George Case and Theories Applied

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Academic Integrity Pledge: “I have abided by the Academic Integrity Policy on this assignment.”

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Introduction

 My BSW internship was the hardest of all in the Joint-BSW program. There were challenging moments and great moments. For this paper I will describe my internship with CSWEI and Salvation Army. Demographics as well as presenting issues and background will be given for my client who will be named George. Application of several theories, such as Cognitive Behavioral Theory (CBT), Maslow’s Hierarch of Needs, and Locus of Control will be shown in George’s case. Last, a discussion of cultural and social justice issues for George will be provided.

Description of BSW Internship

 My BSW internship was with Congregational Social Work Education Initiative (CSWEI). CSWEI provided multiple placements which worked with people experiencing homelessness who were 18 years old up to elderly (the oldest I served was 76 years old). Most clients were also dealing with untreated mental illness and untreated substance abuse issues. We also had clients that were recently released from prison and were on parole in a transitional house. My placements included the Interactive Resource Center (IRC), The Weaver House at Greensboro Urban Ministry, and The Salvation Army Center of Hope (Residential).

 I will describe the setting of Salvation Army Center of Hope to keep in line with the client I will be presenting. Salvation Army is a temporary shelter for people who are experiencing homelessness. For my internship, I helped Nurse Wanda with the clients she was serving. I also worked with Jamie Fuller who is a head case manager. He supervised all the interns. I felt extremely lucky because I was able to do CSWEI work with a nurse; I got my own office, so I could be with clients that were referred to me by Nurse Wanda. The clients had health issues as well as mental health disorders and some had substance use disorders. I did bio-psycho-social-spiritual assessments, risk assessments, including suicidal and homicidal ideation. I also provided supportive counseling and referral to treatment. The setting is that you had to buzz in to get in to the building. Some days I had to get buzzed into the next part of the building where my office was. Residents were checked with a metal detector wand to check for hidden weapons as well as their bags being checked.

Dress was formal and professional; I usually said hi when given the chance to staff that was nearby or walking to another location. I had all my supplies with me because Professor Fran (supervisor of CSWEI interns) described in important detail to not use their supplies. We were there to assist but separate entities as well. It was hard to make the office comfortable for my clients because of the lighting being overhead and the chairs were basic dining chairs, not comfortable. I felt welcome and appreciated (more during the second semester) from most of the staff.

Description of Client

 George identifies as a male who is biracial and 58 years old. George’s medical diagnoses are diabetic, high blood pressure, Hepatitis C; his mental disorders are PTSD and depression. George described no family support from the ones that are alive. His mother and father are deceased; I did not get the years. George is not married with one child he spoke of rebuilding his relationship with. He did not talk about other children. George recently broke up with his girlfriend who still uses crack/cocaine. He reported getting off crack/cocaine and alcohol by himself 2 months before coming to Salvation Army. George also reported using heroin and other opioids, such as oxycontin.

George finished the 12th grade and has a degree in heating and A/C. However, he is unable to work due to being on disability. George lost the lower part of his right leg (year not given) from a couch being dropped on it. George claims to have PTSD from a spider bite in his left arm while in public housing. George mistrusts public housing, social workers, therapists, AA and NA groups, and group therapy. George also was physically assaulted in 2017 by another man which fractured his ankle.

Client Case and Theories Applied

 One theory applied to George’s case is Maslow’s Hierarchy of Needs. The main focus with George was housing because he was in a temporary shelter. George seemed to have a mistrust in public housing as evidenced by his explanation of his negative experiences while living in public housing. This proved difficult with George being able to find affordable housing. According to Kelland (2014) Maslow suggests, “many adult neurotics are like children who do not feel safe” (p 343). George reported not feeling safe living under public housing because they did not care for the bug problem which resulted in him being bit by a spider and bed bugs. As a social worker I had to understand George’s point of view while working with him to find alternative housing possibilities.

 On the other hand, I had to help George learn to trust the process with finding housing via the Salvation Army case managers. This task proved difficult because George blamed his PTSD on the spider bite he got. George explained that the public housing officials did not care for the bug problem by not evaluating it and not exterminating as needed. Using Maslow’s Hierarchy of Needs with CBT can help a client, such as George begin to learn how to cope with past experiences and move on. According to Conrad and Stewart (2005) CBT approaches can help a client with learning new coping skills. I helped George with learning new coping skills by rethinking how he can begin to trust public housing associates. After 4 weeks of seeing George, he began to consider looking into different public housing places. George would discuss with me how he trusts me and wants to find housing but is having trouble. By week five George reported that he is willing to go to a place that the Salvation Army case manager gave him which was public housing. This was a big accomplishment for George as evidenced by him showing less anxiety and him reporting that he felt he could begin to trust other public housing residences.

