

Final Portfolio

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SWK516

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Case Note Recordings

Narrative Style

On Thursday, March 11, 2021, I had a brief meeting (20 minutes) with JXi in Unit 2 South.

JXi quickly expressed interest in myself and a fellow intern as we entered the unit and once her school day was finished, she approached the desk we were at and began talking to us.

Current Mood:

JXi appeared in a very content mood, she was very talkative and was open with her responses to any questions I asked.

During our meeting JXi shared with me a lot about her life. Her favorite pastimes while in her unit are: sleeping and pacing. I tried to ask her what other things she liked to do, but she would always refer to things she enjoyed doing at home such as being on her phone or talking with her friends. She was very open about her previous placements and expressed how this placement was better than her last because she had more freedom. When I inquired about her relationships with the other girls in the unit, she said that she didn't have any friends in the unit but she did have one friend from one of her previous placements.

Multiple times throughout the meeting, JXi expressed her desire to get to go home and this usually occurred when she was asked about things she does while in her unit. She shared that her goals that herself and her therapist came up with are: (1) to shower daily, (2) to clean her room daily, and (3) to eat at least 50% of her food. She shared that these goals are relatively easy, and that before the third goal she struggled to eat the food at the RTF since it "wasn't very good."

Lastly, JXi shared how she enjoyed the community walk she got to have the previous day and was looking forward to getting to have more in the future since that meant she could go home sooner. She told me how once she gets to have more community walks then she'll get to have home visits then eventually get discharged. She said her biggest goal was to get to be discharged by the summer.

SOAP Style

Subjective Data:

- The client is feeling kind of antsy because she wants to go home, and the only thing she can focus on is getting to go home
- Every meeting, she mentions at least once her desire to go home, and reminds me to share this desire with her therapist
- In the past, the client has only mentioned this desire 2-3 times, but this time it was more like 7-8 times
- She appeared agitated when she thought that I wouldn't tell her therapist that she wanted to go home
- Although she was fixated on going home and couldn't move past the topic, she did share that she was doing good on her goals

Objective Data:

- At the time of the meeting, there was no objective data to really be taken
- One of her goals is to eat at least 50% of her food, and she reported that she ate all of her food for the day

Assessment:

- This client's end goal is to be able to go home by the summer
- She is progressing on her goals of: (1) showering daily, (2) keeping her room clean, and (3) eating 50% of her meals

Plan:

- The next steps for the client to get to return home is to keep up with her goals, and eventually increasing the frequency of her third goal to eating 75% of her meals
- Also, the client will go on more community walks and then home visits to bring her closer to getting discharged

Process Recording

	Content/Description of Transaction	Skill Used	Reactions/Thoughts/Feelings
Worker	Casey begins a meeting with a resident's parent and they are going over the things needed to be done before the child is discharged from the facility.	Attentive Listening	While they were going over the list, it seemed kind of intimidating because there was a lot that needed to be figured out before the child left.
Parent	The mom of the child has a document open with a list of things/ services needed for her child since she is discharged. She is going through the list and only one thing has actually been submitted for after the child is discharged.	Attentive Listening	My feelings were pretty similar to the last transaction because there just seemed to be a lot that needed to get done (this was Thursday, 02/11 and the child was being discharged today, 02/15).

	Content/Description of Transaction	Skill Used	Reactions/Thoughts/Feelings
Parent	The mom is going through the lists of services and expressing her frustration since not a lot of the applications or services have been confirmed.	Empathizing	I felt for the mom because her frustration was clear, but it was mainly due to the fact that it did not seem like everything was in place for her daughter to come home and have the services she needed.
Worker	Casey is listening as the mom is going through the list, and reassuring her that most of the applications or services have already been filled out. The only thing that is needed for the most of the applications is for them to just be sent in which is what she will do in the following days.	Empathizing/Attentive Listening	As I am listening to the mom's list and hearing things were left unfinished by the past therapist, I can understand why the mom is so frustrated.
Parent	The mom apologizes for her frustration because she understands that Casey (and Tabitha, the new caseworker) are new to the case and that they are not responsible for things being left unfinished. She emphasizes though that the biggest impressions that an agency has is when a person is arriving or leaving. She hopes that the agency just takes away that they need to do better with communication, so that when a resident is discharged, things run more smoothly.	Attentive Listening	The mom's frustration was definitely justified, and it was a good thing that she was able to separate Casey and Tabitha from the shortcomings of the past people in her daughter's case.

