

[Practice Evaluation Essay Question 2](#)

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Describing the Client Problems

Client Background

Ms. L is 31-year-old, cisgender woman of African America descent. Ms. L is a native New Yorker, and was born and raised in Bronx, New York. She is the oldest of 5 children and did not share the same father with any of her siblings. Ms. L.'s relationship with her siblings and maternal family members is distant and inconsistent. Ms. L. never knew who her biological father was according to her the man named on her birth certificate was not her father, then there was another man that was identified as her father however he was not active in her life. Ms. L. explained that she became close to another male who her mother was dating at one point and she looked to him as her father figure. He as an older man who took care of her and treated her like a daughter. Ms. L. did not graduate high school and was classified as a special education student with a learning disability while attending the public-school system. Ms. L. was molested from age 10 through 15 by her younger sisters' birth father and was subsequently placed in the care of her maternal grandmother at the age of 15 due to the death of her birth mother. Her birth mother died from obesity and liver issues. At the age of 15 Ms. L was diagnosed with Adjustment Disorder, Dysthymia, Oppositional Defiant Disorder Not Otherwise Specified, mixed emotion mood disorder, unresolved parent/child issues, learning disabled, bereavement, cognitive delay, and fetal alcohol syndrome. She has been prescribed Risperdal, Lithium, Risperidone tablet 0.5 mg, 1 x a day and Benzotropine Mesyla tablet 0.5 mg, 1 x a day and other psychotropic medications over the years however, she did not and does not take the medication as prescribed. Ms. L was born in Bronx, NY to her mother Ms. G and Mr. L. Ms. L shared that her mother is from the south, but she is not sure which state in the south. Ms. L reported that she has pleasant memories of her life with her mother and siblings when she was growing up. Ms. L shared that her mother loved to party, and her mother was not only a mother to her but also a friend. Ms. L expressed that her mother was a disciplinarian, but she was not fearful of her mother and felt very close to her.

Client Problem(s)

Ms. L is a mother to 8 children ranging in age from 3 months to 10 years old. Ms. L currently is the primary caregiver to the 5 youngest children. The older 3 children are in kinship foster care with their paternal grandmother. Ms. L. receives Social Security benefits and receives public assistance benefits for the 5 children in her care. At the age of 19 Ms. L. met and began dating her children's father who is 20

years her senior. Ms. L. began living with her children's father at the age of 20. She believed she would have a good relationship with her children's father because he was an older man. However, once they began having children the dynamics of the relationship changed and he became physically and verbally aggressive and abusive towards Ms. L. She also expressed a tremendous amount of emotional abuse as he would often threaten to kick her out of the home and many times held her hostage in the home.

As a result of the ongoing domestic violence in the home Ms. L. has had ongoing cases of child neglect since 2013, the birth of her oldest child and subsequently every year thereafter. Ms. L reports that her presenting problem is the hostile relationship between her and her children's father. Ms. L expressed that she doesn't want a relationship with her children's father and because he doesn't want to accept her decision he is disrespectful to her, and he threaten to take the children from her or tell his lawyer bad things about her so that the family court judge will take her children away from her. However she did express that she loves her children's father and that she really needs him to get things done for the children because she doesn't know how to do things like their hair, cook meal, budget money, take them to the doctor because she doesn't know how to travel, or discipline the children. She also identified that she often has anxiety attacks because of concerns that the Administration for Children's Services (ACS) is going to remove all her children from her care. It should be noted that her oldest 3 children were voluntarily placed with the paternal grandmother because Ms. L. explained that she could not care for all the children by herself. It should be noted that she and the children's father do not live together per an active order of protection, due to the domestic violence and her children's substance abuse problem.

