

# LUTHERAN SOCIAL SERVICE OF IOWA

## Family Preservation Program

### Treatment Plan

6:00 Tues. 28<sup>th</sup> Adra

Client: Dustin Wehde  
 LSS Worker: Audra O'Neill  
 Date of Plan: 03-24-98

Date and Time of Referral: 03-17-98/4:30pm  
 Date and Time Services Initiated: 03-18-98/12:00pm

**COLLABORATION:** *The Treatment Plan must be developed and revised in consultation with the following parties. If any member(s) of the party is excluded, you must describe the content or rationale for their lack of involvement.*

DHS Worker	Date	Content:
Bobby Winslow	03-17-98	The family was self-referred to the DHS. Dustin is extremely defiant, steals from family members, doesn't participate in family functions, is failing in school, and has no friends. The family members have been seeing doctors, psychiatrists, and counselors for 10 years with very few results. Mona and Brett are experiencing marital difficulties as a result of the behaviors.
Family Mona and Brett Wehde	03-18-98	Met with Mona and Brett in the family home. Both parents are overwhelmed in dealing with Dustin's behaviors. The family has seen several doctors and psychiatrists and have heard many possible diagnosis, but there has been very little progress in the past 10 years. The family's insurance does not cover mental health and therefore the family is being overwhelmed with mental health medical bills in trying to get Dustin help. Brett and Mona are unable to spend much time together as a couple because <u>they can not leave Dustin home alone or with his sisters. Dustin needs almost constant supervision.</u> The family is caught in a negative cycle of interactions and has found it easy and comfortable to blame all of the problems on Dustin, rather than to face the real issues at hand.
Child Dustin Wehde	03-19-98	Dustin was cooperative with this worker. Dustin reported that he feels a great deal of time and money has been spent on seeing counselors and doctors and there has been no results. Dustin states that he would like his family to argue less and get along better. Dustin is very oppositional and will only comply on his time schedule.

**STRENGTHS AND NEEDS OF CHILD:** *Briefly summarize child's emotional and physical development, evaluation of past experiences and problems, as found in child's Permanency Plan.*

Dustin is a 16 year old sophomore at the Crestland Schaller Community High School. Dustin is currently failing all of his classes except Biology in which he has an A-. Dustin does not appear developmentally age appropriate, yet in many areas he is extremely intelligent. Dustin is not socially age appropriate. Dustin does not have age appropriate friendships. Dustin lacks the social skills to develop friendships.

X Dustin is currently on Prozac and Ritalin. Dustin is seeing Dr. Hillard in Des Moines for a psychiatric evaluation. Dr. Hillard feels that Dustin meets the criteria for Obsessive Difficult Temperament.

Dustin is extremely defiant and oppositional. Dustin is irritable and does not accept change well. Dustin displays many disruptive behaviors. Dustin's thought process is very concrete.

Dustin enjoys watching TV and riding snowmobiles. Dustin has a driver's permit and enjoys driving.

**STRENGTHS AND NEEDS OF FAMILY:** *Briefly summarize family situation, parents' need, parents' role during placement.*

Mona and Brett are both employed full time. Mona is employed by Real Estate Specialists and Brett is employed by Combelt Manufacturing.

Both parents are overwhelmed in dealing with Dustin's behaviors. Brett has withdrawn from the situation leaving Mona feeling like she has no support in intervening with Dustin's maladaptive behaviors. The couple is experiencing marital difficulties as a result.

### LUTHERAN SOCIAL SERVICE OF IOWA

regarding the earlier incident between Mona and Dustin. Reviewed parenting techniques and behavior management techniques that could be used to deal with Dustin's behaviors and minimize the family conflicts. Skill development services were provided to teach the family compromise and negotiation skills. Therapy and counseling was provided to process emotions and perceptions regarding the earlier incident.

04-14-98 (4:10-5:45pm) Met with Mona and Dustin in the family home. Discussed the respite care services available to the family. Completed the respite care paperwork.

04-15-98 (10:00pm) Phone call from Mona. Mona was overwhelmed in dealing with trying to work full time and manage the household and the children's behaviors.