	Content/Description of Transaction	Skill Used	Reactions/Thoughts/Feelings
Worker	Casey reassures the mom that her frustration is valid, and that she is going to be doing everything she can to make sure the applications and everything else gets completed as quickly as possible. She then refers back to a question that I guess the mom had asked in a previous conversation regarding her daughter's medication. Casey had reached out right before the call and was able to answer her question, stating that the child would receive either a two-week or month long supply, depending on their insurance, of her medications once she is discharged.	Attentive Listening	I was kind of surprised/ in awe how Casey was able to handle the parent's frustration even though it was not her fault. And, even though she was relatively new to the case she made sure to be updated with the current status of the applications.
Parent	The mom had more questions regarding her child's medication. Casey had told her that after the supply or discharge period was up, they would go see a doctor regarding if the medications would stay the same. The mom expressed concerns because they did not want to go somewhere new, where the doctor could decide to change up the child's medication without actually knowing her case.	Attentive Listening	Again, I thought the mom's concerns were completely justified since she didn't want someone who didn't know her case to change up the medication.

	Content/Description of Transaction	Skill Used	Reactions/Thoughts/Feelings
Worker	Casey was very transparent with the parent that she was not quite sure which doctor they would go see or if they could see the in-site doctor, but she reassured her that she would find the information out for her. She also reassure her that she would be on top of everything else on the list that had not yet been completed. She was very honest in that she appreciated how much the parent communicated, but to give her about 1-2 days to respond since she is so busy.	Attentive Listening	I think transparency was key in this interaction between Casey and the parent because she was able to reassure the mom's needs but not promising her anything that she couldn't get done.
Parent	The parent thanked Casey and Tabitha for how on top of things they were, but she also reiterated how she hopes the agency learns how important arriving and leaving is for the people's impressions.	Attentive Listening	Overall I though the call went well despite the mother's frustration and although there was still a long list of needs, there was a direction they were headed toward.
Intern	After the call I mentioned to Casey how it was good that even though the mom was frustrated, she still was able to voice her frustration without blaming Casey and Tabitha.	Paraphrasing	The mom was clearly frustrated the entire time but she was able to cover everything she wanted for the most part

	Content/Description of Transaction	Skill Used	Reactions/Thoughts/Feelings
Worker	She expressed how not all parents are always that understanding so that was a good thing. Also she mentioned how important it was to reassure the mom's needs and concerns.	Attentive Listening	It can't be easy to try to ease the mom's concerns while also trying to figure the case out herself.

Data Collection and Assessment Tools

Psychosocial Assessment

INITIAL PSYCHOSOCIAL ASSESSMENT:

Miranda is 17-year-old Hispanic female admitted on 02/22/2021, to the Child Center of NY RTF Brooklyn from the Harriet Tubman Residential Center. She has a history of adolescent conduct disorder (aggression/self-injurious behavior/suicidal ideations and attempts/AWOLing/juvenile justice system involvement), PTSD, and contact with the mental health system. She has exhibited aggression in the form of spitting, biting, punching, and throwing items at staff.

Childhood and Developmental History:

Per psychiatric assessment at CHWC, Miranda may have a neurodevelopmental/genetic disorder. This suggestion was based on the presence of a flat nasal bridge, and wide set eyes in the context of the behavioral dysregulation, concrete thinking, inability to learn from previous experiences, and atypical social interactions. She also experiences left ankle pain due to a sprain in 06/2020. In 2018, Miranda's mental health and behaviors became concerning when she began engaging in self harm and expressing suicidal ideations. This is also around the time that Miranda reported having a sexual encounter with an 18-year-old male at church where she reported "he was

forcing me to do stuff.” She started having academic and behavioral issues in school, and would become physically aggressive at home with both parents when they would attempt to discipline her. She also would leave the home without permission. Miranda has been in a few out-of-home placements due to legal charges and unsuccessful attempts with community-based services.

