Practice Evaluation Plan

Nyack College, School of Social Work

SWK 628- Social Work Program and Practice Evaluation

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DESCRIBING THE CLIENT & PROBLEM

Client Background and Problem(s)

Marie just turn 30 years old. She was brought up in a loving family. She lived with both her mother and her father. She was an athlete and A student. When she was sixteen, she got injured and had to do surgery. She had to take medication as a result become addicted to drugs. Since she could not have access to the medication she was taking without prescription, she turns to cocaine to sooth her addiction. Her grades started crumbling in school. She lost all her potential. She started getting terribly angry, have outburst towards her parents, becomes very defiant. She would go out late and stay out until the next day. Her parents could not understand how their sweet daughter could change some much overnight. When she turns sixteen years old, she ended getting pregnant by her drug supplier. Because she was very ashamed of herself, she left home and never looked back. After she gave birth to her son Michael, she put her son in foster care. One of the foster parents is a recovering addict. So, she could see and understand what Marie is going through. She realized that Marie loves her son but because of her addiction she could not handle being a parent. The foster parents have decided to bring Marie in the fold while they are still the legal guardian for Michael.

Marie have been in and out of rehab. During a period of rehab, Marie met Mark there. They were in love and soul mate according to her. However, they did not stay. They both escape rehab, and relapsed. Marie have hit rock bottom after both her boyfriend and her were overdose. She was in a coma for a month. When Marie came out of the coma, she learned that she was in a coma for one month and her boyfriend died of drug overdose. After that incident, Marie decided that she would go back to rehab and get herself clean for her parents, and son’s sakes. She expressed that she did not want to end up like her boyfriend.

Client Problems

According to the DSM-5, the prevalence of opioid use disorder is approximately .37% among adults age 18 and over. Male has a higher rate to be addicted to opioid than women. However, female adolescent risks are higher. This example shows that Marie was one of the people that ended up being part of that statistic. She was just a healthy and talented and on his way to greatness. However, because she was hurt and the doctors not realizing that her future had been going downhill from there. She first started using opioids which are prescribing medication. She could not get them anymore; she went for a much cheaper one. As a result, she turns to something that is much cheaper and easy access which is Marijuana and Cocaine. in the DSM-5, the prevalence for cannabinoids used are greater in male than female. There are different factors that can push someone into abusing these substances. This is also one of the things, many teenagers get addicted to because at this age they are trying new things and the peer pressure is there too. However, that was not the case for Marie, she grew up in a stable family. She is one of the few exceptions out there. Her situation was very unfortunate, but it happened.

Her son is in foster care. The family that is fostering her son let Mary stays in the home. The foster mother empathized with Mary because she knows what it is like to battle with addiction. Mary wants to be in her son's life, but her addiction is stopping her from doing so. Mary expressed that she wants to be part of her son life, however, she like the drugs more and recognized that she needs help but do not know how to go about it.

Client Intervention

Mary suffers with substance use disorder. The best course of action for her is motivational interviewing and group therapy. Motivational interviewing would work best because by the time Mary came to treatment, she has already hit rock bottom and she has lot of things to motivate her to stay clean. Group therapy will work because she is going to need a community to help her in her journey of being clean and stay clean. With the groups and her families support she can have the drive to stay clean.

According to research, many studies shows that motivational interviewing (MI) has been remarkably successful especially, when it comes to adolescent. According to Barnett et. Al (2012), "MI theoretically, is a good fit with adolescents' developmental need to exert independence and make decisions for themselves, while it respects their heightened levels of psychological reactance and coincides with the development of their decision-making skills." This quote provides one of the reasons using this intervention will work when working with Mary. At the age Mary is, she has been going through many changes with no break in between. She has been hurt, her injury leads to addiction, her needs to feed her addiction lead her to being pregnant and conceive without any support or her being ready. She had to grow up real fast and she needs support to slow her down and faced her reality. Most importantly, she needs someone that is going to treat her like and adult and at the same time give her the space to be a child again.

