

**The Case of Irene Harper and the Implications for Social Work and Other Helping Professionals**  
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**Abstract**

This paper aims to highlight the importance of strengths-based work with clients and how social workers and other helping professionals may become aware of and utilize a variety of strategies to advocate for their clients. When working with vulnerable and at-risk populations, helping professionals must uplift and enable their clients for positive outcomes.

Irene Harper presented herself to the emergency room with food poisoning. Mrs. Harper believed her symptoms were flu-related, would subside, and chose not to seek immediate medical attention. Mrs. Harper was admitted first, then her husband, Mr. Harper. They were negatively impacted by consuming wild mushrooms, which contain amatoxins that can deteriorate the liver resulting in toxic hepatitis (Mayo Clinic Staff, 2021). The Harper family's strengths include their support for each other and adaptability in high-stress situations to change their environment. The Harpers' strengths are hindered by a lack of access to proper nutrition. This barrier has created a push-and-pull event, where the strength overextends resulting in robust, secondary challenges. The Harper family's secondary challenges are their admittance to the emergency room and interactions with social services. Social workers must identify strengths and challenges in collaboration with their clients to better assist them through the helping process.

**Introduction**

As social workers, we are trained to utilize systems theory, such as the person-in-environment method, to appropriately identify the most concerning issues brought forth by the client. Concerning issues can be viewed through specific lenses such as economic, healthcare, and nutritional at the micro, mezzo, and macro levels. The Harpers' may not have had adequate access to nutrition and foraged for their food, resulting in two serious cases of liver failure. A secondary clue that alludes to a lack of nutrition is that the Harpers' first interaction with social services was linked to their child falling down the stairs. Could this have been from exhaustion? An area to explore for social workers to pinpoint their areas of need.

When Mrs. Harper arrived at the emergency room with food poisoning from consuming wild mushrooms, she was met by Dr. Hamed and the medical staff. The medical staff determined

that more tests needed to be conducted to make more informed decisions on Mrs. Harper's condition. Dr. Hamed requested Mrs. Harper to lift both of her arms in front of her and noticed a slight tremble in her hands. Dr. Hamed stated that the patient may have asterixis, a possible complication from a failing liver (Christiano, 2018). Unfortunately, this information was not enough for the medical staff to properly identify Mrs. Harper's affliction.

The medical staff continued to address what causes would illicit such reactions and noticed her arms were bruised. Dr. Hamed saw these bruises and believed they resulted from her body deteriorating internally. The report describing Mrs. Harper's arms used the term 'suspicious' which alerted social services. A social worker wanted to speak to Mrs. Harper's child to determine if there were any signs of abuse in the household. Social services had documentation of a previous investigation completed on the Harpers when their daughter fell down the stairs. A social worker may view this precedent as a red flag that warrants further investigation. A result is that the husband became irritated because of the speculation that he harmed his family. After becoming emotionally and physically aroused, Mr. Harper passed out while talking to Dr. Hamed. This resulted in the separation of all three family members.

The separation assisted the medical staff when they saw the daughter pick mushrooms off her food. Medical staff used this information to discover that both parents ingested mushrooms, which their child did not like, resulting in symptoms of liver failure.

### **Strengths**

The Harpers are equipped with tremendous strengths that help unify their family. The Harpers' support for each other is demonstrated when encountering investigative measures and a potential lack of nutrition. The Harpers' interaction with social services, the mezzo level, prior to this event has shown them that they can handle a high-stress situation. Maintaining the family

together through a probe of their family from a child protection service can be taxing. The Harpers' web of support is vital for their family's operation.

They look for solace and hope in each other, especially the daughter who is very close to her mother and father. Mr. Harper arrived with their child to provide support for Mrs. Harper. Mr. Harper brought the entire family together during a crisis.

Another strength, albeit one that ended in medical emergencies, is that the family wanted to supplement the food that was available to them. This new, plentiful resource, however, turned out to be poisonous mushrooms. While the family should have found safer alternatives to finding food, the ability and pursuit to provide for their family is a strength. Instead of becoming hopeless and giving in, they found other ways of sustaining themselves. A long-term outlook for this strength is that they utilize their resilience in a safe, productive manner that benefits their family.

