

MELISSA BURT-MILLER: MULTIDIMENSIONAL ASSESSMENT

Multidimensional Assessment

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INTRODUCTION

The stages of a human's lifespan are an intricate, unique, and phenomenal journey shaped by experiences, culture, social environment, and human interaction, making human behavior and developmental processes a complex phenomenon. The story of Mrs. Faith Thomas, a sixty-one-year-old Afro-Caribbean, Psychologist, a mother, a wife, and a missionary extraordinaire, is one of brilliance, perseverance, trial, and hope.

This multidimensional paper will explore the following:

- Significant factors (biological, psychological, social, and spiritual) that impacted Mrs. Thomas.
- Theories can be used to understand or explain biological, psychological, social, and spiritual factors.
- Strengths or protective factors experienced in the biological, psychological, social, and spiritual dimensions.
- Weaknesses or risk factors experienced within the biological, psychological, social, and spiritual dimensions.
- An overall assessment of Mrs. Thomas's functioning during these dimensions.
- Interventions (actions) needed to support Mrs. Thomas's functioning in each dimension.

Keywords: Biological, Psychological, Social, Spiritual.

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EARLY CHILDHOOD: AGE 2-5 YEARS

Biological Dimension

Children in their early childhood are known to demonstrate great autonomy and develop essential social and cognitive skills necessary to engage in their social environment. Mrs. Thomas, during her early childhood, did not fall short of those qualities; she was active and had normal physical functioning abilities and recreational skills. However, though Mrs. Thomas was physically active, she encountered biophysical hazards that significantly impacted her life until early adolescence. Mrs. Thomas was diagnosed with asthmatic bronchitis, often triggered by too-hot or too-cold climates that pose serious risk factors such as shortness of breath, whizzing, coughing, and repeated bronchitis episodes. Mrs. Thomas has had frequent trips to the hospital with her parents due to her asthma attacks. However, with substantial protective factors such as; her parent's support during critical times and access to supportive social services, Mrs. Thomas received the medical care she needed.

Psychological Dimension

Mrs. Thomas has also been absent from school due to her illness. But with her parent's support, she received private tutoring to help her cognitively and educationally. Mrs. Thomas described her personality during this stage of life as quiet, calm, friendly, and a little reserved.

Social Dimension

Mrs. Thomas was raised in a lower-middle-class Christian family; she is the firstborn of her parents, who were government workers. Her father was an accountant and an elder in the church, and her mother was an administrative secretary. Mrs. Thomas's parents were hardworking and committed to their jobs, which meant they had to be at their job physically.

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Although Mrs. Thomas's parents often had work obligations and would sometimes hire additional help to care for her and her siblings, she identifies her parents as her primary caregiver and social support system during her early childhood years.

Spiritual Dimension

Mrs. Thomas's early childhood was guided by her parent's Christian faith, morals, and values, which she upholds to adulthood. Mrs. Thomas described her parent's parenting style as a mixture of authoritarian and authoritative, influencing her parenting style in early adulthood.

Overall Assessment, Theories, and Intervention

Mrs. Thomas appears to have had a stable childhood despite her challenges with asthma. Based on Erik Erikson's stages of "autonomy versus self-doubt" and "initiative versus guilt," Mrs. Thomas's ability as a child to master and engage in recreational activities and other regular physical activities showed that she had a sense of independence and a healthy sense of initiative. In response to Mrs. Thomas's health problem, it is evident that her parents took the initiative to seek intervention for her asthma through their frequent visits to the hospital. However, an ideal intervention to support Mrs. Thomas's functioning is creating a simple asthma action plan to track her symptoms and outlining the necessary steps to manage her asthma. Mrs. Thomas's home caregiver (housekeeper) and teacher can have a copy of this plan.

MIDDLE CHILDHOOD: AGES 6-12

Psychological Dimension

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Mrs. Thomas faced significant psychological hazards during middle childhood that contributed to risk factors, including low self-esteem, isolation, emotional trauma, hate, and unforgiveness, among other unexternalized emotions.

At nine, Mrs. Thomas experienced sexual assault, a significant psychological hazard. She described this traumatic experience as one that fractured her self-esteem and wounded her, leaving her conflicted with many unprocessed emotions that she was not emotionally competent to deal with. The lack of emotional competency is evident in the middle childhood stage. Not fully understanding what she experienced, Mrs. Thomas began reading more books as she grew older to search for what had happened to her. Unfortunately, her search came up empty.

Another significant psychological hazard that Mrs. Thomas faced during her traumatic experience occurred when she confided in a friend who was nine years old. Sadly, Mrs. Thomas left the conversation with her friend feeling like the assault was her fault because her friend was not as empathetic as she hoped. This experience contributed to emotional trauma, causing Mrs. Thomas to stay silent about the assault.

Social Dimension

At the time of the assault, Mrs. Thomas also lacked social support due to her silence and fear of sharing what happened to her with others, including her mother, whom she feared might also blame for the assault. Mrs. Thomas believed that despite what she experienced, there were protective factors within her household. She pointed out that her parents were very protective of her, primarily because of her health; she also saw her home helpers as another protective factor, even though they were not always present.

