

**Final Portfolio**

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SWK 516

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## **Case Note Recordings**

### **Narrative Style**

I was able to have a brief, informal meeting with MN before her mediation session with my supervisor, Elliott. The meeting occurred in Elliott's office after he stepped out to get the other resident to partake in the session. MN was finishing her dinner while we waited for CC to join us. They had a verbal altercation that turned physical earlier in the day and the protocol is to have a mediation session by the end of the day.

Since it was an informal meeting, I started off by trying to engage the client by talking about her meal. From there, MN shared with me that she has a passion for cooking. She told me about the different types of food she makes. By talking about the food she learned to make, we briefly discussed her Caribbean culture which she later uses to make a connection about her plans for the future. MN disclosed that she is from Queens, NY, and wants to be a cook or join the military. She alludes to the idea that her culture has contributed to her dreams of being a chef but has hindered her plans to join the military and become a sniper due to the negative view that Caribbeans have about war.

After engaging the client, I felt it was a good idea to bring the conversation back to the situation at hand. MN was willing to share her view on the altercation she had earlier and expressed that she feels her peace is being taken from her. I found a way to tie her dream of being in the military and the discipline she would need there could tie into the situation that happened today to which MN agreed.

### **SOAP Style**

#### Subjective Data

- The client is annoyed that her meal time is being interrupted because of her altercation with CC earlier in the day.

- She appears to be tired and her eyes are closing. It is also about an hour away from lights out.

- CC has been in the center of a lot of conflicts on the unit. It does not appear that MN was the aggressor in this particular instance.

Objective Data

- No cuts, bruises, or any other injuries from altercation

- Nurse was not needed so no vital signs or examinations were administered

Assessment

- MN has disruptive mood dysregulation disorder and oppositional defiant disorder with a history of PTSD (complex)

- A verbal altercation with another resident, CC, escalated into a physical altercation.

Staff de-escalated situation before any serious physical harm was done.

Plan

- MN's goal is to be promoted upstairs and no longer be in the intake unit.

- She agreed to work on not responding to verbal confrontations so she can practice the discipline she will need to achieve her future goals.

**Process Recording**

	Content/Description of Transaction	Skill Used	Reaction Thoughts/Feelings
Worker	You're enjoying that burger aren't you?	Observation	Based on the day she's had, this is probably the most at peace she's been and you can see it on her face.

Client	Yeah it's so good.	Active Listening	She's enjoying it a little too much because her eyes are starting to close.
Worker	Don't fall asleep on me now.	Observation	We have mediation, and she needs to stay awake and alert for that.
Client	Haha, I'm trying to keep my eyes open but this food always gives me the "itis."	Active Listening	Always? If it's a common occurrence it might be hard to snap her out of it when we need her to interact during the session.
Worker	Does all food do this to you or just burgers?	Probing	Don't want to be too forward in obtaining background information since this is pretty informal. I probably shouldn't ask too many heavy questions right before something as serious as mediation.
Client	This burger ain't even all that. I make better ones.	Self-disclosure	Didn't even answer my question but she shouted herself out. She seems to have wanted me to know that she is proud of her cooking skills.
Worker	You make better burgers than this?	Paraphrasing	I want to see if cooking is really a passion for her or if she just dabbles in the kitchen a little.
Client	Yup, and I make jerk chicken, crab legs... You ever had jerk chicken?	Active Listening, Probing	I did a little eyebrow raise to show that I'm impressed that she makes many different types of food. I guess she mistook it as me not knowing what jerk chicken is.
Worker	Yeah, I like it when it's spicy.	Self-disclosure	I don't cook at all so let me show some kind of