Legal History:

Miranda believes that her charge is 3rd degree assault. Miranda states that she punched a police officer, but she had blacked out at the time and didn’t really know what she was doing.

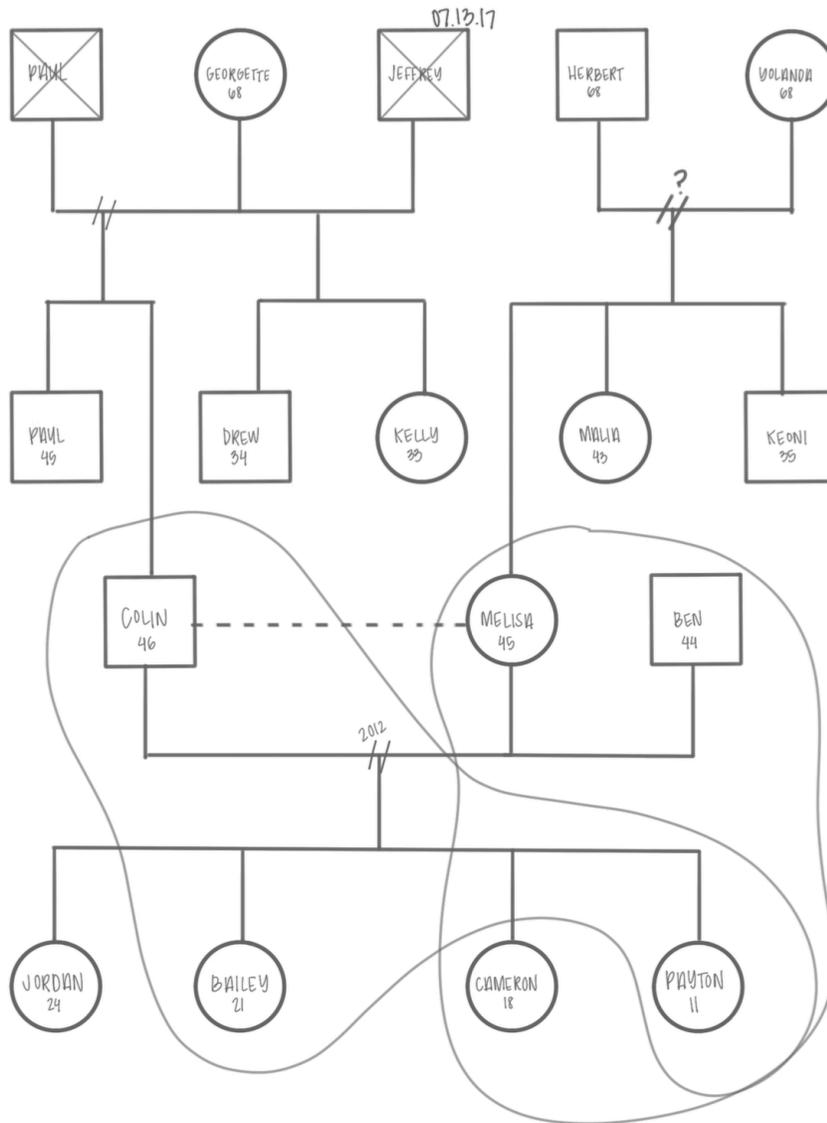
Following this charge, she was home for a couple of months until January of 2019, and that is when she was placed at Wyoming Conference in Binghamton, NY. She was released from Wyoming, and was on probation for a year. Miranda then went to Villa of Hope in Greece, NY. While at the Villa, Miranda had an altercation with a peer — she hit the peer with a skateboard while blacked out — and ended up at Harriet Tubman. According to the pre-dispositional investigation, Miranda was charged with Assault in the 3rd degree.