The Wehde family has cooperated with this worker during this reporting period. The focus of services during this reporting period has been to help the family members understand the behaviors and the characteristics related to Dustin's diagnosis of ODT. Skill development has focused on teaching the family members to compromise and negotiate with Dustin in order to minimize conflict and to teach Dustin that he will not always be able to have things go his way.

The parents are using the "1-2-3 Magic" parenting method in an effort to reduce arguing and fighting with the children. The family is attending the six week parenting classes provided by the SCCPCA.

Brett began to engage in services on 09-09-98, but following the incident on 04-13-98 Brett has disengaged from the situation. Brett is extremely angry with Dustin and therefore has few interactions with Dustin. The interactions are strained and mostly negative. Brett is requesting that Dustin be placed in foster care.

On 04-08-98 Dustin became frustrated following an argument with his family members over the TV. Brett physically removed Dustin from the TV and Dustin retreated to his bedroom where he punched a hole in the wall. On 04-13-98 Dustin and Mona were in an argument because Mona had taken Dustin's billfold to look for some stolen money. The argument escalated until Mona was trying to run from Dustin and escape the house and Dustin as chasing her. Following this incident both parents strongly requested foster care for Dustin.


This worker gave the family the application and information to enroll Dustin in the vocational rehabilitation program.

Dustin is scheduled to go to respite care at the Dale and Cindy Olsen home in Alta on 04-19-98 to 04-21-98.

### Section III - Present Concerns/Barriers to Treatment

PSYCHIATRIC INTAKE EVALUATION  
I: AXII:  
II:  
III:  
IV:  
KV: GAF =

004556  
WEHDE DUSTIN B  
02  
08/20/98  
112  
Page 2

that hospitalization. He did fine at home for several weeks until it was time to go back to school and then things started to decline again. Mother tends to blame the school for this decline in Dustin's behavior. She also criticizes the Iowa City clinics for not making sure that follow-up appointments were in place. The family doctor wasn't sure how to handle Dustin's medications and Dustin was ultimately taken off of the medications. 


At the age of 15, according to mother, the school counselor obtained Dustin's records from Iowa City and told them that he had attention deficit disorder and, therefore, it was understandable that he wasn't getting his assignments done and having behavior problems. Mother feels that this gave Dustin unspoken permission to misbehavior and not finish his assignments. In an effort to be cooperative, the teachers cut the length of his assignments and mother felt that wasn't in Dustin's best interests because he then wasn't challenged.

In October of 1997, Dustin was started on Prozac by Dr. Anderson after Dr. Anderson diagnosed him with depression. This came about partly because Dustin read an article in a magazine about Prozac and its uses. He then gave the article to his mother and made some evasive threats about what might happen to him if he wasn't treated for depression. After he saw Dr. Anderson and was started on Prozac, he also received counseling with Sharon Eckert and the whole family was in counseling with Teri Rohret through Spencer Psychiatry.

X Then, Dustin was taken to see a Dr. Hilliard in Des Moines. Dr. Hilliard diagnosed him with obsessive difficult temperament syndrome but prescribed no medications because after the evaluation, mother became aware of the fact that Dr. Hilliard is not even a psychiatrist, let alone a child psychiatrist. She initially believed this doctor to be a child psychiatrist.

In the meantime, Dustin had been scheduled for an appointment at the University of Nebraska but that appointment had to be cancelled because of something else that came up.

More recently, the Department of Human Services through BV County provided 45 days of in-home counseling (perhaps family preservation) and then referred the in-home case to Seasons Center where Dustin and his family were seen by Carol Stubbe and John Flowers.

X Also recently, Dustin spent three days in "respite care" (foster care), then was home for a while and then back to respite care for one week. The foster parents decided that Dustin has been misdiagnosed and needed a new diagnosis so that he could be on appropriate medication to handle his difficulty. The foster parents felt that Dustin was seriously ill  because they saw him talking to himself and answering himself and picking imaginary lint off of his shirt.


## LUTHERAN SOCIAL SERVICE OF IOWA

"1-2-3 Magic" parenting video to view.

