sort of conversation and possible meet-up to slowly build Tina's sense of safety and support. The second goal is to find a health coping mechanism that works for Tina. As I get to know her in our sessions, I'd like to be able to provide some helpful tools and options that may help her cope with her current situation. Whether her new coping skill be journaling, meditation, or deep breathing; just something to help her manage her anxiety with her health status and life. Coping mechanisms are extremely important, especially with the degree of Tina's leukemia diagnosis. Tina has expressed that she

just feels upset and alone as she tends to isolate herself, so I find that these first two goals are quite appropriate with her and her family's concerns.

The third goal for Tina's treatment is to focus on empowerment. This can be both a short-term and long-term goal. We will start by identifying what Tina sees as strengths within herself, and try to build upon her identifications and maybe try to pull out why she doesn't see certain characteristics as strengths within herself. And the fourth goal to start off with Tina's initial treatment is to honestly help her try to find a group of people who identify similarly to Tina. By that I mean to try and get Tina to join a support group of young teenagers who are going through cancer treatment - or if there is a group specifically for leukemia then she could try to go to that group. The first step would be to just suggest the idea and get her to think about it and slowly I can offer resources and group information to see if Tina would be willing to give it a try, even if she just shows up and listens the first time or two. But helping her become part of a community of people who are in similar situations as she is currently experiencing can help validate her, her emotions and anything that may be going through her mind. Again, with the degree of her diagnosis, it is extremely important to make sure that she has some sort of sense of community and support whether that be through her family and friends, and hopefully the inclusion of people who are going through a similar process currently. The reality is that we will be taking things one step at a time, but these goals would be a great way to help make Tina's treatment and coping a bit easier as time goes on.