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 Professor Allen
 Integrative Seminar
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Competency 7: Assess Individuals, Families Groups Org// Communities

1. In what ways have I accomplished this competency/ practice behavior?

- ❖ I have accomplished Competency seven: of assessing individuals, families, groups, organizations, and communities through my opportunity as a social work intern at Northern Metropolitan. I have done this by doing monthly assessments on clients to see how they are doing/ progressing from their last assessment. During sessions, I would write notes and gather information in which I would review the information with my supervisor. Being that every client is different, depending on the situation my supervisor and I would figure out ways to help clients based on their needs.
- ❖ Ex: During a session, my client expressed that her Home Health Aide was assigned to come to work from 12-6 but is only there for 3 hours. Being that my client suffers from arthritis and needs much more assistance during the day, Fidelis extended her aide hours. Instead of the Home Health Aide assisting my client she would use the remainder of her shift to run personal errands. In this instance, my supervisor and I called Fidelis because they are the ones who are in charge of the agency that sends the Home Health Aides, so we decided to let them know what was going on as well as request a new Home Health Aide.

2. How has my thinking changed over time?

- ❖ Before my experience as an Intern at Northern Metropolitan, I always thought of assessments as a way to dig deeper into someone's life or to gather information about something in particular. I did not mind doing so but I feared the reaction of it. Coming to Northern Met, I feared if I asked certain questions that revolved around assessment, the clients would feel as if I am stepping on their toes or I was being too nosy. After working with clients and building relationships I can say my overall thinking towards assessment changed positively. It changed because I started viewing the overall process of assessment as a way to help someone instead of thinking of it negatively.

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

- ❖ The practice behaviors that indicate my competency in this area is through the use of developing mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies. I have done this by completing a treatment plan with my client in which we set objectives and goals, on things she wanted to work on / struggles with. Through the use of intervention, I gave her the tools on how to do so.

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

- ❖ Throughout the different courses offered in social work, I believe Generalist with individuals and families was one of many classes that were super important during my time at my internship. One assignment that helped me complete this competency successfully was through the use of the treatment plan. The prompt of the treatment plan was to design a comprehensive and well-researched treatment plan for an individual

client or family system you have encountered at your internship. Your treatment plan needed: A case note recording// data collection // thorough assessment// mutually agreed upon goals and objectives// description of specific intervention// termination plan// recognition of client strength.

- ❖ For this assignment, I chose my client S****a in which she struggles with anxiety, depressive disorder, histrionic personality disorder which causes her to have outbursts or tantrums. The intervention we decided would work best is to have a one-on-one counseling session. Which will be held twice a week to work on ways she can be an effective communicator and the different approaches to do so
- ❖ Through the use of this assignment, I learned how to professionally assess clients. By doing so allowed me to help my client set goals, work towards those goals and provide the appropriate assistance for her.

5. What learning experiences helped me to accomplish this competency?

- ❖ Throughout my internship, I have had the opportunity to assess and develop care plans for clients which have allowed me to accomplish this competency effectively. I have done this by providing monthly assessment to registrants that are already in the program, by meeting with them and monitoring their progress from their last assessment, to see if they are meeting new goals and assisting them in any way I can. Another way I have done this is by doing initial assessments for those who were interested in entering the program. This process consisted of asking questions such as their name, address, social security number, Medicaid ID number, employment history, and marital status.

6. What “gaps” can I identify in my learning experience? What will I do about these “gaps”

- ❖ A gap I can identify in my learning experience is my lack of experience in assessing clients. Before interning I knew assessments consisted of a series of questions, but I never knew the process of conducting an assessment. With that being said I plan on asking my supervisor the different ways to conduct/ bring up things related to assessment so that I am able to provide the best resources for my clients through the different assessments I complete.

Integrative Questions

1. Identify a case situation you have worked with and describe the models of assessment that you applied in your work with the case

- ❖ Being that Northern Metropolitan is a medical model agency, they use a variety of assessments to determine whether or not a client is eligible to join the program. One major assessment tool that I have used throughout my time interning is the Biopsychosocial assessment. The Biopsychosocial assessment is an assessment used to evaluate a person’s biological, psychological and social factors and the possible ways it has influenced their development. I have used this by asking my client S****a, a series of questions regarding her underlying problem. Ex: Such as what are some things she believes causes her depression? Do you live at home? Do you have any siblings? How are your relationships with your siblings? Why do you feel alone?. At the ADHC I primarily focused on the psychological and social factors and a little bit of the biological factors but mainly the nurse at the ADHC focused on the biological aspect of the client.

