

The Petrakis Family

Helen Petrakis is a 52-year-old heterosexual married female of Greek descent who says that she feels overwhelmed and “blue.” She came to our agency at the suggestion of a close friend who thought Helen would benefit from having a person who could listen. Although she is uncomfortable talking about her life with a stranger, Helen said that she decided to come for therapy because she worries about burdening friends with her troubles. Helen and I have met four times, twice per month, for individual therapy in 50-minute sessions.

Helen consistently appears well-groomed. She speaks clearly and in moderate tones and seems to have linear thought progression; her memory seems intact. She claims no history of drug or alcohol abuse, and she does not identify a history of trauma. Helen says that other than chronic back pain from an old injury, which she manages with acetaminophen as needed, she is in good health.

Helen has worked full time at a hospital in the billing department since graduating from high school. Her husband, John (60), works full time managing a grocery store and earns the larger portion of the family income. She and John live with their three adult children in a 4-bedroom house. Helen voices a great deal of pride in the children. Alec, 27, is currently unemployed, which Helen attributes to the poor economy. Dmitra, 23, whom Helen describes as smart, beautiful, and hardworking, works as a sales consultant for a local department store. Athina, 18, is an honors student at a local college and earns spending money as a hostess in a family friend’s restaurant; Helen describes her as adorable and reliable.

In our first session, I explained to Helen that I was an advanced year intern completing my second field placement at the agency. I told her I worked closely with my field supervisor to provide the best care possible. She said that was fine, congratulated me on advancing my career, and then began talking. I listened for the reasons Helen came to speak with me.

I asked Helen about her community, which, she explained, centered on the activities of the Greek Orthodox Church. She and John were married in that church and attend services weekly. She expects that her children will also eventually wed there. Her children, she explained, are religious but do not regularly go to church because they are very busy. She believes that the children are too busy to be expected to help around the house. Helen shops, cooks, and cleans for the family, and John sees to yard care and maintains the family’s cars. When I asked whether the children contributed to the finances of the home, Helen looked shocked and said that John would find it deeply insulting to take money from his children. As Helen described her life, I surmised that the Petrakis family holds strong family bonds within a large and supportive community.

Helen is responsible for the care of John’s 81-year-old widowed mother, Magda, who lives in an apartment 30 minutes away. Until recently, Magda was self-sufficient, coming for weekly family dinners and driving herself shopping and to church. But 6 months ago, she fell and broke her hip and was also recently diagnosed with early signs of dementia. Through their church, Helen and John hired a reliable and trusted woman to check in on Magda a couple of days each week. Helen goes to see Magda on the other days, sometimes twice in one day, depending on Magda’s needs. She buys her food, cleans her home, pays her bills, and keeps track of her medications. Helen says she would like to have the helper come in more often, but she cannot afford it. The money to pay for help is coming out of the couple’s vacations savings. Caring for Magda makes Helen feel as if she is failing as a wife and mother because she no longer has time to spend with her husband and children.

Helen sounded angry as she described the amount of time she gave toward Magda’s care. She has stopped going shopping and out to eat with friends because she can no longer find the time. Lately, John has expressed displeasure with meals at home, as Helen has been cooking less often and brings home takeout. She sounded defeated when she described an incident in which her son, Alec, expressed disappointment in her because she could not provide him with clean laundry. When she cried in response, he offered to help care for his grandmother. Alec proposed moving in with Magda.

Helen wondered if asking Alec to stay with his grandmother might be good for all of them. John and Alec had been arguing lately, and Alec and his grandmother had always been very fond of each other. Helen thought she could offer Alec the money she gave Magda’s helper.

I responded that I thought Helen and Alec were using creative problem solving and utilizing their resources well in crafting a plan. I said that Helen seemed to find good solutions within her family and culture. Helen appeared concerned as I said this, and I surmised that she was reluctant to impose on her son because she and her husband

seemed to value providing for their children's needs rather than expecting them to contribute resources. Helen ended the session agreeing to consider the solution we discussed to ease the stress of caring for Magda.

In our second session, Helen said that her son again mentioned that he saw how overwhelmed she was and wanted to help care for Magda. While Helen was not sure this was the best idea, she saw how it might be helpful for a short time. Nonetheless, her instincts were still telling her that this could be a bad plan. Helen worried about changing the arrangements as they were and seemed reluctant to step away from her integral role in Magda's care, despite the pain it was causing her. In this session, I helped Helen begin to explore her feelings and assumptions about her role as a caretaker in the family. Helen did not seem able to identify her expectations of herself as a caretaker. She did, however, resolve her ambivalence about Alec's offer to care for Magda. By the end of the session, Helen agreed to have Alec live with his grandmother.

