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Hypothetical Scenarios

In the first scenario, there is a young adult female coming to seek services because of relational issues with her partner. She has reported to the social worker that there are signs of emotional abuse and arguments happening very regularly. The client has also expressed that she is very timid in opening and being comfortable in having to possibly address the issues that she is facing. She is willing to work towards a healthier relationship but has told her partner that these meetings are simply regular therapy sessions that are dealing with things other than this.

A second scenario is a teenage individual that is being brought to a social worker by their parents. The parents have informed the clinician that their child has been performing very poorly in school for the first time and think that it is because of the parents' divorce. The child has expressed that they have no interest in being there for sessions and thinks this is quite embarrassing for them. The child is also in the midst of making a stance on their sexuality. They have told the clinician about this already because that is what they believe is also the reason why their parents sent them here. The child wishes that the parents would just give them some space and the freedom to make and respect their decision over what the child wants to be identified as. However, the parents are adamant that the clinician give them constant updates on their child's progress.

GIM Processes

The processes that would be considered for the first scenario would most likely first be to assess if there are any other signs of harm happening outside of what is already been stated. Scaling questions would be appropriate to gage what the severity of the situation is (Ashman & Hull Jr., 2017). From here, an ecomap may be very useful in seeing what this individual has around her to help deal with her situation.

For the second scenario, there would be much more of an urge to state or reiterate the standards that the social worker can work by. This contains confidentiality, how the practitioner works, and what models they use for treatment plans (Ashaman &Hull Jr., 2017).

Personal Application

I can point out about myself that I need to be not work harder than the client wants to. This is because although in my mind I may immediately have a solution and I have made them a priority, they may not. There is so much going on the midst of a client's life that I could very likely not be a priority to them because of what is happening to them. It is crucial that I remember in every session in micro and mezzo settings that this may be very foreign and too much for someone. My excitement must be channeled correctly to ensure the effectiveness of clients reached. When they step, I step. When they stop, I stop.

Now, as far as the actual applications in the GIM process, I find that the assessment phase is one that I can perform very naturally. Paired with engagement, information is what gives me the most sense of security in what is to be done next. It is very fitting that planning follows assessment because it puts the information gathered into very feasible goals and/ or objectives.

Countertransference Occurrences

Possible occurrences that influence my personal response to a client's story is giving premature advice for particularly the first situation. Self-disclosing has no place in micro or mezzo settings with clients (Ashman & Hull Jr., 2017). It takes the focus off of the client and

interrupts the boundaries that we as practitioners must follow in our code of ethics. It is necessary for me to remember that the time spent in sessions with clients is their money and time. Therefore, all attention must be placed on them to produce as much possible in sessions. It also prompts me to take care of myself in all forms outside of my work with clients. This means to regulate and process my emotions, have healthy outlets, and effective coping mechanisms to deal with the stresses of my own life.

For the second scenario specifically, I would highly analyze if I wanted to even see this client or refer elsewhere because what is being asked of me by the child's parents. Using others in the profession to evaluate this situation and also familiarize myself with the resources available in my given area (Ashman & Hull Jr., 2017).

References:

Kirst-Ashman, K. & Hull Jr., G. (2017). Understanding Generalist Practice (8th Ed.).