			common interest so she can stay engaged.
Client	Yeah, us Caribbeans like to make everything spicy.	Self-disclosure	She's making it about her culture now. She's opening up more so hopefully it means she's more comfortable.
Worker	But you're from around here?	Probing	Just looking for a little more context on who she is.
Client	Nah, I'm from Queens. Southside Jamaica. You?	Self-disclosure, Probing	I meant if she was from the city in general. Should probably be more specific.
Worker	I'm from her, East New York.	Self-disclosure	Showing another commonality between us.
Client	Oh I thought you were from upstate or something.	Clarification	Not sure if she thought that because of Nyack or judging based off my appearance
Worker	Nope, I'm from here.	Self-disclosure	The focus of the conversation has kind of shifted to me. I probably shouldn't have asked where she was from and kept with the food topic.
Worker	So you really enjoy cooking, huh?	Re-focusing	Let's see if I can get her back on the food topic
Client	Yeah.	Active Listening	She isn't responding well to the abrupt shift in topic. Body language looks like she's not as engaged as earlier.
Worker	Is that something you would want to do in the future?	Probing	Back-to-back "yes or no" questions probably wasn't a good idea. This might get awkward.

Client	Yeah, I wanna be a cook and a sniper.	Self-disclosure	She saved me by not giving a one word answer but a sniper?
Worker	A sniper?	Reflection	Let me make sure I heard that right because that was pretty random.
Client	Yeah, like in the military.	Clarification	Possibly interested because of video games or a movie maybe?
Worker	Ok, that's interesting.	Active Listening	Don't want to sound discouraging but also don't know if it is something to encourage based on the population I am working with.
Client	Yeah but my family doesn't want me to. My mom would get mad at me because it's against my culture.	Self-disclosure	Nice, we're talking about family now.
Worker	What do you mean by your culture?	Probing	Is there a religious reason or a family belief?
Client	I told you I'm Caribbean . My mom doesn't believe in fighting for a country that fucks us over and doesn't support us.	Active Listening, Self-disclosure	This was supposed to be informal so not sure if it is a topic I want to get into right now but I will take note of it.
Worker	Yeah, I can see why she'd be upset at you. You know they make you go through boot camp, right?	Exploration of thoughts	Still not sure military is something to encourage but she did express interest in it. I want to try and make a connection between the skills she would need for her interest and the skills she currently has.
Client	Yeah I know that.	Active Listening	Do you understand what goes on at boot camp though?

Worker	And you know they're going to be yelling in your face too?	Sustaining	I believe that the incident she is in mediation for involved the other resident screaming in her face.
Client	Yeah but I'm signing up for that so I'm just gonna have to eat it.	Active Listening	She expresses that she could have the ability to not respond negatively in certain situations.
Worker	And what happened today?	Description	I actually don't really know what happened today, I just know someone screamed in her face.
Client	Ok but that's different. I just be trying to be peaceful and people wanna interrupt my peace. They're always testing me. That's why I can't wait to go upstairs.	Exploration of feelings	She feels there is a difference in maturity level with the residents on her unit. She thinks she would be better off with the residents who are progressing through their treatment rather than in the intake unit.
Worker	Do you think situations like this are making it easier for you to get out of this unit?	Probing	I feel like I sound a little condescending but I think it is appropriate for working with youth. This is another "yes or no" question but it leads into my next point fairly well.
Client	No	Self-awareness	She's demonstrating awareness of her actions
Worker	You know, maybe if you treat situations like this like it was boot camp, it'd be easier to avoid. I know you feel like it is harder to do in here than it would be at boot camp but sometimes it's good to practice in harder conditions. Because if you can do it here you can pretty much do it anywhere	Encouragement	I probably could have worded this a lot more professionally but I wasn't really prepared for any of this. I was just supposed to keep her company until Elliott comes back. I hope she understands what I'm

	else.		saying though.
Client	Yeah I guess.	Active Listening	Tone of voice softened. I feel like she understood. Something I can probably follow up on in the near future.

## **Data Collection & Assessment Tools**

### **Psychosocial Assessment**

#### Initial Assessment

Tony Rodriguez is a 17-year-old Hispanic male, who was admitted to The Child Center of NY RTF- Brooklyn on February 19, 2021. He is a direct transfer from Crossroads Juvenile Center in Brooklyn, NY. During a psychiatric evaluation on August 16, 2020, Tony was diagnosed with both Posttraumatic Stress Disorder (complex) and Persistent Depressive Disorder. He experienced trauma in his neighborhood in the form of community violence and has a history of aggression with an attempted murder (2<sup>nd</sup> degree) charge. He denies having a history of gang affiliation or substance abuse. His mental health was impacted by his younger brother's own mental health concerns. Tony's inability to remove himself during his brother's aggressive episodes has negatively affected his mental health.

