Case Study: Quidel – Thomas Family
"Nina and Billy"

Family Background: The identified client is Nina Quidel, a 36 year-old female who is Native American. Ms. Quidel currently lives in Cicero, a northern suburb of Onondaga County. She has a high school education and one-year of community college for music. She has a history of stable employment but is currently laid off from Allied Manufacturing. She worked on an assembly line and was given several promotions in the past. Ms. Quidel dreams of bettering herself job wise but has difficulty acting upon it for a number of reasons. She is involved in a Native American dance group. Ms. Quidel has 2 daughters whom she cares about deeply. Rayen, whose name means flower, is 15 years old. Her father, who is Native American, is in prison, has little involvement with his daughter and is not listed on her birth certificate. Tamaya (meaning center) is 7 years old. Ms. Quidel is the primary caregiver for the children and the household. Despite recurring bouts of endometriosis, Ms. Quidel maintains the belief that natural cures are best suited for her condition.

Tamaya's father is Ms. Quidel's live-in partner, Mr. William (Billy) Thomas, age 29 and of European American heritage. He is legally Tamaya's father, and is involved in her and her older sister's upbringing. Ms. Quidel and Mr. Thomas have lived together for over 7 years with several short periods of separation. While Ms. Quidel says she would consider marriage; Mr. Thomas remains uncommitted. Mr. Thomas is currently employed at a local restaurant/bar as a waiter. His employment record is spotty. He also is a member of a fairly successful local band playing bass guitar. Mr. Thomas believes in male role traditions as head of the household, "like I grew up with," which creates tension in the relationship.

Both of Ms. Quidel's parents have been deceased for the last 8 years. She maintains a relationship with her uncle, James Wolfe, who works for the Oneida Indian enterprise, Turning Stone Casino. Ms. Quidel's sister, Maria Quidel, frequently looks Rayen and Tamaya, who she is close to. Maria Quidel, however, maintains an antagonistic relationship with Mr. Thomas. Mr. Thomas' parents are split. He maintains contact with both, however the girls only see Mr. Thomas' mother on occasion.

Presenting Issues: Ms. Quidel referred herself to work with a Preventive Services Worker due to her inability to control Rayen and the pending school proceedings for educational neglect due to Rayen's frequent absences. Rayen experiences mild developmental delays and has difficulty processing specific instructions. She attends resource room activities at school in addition to her regular school program. Her behavior problems persist at school, home and in her peer settings. Her behavior problems include truancy, violence, verbal aggression, stealing and promiscuity. Rayen often feels that she is being punished by "the man" (meaning the system) too harshly and unfairly. Rayen has recently joined a Young Life group in her community at the suggestions of a new friend who goes. Young Life is a Christian based youth group held in homes and not associated with a particular church. Mother is unsure of this group and Mr. Thomas is against it, calling it "brainwashing". Mother often states that she sees much of herself in Rayen. Mr. Thomas feels that he could control Rayen if her mother let him. Ms. Quidel and Mr. Thomas often argue about discipline. Tamaya is in 3rd grade and mother reports that she has good grades, loves school and is well behaved. This worker has noted that Tamaya is somewhat socially withdrawn and clings to her mother especially when the father is around. Mr. Thomas states that he believes in corporal punishment and has spanked the girls. It should be noted that Mr. Thomas himself had as child a Preventive Services caseworker as a result of domestic violence in his home and his use of alcohol at a young age. He is resistant to the services of this caseworker.

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What are the strengths of this family:

Mother's education and stable employment history
Father's willingness to parent both daughters
Girls and mother's support from sister.
Native American traditions and support
Relationship with uncle who is employed in a growing enterprise
Mother self referred for help.
Parents share an interest in music
Neighborhood is stable with little violence although there are fewer easily accessed services.

Familial Relationships Stressors:

Unemployment of mother and low and irregular income of father
Father frequently works evenings and is often not home
Father's parental history of domestic violence and involvement in the child welfare system.
Father works in high-risk context for alcohol/substance abuse with a past history
Mother's sister does not like the Father
Blended family
Oldest daughter's behavior
Disagreement on the involvement of PPS
Inter-racial couple.
Cultural Differences – Nina's matriarchal society and Billy's head of household culture.
Disagreement over discipline.

Couple Relationship Stressors:

Communication issues between Nina and Billy in terms of their respective roles.
Unresolved issues with first daughter's birth father both on the part of Nina and Billy.
Not much time together for "courting"
Billy doesn't like her sister because she doesn't like him.
Potential concern about flirtatious activities at restaurant/bar and band venues.
Not enough money to make ends meet.
Endometriosis and Billy's concern for her health and choice of health care

Is the children's behavior impacted by the Couple Relationship?

Rayen's acting out may well be related to couple functioning.
Tamaya's withdrawn behavior may be an indicator that corporal punishment by father has cross over the line into abuse. Father is a victim of domestic abuse as well.
Parents lack of cohesion in terms of children's activities (Young Life) and discipline may be problematic.

