

SWK 516 GENERALIST SWK PRACTICE I WITH INDIVIDUAL AND FAMILIES

Reflection #7 Chapter 6 Social Work Practice with Families: Engagement, Assessment, & Planning

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1) A family centered-care is a strength-based individualized approach focuses on the family. Particularly effective with families who have children with disabilities. The social worker can become a team player to help address the needs of the children beyond their medical and educational needs and can empower the family to become part of the intervention. Committed to the concept of person-in-environment perspective, the person with the disability and family are both included into the intervention. It can focus on creating trust and respectful relationship to build new strengths in the family. Adults with developmental disabilities can learn new skills, including those with cognitive and physical challenges.

When a child was born with severe disability, parents' everyday lives are reorganized. The child's requirement goes beyond the ordinary. From school, health care, and many more, daily. Siblings and normal interactions with each other are affected. Parents struggle, which could lead to emotional and physical exhaustions. At this point that social workers' support is important to identify resources, able to access and negotiate and advocate as necessary. Contrary to emphasizing deficits, social workers' responsible is to empower family having difficulty raising disabled child. On challenging individuals or organizations which are not embracing strength-based approach to care, social workers are becoming advocate, educator, facilitator. It is important that a social worker continue de-emphasize pathology associated with disability, focus on empowerment and strengths.

2) a. Persons with disabilities are capable, have potential, and are important members of society. -Focusing on the person's strengths, creating a pathway for acquiring skills, inclusion for a decision-making, individually or in family, and allowing them to participate in the exercise of their will power.

b. Devaluation and lack of resources, not individual pathology, are the primary obstacle facing persons with disability. -As society recognizes positive attributes instead of disability, and support and resources or tools will become available to the individual or family, these will become new possibility and window of opportunity will open. Not focusing on pathology and viewing this individual as an asset instead of deficit

c. Disability, like race and gender, is a social construct, and intervention with people with disabilities is political in nature. – Discrimination with race, gender and disability has been identified—been in housing, employment, education, healthcare, and many more. Thus, it is among social workers’ role to advocate and become voice to promote equality and equity beyond politics.

d. There is a disability culture and history that professionals should be aware of in order to facilitate empowerment of persons with disabilities. – The Americans with Disabilities Act (ADA) of 1990. Also, the IDEA and the No Child left Behind.

e. There is a joy and vitality to be found in disability. -Believing that inside each person with disability is a happy spirit and energy waiting to unleash by being supported by people and the society.

f. Persons with disabilities have the right to self-determination and the right to guide professionals’ involvement in their lives. – Promoting the ethical principle in social work that recognizes the rights and needs of clients to be free to make their own choices and decisions.

3) Discuss the way you would use mapping to support each of the following phases of care with families: assessment, planning, intervention, termination, and evaluation?

To effectively implement the family-centered- care approach with families who have children with disabilities, I would start with drawing family **genograms**. This will trace at least

three generations and indicates various aspects of the relationships of the individual included. Each one with appropriate label, indicating accomplishments, substance use and addiction issues, financial, legal and health issues. This will provide insights with family with vulnerable conditions. **Ecomaps** is also included in the assessment illustrating client's connection to hospitals, schools, religious centers, spiritual practices, workplaces, extended family, friends and recreation. This will explore everyday pattern of living.

In the assessment process, find out what resources are available and are not available. Accessibility to resources. Applying the strength-based approach needs to identify strength and which are needed to come out or solicit. Family discussion on the challenges being caught up in the moment and tracking the history. Separating their intentions from actions and searching for exceptions. Finding out what is the old way of doing things and new ways to improve it. Having the family agreed to the outcome.

The planning begins as soon as agreement between client and the workers are reached. Could include what risky situation is identified, signs and plan to interrupt high risk situations. Interventions could include several action plans that have each specific outcome. In family-centered care, family action plan is identified separately from the individual action plan. Family level action plan always focuses on the family needs like the wellbeing of children, school truancy, health issues and physical living condition. Individual action plan is focus on each person's needs like health or expected behavior change.

Intervention can become multiple integration of different skills such as using strength-based technique to solicit strength behavior or perspective. Motivational interviewing to have an idea of substance use issue of the individual. Referrals to places like mental health providers and substance use treatment if the family needs one is a form of intervention. Termination is a phase

with all possible interventions have been implemented and interactions are focus on reflecting on the growth reports on both sides. Evaluation must always frame on the context of the family's purpose or the presenting problems of the client. Do the interventions for family-centered care is effective and efficient and are expected outcome reached?