#### Childhood and Developmental History

Tony Rodriguez was born on December 19, 2003 to Teresa Sanchez and Omar Rodriguez. Ms. Sanchez reports that there were no issues with him during her pregnancy. She had adequate prenatal care and no complications during birth. However, Tony was hospitalized at three weeks old for a bacterial infection but was treated and returned home with his mother. It is also reported

that Tony met all his developmental milestones on time. Tony is the oldest of three boys, two of which come from the couple, and the youngest, who was born out of a different relationship.

Tony's father was deported when he was at a very young age. Ms. Sanchez states that Tony has not contacted his father at all. Tony exhibits a lack of desire to discuss his father or provide any information about him.

Tony's childhood behavior was described as one that was typical with no major concerns. His brother (15 years old) that shares his same parents was diagnosed with autism and has a chronic history of aggressive behaviors in the home. Tony has been chronically victimized by his brother's behavior which at times has led to multiple removals from the home in the form of hospitalizations and institutionalizations. The significant needs of his brother, along with his father's departure, has left Tony with feelings of neglect within the home.

Tony has witnessed /experienced domestic violence on account of his brother's frequent outbursts. There is also a history of witnessed domestic violence between his uncle and mother, and also an earlier history of domestic violence between his father and mother. Tony endorses exposure to violence in his community in the form of shootings, sexual assaults, and dead bodies. Because of this, he feels unsafe within his community. He also reports experiencing the death of four of his friends to suicide.

### Legal

Tony's case for attempted murder in the second degree and was adjourned by the District Attorney's office for the grand jury. However, there was no grand jury action and the matter was

further adjourned until December 2, 2020. The Grand Jury was adjourned to submit a pre pleading memorandum to the Court with treatment recommendation because of Tony's indication that he "blacked out" and acted in self-defense.

### Family History

There is no history of mental health concerns from Tony's maternal side but Ms. Sanchez does recall Mr. Rodriguez exhibiting mood swings throughout the course of their relationship. She describes him as a "strange person" and "angry." She also reports that Mr. Rodriguez's deportation was due to his involvement in sexual harassment charges and identity fraud.

Tony's full biological brother, Ricky, has been diagnosed with Autism Spectrum Disorder, ADHD, Bi-polar disorder and has a chronic history of impulsive and aggressive behavior. These mental health struggles are compounded by the family's living situation in a studio apartment in Queens, where they have been for the last eleven years. Both Tony and Ms. Sanchez recognize the economic strain that Ricky's mental health issues have put on them as a whole. Tony's inability to remove himself during Ricky's explosive episodes has been a contributing factor to Tony's overall mental health.

Tony and Elaine, his adult cousin from his maternal side, have a close relationship. Elaine has been a great support to both Tony and Ms. Sanchez during this process. She has also played a significant role in collecting documentation and releases for this referral process. Ms. Sanchez has been actively participating in treatment for her other son Ricky and will be able to do the same for Tony.