Another issue George and I dealt with was his health which CBT can help with too. Conrad and Stewart (2005) suggest, “various CBT approaches to” substance use treatment is showing “themselves in other domains, such as improving use of health care services” (p 261). I worked with George to recognize the importance of taking his medications (meds) on time and as directed by his doctors. This procedure with George was difficult as evidenced by him explaining the way he takes his meds are better than how the doctor ordered it. I discussed with George the process of changing meds can be on his body which may not make him feel “right” all the time. For instance, George’s insulin was changed as well as the amount of blood sugar checks and injections during the day. I explained to George that his body needs time to adjust to the new meds; therefore, he may not feel up to par immediately. I also discussed with George that not taking his medications as diagnosed can mess with him not feeling right either.

 After a few weeks of these discussions George appeared to begin to take his meds as diagnosed as evidenced by him reporting to me that he is now monitoring his blood sugar, taking his insulin and high blood pressure medicine “the way the Doc told me.” He was also continuing with his Hepatitis C cure medications which had some not so good side effects. George remained taking the Hep C treatment for as long as I was seeing him. The last visit George reported that he had a few treatments left and he will be cured from Hepatitis C. Lastly, I continued to remind George to see Nurse Wanda if he really did not feel well during any time.

 The next theory, Locus of Control was used with George to help him gain an understanding of how to better himself with is chronic diseases: diabetes, high blood pressure, and Hepatitis C. We discussed how much control he feels he has over his health issues. George reported, with the help of discovery with me as his social worker, that he feels he can control his health by taking his medications the way he sees fit. In other words, do not listen to the doctors because they are always changing his medications and dosages. It seemed that George was presenting a “health locus of control” by his belief that he can control his own health (Berglund, Lytsy, and Westerling, 2014, p 2). George and I discussed that doctors study medicine and do have to try different interventions in order to stabilize his diabetes and high blood pressure. I also helped George realize that he can give up a little control and begin to trust what the doctors are prescribing. George had been through a lot in his life which brings a big understanding that his mistrust issues are valid. It took some time to help George break down some of the walls he built; however, it was quite rewarding seeing him reach some goals we set out for his treatment plan.

Cultural and Social Justice Issues

 One of George’s cultural issues is, he is a man and in America’s society men are supposed to take care of themselves and their family. George also cared for is parents and Aunt when they were dying which were very close together. That can have an effect on anyone’s mentality; hence George using substances and alcohol to deal with the stress. Also, after they passed his family kicked him out of the house which led him to further his use of alcohol and drugs. George then lost part of his leg which then led him down an even darker road of not being able to work; this seemed as an even better excuse to use. His family abandoned him after caring for three dying family members, his wife left him, his children abandoned him after he was unable to provide financially, and he lost part of his leg. Unfortunately, many families do not try to understand why their loved ones are using. Instead, they appear to want to blame them for using drugs and alcohol.

One of George’s social justice issue was his being on disability which limits his being able to find adequate housing where he feels comfortable with. In a perfect world George would be able to find housing that was up to date and had proper extermination standards, so he could feel safe. The United States is the richest country in the world; yet, we cannot properly help the people who are disabled physically and mentally. As a social worker I will continue to advocate for basic rights for all people in America.

Conclusion

 My BSW internship was quite rewarding with the many clients I served. I enjoyed every placement in its own realm. Some challenges arose as with all internships do, but I grew from every moment. I appreciated gaining knowledge on how to approach my clients from my supervisor Fran Pearson, Nurse Wanda, and Jamie Fuller. There were so many advantages of being placed at several placements.

George’s case is unique because it is his story and his treatment plan. George faced many challenges all the while gaining trust in me as a social worker. I truly appreciated the moment when he said that he is beginning to trust me. That is when he was able to take in the reasoning of finding housing and taking care of his health as the doctors ordered. George had several cultural issues, but his family seemed to weigh heavy with him. I was able to see his worldview of being abandoned by all family members. Last, George’s social justice issues were many as well; however, the biggest one seemed to be his disability funds. Unfortunately, many people are stuck in being oppressed and marginalized. Hence, a social workers job of advocating being even more important to fight for justice for all humans.

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