In our third session, Helen briskly walked into the room and announced that Alec had moved in with Magda and it was a disaster. Since the move, Helen had had to be at the apartment at least once daily to intervene with emergencies. Magda called Helen at work the day after Alec moved in to ask Helen to pick up a refill of her medications at the pharmacy. Helen asked to speak to Alec, and Magda said he had gone out with two friends the night before and had not come home yet. Helen left work immediately and drove to Magda's home. Helen angrily told me that she assumed that Magda misplaced the medications, but then she began to cry and said that the medications were not misplaced, they were really gone. When she searched the apartment, Helen noticed that the cash box was empty and that Magda's checkbook was missing two checks. Helen determined that Magda was robbed, but because she did not want to frighten her, she decided not to report the crime. Instead, Helen phoned the pharmacy and explained that her mother-in-law, suffering from dementia, had accidentally destroyed her medication and would need refills. She called Magda's bank and learned that the checks had been cashed. Helen cooked lunch for her mother-in-law and ate it with her. When a tired and disheveled Alec arrived back in the apartment, Helen quietly told her son about the robbery and reinforced the importance of remaining in the building with Magda at night.

Helen said that the events in Magda's apartment were repeated 2 days later. By this time in the session Helen was furious. With her face red with rage and her hands shaking, she told me that all this was my fault for suggesting that Alec's presence in the apartment would benefit the family. Jewelry from Greece, which had been in the family for generations, was now gone. Alec would never be in this trouble if I had not told Helen he should be permitted to live with his grandmother. Helen said she should know better than to talk to a stranger about private matters.

Helen cried, and as I sat and listened to her sobs, I was not sure whether to let her cry, give her a tissue, or interrupt her. As the session was nearing the end, Helen quickly told me that Alec has struggled with maintaining sobriety since he was a teen. He is currently on 2 years' probation for possession and had recently completed a rehabilitation program. Helen said she now realized Alec was stealing from his grandmother to support his drug habit. She could not possibly tell her husband because he would hurt and humiliate Alec, and she would not consider telling the police. Helen's solution was to remove the valuables and medications from the apartment and to visit twice a day to bring supplies and medicine and check on Alec and Magda.

After this session, it was unclear how to proceed with Helen. I asked my field instructor for help. I explained that I had offered support for a possible solution to Helen's difficulties and stress. In rereading the progress notes in Helen's chart, I realized I had misinterpreted Helen's reluctance to ask Alec to move in with his grandmother. I felt terrible about pushing Helen into acting outside of her own instincts.

My field instructor reminded me that I had not forced Helen to act as she had and that no one was responsible for the actions of another person. She told me that beginning social workers do make mistakes and that my errors were part of a learning process and were not irreparable. I was reminded that advising Helen, or any client, is ill-advised. My field instructor expressed concern about my ethical and legal obligations to protect Magda. She suggested that I call the county office on aging and adult services to research my duty to report, and to speak to the agency director about my ethical and legal obligations in this case.

In our fourth session, Helen apologized for missing a previous appointment with me. She said she awoke the morning of the appointment with tightness in her chest and a feeling that her heart was racing. John drove Helen to the emergency room at the hospital in which she works. By the time Helen got to the hospital, she could not

The Petrakis Family

Magda Petrakis: mother
of John Petrakis, 81

John Petrakis: father, 60

Helen Petrakis: mother, 52

Alec Petrakis: son, 27

Dmitra Petrakis: daughter, 23

Athina Petrakis: daughter, 18

catch her breath and thought she might pass out. The hospital ran tests but found no conclusive organic reason to explain Helen's symptoms.

I asked Helen how she felt now. She said that since her visit to the hospital, she continues to experience shortness of breath, usually in the morning when she is getting ready to begin her day. She said she has trouble staying asleep, waking two to four times each night, and she feels tired during the day. Working is hard because she is more forgetful than she has ever been. Her back is giving her trouble, too. Helen said that she feels like her body is one big tired knot.

I suggested that her symptoms could indicate anxiety and she might want to consider seeing a psychiatrist for an evaluation. I told Helen it would make sense, given the pressures in her life, that she felt anxiety. I said that she and I could develop a treatment plan to help her address the anxiety. Helen's therapy goals include removing Alec from Magda's apartment and speaking to John about a safe and supported living arrangement for Magda.