2. Describe the data you collected

- ❖ The Bio-psycho-social assessment was successful in finding out the risk factors that contributed to the client's mental illnesses which were helpful to provide adequate services for this client. Based on the assessment some data I collected from S****a is that she is a 28-year-old Jewish/ Caucasian woman who struggles with anxiety and depressive disorder as well as Histrionic personality disorder. She is depressed because she feels as though her family neglects/ verbally abuses her in which she expressed that it ultimately makes her feel unwanted and sad. As an outcome this causes her to do things that tie into her histrionic personality disorder such as throw tantrums, at home and at the day program.
- ❖ To get into further detail from what I have observed my client pick's her skin, throws herself on the ground, does things to cause herself pain such as drink things to make her constipated, or does things to where she ends up in the hospital. She does this because she believes when there is something wrong with her that is the only time her family cares about her. After communicating with the staff at the ADHC as well my supervisor we have decided to sit down with the client to discuss possible ways to help her by creating a treatment plan which will have objectives and goals the client wants to work on that can help reduce her anxiety, depression and histrionic disorder.

3. In what ways did you apply your knowledge of human behavior in the social environment and person in environment to assist in the assessment process?

- ❖ I applied my knowledge of human behavior in the social environment and person in environment by sitting down with my client and making a genogram to dive deeper into her background. By doing so ultimately helped the client realize the factors contributing to her behaviors and draw connections to why she suffers from depressive disorder as well as anxiety. Throughout the genogram, it was identified that depressive disorder & anxiety is a common mental illness known within her family. With this information provided my supervisor and I have more clarity of the possible factors associated with her illness in that it can be hereditary.
- ❖ From the social environment aspect, we have found that her mom and dad are always arguing which makes her feel like she doesn't have a relationship with them because they are always arguing about her.(Because of the things she does). This makes my client feel distant towards them because she feels like she is always the blame for something and if she wasn't here (or born) then this wouldn't be happening.
- ❖ Looking at it from the person in environment perspective, her parents are always arguing. We see how this affects her externally because she feels isolated and alone, which drives her to misbehave because that's the only way she receives attention.

4. What cultural, religious, ethnic, gender related issues do you need to consider

- ❖ When working with clients it is important to consider their cultural, religious, ethnic and gender. This is important while working with clients because you want to fully understand the client as well as the traumas or issues the client may have experienced during their upbringing. One religious issue I may need to consider would be that the client is Jewish and Caucasian, so the beliefs that she has will differ from mine so things

they may think are okay I may not. I just have to respect the client's beliefs & wishes and help her the best way I can.

5. *What are strengths and limitations of the client system?*

- ❖ I believe some of her strengths are: she is very independent as far as everyday living and taking care of herself. Some limitations I would say my client struggles with is: she is not expressive with her words, so she often struggles with communicating how she feels about certain things, she struggles with communicating her needs and wants effectively which results in her misbehaving / having temper tantrums.

6. *What were mutually agreed- upon goals and objectives*

- ❖ One mutually agreed upon goal and objective: was (Goal 1) the client will reduce temper tantrums and learn to express her wants and needs appropriately. By speaking about the things she may want or need respectfully instead of throwing a tantrum (Objective 1) Exhibit positive change in behavior. By showing daily progression in her actions

7. *What intervention strategies were selected based on the assessment research knowledge and values and preferences of the clients?*

- ❖ The intervention strategy we decided was to have one-on-one therapeutic counseling sessions twice a week. To work on ways she could be more expressive with words by communicating her wants and needs and the different ways to do so. During sessions, I would write down a topic or phrase on a post-it and the goal for her was to figure out ways to approach that topic/ phrase. Ex: Me: "Social Services" Her: Hello, so I wanted to know if you could help me contact social services because I got a letter in the mail stating my benefits will end soon". By doing this ultimately helped her build confidence to speak to others in a friendly manner, as well as communicate her wants/ needs effectively. This also reminded her how she was making progress towards a goal she set for herself.