ALFUNSIA BROWN

Women may be affected in a number of ways. Loss of opportunity; isolation from family/friends; loss of income or work; homelessness; emotional/psychological effects such as experiences of anxiety, depression or lowered sense of self-worth. Physical abuse can result in injuries, some of which can lead to long-term health complications. Physical abuse is nearly always accompanied by some form of emotional abuse—emotional abuse beyond the emotional abusive nature of the assault itself. As a matter of fact, abuse may be predominantly psychological or emotional in nature (Hage, 2000). A woman's reactions to abuse may be apparent right away, or they may continue long after the abuse has stopped. Her reactions are largely shaped by other individuals' responses to her allegations and disclosures of abuse. In nearly all cases of abuse, women report feelings of intense worthlessness and inadequacy (Orlando, 2006). These feelings, although a result of abuse, transcend to other areas of a victim's life, affecting her sense of self-worth and her ability to manage her day-to-day life. Such feelings of sheer worthlessness and helplessness often prevent women from seeking help or from telling others about their experience.

The social work profession has struggled with the concept of generalist practice for many years. In the past, new practitioners were educated in primarily one skill and (e.g. work with individuals, groups, or communities) or one area of practice (e.g. children and families, or policy and administration). A generalist practitioner needs competency in a wide variety of areas instead of being limited to a single track (Kirst-Ashman & Hull, G., 2009). First generalist practice emphasizes client empowerment. Second it involves working effectively within an organizational structure. Third, it requires the assumption of a wide range of professional roles. Fourth, generalist practice involves the application of critical thinking skills to the planned change process (Kirst-Ashman & Hull, G., 2009). Generalist social work is distinguished by a common base of knowledge (i.e. ecosystems approach & person in environment framework) and common practice principles (i.e. centrality of the client and worker relationship & professional use of self). A solid understanding and use of phases of assessment, planning, contracting,
intervention, and evaluation permeate all generalist social work practice, and do so in
light of changes in fields of practice, demographic trends, and in the reconfiguration of
service delivery systems (Shulman, 2009).

Family Scenario: Domestic Violence
During a visit to the local shelter for my weekly group sessions I was informed that a new case had been assigned to my unit. The client was a 57 year old female, married to her husband for 32 years. The client by name was Martha Gibbons. The couple also had three children whom Martha left in the care of her mother as she seeked help. During the assessment and planning process of the case I learned that Martha had been abused by her husband for many years. She could not give an account of the exact number. During the group session I noticed that Martha was very quiet and withdrawn and when asked if she would like to address the group, she simply indicated no. Based on this observation I assessed that Martha was experiencing some very sad and distrustful feelings and knew that the interview process would have to insure that I established a good worker-client relationship. These skills are the foundation for engagement. (Kirst-Ashman & Hull, G., 2009). During the interview process I observed both verbal an non-verbal behavior and this helped me to gain some aspect of how and what Martha was feeling so that I could approach the next phase with the necessary intervention. Martha did have employment and worked as a Retail Manager in the local Sears Department Store. Because of her history of abuse, I used a very kind, soft and caring tone with her because I wanted her to know that I was there to help her and not to judge her. I used eye contact, and listened to her without interrupting when she was talking. Because I am a very affectionate person, I conveyed this characteristic to Martha and asked her if I could have a hug. After our embrace I could sense that Martha seemed a bit more comfortable and open with me. I shared with Martha why I chose this profession and the passion and love I have for the work that I do with families. Martha asked some questions about me and family, and was especially interested in how many children I had. In micro practice and during the interviewing process, clients’ involvement, input, and participation are paramount to intervention’s effectiveness ((Kirst-Ashman & Hull, G., 2009). As the interview process continued I began to focus on the empowerment aspect by identifying the strengths that Martha had. Martha had many strengths but she did not realize that they were strengths for her. Employment, church family, friends, family support, college education, children were active in school. As each strength was talked about Martha began to see that she had accomplished a lot in her life and that she was beginning to see that she was not the terrible person that he husband had convinced her she was. A major difficulty for her was she felt that she was placing her children in an environment that was not a positive one. What made her feel somewhat better about this aspect was she knew her husband’s pattern and always took her children to her family to protect them. I shared with her that this was a positive thing and that she did make the necessary steps to protect her children. he intervention assessment used for Martha was utilization of the ecomap. When used as an assessment tool, gives the worker insight into where changes may be needed with the environmental systems to provide improved interactions for the individual. Thus,ecomaps aid the worker in determining the resources and interventions necessary for resolution of many family and individual stressors (Thomlison, 2002). An ecomap is a flow diagram that maps family and community systems’ process over time (Hodge, 2005). The ecomap shows the exchange of the social matter with energy that maintains and is exchanged by the individual in their living social ecosystems. By placing the subjects at center, drawing their social network and the relationships they have with each as well as determining whether or not they have positive, tenuous or stressful relationships with each side by side with the energy flow (is it one way or reciprocal?) and the intensity of the relationship. The ecomap is another visual representation useful in assessment and analysis but locates the family and/or individual members within it in a spatial context; it looks at the networks available in the environment in which the service user lives. These networks may represent individuals or organizations and agencies with whom service users interact. Arguably the most important component of the model for treatment is the client’s perception. Without a solid understanding of the survivor’s perception such as how she conceptualizes her situation, relationships, and future options, a clinician cannot be an effective agent of change (Rolling & Brosi, 2007). As each step was indicated in the intervention process I made sure that the decisions and input was based on Martha’s perspective and I was a guide in helping her reach the goals that were set. Martha wanted to remain in the shelter so that she would have the support of other women and the staff. She felt safe in this environment because she felt her husband would not find her at this location. Her family had an attorney who would assist her in filing the necessary paperwork in the legal system. Her church would provide her with the necessary spiritual support. As the interview time began to end I insured Martha that she had made a great accomplishment in the session and that she should be proud that she had put some goals in place that will help her move to the next phase of her intervention. The strength and empowerment perspective seemed the best approach for this client. As a counselor I utilized critical thinking to the planned changes in the approach, assessment, intervention, evaluation and termination. This knowledge base is put into practice through the use of common skills (i.e. engagement and contracting) and roles (i.e. advocate and facilitator). Generalist practice skills and roles are those that are easily adapted to use in diverse settings, across client populations, and levels of intervention that include individual, family, group, organization, and community. In the Social Work profession, the Generalist has to capacity to use their knowledge and skills in serving the needs of clients in a variety of social work venues.

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