03-20-98 (8:00pm) Beeper call from Mona as the result of an argument between her and Brett.

03-23-98 (4:30-6:00pm) Met with Mona and Brett in the family home. Dustin, Ashley, and Briana were also present in the home. Reviewed the paperwork from Dr. Hillard on Obsessive Difficult Temperament. Discussion focused on identifying parenting strategies that would work with Dustin's behavior problems. Addressed the marriage problems through discussion. Focused on differentiating between the marital problems and Dustin's behavior problems. Referred the parents to WIMH for marriage counseling and also to the SCCPCA parenting classes.


03-23-98 (7:00pm) Phone call from Mona regarding the discipline program established for Dustin.

03-24-98 (5:30pm) Phone call from Mona regarding an incident of sibling rivalry and physical aggression. 

03-25-98 (1:00-3:00pm) Met with Mona at the BV DHS. Discussion focused on the marital problems between her and Brett. Explored and processed emotions and perceptions regarding the marital problems. Discussed written handouts on healthy relationships and codependency.

03-26-98 (1:30-2:45pm) Met with Mona and Bobby Winslow at the BV DHS. Reviewed the Family Preservation Treatment Plan. Identified needs and strengths for the family members. Discussion focused on Dustin's behaviors as well as other family dynamics contributing to the current situation.

The Wehde family has cooperated fully with this worker during this reporting period. On 03-20-98 Dustin completed his evaluation with Dr. Hillard at Child Psychiatry Associates in Des Moines. Dustin was diagnosed with Obsessive Difficult Temperament. Dr. Hillard has suggested that the most effective way to intervene with Dustin's behaviors is to minimize the major conflicts and blow ups by ignoring his behaviors and choosing the battles carefully. Dr. Hillard also suggested to compromise and negotiate rather than demand and try to implement strict consequences. Dustin will only comply on his time schedule. He can not be forced or persuaded into compliance. Dr. Hillard feels that continuing with Prozac may help to decrease some of the behaviors.

Mona and Brett report that Dustin began demonstrating defiant behaviors at the age of 2. Dustin is irritable, inflexible, obsessively rigid, and a perfectionist. Dustin has impaired social functioning. Dustin is not only obsessive, oppositional, and defiant at home, but also at school. Dustin has average academic ability, but is failing the majority of his classes because he refuses to do the daily work. Dustin does well on test scores when he chooses to complete the tests. 

Dustin has been able to verbalize to this worker that he feels there have been very few results from past counseling efforts. Dustin states that he would like his family to get along better and that he does not like the arguing and fighting.

Respond to the statement if it applies to you. DVRS is interested in your response as to how your condition affects you. If you have any questions or comments, they can be addressed when you meet with your counselor. Completed by Mother to Dustin White applicant

**MOBILITY:**

I have difficulty or limitations in the movement of my body or getting from place to place. If yes, please explain.

**SELF CARE:**

I have difficulty or limitations in taking care of myself and living independently. If yes, please explain.

Dustin does not brush teeth, hair, wash face, or shower without a lot of request to + many reminders

**SELF DIRECTION:**

I have limitations in planning, completing or managing my life goals or activities. If yes, please explain.

Dustin have life goals but does not take proper steps to begin to meet these goals - Talks - no actions. Can not plan, more does he complete hardly any started activities. Any activities he starts takes a long time + many prompts to get started.

**WORK SKILLS:**

I do not currently possess the skills necessary to work, or I can no longer do my usual work. If yes, please explain.

Doesn't work well in groups - needs own space - disrespectful. Thinks he knows a better way to do his job - argues with employer. Slow to start, Lack of any experience.

**WORK TOLERANCE:**

I do not have the strength or stamina to work in certain environments or situations. If yes, please explain.

Low frustration tolerance  
anger management problems

**INTERPERSONAL SKILLS:**

I have difficulty in working with other people. If yes, explain.

See above  
Poor communication skills

**COMMUNICATION:**

I have difficulty in reading, writing, speaking, or hearing. If yes, please explain.

Written skills lacking  
unable to transfer ideas onto paper.  
(written) Developmental written language delay.