According to Naar-King (2011), there are not enough empirical research when it comes motivational interviewing treatment. However, she emphasized on the relational component that adolescent that struggle with substance abuse benefits from using MI. It helps them develop mentally, and physically. In the developmental cognitive, social, and emotional process, MI implied that they are more able to have discussion regarding long term goal and abstract values. They understand actions has consequences of behaviors, promotes active seeking. Socially and

emotionally, they are learning and discovering their identity. With Mary having support and everything there is a good chance that using this technique will help. Using MI will help stay more focused and talked about setting an agenda, asking permission regarding to increase engagement and provide information that will be beneficial to her growth and stability. When using MI its components are to express empathy through reflective listening, develop discrepancy between clients' goals or values and their current behavior, avoid argument and direct confrontation, adjust to client resistance rather than opposing it directly, support self-efficacy and optimism. So, during treatment the counselor would focus more on the client goal. The whole point of is for her to have a voice and focus on her recovery.

Intervention Hypothesis

Mary is struggling with substance abuse and the social worker plan on using motivational interviewing (MI) to help Mary alleviate her craving for drugs and focus on her education and be present in her son's life.

"Receiving 10 weeks of MI will reduce Mary's craving for drugs"

"Attending 20 parenting class will increase her chance to bond with her son and be a mother to her son while still under her foster parent (FP) guidance."

PROBLEM AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTERVENTIONS
Substance Abuse (always high on marijuana and cocaine)	Reduce frequencies of substance used and increase motivation to stop the drug use	Client will attend group meetings for 10 weeks and individual therapy.	Motivational Interviewing individual and group therapy.
Absent Parents (Has put her son in foster care and alienated herself from her parents.)	Increase parenting skills	Client will participate in parenting class and participate in random drug screening test.	Attends 20 Parenting classes
Education (Did not graduate High School	Have a High School diploma in a year	Client will participate in the GED class 3X a week.	Attends school and have a tutor.

Research Design

Considering the client is participating in an In-Care Rehab because of her drug use, the data will be collected at the rehab. The person collecting the data will be the therapist, the teacher that is teaching the parenting class and the client. The data will be collected by using problem-oriented program (POR). The type of SSRD that will be used is A-B design. The reason behind this collection design is because, using the single target will help one focus more on the intervention and help one see when the changes happened. The measure will be more direct and easier to understand and identifying the changes will be much easier. Most importantly, the result will be much clearer.

When it comes to single design, there are many things that can affect them. One of the threats when it comes to single design is dropout. When evaluation is happening people usually do not want to continue with the research. sometimes mid evaluation people decided that they do not want to continue with the evaluation and would like to drop out. When that happened, it affects the result of the evaluation and put the evaluation

n in a critical place.

Another threat is history, things happened. According to Boom, “history is any events occur outside of the practice setting during the time of the practitioner-client contact that may be responsible for the particular outcomes (P. 281).” Based on this quote, when it comes to history, things happened throughout the course of the evaluation, things might happened for example, the practitioner leaving the job or the client has an emergency and could not longer participate in the evaluation, because of something that cannot be avoid.

1. How will you collect data? Who is collecting data? Where? and When? What measurement will you use? (e.g. standardized measurement, IRS, Log, etc.) If you choose a standardized measurement, what is that? Remember that the measurement should be able to assess the target problem (or behavior) of your client.
2. Which type of SSRD will you use? (e.g., A-B design, A-B-A-B design, etc.) Why do you select that design?
3. Any threats to validity? (e.g., history, maturation, interaction between testing, etc.) (see Bloom et al. page 28

References

-American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Publisher.

-Naar-King, S., Ph.D. (2011). Motivational Interviewing in Adolescent Treatment. *The Canadian Journal of Psychiatry*, *56*(11), 651-657.

-Barnett, E., M.S.W, Sussman, S., Ph.D, Smith, C., M.A, Rohrbach, L. A., Ph.D, & Spruijt-Metz, D., Ph.D. (2012). Motivational Interviewing for Adolescent Substance Use: A Review of the Literature. *Addict Behav.*, 1-18.