

As a recent social work student I took many classes involved around engaging with families and children. Of these are; generalist practice with individuals & families, generalist practice with families & groups, human behavior in individuals and families, human diversity, and interviewing individuals & families. In addition, my practicum practice site was at TEEM in Oklahoma City. Here I provided case management for vulnerable clients right out of the justice system. I was able to advocate for them individually and for their families as well. This included finding resources, therapy, treatment, and housing.

In the school of social work we had to do many simulations pertaining to this. All of which I scored an A on and had very good reviews on my work. Additionally, at TEEM when a new client came into the program, they would take a test so we could see where they score in areas of "needing the most work." After the score was received, case workers (and I) would then write a treatment plan that best suited the client's situation and needs. These plans were very detailed and always reviewed with the client.

Presenting Problem:

David is a 37 year old, heterosexual, white male. He has been diagnosed with schizophrenia by Griffin Hospital and takes medication daily for it. He has been doing this for over 10 years. David has struggled with alcoholism for multiple years and is able to see it as an issue himself. He only did drugs in high school a few times and since then has had no interest in taking part. David claims to drink over 12 beers at night and sometimes not remember much. He also smokes a pack of cigarettes each day. Client was sentenced to our program after hitting his dad and being charged with aggravated assault and battery. His plan includes a mental health evaluation, attending community meetings such as CAA or NA, and restoration. He is sentenced to Community Sentencing for 3 years. David took the LSI when he arrived so we could really narrow down what we needed to focus his plan on. He scored for concern in the areas of alcohol problems, emotional/personal, and finance. From this, the caseworker is able to put together a more fitting intervention plan.

Personal Status:

Client is very aware of his situation. Right off the bat I noticed how incredibly smart David is. He works on computers and is very passionate about it. David claimed that he realizes he has an issue and what he did to his father was wrong. He said his parents have helped him through a lot and he wants to restore that relationship. David also spoke about having some finance issues and wanting to find a better job to take care of that. All in all, David is very aware and open to getting the help he needs.

Areas of Diversity:

David is an African American, male and his build is very large. He is 37 years old and lives alone. Client claims to be straight but would rather not engage in a relationship for quite some time. He does not have any religious beliefs and loves to be alone. David is very good at communicating and does a good job at expressing how he feels. He is very in touch with his thoughts and is able to explain them in a very interesting, easy to grasp way. David finished some college but dropped out due to money issues. He also explained that he gets overwhelmed easily and being around many people was sometimes too much for him. He has diagnosed schizophrenia and takes medication for it daily. David has attempted suicide twice and is not very confident in his looks. He has many great family/relationship values and considers his parents/brothers very important people in his life. He is not surrounded by very many friends and realizes that he might need to grow his tribe a little. The one form of support he claims to have lives in Norman and is very introverted. David claims they like to sit together and talk about computers together. As far as generational diversity, David's parents and two brothers seem to have been very successful. His brothers live out of state and are both working. David's parents live very close to him and also both work. All three of the brothers (including David) were adopted at the age of babies. David claims this does not affect him as these people are his family from day one. When talking about income, David admitted this has been a struggle for him. He only has income through his online computer programs and claims they only bring in a minimal amount of money for him. He has had to ask his parents for help and it has been very embarrassing for him. David says he is very thankful for parents that will help, but he is too old to be needing them. He also verbalized that his spending on alcohol is very much an issue and has become a negative habit.

Societal Oppression:

Societal oppression is a disadvantage that an individual or group has because of society's views (Benbow, 2009). Examples of this include misconceptions about race, culture, gender, sexual preference, and more. Unfortunately, we live in a society where African Americans (males) are oppressed. African Americans are still denied opportunities and equality, sadly. David fits into this category and I believe this is a way that society has oppressed him personally. It may not be directly stated, but in the society that we live in, it is true. A society also exists where people believe if you are not a "Christian" per say, you are wrong. With David not having any religious preference, he is placed into a "wrong" box and immediately judged. The people who practice different religions or none at all are sadly oppressed. People with a mental illness (in David's case, schizophrenia) are among the top group to be oppressed. They are extremely devalued and misunderstood, and lack many resources. They struggle to find jobs and maintain them, health care, and just a simple support system. Sadly, most people locked up in prisons struggle with a mental disability and are not given any help. Mental health oppression can cause more stress than is already present. Many times in David's assessment he expressed how his mental illness brings him down because no one understands him. This is his reasoning for his circle being so small because his one friend actually has the same mental illness. David said this

makes him feel so comfortable because he doesn't have to explain himself to anyone. On top of the already diagnosed mental illness that Davis has, it has caused him to have other chronic mental health issues. He struggled with deep depression and daily anxiety. He was very open about this and truly believes that it stems from his illness and addiction.

Cultural Resilience:

When assessing David, his childhood seemed to be very positive and quite "normal". He has very great things to say about his family and growing up. He claims the first traumatic experience he remembers is being diagnosed with his mental illness. His parents did not understand and thought the medication was initially making him much worse. David said this put a dent in their relationship and they have had to practice building it back up. When David hit his father it put another large dent in their relationship, and now it is so important for him to fix it. There is a bit of perceived stress coming from David, but he handles it very well. He is very good at seeing the positive in a situation and expressing change talk. Though, I was able to sense some stress talk from him about a few things. His finances, his illness, and his family. David needs better coping mechanisms though, as all he does is watch TV. A little professional guidance and emotional support will be really positive for the resilience he has built in this area.

Example:

Specific: Reduce alcohol use and only drink one glass a week for the next month (if client is going to drink)

Measurable: Mark your calendar (or journal) on the day you only drink one glass.

Action: Stock up on different (non-alcoholic) drinks each time you go to the store. Read an article on how to drink alcohol wisely.

Realistic: Client can tell their support team (friends/family) about their plan and ask for support.

Time: Client can check with their support team/case manager each week and after 30 days, success will be evaluated.

This plan immediately seemed like a good idea because David (the example client) has already reduced his alcohol intake on his own. He has a complete mind change and stopped drinking beer which was the initial issue. As his personal caseworker, I have referred him to AA meetings and he was very excited. The reason I believe that David can begin this process with one drink a week is because he is very strong willed and very self disciplined. The way he talked with me

about his drinking habits came across very aware and mature. He is an adult and is able to be treated like one due to his decisions. Going to sit at a place like Buffalo Wild Wings and drink one drink is one of David's favorite things to do. He made this choice on his own. While it can be easy for David to lie and drink more than one, the fact that he even decreased the amount on his own shows growth. Since this has been an issue in the past, I want to make sure he is drinking responsibly (if he is going to continue).