Family History:

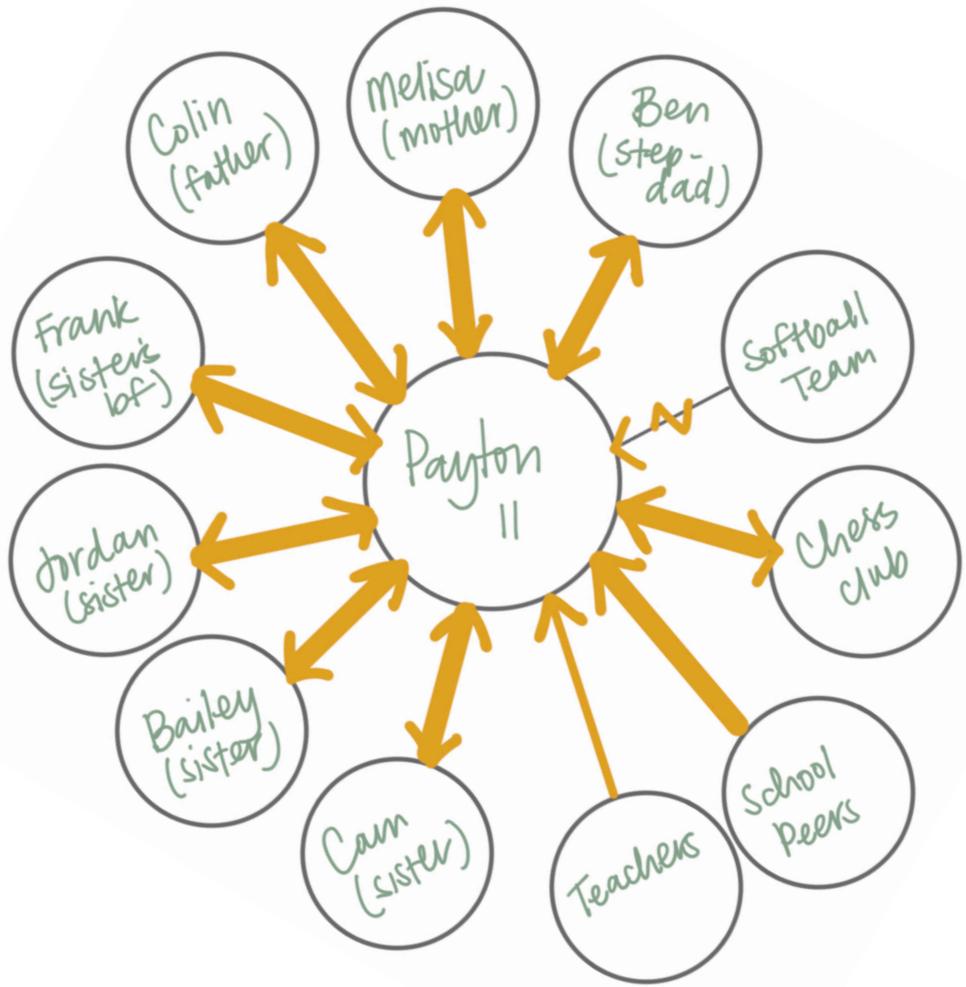
Miranda is the oldest of three siblings born to Amanda and Jose Rodriguez. She has two younger siblings, Tatyana and Shayla. Miranda also has 4 paternal half-siblings that live outside of the home and she has limited contact with them. Mr. and Mrs. Rodriguez met in 2003 at a family party, and married soon after once they discovered that Amanda was pregnant with Miranda. Mr. and Mrs. Rodriguez are still married and live together with all three children. Mrs. Rodriguez works as a CNA, and Mr. Rodriguez is a group leader at Seneca Foods. Miranda is close with her sisters that live in the home, but she reports that she is closer with her youngest sister, Shayla.

Miranda has reported in the past that she needs her family to work with her to better understand

Genogram



Ecomap



Case Study

Referral/presenting issues

Carla Washburn is a 76 year-old African American woman. Carla was referred for service because her sister, Anna, contacted AAA. One of the biggest concerns that Anna has about Carla is a recent fall that she had in her which left her with difficulty walking and that she has Type II diabetes.

Background information

Carla has experienced a lot of loss in her life. She has been widowed for the last fifteen years, experienced the passing of her son and daughter-in-law, and most recently, the loss of the grandson that she raised. In addition to this, Carla lacks any social support besides her sister. She used to have friends but once she took over care of her grandson, she put all of her focus on him and her friends eventually dropped out of her life. Once she lost her son, the family outreach services were focused more on the her grandson's widow and not really on her. She would speak weekly with her sister over the phone, but there has been a lack of contact since the passing of her grandson eight months ago.