Viewing the family's cohesive and supportive strength through a macro lens shows us how the Harpers may react to future barriers outside of their control. Social workers can utilize this strength with the Harpers by showing them how their resilience can act as a protective factor from external influences. Social workers use resilience with families when incorporating strength-based perspectives by continuously helping families function and thrive in times of stress and adversity (Hepworth et al., 2017). Therefore, social workers must familiarize themselves with resilience factors to help the Harpers solve issues in a healthy manner while encouraging family members to grow and learn to adapt to difficult situations.

### **Challenges**

The Harper family is faced with difficult challenges. Inadequate access to nutrition and probing from social services causes ripples through all three system levels, micro, mezzo, and

macro. Having inadequate access to nutrition has a serious effect on the Harpers' social determinants of health (Dziegielewski & Holliman, 2020). A lack of access to healthy food choices is the root issue of why Mrs. and Mr. Harper are in the emergency room with liver complications.

On the micro-level, the Harpers are not receiving the most basic of needs. An inability to provide proper nutrition may be the underlying factor for social services' first visit with the Harpers. In this instance, it is influencing the second visit. On the mezzo level, the Harpers' community may not have the resources or ability to properly address the lack of nutrition. The macro-level influences the availability of access to nutrition through political, social, and economic arenas.

When focusing on the micro-level, such as individuals, families, and relationships, Mrs. Harper chose to put her family before herself. Tough decisions are made every day and Mrs. Harper chose to postpone medical attention. This decision is both a strength and a challenge. It can be seen as though Mrs. Harper did not want to cause any financial or healthcare stress to her family. However, in this specific case, if Mrs. Harper did not seek medical attention, she and Mr. Harper may have faced more serious consequences from untreated liver hepatitis. Mrs. Harper's resilience could have potentially ended negatively. As a social worker or other helping professional, uplifting Mrs. Harper's resilience, self-determination, and relationships as core strengths will empower the client.

In comparison, the interaction with social services that nearly resulted in their child being placed in protective care has developed into a more static challenge for the Harpers. Fortunately for their sake, they maintained family cohesion. However, with the investigation and subsequent details, the Harpers may be recipients of implicit bias (Saluja & Bryant, 2021). Because of the

previous association with social services, other public health officials may view that as a red flag and a justifiable reason for potential intervention.

### **Social Workers' Care and Discharge Planning**

When working with the Harpers, first with Irene's liver complication and then her husband's, an organized care and discharge plan is required. Examining Mrs. Harper's medical records may provide a basic biological assessment to the medical staff. Having this assessment would aid the team in developing a comprehensive biopsychosocial-spiritual approach to Mrs. Harper's case (Dziegielewski & Holliman, 2020). Developing an approach that looks at Mrs. Harper's overall health and well-being may help the team narrow down the root causes of the concern.

This would include identifying any foreseeable barriers in service delivery, coordinating with a team on how to serve Mrs. Harper best, and involving their support system (Dziegielewski & Holliman, 2020). Constructing a stable pathway for treatment creates a stable environment for Mrs. Harper. While a plan may not always come to fruition, having a guide that can be altered to best serve the client is favorable.

In conjunction with administrative duties, a social worker must construct a positive relationship so information regarding the visit can be understood and a plan for care can commence (Rizzo et al., 2016). A social worker must take the time to actively listen and understand the patient's concerns. This is so the relevant information can be collected and utilized to best serve the patient. Rushing through a questionnaire or showing little interest can be counterproductive when providing resources and support to someone in need.

As discharge planning continues, a social worker will interview the caregivers for assessment (Dziegielewski & Holliman, 2020). Asking the parents how they are emotionally and

physically following an extensive ordeal at the hospital is to ensure their needs have been met. It is also an important time to have the parents reiterate the types of programs and services available so safe choices are made for their family.