Client Intervention(s)

In considering Ms. L's history and current circumstances she has identified that she suffers with anxiety. It could be suggested that the anxiety stems from the many years of ongoing domestic violence and the fear of her children being removed from her care. The most appropriate intervention to help Ms. L. would be Dialectical Behavior Therapy (DBT). Dialectical Behavior Therapy is a type of Cognitive Behavior Therapy, however, DBT specifically focuses on providing therapeutic skills in several key areas. Mindfulness practices, taught from a secular perspective, emphasized nonjudgmental experiencing in the moment and effective rather than reactive behavioral responses in life. Systematic skills training bridged the gap between behavioral deficits and desired behavioral change. Treatment stages and a hierarchy to prioritize treatment targets decreased chaos and increased therapeutic focus. Functional behavioral

analysis structured sessions with systematic pattern recognition aided by problem-solving with skills. And validation underpinned a strong relationship focus that included communication styles ranging from reciprocal to irreverent (Pederson, 2015).

DBT will be instrumental in helping Ms. L. be present and acknowledge her current feelings based on the circumstance and not negatively judge her feelings, basically validate her feelings as being normal in the moment without having an immediate need to dismiss them. Additionally, Ms. L. will learn strategies to not only manage but change intense emotions that are causing problematic behaviors in her life. Lastly, Ms. L. will learn interpersonal skills that will show her how to communicate with others in a way that she can be assertive while maintaining her own self-respect which will foster better relationships with other individuals. Based on conversations with Ms. L. it is very clear that she is immediately reactive to things that are said to her by her children's father who has put her down for many years verbally and has made her feel like she was the problem and couldn't do anything right. Then because of ACS involvement in her home, she felt like the community and the ACS worker looked at her as an unfit mother. The use of the Social Adjustment Scale–Self-Report (Weissman et al., 1978) measures an individual's overall social functioning across several domains, such as employment, family, social and leisure, marital, and parenting relationships. This measure has been shown to be psychometrically sound (e.g., Weissman et al., 1978). This scale will help both Ms. L. and the social worker identify the priority areas of concern.

In terms of a CBT technique with Ms. L., relaxation and stress reduction is the intervention that would help her deal with the varying situations in her life. Ms. L. is easily agitated and will go from being calm to being overwhelmed to the point of shutting down and then hyper ventilating in a matter of moments. Therefore, showing her how she can for instance use deep breathing as a way to calm herself down when something upsets her is so vital and necessary because she has 5 children in the home under the age of 5 years old. Ms. L.'s life's experiences have not been pleasant and she has not been able to adequately deal with the ongoing trauma in her life and therefore hears in her mind that things are worse than they really are, even when she is told otherwise. Basically, she has to actually experience how deep breathing would or could help her in the midst of crisis before she would be willing to utilize the intervention. In addition to showing her the benefit of the intervention she would also have to be told how to put the intervention into practice when she is not in the presence of therapist or social worker. Ms. L. would have to be given specific instructions like how she is to take a deep breath in through her nose while counting to five, and then to slowly let the air out through her nose, and then repeat this a couple of

times until you are relaxed. Also, because Ms. L. has so many stressors it would be necessary to guide her through the technique in the moment, which brings us to DBT and the use of dairy cards to help her identify the things in her life that are most difficult to manage on a daily basis. Utilizing the Hamilton Anxiety Rating Scale (HAM-A, sometimes termed HARS) [1], dating back to 1959, is one of the first rating scales to measure the severity of perceived anxiety symptoms (Thompson, 2015), will assist with assessing for anxiety levels.

Intervention Hypothesis

Ms. L. is struggling with anxiety and a social worker plans to use cognitive-behavioral therapy to help Ms. L. alleviate her anxiety level. “Receiving 12 weeks of CBT will reduce Ms. L. anxiety score by 25 points,” based on the Hamilton Anxiety Rating Scale (HAM-A).

Ms. L. is struggling with living separated from her abuser and caring for her small children as a single parent and a social worker plans to use dialectical behavior therapy to help Ms. L. increase her social adjustment skills. “Receiving 12 weeks of DBT will increase Ms. L. social adjustment by 25 points,” based on the Social Adjustment Scale - Self-Report.