From a Family Systems perspective are their issues in terms triangulation, role definition, boundaries, etc. that should be addressed? Interparental Conflict present? Is triangulation a possibility? Are the children impacting the couple relationship? (Buchanan & Waizenhofer, 2001; Cummings, et al., 2001)

Special Considerations for this Couple Around Medical Illness? Substance Abuse? (Bell, et al., 2004)?

Endometriosis – painful, chronic condition where the lining of the uterus is found in locations outside the uterus. These tissues develop into growths or lesions which respond to the menstrual cycle. Each cycle month the tissue builds up (like the uterus), breaks down and sheds. However, unlike the uterus, it has no way to leave the body. The result is internal bleeding and inflammation. In general if the disease is not treated it will get worse. If diagnosed early it can usually be treated but will often re-occur.

Couples Beliefs:
Nina believes in natural vs Billy wants a more aggressive, modern approach.
Impacts their sex life.

Macro Social Forces:

Racism
Poverty
Gender issues –

- Girls who demonstrate violence, especially girls of color, are often treated more harshly by the system then a boy would be treated for worse behavior.
- Mother's role in the family and father's expectations

What are the developmental tasks/issues for this family?

According to Minuchin – this family is straddling 2 phases – Families with School Children and Families with Adolescents. The family needs to do more to support the school experience: Both children need more support in this area from their parents even though they react to school in different ways.

For the younger daughter, they need to encourage peer activities and begin to establish the extra-curriculur interests and activities which will help her to engage with other, form attachment to school and give her goals/purpose.

For the older, establish mutual rule-making would be a critical developmental task at this time. In addition, the familiy needs to recognize the power of the peer group and perhaps structure it so that she has more exposure to positive peers such as the Young Life Group.

Is marriage in their future? Should they remain in a state of cohabitation?

7 year relationship
She wants to marry, he is uncommitted

What difference would it have made if they received couple intervention prior to the birth of the 7 year old? (Dion, et al, 2004; Gottman, Chapt 3, 1999)

Could have dealt with issues of power sharing, child rearing and discipline, formed a firm friendship

What elements of a healthy marriage does this couple have? Need to work on? (Gottman, Chapt 1, 1999; Anderson-Moore, et al., 2004)?

Have:

- Shared interests
- Commitment (7 years, reuniting consistently even with brief separations)
- Emotionally engaged with each other
- Commitment to children

Work On: Shared values and goals, conflict resolution, strong couple connection

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1. **What are the strengths of the couple?**

2. **What are the family stressors? Couple stressors?**

3. **Is the children's behavior impacted by the Couple Relationship?**

4. **From a Family Systems perspective are their issues in terms triangulation, role definition, boundaries, etc. that should be addressed? Interparental Conflict is present? Is triangulation a possibility? Are the children impacting the couple relationship?**

5. **What are the special considerations for this couple around medical illness? Substance abuse?**

6. **What are the macro social forces present?**

7. **What are the developmental tasks/issues for this family?**

8. **What difference would it have made if they received couple intervention prior to the birth of the 7 year old?**

9. **What elements of a healthy marriage does this couple have? need to work on?**

Endometriosis

Endometriosis is a condition where tissue similar to the lining of the uterus (the endometrial stroma and glands, which should only be located inside the uterus) is found elsewhere in the body.

Endometriosis lesions can be found anywhere in the pelvic cavity: on the ovaries, the fallopian tubes, and on the pelvic sidewall. Other common sites include the uterosacral ligaments, the cul-de-sac, the Pouch of Douglas, and in the rectal-vaginal septum.

In addition, it can be found in caecarian-section scars, laparoscopy or laparotomy scars, and on the bladder, bowel, intestines, colon, appendix, and rectum.

In rare cases, endometriosis has been found inside the vagina, inside the bladder, on the skin, even in the lung, spine, and brain.

The most common symptom of endometriosis is pelvic pain. The pain often correlates to the menstrual cycle, but a woman with endometriosis may also experience pain that doesn't correlate to her cycle. For many women, the pain of endometriosis is so severe and debilitating that it impacts their lives in significant ways.

Endometriosis can also cause scar tissue and adhesions to develop that can distort a woman's internal anatomy. In advanced stages, internal organs may fuse together, causing a condition known as a "frozen pelvis."

It is estimated that 30-40% of women with endometriosis are infertile.

Symptoms of endometriosis

The most common symptom of endometriosis is pelvic pain. The pain often correlates to the menstrual cycle, however a woman with endometriosis may also experience pain at other times during her monthly cycle.

For many women, but not everyone, the pain of endometriosis can unfortunately be so severe and debilitating that it impacts on her life significant ways.

Pain may be felt:

- before/during/after menstruation
- during ovulation
- in the bowel during menstruation
- when passing urine
- during or after sexual intercourse
- in the lower back region

Other symptoms may include:

- diarrhoea or constipation (in particular in connection with menstruation)
- abdominal bloating (again, in connection with menstruation)
- heavy or irregular bleeding
- fatigue

The other well known symptom associated with endometriosis is **infertility**. It is estimated that 30-40% of women with endometriosis are subfertile.