### Behavioral and Placement History

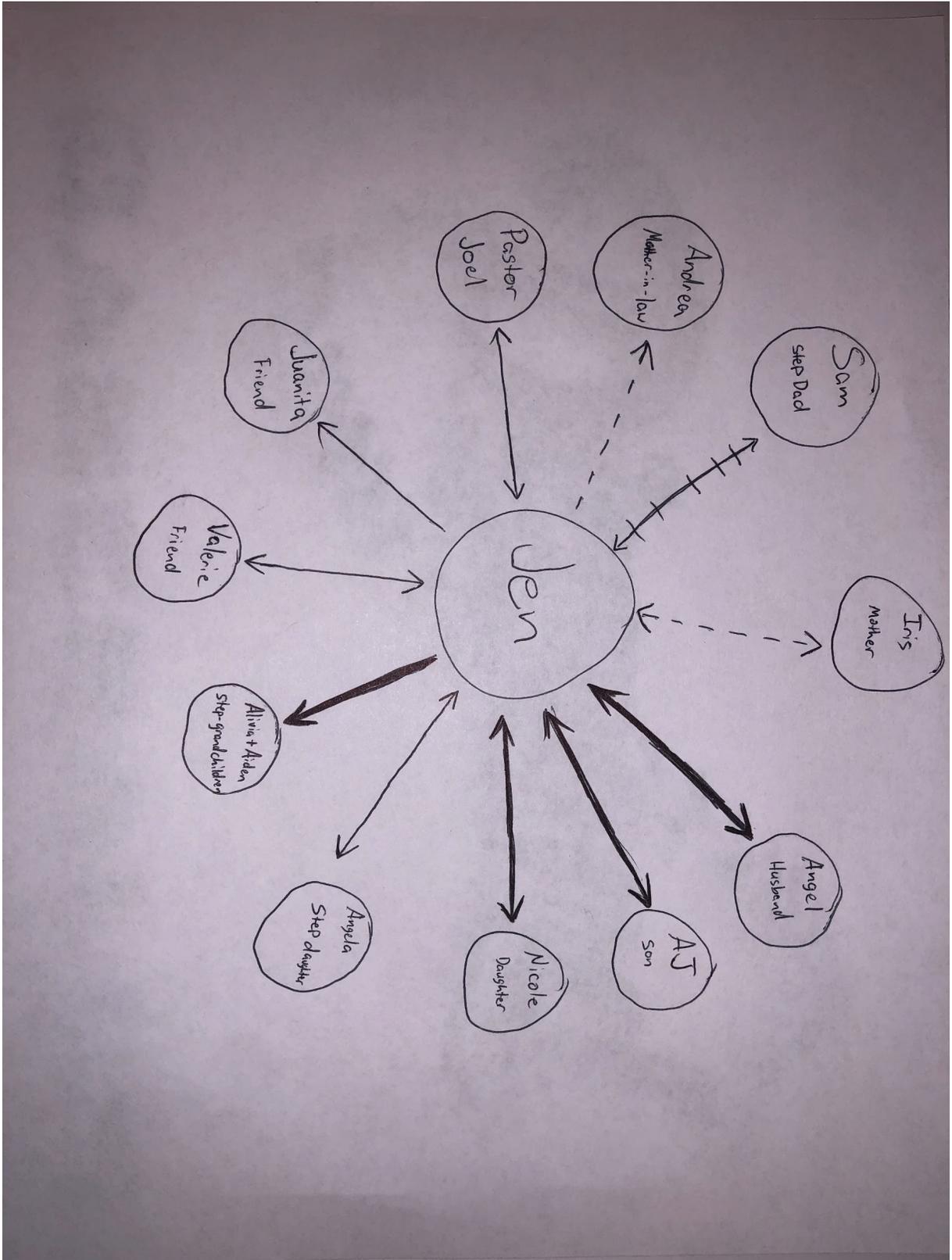
Tony has a history of two ER psychiatric evaluations for aggressive outbursts at home. One led to an overnight observation at Elmhurst hospital and no reported history of inpatient hospitalizations. Tony also spent time detained at Crossroads Juvenile Center in Brooklyn, NY due to his pending criminal charge. Tony has also been a participant in outpatient mental health treatment since the age of 10.

### Education

Tony is in 12<sup>th</sup> grade regular education with no significant history of truancy. There are two instances of suspensions from middle school due to aggression towards a peer and a teacher. Results from his most recent testing on 8/16/20 on the WASI-II indicate that Tony falls within the average range in regards to his overall intellectual abilities. There was no significant difference found between his verbal comprehension skills and nonverbal abilities, which both fell within the average range. His FSIQ is a 95, verbal score a 94, and perceptual and 94. Overall, Tony has done well in school over the years and expresses a desire to attend college with a major in liberal arts or law.