An additional step a social worker could complete with the Harper family is to finalize and discuss the discharge and treatment options (Dziegielewski & Holliman, 2020). Asking the Harper family if they are comfortable with the treatment plans provided by the hospital creates a conversation for the family to address any concerns they have. The social worker can also reaffirm that they have the appropriate information about local resources and organizations which can assist them.

Additionally, a social worker could offer aid by working with the Harpers and their disciplinary team to offer education on available services and programs that promote and teach healthy, safe, nutritional behaviors (Dziegielewski & Holliman, 2020). This service could benefit the Harpers by showing the family that assistance programs exist to prevent worst-case scenarios. Offering educational services could act as a preventative and effective option for acquiring their needs.

An important task for a social worker would be to begin making contacts for referrals (Dziegielewski & Holliman, 2020). If Mrs. and Mr. Harper's liver concerns require short or long-term care, referring them to live care specialists may answer any questions they have. Referring the Harpers to local organizations that offer food assistance is an additional option and resource for the family.

Another referral could be to a family therapist. A recommendation for therapy could be centered around the traumatic experience they all collectively went through. Making the

recommendation to the family could open an option to process what they experienced related to their liver complications and previous concerns that may currently affect the family.

With this care and discharge plan, the social worker would be empowering the client, promoting self-determination and autonomy, and making sure they are centered during all stages of the helping process. Involving the Harpers in the decision-making process with supplemental educational, provision, and therapeutic services provides the family with the power of agency through knowledge.

### **Implications**

The implications for helping professionals may be highlighted through the importance of access to proper nutrition through legislative channels and federal programs, becoming aware of implicit bias in the helping professional's curriculum (Staats, 2015), and continued awareness and advocacy efforts targeting social injustices (NASW, 2021).

Social workers should be aware of the macro-level legislative avenues and possibilities when assisting their clients to gain access to proper nutrition. One important factor is the effect of quality nutrition that schools provide (Gearan, et al., 2021).

Lastly, the National Association of Social Workers (NASW, 2021) states in their Ethical Principles the importance of advocating against social injustices such as nutrition inequality for the oppressed and vulnerable. This ethical framework may be applied to many other helping professions so that the client may have a voice no matter where they are receiving assistance.

### **Conclusion**

When working with the Harper family to address their medical and nutritional needs, a major focus is on their health development, ability to thrive (Halfon & Forrest, 2018), and the significant social determinants of health (Dziegielewski & Holliman, 2020) that impact the

Harpers' lives. Managing a vast arena like health development for the Harpers is not so easily completed in a single hospital visit. As a social worker, an effective use of time when dealing with health development is to provide information that benefits the Harper family long-term so they may adapt to changes in their lives and environment (Halfon & Forrest, 2018). Such information may help the Harpers avoid foraging for food or integrate therapeutic sessions to build on the family's dynamics and work through any existing concerns.

Providing the Harpers with the knowledge and resources needed to thrive builds on the health-development principle (Halfon & Forrest, 2018) and is an additional priority. As a social worker coordinates services for the Harper family, they are encouraged to continuously offer their support, inquire about how goals are being obtained, and alter, if necessary, the care plan to meet the Harpers' needs (Rizzo et al., 2016). This constant involvement in the Harpers' goal attainment can show them more appealing ways to thrive and maintain homeostasis.

The social determinants of health that a social worker should prioritize when working with the Harpers is their economic stability, health care access and quality, their respective environments, and social and community context (U.S. Department of Health and Human Services, 2020). There are a lot of areas to prioritize, however, a social worker can examine each area when assessing the families' biopsychosocial-spiritual categories, through case management, and discharge planning.

The Harper family narrowly avoided two traumatic outcomes related to liver complications from ingesting wild mushrooms. To supplement the potential lack of nutrition available, Mr. Harper went and foraged for wild mushrooms which can contain dangerous toxins. Thankfully, with the help of the medical staff and social services, the Harpers avoided liver failure and can focus on creating and maintaining healthy choices that benefit their entire family.



Many social work domains will be working to provide some form of support to their clients. This may be on the micro, mezzo, or macro levels. Within each level, social workers can educate themselves and be proactive in many ways within the three levels to provide for their clients.

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