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Mrs. Thomas had no close relationship with her peers due to losing a friendship that she described as "destabilizing and difficult for her emotionally." Mrs. Thomas was not able to form close friendships until late adolescence.

Overall Assessment, Theories, and Intervention

Mrs. Thomas's middle childhood presented more risks than protective factors. She experienced multiple psychological factors that resulted in negative emotions, low self-esteem, and inferiority; this coincides with what Erikson describes in the middle childhood stage as "industry versus inferiority." Interestingly, children who do not succeed at this stage may develop low self-esteem and a sense of inferiority and view themselves as less than others. In addition, counseling would be an ideal intervention at this stage of Mrs. Thomas's life. Mrs. Thomas could process her emotions through counseling and share her traumatic experience. She would also have the opportunity to learn coping skills to deal with negative emotions that eventually will bring healing.

ADOLESCENCE: AGES 12-21 YEARS

Biological Dimension

During the early periods of this stage, Mrs. Thomas had outgrown her asthma attacks. However, a significant moment during Mrs. Thomas's adolescence is linked to her pubertal process. Biologically, menstruation indicates puberty in girls; as for Mrs. Thomas, this marked the beginning of her physiological maturation. Mrs. Thomas describes her pubertal process as usual. Her body matured at an average rate; she had terrible acne and had her first period at age eleven, which her mother prepared her for by educating her about pads and what to expect. Mrs. Thomas's mother went as far as buying her books on puberty. It is evident that during Mrs.

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Thomas's biophysical maturation, her mother provided the necessary intervention and protective factors to prevent stressors.

Social Dimension

Mrs. Thomas described her adolescent years as an exciting period in her life as she was interested in exploring different things; this reflects the self-discovery journey adolescents embark on during Erikson's stage of "identity versus identity confusion." Mrs. Thomas was also very active in church and enjoyed going to camp, where she met many people who became her friend. Her support system at this stage was her family, church community, and school peers. At age 12, Mrs. Thomas began exploring the idea of having a boyfriend. However, when she turned 17, she had her first "real boyfriend." They were in a non-sexual relationship for five years. During Mrs. Thomas's adolescent years of exploring relationships with her male counterparts, her relationship with her mother began changing due to her mother's authoritarian parenting style; this was a potential risk for disharmony.

Spiritual Dimension

By the age of fifteen-year-old, Mrs. Thomas made a significant decision to act on her spiritual belief and got baptized.

Psychological Dimension

When Mrs. Thomas was sixteen, her mother met in a horrible car crash, escaping with her life but had some injuries. At this point in Mrs. Thomas's life, she faced the reality of not having maternal support, which forced her to become more active in the house. The absence of Mrs. Thomas's mother at this stage affected her emotionally and educationally.

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The issue of anxiety was also a psychological hazard that affected Mrs. Thomas at age seventeen due to her fear of academic failure. She experienced severe anxiety that affected her stomach; this was a psychological risk factor that also affected her biophysically.

Like typical adolescents, Mrs. Thomas dealt with body image. Mrs. Thomas recalls being self-conscious about her nose, causing her to refrain from taking pictures. In addition to her insecurity about her nose, Mrs. Thomas was insecure about her lighter skin color. At a particular time during her adolescent years, a darker skin tone was seen as more beautiful; this made her feel unattractive because she was not dark enough. At nineteen, Mrs. Thomas moved out of her mother's house to live on campus at the University of West Indies, Jamaica. She pursued a degree in sociology and graduated with honors at age twenty-two.

Overall Assessment, Theories, and Intervention

Mrs. Thomas's adolescent years were that of a typical adolescent who faced two critical developmental tasks. These tasks were; independence from family and the development of personal identity, which Erikson refers to as identity versus identity confusion. Throughout the adolescent stage, Mrs. Thomas faced numerous biopsychosocial and spiritual factors that influenced her adulthood experiences. The protective and risk factors present during her adolescent years were evident in the biopsychosocial dimension. Although proper intervention methods were current throughout most of the dimensions in Mrs. Thomas's adolescent years, Mrs. Thomas should be referred to therapy for her anxiety and be given medication for the stomach issues she faced in the psychological dimension.

EMERGING AND YOUNG ADULTHOOD: AGES 23-39 YEARS

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Emerging and young adulthood was a period of significant transition in Mrs. Thomas's life. During this stage of Mrs. Thomas's life, she was at a peak where she felt accomplished. She had started a new job as a missionary, and she was a teacher in the church, as well as educationally, she was completing her masters in counseling psychology. Mrs. Thomas also began courting her husband as a young adult and married shortly after, where they both experienced sexual intimacy for the first time.