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## **Case Study**

### *Background Information*

Carla Washburn is a 76-year-old African-American woman who lives in a small Northwestern town called Plainville. She has been living alone since the death of her most immediate family members. Her husband passed away fifteen years ago and her son, Roland, and his wife died in a car accident a year after that. She then took in her grandson, Roland Jr., from the age of eight until he left for the Army at age eighteen. In light of the sudden loss she experienced within that one year, Carla immersed herself fully into the guardianship duties for her grandson. Unfortunately, he was killed in action eight months ago and the Army outreach services directed all their attention to his widow, Alice. After the death of Roland Jr., Carla stopped her weekly calls with her sister, Anna. However, Anna was able to reach out to us and share that Carla recently suffered a serious fall that has impaired her walking ability and that she is an insulin-dependent, Type II diabetic.

Carla has been receiving a pension and Social Security since she retired from the now-defunct paper mill went out of business four years ago. The small town economy has steadily been deteriorating since the paper mill shut down. The economic downturn is currently jeopardizing the mill's pension fund from which Carla currently receives income from. Along with the rise in unemployment has been the rise of the crime rate in Plainville. This makes it so that Mrs. Washburn does not feel safe in her own neighborhood.

### *Engagement*

I expect some difficulties in engaging with this client based on initial conversations. There are visible signs of discomfort due to her fall, but she is adamant that she is fine. She seems very reluctant to receive assistance so as to remain independent. There is also the disparity

between her and I when it comes to life experience. It is evident that Carla has been through a lot in her life and wonder if she will respect me enough to work with her even though I am young and have not been through much.

One area that I feel confidence in is her relationship with her grandson. He passed recently so there are likely to be many memories shared during my time with her. Raising a grandchild is no easy task so I am confident that there will be many opportunities for me to build rapport with her as she opens about her time with Roland Jr. Another area is the existing supports that she has yet to take full advantage of during her recent rough times. Anna and Loretta, Carla's neighbor, have both shown initiative in being there for her as she goes through the grieving process.

#### *Assessment*

The physical health of Carla is of primary concern. The fall was serious enough that she is having trouble walking. There is concern that her diabetes may have contributed to this fall so making sure her diabetes is under control should be prioritized. It was also noticed that she had a large number of medications on her table. This raises the possibility that her medicare benefits are not sufficient enough to cover her medical expenses. Exploring this issue could eliminate any financial constraints that make it difficult for Carla to prioritize her physical health. Lastly, her mental health, in light of the suffering she has endured, might have contributed to the lack of motivation she has when it comes to attending to her physical needs. She needs to develop a strong social support system to help her while she grieves the loss of her grandson.

Carla shows resilience in regards to the magnitude of loss she has experienced within the last 15 years of her life. She is dealing with it as best as humanly possible and she exhibits great personal strength because of it. Carla also has shown that she is a great caretaker. The way she

fully immersed herself in the activities of Roland Jr. and was able to develop such a strong bond with him is admirable. One can easily tell upon getting to know her that raising him was one of her proudest moments. Carla also has a great relationship with her church which means she has a spiritual life. This spiritual dimension is a strength because it provides her with the extra motivation needed to get through the tough times.

### *Intervention*

A primary intervention I would implement would be to schedule a doctor's visit as soon as possible. Getting her hip checked out would clear up a lot of the concern regarding her immediate physical health and any speculation about her diabetes being at a dangerously high level. Another intervention would be to get the church to set up senior nights for the older members of their community to ease the concerns there are regarding Carla's lack of a social support system. Lastly, an intervention for the financial concerns there are with Carla's case would be to make use of her exceptional caretaking skills and possibly get her to babysit for the families that need supervision for their children.

### *Evaluation*

The interventions proposed directly address three of Carla's most primary concerns. The doctor's visit could be the easiest because of accessibility. The only challenge would be getting Carla to go. Babysitting seems to be a perfect job for her considering her background in raising her grandson and being so involved in his activities. The only intervention that raises a concern is the church ministry one. The church may choose to address a different population than the seniors in the community or they may not have the funds for an additional ministry. Building rapport with the new pastor in town and advocating on behalf of Carla would be an important part in making this intervention successful.

