

**Competency 8: Intervene with Individuals, Families, Groups, Organizations, and
Communities**

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In what ways have I accomplished this competency/practice behavior?

Due to my ongoing research into new avenues for professional growth and methods of helping my clients who have traumatic brain injuries (TBI) stay knowledgeable, resourceful, and proactive in reacting to shifting organizational, community, and social settings that influence the practice area in which I work, I have achieved this competency and practice behavior. I have performed this competency by revisiting the client's treatment plan to ensure the intervention will be successful when the client is attempting to reach the goal.

How has my thinking changed over time?

My perspective as a social worker has changed due to my growing knowledge, understanding, and awareness of difficulties and the resources available to help me improve. I conduct weekly research at my practicum to learn how to deal with eruptions when interacting with individuals with TBI. Because not all interventions are ideal for all clients, I have realized that integrating evidence-based treatment into client and constituency care, reviewing it, and putting it into practice at the appropriate time shifts my thinking. Finding out the best way to assist individuals benefits them as a client.

What are the practice behaviors that indicate my competency in this area?

When a client's issue comes to my attention, I analyze the case to ensure that the intervention suits the client before I assist and advocate for them. The actions I take that show I am competent in this area are my collaboration, which indicates my expertise in this sector through the assessment, intervention, and evaluation of individuals and groups through my interactions with them. This past Monday, a client wanted to talk to me about his difficulties communicating with his peers. He has a short fuse, snaps at everyone, and thinks that isolating himself from others is the best course of action for him to take. I analyzed the client and gave

him some techniques to use when he feels as if he is going to have outbursts, which include breathing exercises and meditation as part of my approach. I taught the client how to communicate while emphasizing the importance of listening as we sat together. We both agreed on goals that would help the client, like taking a deep breath and gathering his thoughts before responding so that his comments wouldn't be harsh. I received assistance from SWK 416, Generalist Practice 1, in selecting the methods to support the client.

What curriculum content areas (social policy, practice, etc.) relate to successfully completing this competency?

Instruction in social work is where my knowledge of social work began and was carried on through my Human Behavior courses; I learned the various conceptual stances, opinions, and interventions social workers employ in their daily jobs. I effectively fulfill this skill due to my SWK 101, Introduction to Social Work, SWK 416, Generalist Practice with Individuals and Families, and SWK 314, Human Behaviour. The generalist practice course taught me how to integrate interventions with clients successfully. I gained the knowledge and experience to interact with clients one-on-one, assess them, and carry out treatment plans. I provided treatment to a soldier who had PTSD and had just returned from Iraq during SWK 416. The patient explains the warning signs and symptoms of his depression, which include suicidal thoughts. He seemed worried, exhausted, and afraid. A client's treatment plan was created after an evaluation was conducted. My education from the above courses gave me the information I needed to make high-caliber, evidence-based strategies for dealing with complicated system difficulties that helped the client and his family get the care they required to recover.

What learning experiences helped me accomplish his competency?

I work with clients who have suffered traumatic brain injuries during my fieldwork. Various coping mechanisms are employed to help them deal with the difficulties of functioning, communication, and interpersonal interactions following TBI. Working with caregivers and family members, I help find resources and share information on how clients may care for themselves. I encourage the clients to write things down and keep records of notable events, people's names, tasks, or other significant information as part of one of the therapy strategies to help the clients retain information. These resources allowed me to complete this proficiency. The assessment I conducted in the SWK 416 practice evaluation, which consists of engagement, assessment, intervention, and evaluation, was the learning experience that assisted me in achieving this competency.

What “gaps” can I identify in my learning experience? What will I do about these “gaps?”

I still have much to learn and must fill in many blanks. I need to improve my clinical intervention abilities since I want to work as a clinician. The methods I currently employ need to be stronger. To further prepare me to help my clients, I will continue to acquire knowledge in the social work field by pursuing my master's, reading more about theories, and conducting research on interventions.

In your professional growth plan, identify goals for continued personal and professional growth and discuss how you plan to reach these goals.