Biological Dimension

As a young newlywed couple, Mr. & Mrs. Thomas explored each other before welcoming the idea of a family. However, Mrs. Thomas experienced a significant biological change a few years later. At the age of 27, Mrs. Thomas became pregnant. This experience was a happy moment for Mrs. Thomas and her husband. Unfortunately, this happy moment turned to sadness quickly when she started experiencing spotting during her pregnancy, contributing to biophysical risk and health hazards. Being inexperienced about pregnancy, which was a risk factor, Mrs. Thomas was alarmed and went to her doctor, who examined her and found that she had large multiple fibroids the size of a grapefruit that became active and posed a severe risk to her pregnancy.

During this time, Mrs. Thomas had just become permanent in her new job as a counseling psychologist; however, she was placed on bed rest for six weeks with her current health condition. After six weeks of bed rest, Mrs. Thomas returned to work, and on the second day of work, she had a miscarriage, a common health hazard of the reproductive system.

Psychological Dimension

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Mrs. Thomas described her miscarriage as a painful emotional experience that was unexpected. She also recalls being treated poorly and harshly by a nurse in the hospital after she had just lost her baby. In addition, Mrs. Thomas had to prepare for surgery to remove the fibroids; this biopsychological hazard created fear because Mrs. Thomas had a fifty-fifty chance of losing her entire reproductive system during the surgery. A potential risk associated with her surgery was the possibility of death, evident in the case of a woman Mrs. Thomas heard about who bled out and died on the operating table trying to save her uterus.

Social and Spiritual Dimension

In preparation for her surgery, Mrs. Thomas's faith in God was her source of strength, along with the support of her husband, church, and family. At this stage, a significant spiritual factor that impacted Mrs. Thomas was her encounter with God in her dream. God had revealed to her that she would not die in surgery, and fortunately for Mrs. Thomas, her surgery was successful. She was able to remove the fibroids without losing her uterus.

At age 29, two years after her miscarriage, Mrs. Thomas conceived and had her first son, Daniel, who was delivered by cesarean section. Three years later, Mrs. Thomas gave birth to her second son Josef, by the same mean of delivery. Mrs. Thomas considers her son Daniel as her miracle baby. Mrs. Thomas describes both pregnancies as "pretty easy," with usual nausea and weight gain. The most challenging part of Mrs. Thomas's maternal journey was breastfeeding, which she overcame with the help of a good friend who worked with breastfeeding mothers.

Overall Assessment, Theories, and Intervention

As an emerging young adult, Mrs. Thomas hit most of the developmental processes and dimensions associated with the stage of life. She encountered biopsychosocial and spiritual

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factors and some risks and hazards; she had strong protective factors from her social support system and her husband. Mrs. Thomas, in this stage, experienced some positive life transitions, for example, motherhood, establishing stable education and career path, and intimate relationship; this demonstrated that she was capable of economic independence and independent decision-making. With Mrs. Thomas's mastery of independence and taking on new adult responsibilities such as leaving home and building intimacy, she is considered successful at Erikson's stage of "intimacy versus isolation." An intervention ideal for Mrs. Thomas, primarily at the biopsychological dimension, is a support group for first-time mothers and women who experienced miscarriages.

MIDDLE ADULTHOOD: AGES 40-60

Psychological Dimension

Mrs. Thomas is currently in her middle adulthood stage of life. Mrs. Thomas experienced loss in her family during this stage, which poses a significant psychological factor. At the age of 48, Mrs. Thomas's father passed away. After his passing, Mrs. Thomas, at fifty-two, became her mother's primary caregiver because she suffered from depression; this is typical in middle adulthood.

Social and Biological Dimension

Mrs. Thomas described caring for her mother as a time of healing. She felt like her mother became her daughter during this stage, and caring for her was not burdensome. Mrs. Thomas's children during this stage are grown and live independently. Her current support systems are her children, family, and church community, which is a protective factor at this stage

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of her life. Biologically, Mrs. Thomas has gone through menopause, which resulted in minor menopausal symptoms.

Currently

Mrs. Thomas has recently moved to the United States with her husband to start a new life and further their ministry and professional endeavors. Mrs. Thomas is a counseling psychologist at Choose Life International, a non-profit organization founded by her and her husband. She is also a teacher and happiness coach at the University of West Indies in Jamaica and is on her final leg of finishing her Doctorate in Psychology. Mrs. Thomas describes her current emotional state as happy. She is a grandmother of one; her mother has overcome depression and currently lives with Mrs. Thomas's siblings in Jamaica. Mrs. Thomas is also satisfied with her marriage and job; she focuses on her health, well-being, and spiritual growth. Mrs. Thomas looks forward to what life has in store throughout her late adulthood. She is preparing to pass on her legacy to the next generation.

Assessment and Theories

Despite losing a parent, Mrs. Thomas appears to have a stable midlife. Thus far, she has successfully mastered Erikson's stage of "Generativity versus Stagnation" through her ability to care for others, accomplish educational goals, and think of ways to guide future generations by passing on her legacy.

Conclusion

Mrs. Thomas's life experiences have positively shaped her behavior, perception, and social interactions throughout the developmental stages.