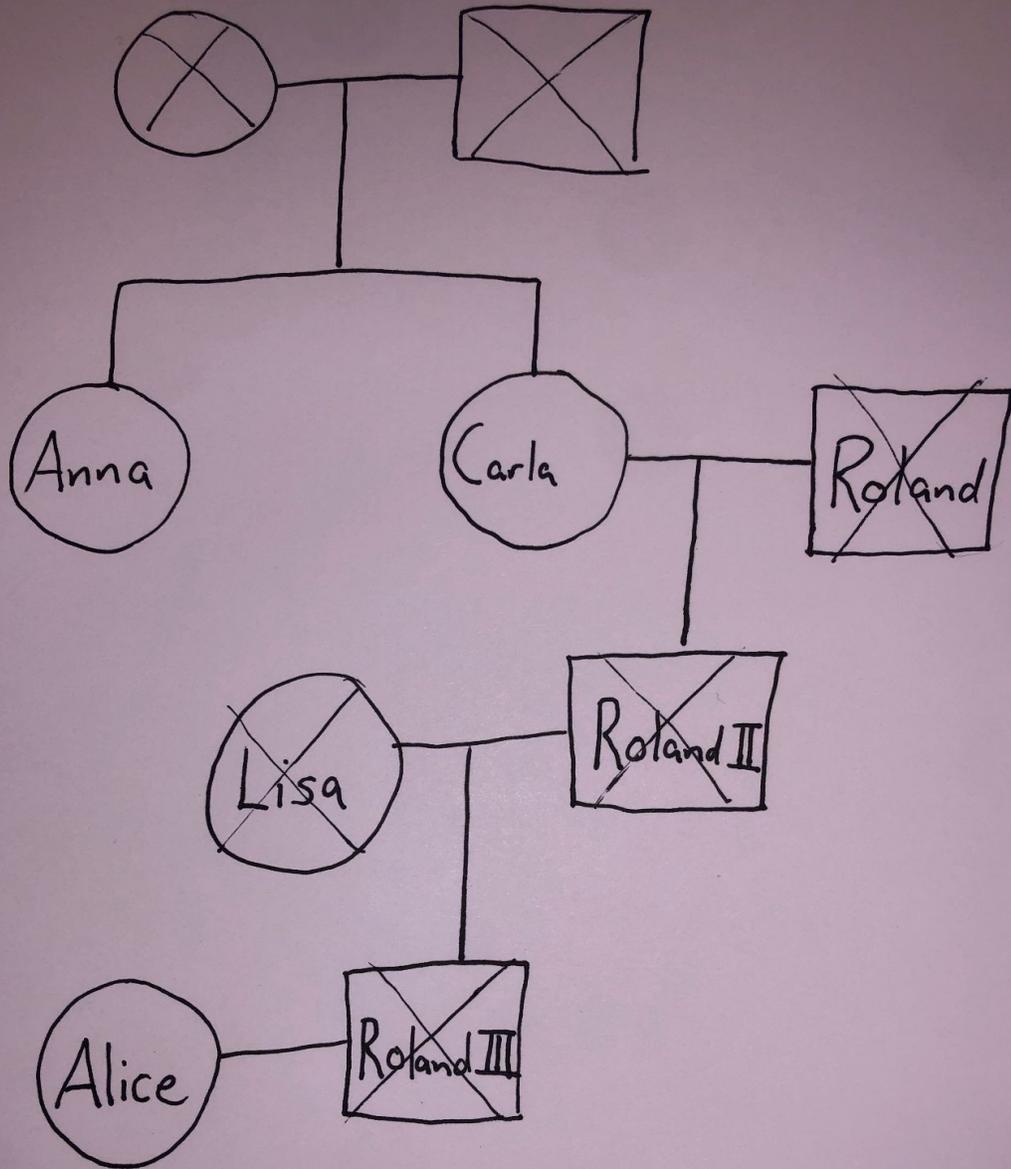
## **Treatment Plan**

### **Case Note Recording**

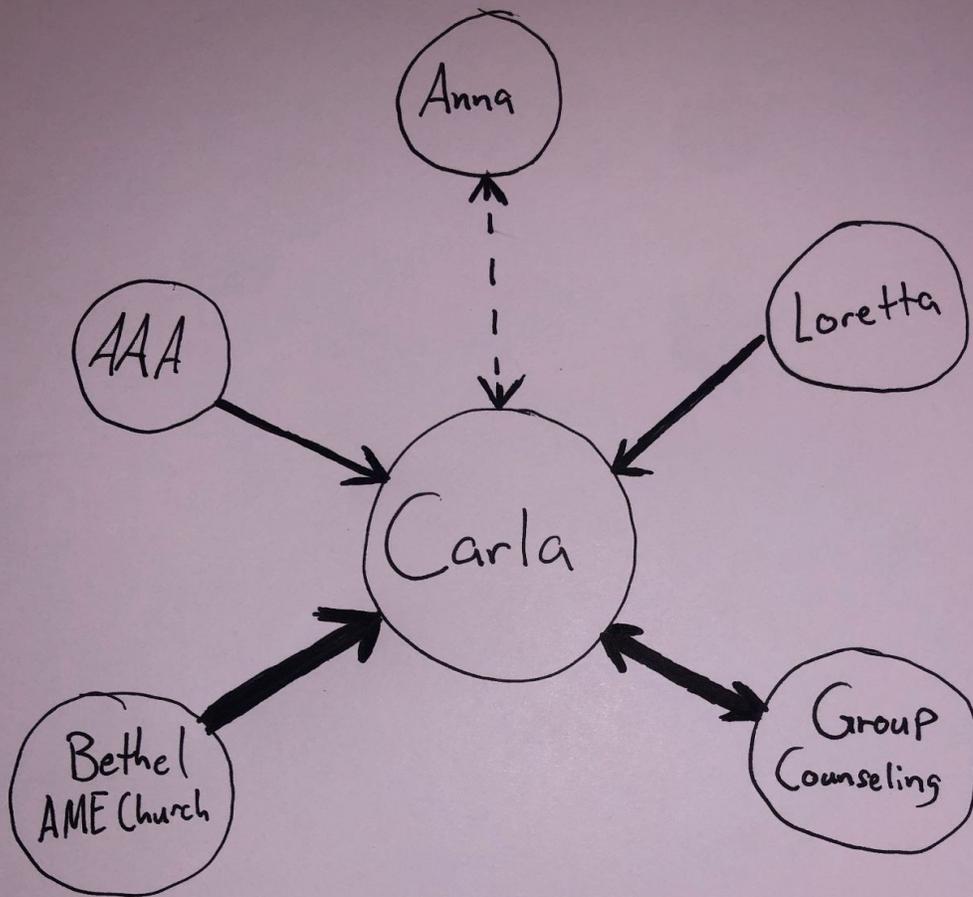
I attempted to make a home visit to Carla after her sister, Anna, called the agency with concerns about a recent fall that Carla had that has left her with difficulty walking. Upon arrival, Carla was reluctant to consent to a visit and was adamant that she is fine and does not need help. She also voiced her displeasure with her sister contacting the agency in the first place. I assured her that her sister has her best interest in mind and that consenting to the visit would help ease Anna's concern. Carla reluctantly obliged and invited me inside.

I began the session by asking about her fall, but Carla chose not to disclose any specifics about how it happened. She did make it clear that she is fine and doesn't need any assistance in regards to her fall. I noticed a large number of medications were out on her kitchen table and I shared this observation with her. Carla disclosed that she suffers from Type-II Diabetes and that she is insulin-dependent. I asked about her most recent doctor's visit and discovered that it has been a couple of months since she visited her doctor's office. At this point, it was clear to me that she had not been to the doctor for her overall health in a while, let alone for her recent fall. I suggested scheduling a doctor's appointment for Carla and she said she'd get back to me about it later.