CLIENT PROBLEMS, GOALS, OBJECTIVES, & INTERVENTIONS

PROBLEM AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTERVENTIONS
Anxiety caused by concerns of children being removed from her care by city agency	Reduce excessive anxiety.	Client will receive 30 minutes of CBT intervention for 12 weeks.	Cognitive-Behavioral Therapy
Domestic violence between her and children’s father which includes physical, verbal, and emotional abuse	Learn social adjustments skills and better relationship skills with others.	Client will receive 50 minutes of DBT 12 weeks.	Dialectical Behavioral Therapy

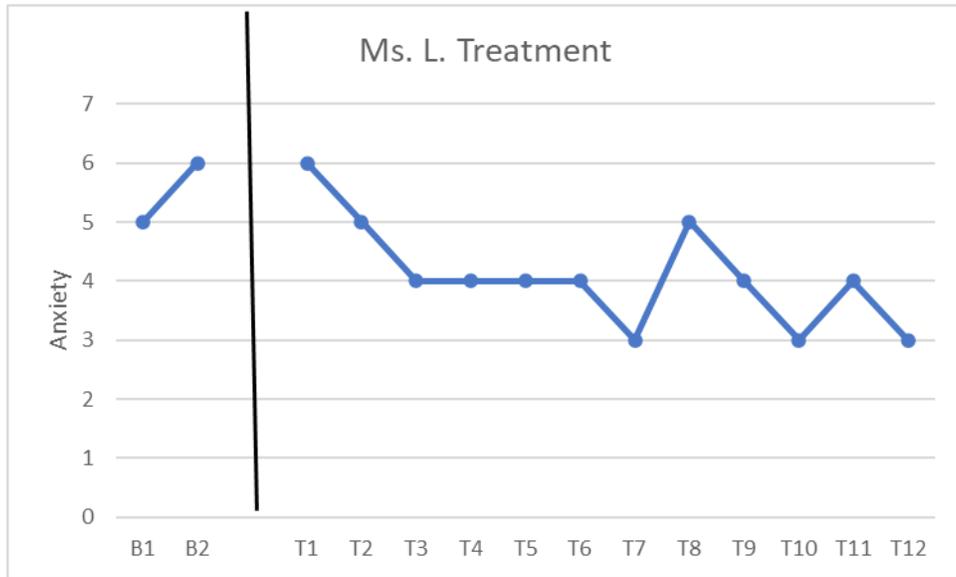
Research Design

The single system research design that will be used to observe and measure changes in the target problem of the client is the basic AB design. With the AB design, “baseline observations are made, and then information is used as part of the ongoing process of selecting and planning the intervention and evaluating practice” (Bloom 2009). The AB design will show if there is a change in the target events based on the time of observing and evaluating. Also, the AB single-system designs focus on the individual client or system, mirroring the unique changes in the practice situation, rather than reflecting average scores as with group research designs. This is truly client-focused evaluation, permitting both relative objectivity in data gathering and close involvement with the unique case (Bloom, 2009).

Another reason for using the AB design according to Bloom is its advantage for the practitioner because it is practitioner-oriented in the here and now situation. They provide vital feedback on what the practitioner needs to know to move the case in desired directions. They are flexible designs, capable of changing as new events occur in the client’s circumstances, including allowing new targets. Traditional group designs cannot be changed once the study has begun (2009). A benefit is that not only can the practitioner using the AB design can flexibly adapt to new events emerging during intervention, but he or she can use other designs that consist of additions to the A-B arrangement that will begin to answer casual questions.

A threat to internal validity is history which could interfere with the sole success of the intervention in place, such as the client beginning a relationship with a different person, who is very patient and reassuring to the client. Another threat to the internal validity is dropout because the client may feel like the change isn’t happening fast enough or the new partner convinces them the intervention is unnecessary and thus they refuse to consistently make themselves available for the intervention. One of the aspects of external validity is the extent to which the effect of an intervention, and, therefore, the use of the intervention itself, can be generalized; that is, will an intervention work the same way with different clients and practitioners, in different settings, and over time (Bloom, 2009). This means that due to a difference of clients and the practitioner there could be an impact to the external validity in this case, which is interaction under different conditions. For example, the same intervention could be used however the client has fewer children, functions at a higher cognitive level, and has no prior history of mental health issues, equally the practitioner may only be used to working with groups and not an individual.

Chart



References

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