My professional growth plan includes working more with families. I currently work with individuals and groups. Families heavily influence the healing process. I aim to continue learning to apply multidisciplinary theoretical frameworks to community interventions to ensure that clients and constituencies receive adequate services. So that I can offer services to the community outside of my comfort zone, I want to focus on the community as a whole.

Use a case to evaluate your interventions:

As previously noted, I completed a treatment plan for a military service member with PTSD after serving in Iraq. After hearing about his story, the clients immediately began counseling. The actions taken following the evaluation and assessment illustrated a psychological intervention: cognitive behavioral therapy emphasizing trauma, brain restructuring, and treatments based on exposure. Cognitive behavioral therapy is necessary since the client has severe suicidal ideation and poses a risk to himself and his family. Another method of mental health care emphasizes coping mechanisms and stress management.

What evaluation of interventions did you do?

Following client interviews, I used a trauma screening questionnaire as the evaluation intervention. It is based on self-report that the effects of trauma are evaluated. Ten questions assessing arousal and recurrent symptoms are included in the PTSD Symptom Scale, based on the Post-Traumatic Stress Disorder (PTSD) scale. The client experienced emotional responses throughout his session; he became lightheaded, perspired, and experienced a rapid heartbeat whenever he thought about an event that occurred while serving in the military. The intake session included his wife and children, who discussed their emotions. They desired for their father to behave in the same manner as he did because they were afraid, frightened, and apprehensive. In addition to creating an ecomap of the client's neighborhood and a family history genogram, all biological, psychological, and social factors were also considered.

What type of evaluation is used in your placement agency to assess change? (e.g., team meetings, 6-month reviews, goal development).

My field placement uses various evaluation methods, including monthly psychological meetings, daily behavioral checks, and semi-annual and annual plan meetings. Also, we have

intervention strategies like breathing, yoga, and motivational speeches. My supervisor also had me do one-on-one meetings when clients were feeling down. I can provide my client with the assistance they require because of the knowledge I have gained through my numerous social work studies.

What research methods are utilized in evaluating progress with clients or program effectiveness in your agency?

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What research methods are utilized in evaluating progress with clients or program effectiveness in your agency?

Before I started my internship, I was given extensive training, and TBI was explained to me in this manner. When external pressures alter the brain's condition or function, traumatic brain injury (TBI) results. Changes in ionic chemistry, aberrant energy metabolism, and decreased cerebral blood flow brought on by a TBI can disrupt brain function. Contrary to its name, TBI is not brought on by every force, blow, or jolt to the head. With TBI, cognitive changes can be seen in the individual, such as a decline in memory, particularly short-term memory issues, along with difficulties recalling activities, concentration deficiencies, sluggish response times, and issues including planning, organizing, switching tasks, problem-solving, mental flexibility, and other functional problems. Because of the extensiveness of the injury, some of the research methods

utilized to evaluate our clients are physical and psychological rest, which is crucial after a brain injury. Some clients, however, need to go to rehab clinics as well. Rehabilitation is frequently provided as an inpatient experience lasting a few weeks to several months because it necessitates the input of numerous specialists. CBT is a well-known evaluation for TBI clients as well.

How effective do you think these are?

Our client evaluation techniques are highly beneficial in a variety of ways. When a client receives rehab following an injury, for instance, it helps them get back to their new life as quickly as feasible. The clients are advised to rest. Rest cannot be overestimated; the significance of sleep for cognitive health is essential. During sleep, the brain rejuvenates and restores itself while purging pollutants.

Discuss how findings are applied to improve practice at your field agency.

During my internship with AHRC Bronx TBI, I encountered several difficulties. Cooperation amongst professionals is crucial since it can aid in achieving successful practice outcomes. The client's needs are satisfied via facilitating effective communication. Now that I know their level of openness, I have realized the importance of being straightforward with clients. In my field practice, it is ideal to remove a struggling client from the group and speak one-on-one with them to comprehend their situation better. The results are then examined and documented to understand the client better and prepare for potential problems. After the investigation, I share my findings with my supervisor and other staff members. With the discovery, I also created shared objectives for several clients with whom we discussed our plans and aspirations. I'll keep looking for tools and techniques to make it simpler for clients to collaborate on setting goals and objectives as my internship progresses.