## Genogram



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## **Assessment**

### Family History

Carla was married and spent the majority of her life in Plainville with her husband, who she lost fifteen years ago. Together the two of them had one son named Roland. Roland met a woman named Lisa, who he later married and had Roland Jr. with her. Fourteen years ago, Roland and Lisa were killed in a car accident. Carla took on the responsibility of raising her grandson, Roland Jr., from the age of eight. Once he turned 18, Roland Jr. decided to enlist in the Army. It was on his base in North Carolina that he met his wife, Alice. Eight months ago, Roland Jr. was killed in the line of duty while he was deployed in Afghanistan.

### Employment/Financial Situation

Carla was employed by the now-defunct paper mill in Plainville. She currently receives her income from the mill's pension, which has recently been put in jeopardy with the recent economic downturn in the area. In the past, she had received survivor benefits from OASDI on behalf of Roland Jr. but those payments ceased upon his 18th birthday. Since Roland Jr. married before he died, any and all financial aid regarding his death was given to his widow.

### Social Support and Resources

Carla recalls losing many of her friends during the time that she took Roland Jr. into her care. She threw herself into his care and activities which left her with little to nothing in common with her peers who had already raised their children by that time. Since they had adult children, they had a lot more time to socialize with each other and they eventually dropped out of Carla's life.

Loretta Minor is one individual that tries to remain in contact with Carla. Their sons played football together and Loretta was a great support to her when she was dealing with the loss of her husband, son, and grandson. They continue to see each other at the grocery store or church and Loretta occasionally drops in on Carla at her home. The Bethel AME church is another support for Carla. Not only does she attend the church, but they also offer the grief group counseling that she has been attending. Lastly, Carla has the Area Agency on Aging as an additional support/resource during this process.

### Client Strengths

Carla shows resilience in regards to the magnitude of loss she has experienced within the last 15 years of her life. She is dealing with it as best as humanly possible and she exhibits great personal strength because of it. Carla also has shown that she is a great caretaker. The way she fully immersed herself in the activities of Roland Jr. and was able to develop such a strong bond with him is admirable. One can easily tell upon getting to know her that raising him was one of her proudest moments. Carla also has a great relationship with her church which means she has a spiritual life. This spiritual dimension is a strength because it provides her with the extra motivation needed to get through the tough times.

### **Goals/Objectives**

#### Goal 1: Carla needs to prioritize her physical health.

- Objective 1: get hip checked out from fall, see if fractured or surgery necessary
- Objective 2: get diabetes under control by keeping blood sugar at manageable level
- Objective 3: reevaluate meds, see which are necessary/unnecessary, new meds if needed

Goal 2: Carla must socialize more to increase the social support necessary for her mental health.

- Objective 1: build rapport with fellow group counseling members to build relationships that will carry over past termination of group sessions
- Objective 2: drop in on Loretta once in a while
- Objective 3: attend any church events relevant to her peer group

Goal 3: Carla needs to find ways to ease the possible financial burden she might face.

- Objective 1: find out about medicare options that could cover meds and doctor visits
- Objective 2: explore possibility of childcare work in the community (Jackson/Johnson)
- Objective 3: Inquire about positions within the church to help fill one of their many needs

### **Interventions**

- Scheduling a doctor's appointment will bring clarity to many of the physical issues that Carla is currently dealing with and will give a clear indication of what to do next.
- Bethel AME should look into holding events focused on the seniors in the community (Carla, Loretta, Jacksons, etc.) as a way to meet their goal of building relationships with the parishioners.
- Utilize Carla's strength in being a caretaker and endorse her as a legitimate source of childcare for those in desperate need (Jacksons w/ Lila, Johnson's two kids).

### **Termination**

I will meet with Carla on bi-weekly basis over the course of 12 weeks. At the mid point (6 weeks) of our time together, we will evaluate her progress and explore the possibility of extending the termination date or terminating early. If time extends beyond 12 weeks, termination will be revisited on a bi-weekly basis. Termination will also be initiated by the social

worker. Upon termination, I will check up on the client via phone call on a monthly basis for 3 additional months to ensure that the progress made during our time together stays its course.

Reminders of her strengths and how far she has come will be the main motivators to help her maintain her positive gains after termination.