Carla lives in a small town in the Northwest, in a neighborhood that has been on the decline for many years. There has been a downturn in the economy and a rise in the neighborhood crime. Most of Carla's income comes from her small pension from the paper mill and Social Security, but the current economic downturn has jeopardized the pension fund. She also was able to collect survivor benefits to help her financially take care of her grandson until he turned eighteen.

Carla has some concerning health issues. Besides her age, Carla also has Type II diabetes and is insulin-dependent. She has had a recent fall that makes it difficult for her to walk and is currently on a number of different medications.

Engagement

Carla Washburn has dealt with a lot in her life, and for a lot of it she did it alone. This independence is a reason why she is reluctant to accept any help now. Since Carla is so reluctant to receive help, it makes it difficult to engage her to come up with interventions or treatments. One way that I would attempt to engage Carla is through her grandson, Ronald Jr. It is very clear that Carla has a soft spot for him, so by inquiring about him, it may help build trust between us.

One issue that I think may come into play in this situation may be the perceived lack of knowledge by Carla with the social worker. Carla is an elderly woman that has already gone through so much alone, and it may be difficult for her to receive help from someone so young. Another issue that may arise is that Carla may perceive accepting aid from a social worker as the first step to her losing her independence. She is a proud woman and she probably wants to keep that independence for as long as possible.

Personally, I think I may struggle with Carla's case because I lack experience when working with the elderly population and I am overall just uncomfortable working with this population. There is no personal experience that has caused this discomfort, but my discomfort may affect my ability to help Carla to the fullest extent. I am also not a very assertive person, so I would be uncomfortable trying to help a client that is reluctant to receive help. This just means that I would probably take a slower approach to getting Carla to agree to get help and build our therapeutic relationship gradually.

Assessment

Some key problems are presented when looking at Carla's case. At the top of the list, would be the most recent fall that Carla had. She is still experiencing negative effects due to it, and it could have some relation to her diabetes, I am also concerned for Carla's financial situation. She receives most of her income through social security and her pension, but with all of her medications and the economic downturn, I worry that the Medicare drug program is not enough for her medical needs. When looking at her ecomap, she has experienced tremendous loss, and there is no one in her direct inner circle that is still alive. This makes me concerned for her being at risk for depression because she does not have very strong supports in her community. In her community, there is also a concern for the rise in crime. Carla does not feel safe in her neighborhood and this is a common feeling with some of the other families as well.

Some strengths or assets that Carla has in her life would be her resilience, her relationship with her sister, and her friend Loretta. One personal strength for Carla is definitely her resilience. She has experienced more loss than most people and continues to keep living her life. Carla's sister Anna is the one who was concerned about Carla and brought her help even if she did not necessarily want it. Carla had regular talks with her sister and this is a good support. Loretta would also be a strong support for Carla because she has experienced some can relate to Carla on a level that others may not. She has been supportive of Carla and continues to be there for her.

Intervention

One intervention that I would like to introduce to Carla is maybe some type of physical therapy or active group. The goal of this intervention would be to target the problems with her social network and her health at one time. Since Carla is having difficulty walking, I think some

type of light exercise such as water aerobics might be good for her health and could possibly introduce her to some other women in her community. The physical activity may also be a way to help Carla get her diabetes under control.

Another possible intervention, that is more focused on her loss, would be some type of therapeutic or support group. I think it would be beneficial for Carla to attend a group of this type to help her sort through her feelings of grief, especially with this not being her first experience.

Evaluation

I think the intervention ideas that were proposed did address many of the client's concerns. I am not very knowledgeable about Medicare drug program and did not propose any interventions to address this, so I think I could look more into the program and if it is enough for Carla's current medical needs. I also think I could have addressed more community needs that would also benefit Carla like an outreach program or some sort to help lower crime rates.

