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Integrative Seminar

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Diversity

Reflective Assessment on Competency

In what ways have I accomplished this competency/practice behaviors?

One way that I have accomplished this practice behavior is by engaging with all the different residents at the facility. At the facility we have resident of different ages, backgrounds and beliefs, disabilities, and there are also residents who suffer from mental or disorder.

Therefore, I am not limiting myself to a certain population, but opening myself to all different types of people to become more knowledgeable on how I could help them as a social worker.

How has my thinking changed over time?

My thinking has not changed about this practice behavior, I think that is very important to be in a setting that is very diverse so you are able to learn grasp more so that it can be useful in the future.

What are the practice behaviors that indicate my competency in this area?

The practice behaviors for this competency are using history as a context for diversity and oppression. Also, being able to use your social work practice with any race, class, ethnicity, gender, sexual orientation, and people with disability. Lastly, having the knowledge to use strengths and limitations of theories in developing culturally competent practice and research.

What curriculum content areas (social policy, practice, etc.) relate to successfully completing this competency?

The classes where I was able to learn about this practice behavior was Foundations of Social Justice: Diversity, Power, Oppression SWK 324 and Human Behavior in The Social Environment I. In foundations of social justice class, I was able to learn what diversity means in the social work practice and how some populations have more power over the other. In the human behavior class, I was able to learn theories that apply to what I had learned in the previous class.

What learning experiences helped me to accomplish this competency?

A learning experience that helped me accomplish this competency was having to write an essay about a cross-cultural / diverse neighborhoods essay. The population I chose was Jewish, it was very interesting attending a synagogue and having to interact with people who I don't usually interact with. From this experience I was able to learn more about their cultural and how they are very reserved with themselves, they are not very open to letting outsiders in their community.

What "gaps" can I identify in my learning experience? What will I do about these "gaps"? (In your Professional Growth Plan, identify goals for continued personal and professional growth and discuss how you plan to reach these goals).

But, one of the biggest lessons I learned in my internship is how little I know about diagnosis of mental illness/ disability. For example, for many years I thought that people who suffer from dementia simply forget memories such as names, number address etc. What I realized is how more complicated these things are. I also learned that dementia and Alzheimer are very different although the symptoms are very similar. Therefore, when dealing with a new client I take a moment to look up their diagnosis on the office computer so I could have a better understanding with what I will be dealing with. This will help my learning gap understand the mental illness, the different stages, and how to better serve them.

Integrative Questions

How do I integrate learning from classroom with my Field Instruction experience? To answer this broad question utilize the relevant competency specific integrative questions found in the course schedule section of this syllabus)

One way that I integrate from what I have learned in the classroom into field, is by knowing and identifying a population that are at risk and require a little more attention than others. For instance, at my field experience placement, I know that residents who are diagnosed with any mental illness or disorder require more attention than others because of their diagnosis. Also, because I know this population is very vulnerable and easy to take advantage from.

- Select a case from your field experience (any system size). The case must reflect clients or client issues involving an at-risk or oppressed population.

At my internship we have a very diverse groups from different genders, race, ethnicity etc. for this question I will focus on the population who suffer from a mental illness or disorder. When I started the internship, I would find myself constantly asking why it is so hard to get certain residents to interact with to get a certain task done. After the second week, I found that I was not fully reading the resident charts to get a sense of where their cognitive level is at. At the beginning I didn't understand many of the residents' behavior who are diagnosed with either mental illness or disability. But, now I have learned that all diagnosis has different stages and it affects each person differently. The practice behavior for this competency is meeting the residents where they are. Secondly, to still show respect and worth regardless of their circumstances and to still provide the services that they need.

- Demonstrate the capacity to apply and communicate the importance of diversity and difference in shaping life experiences.

An example is an older lady who is about 70 years old, every day when she wakes up she wants to go to an nonexistent place, but does not know where that place is. She has to wear a bracelet that goes off if she tries to leave the facility since she has dementia. The place she wants to leave to does not actually exist, since this is an everyday thing the nurses have come up with an activity to make her think she is going home till she gets tired. The daily activity is getting

showered, dressed and hair done so she could eat her breakfast. After that the resident goes back into her room to get her purse so she could attempt to leave. What the nurses do is give her directions around the facility that will guide her to the imaginary place. The resident spends hours walking back and forth asking nurses and guests to help her get there. For this resident, being that she is mentally unstable I do walk around with her to see if there is a chance she would answer a question or sign a form. This is an example of meeting the resident where she is at. Instead of thinking that she would be able to stay still for 2 minutes and listen to me talk when she has somewhere to be.