The Cortez Family

Paula is a 43-year-old HIV-positive Latina woman originally from Colombia. She is bilingual, fluent in both Spanish and English. Paula lives alone in an apartment in Queens, NY. She is divorced and has one son, Miguel, who is 20 years old. Paula maintains a relationship with her son and her ex-husband, David (46). Paula raised Miguel until he was 8 years old, at which time she was forced to relinquish custody due to her medical condition. Paula is severely socially isolated as she has limited contact with her family in Colombia and lacks a peer network of any kind in her neighborhood. Paula identifies as Catholic, but she does not consider religion to be a big part of her life.

Paula came from a moderately well-to-do family. She reports suffering physical and emotional abuse at the hands of both her parents, who are alive and reside in Colombia with Paula's two siblings. Paula completed high school in Colombia, but ran away when she was 17 years old because she could no longer tolerate the abuse at home. Paula became an intravenous drug user (IVDU), particularly of cocaine and heroin. David, who was originally from New York City, was one of Paula's "drug buddies." The two eloped, and Paula followed David to the United States. Paula continued to use drugs in the United States for several years; however, she stopped when she got pregnant with Miguel. David continued to use drugs, which led to the failure of their marriage.

Once she stopped using drugs, Paula attended the Fashion Institute of Technology (FIT) in New York City. Upon completing her BA, Paula worked for a clothing designer, but realized her true passion was painting. She has a collection of more than 100 drawings and paintings, many of which track the course of her personal and emotional journey. Paula held a full-time job for a number of years before her health prevented her from working. She is now unemployed and receives Supplemental Security Insurance (SSI) and Medicaid.

Paula was diagnosed with bipolar disorder. She experiences rapid cycles of mania and depression when not properly medicated, and she also has a tendency toward paranoia. Paula has a history of not complying with her psychiatric medication treatment because she does not like the way it makes her feel. She often discontinues it without telling her psychiatrist. Paula has had multiple psychiatric hospitalizations but has remained out of the hospital for at least five years. Paula accepts her bipolar diagnosis, but demonstrates limited insight into the relationship between her symptoms and her medication.

Paula was diagnosed HIV positive in 1987. Paula acquired AIDS several years later when she was diagnosed with a severe brain infection and a T-cell count less than 200. Paula's brain infection left her completely paralyzed on the right side. She lost function of her right arm and hand, as well as the ability to walk. After a long stay in an acute care hospital in New York City, Paula was transferred to a skilled nursing facility (SNF) where she thought she would die. It is at this time that Paula gave up custody of her son. However, Paula's condition improved gradually. After being in the SNF for more than a year, Paula regained the ability to walk, although she does so with a severe limp. She also regained some function in her right arm. Her right hand (her dominant hand) remains semiparalyzed and limp. Over the course of several years, Paula taught herself to paint with her left hand and was able to return to her beloved art. In 1996, when highly active antiretroviral therapy (HAART) became available, Paula began treatment. She responded well to HAART and her HIV/AIDS was well controlled.

In addition to her HIV/AIDS disease, Paula is diagnosed with hepatitis C (Hep C). While this condition was controlled, it has reached a point where Paula's doctor is recommending she begin treatment. Paula also has significant circulatory problems, which cause her severe pain in her lower extremities. She uses prescribed narcotic pain medication to control her symptoms. Paula's circulatory problems have also led to chronic ulcers on her feet that will not heal. Treatment for her foot ulcers demands frequent visits to a wound care clinic. Paula's pain paired with the foot ulcers make it difficult for her to ambulate and leave her home. As with her psychiatric medication, Paula has a tendency not to comply with her medical treatment. She often disregards instructions from her doctors and resorts to holistic treatments like treating her ulcers with chamomile tea. Working with Paula can be very frustrating because she is often doing very well medically and psychiatrically. Then, out of the blue, she stops her treatment and deteriorates quickly.

I met Paula as a social worker employed at an outpatient comprehensive care clinic located in an acute care hospital in New York City. The clinic functions as an interdisciplinary operation and follows a continuity of care model. As a result, clinic patients are followed by their physician and social worker on an outpatient basis and on an inpatient basis when admitted to the hospital. Thus, social workers interact not only with doctors from the clinic, but also with doctors from all services throughout the hospital.