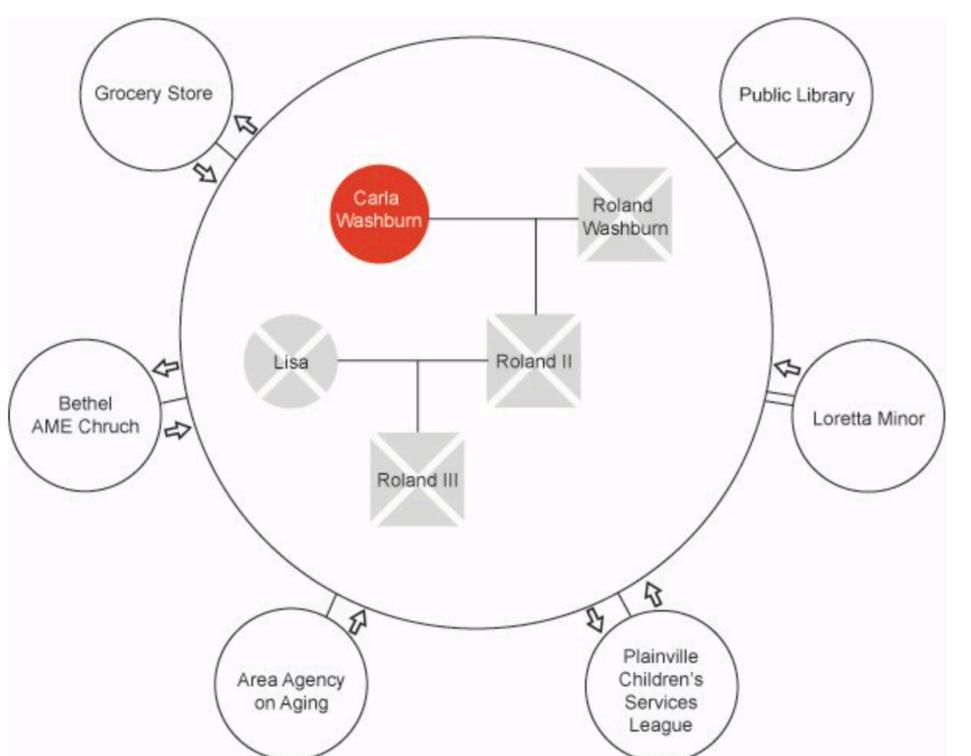
Treatment Plan

Case Note Recording

Carla Washburn is a 76 year-old African American woman. Carla was referred for service because her sister, Anna, contacted AAA. One of the biggest concerns that Anna has about Carla is a recent fall that she had in her which left her with difficulty walking and that she has Type II diabetes. Carla has experienced a lot of loss in her life. She has been widowed for the last fifteen years, experienced the passing of her son and daughter-in-law, and most recently, the loss of the grandson that she raised. In addition to this, Carla lacks any social support besides her sister. She used to have friends but once she took over care of her grandson, she put all of her focus on him

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Ecomap/Genogram



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Goals/Objectives

Goal #1: Carla will get her diabetes under control

Objective #1: Create a list with all of her medications and take all of her medications 1x day

Objective #2: Avoid foods that are high in sugar

Objective #3: Go to the doctor's office 1x month

Goal #2: Carla will identify resources to help her cope with her loss

Objective #1: Attend group grief counseling meetings at the church 1x weekly/biweekly

Objective #2: Call her sister, Anna, 1x week

Objective #3: Spend time with or speak to Loretta Minor 1x week

Goal #3: To find solutions to help reduce fear of neighborhood crime

Objective #1: Attend at least 1 community or church-based activity/program biweekly

Objective #2: Reach out to the Jackson and Johnson family biweekly to build relationships

Objective #3: Inquire about a weekly home aid so that she feels safe and is not alone as often

Interventions

- Group therapy will be provided at Bethel AME Church for Carla and other individuals that have experienced loss as a resource to help them through their grief
- Recreational group run by the church or the community to increase Carla's social interactions and build relationships.

Termination Plans

Carla will work with the social worker for an agreed upon amount of time, 12 weeks, with hopes of completing all of her goals. Half-way through this period, we will meet and assess the progress that has or has not been made. If we agree that we are progressing adequately then we will keep the intended termination date. Again, 2 weeks prior to the termination date we will assess Carla's progress and will terminate if she is completing all of her goals; if not we can discuss what needs to happen for the goals and objectives to be completed and possibly prolong the termination date 2 weeks.

Client Strengths

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