# The Complete Guide to Social Work: Bachelors Level

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PART 1

HUMAN DEVELOPMENT,
DIVERSITY
AND BEHAVIOR
IN THE ENVIRONMENT
HUMAN DEVELOPMENT IN THE LIFE CYCLE

DEVELOPMENT THEORIES

The philosophical assumptions upon which Personality Development Theories are based have been the subject of much debate by historical and modern theorists. The philosophical assumptions include:

1. **Freedom v. Determinism** – individuals have control over their behavior v. behavior is determined by forces outside of an individual’s control

2. **Nature v. Nurture** – behavior is attributed to genetics and biology v. behavior is the result of the effects of the environment

3. **Uniqueness v. Universality** – individuals are all unique v. individuals are basically similar in nature

4. **Active v. Reactive** – individuals act through their own initiative v. individuals react to outside stimuli

5. **Optimistic v. Pessimistic** – individuals can change their personality v. individuals are doomed to remain the same

6. **Physiological v. Purposive Motivation** – individuals are pushed by their physiological needs for water, food and sexual activity v. individuals are pulled by the purposes, goals, values, beliefs and attitudes

7. **Conscious v. Unconscious Motivation** – individuals are aware of their motivation to act v. individuals are not aware of their motivation to act

8. **Stage v. Non-Stage Theory** – individuals go through pre-determined stages of development v. individuals do not go through pre-determined stages of development

9. **Cultural Determinism v. Cultural Transcendence** – individuals are molded by their culture v. individuals are not determined by their culture

10. **Early or Late Personality Formation** – individuals develop their personalities early in life and remain relatively fixed throughout the lifespan v. individuals continue to develop their personalities later in life or throughout their lifespan
PSYCHODYNAMIC THEORIES

Psychodynamic Theories serve as the basis for many Social Work practices both currently and traditionally. The theories describe the intrapsychic processes involved in personality development. Psychodynamic Theories emphasize the importance of childhood experiences on psychosocial development.

PSYCHOANALYTIC THEORY

OVERVIEW

The Psychoanalytic Theory, founded by Sigmund Freud, has played an invaluable role in our understanding of human behavior. Freud viewed human behavior on the basis of unconscious drives and motivations rather than on actions and thoughts.

BASIC CONCEPTS AND TERMINOLOGY

1. Freud identified THREE levels of consciousness: (1) Conscious; (2) Preconscious; and (3) Unconscious. The Conscious consists of those thoughts and ideas of which we are aware. The Preconscious consists of those thoughts and ideas of which we are not aware, but are easily accessible. The Unconscious consists of those thoughts and ideas of which we are unaware and cannot access. The Psychoanalytic Theory focuses on the Unconscious.

2. According to the Psychoanalytic Theory, behaviors and thoughts are driven by unconscious forces, motives, and drives. An individual may act in response to external situations and the environment, but the way in which the individual acts is based upon unconscious wishes, dreams, desires, and defenses.

3. According to the Psychoanalytic Theory, all behaviors serve some underlying, covert purpose.

4. There is a focus on the past. Psychoanalysts believe that behaviors are shaped by repressed childhood memories and experiences.

5. Freud believed that thoughts and ideas that create anxiety or distress are pushed from the Conscious to the Unconscious. This process is referred to as Repression.


(A) The Id is the most primitive portion of the personality. It consists of basic instinctual drives, the most basic of which is sexual (Libido). The Id requires immediate gratification. Children are born only with the Id portion of their personalities and, therefore, are only able to focus on
the immediate fulfillment of their most basic needs, i.e., hunger, thirst. The Id follows the Pleasure Principle; it only acts to seek pleasure and avoid pain.

(B) As the Ego develops, a child’s need for immediate gratification and fulfillment is delayed. The Ego is the rational and executive portion of the personality. It mediates between the demands of the individual and the often conflicting demands of the environment. As the Ego develops, the Reality Principle emerges allowing the child to recognize that her/his desire for immediate gratification must be compromised for the realities of the environment.

(C) The Superego is the most sophisticated portion of the personality. It is the part of the personality that allows individuals to act not only out of need, but to consider the moral and ethical aspects of their behaviors as well. There are TWO aspects of the Superego:

1. Conscience – contains the “should nots”
2. Ego Ideal – contains the “shoulds”

(D) In a mentally healthy individual, the three systems are harmonious and unified. The systems work together to fulfill an individual’s basic needs and desires. When the systems are in conflict with each other, the individual is said to be maladjusted or mentally disturbed.

(E) According to Freud, personality development should be complete by age 5.

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<thead>
<tr>
<th>FREUD’S STRUCTURAL THEORY OF PERSONALITY DEVELOPMENT</th>
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<tr>
<td><strong>Id</strong></td>
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<tr>
<td><strong>Ego</strong></td>
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<tr>
<td><strong>Superego</strong></td>
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PART 2

ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING
The Assessment and Planning phase is generally thought of as the first stage of treatment. During this phase, the Social Worker should first establish rapport and gain the client’s trust by fostering warmth, genuine concern, empathy, and non-judgmental understanding of the client’s presenting problem.

The Social Worker should start where the client is and explore the client’s presenting issue. If the Social Worker feels that the client is eligible for services and that the agency can provide the necessary services to the client, the Social Worker should enter into a contract with the client and begin to define roles and negotiate goals for treatment. If the Social Worker does not feel like there is a match between the client’s goals and the agency’s purposes and resources, the Social Worker should make appropriate referrals. During this initial phase, the Social Worker should also explain the legal and ethical obligations and limitations regarding confidentiality.

**CONTRACTING**

Once the Social Worker and the client mutually agree that engaging in a professional relationship would be beneficial, they should enter into a **Contract**. A **Contract** is a written agreement by the parties that specifies and defines the issues, goals, course of treatment, roles, and obligations of each party. The contract should be explicit, yet flexible. As treatment progresses, it often times is necessary to revisit the contract and amend the issues, goals, and treatment plan.

- A **Decision Tree of Evaluation and Intervention** has been provided. It is provided as a guide for conducting clinical Social Work evaluation and intervention. Following the decision tree is an in-depth analysis of the individual components indicated on the tree. It is important to note, however, that all Social Work practice can look different and may be unique to the practitioner’s location, scope of practice, client population, agency being served, and third party (insurance) reimbursement policy. It is always important and necessary to verify what practice(s) and provision of service(s) are acceptable on all levels of clinical Social Work practice before providing treatment.
## Decision Tree of Evaluation and Intervention

### Patient Identification
- Presenting Problem
  - Age
  - Gender
  - Race/Culture
  - Prior Treatment
  - History of Substance Abuse
  - Medical Problems
  - Mediations
  - Relationship/Family
  - Academic/Work
  - History & Performance

### Critical Issues

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<th>Abuse</th>
<th>Child</th>
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<th>Misdiagnosis of pathology</th>
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<th>Prior therapists, medications, treatment programs, hospitalizations</th>
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<thead>
<tr>
<th>Substance(s) of choice, recency of ingestion, how much, how often, prior treatment</th>
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<th>Multiple medications prescribed previously</th>
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<th>Custody issues/visitation/bonding/parental alienation</th>
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<th>Conservatorship</th>
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- Psychological/Emotional
- Psychological
- Physical
- Sexual
- Neglect
- Physical
- Economically

### Interpretation
- Legal/Ethical issues
- Organic basis for diagnosis: overdose, drug interaction, side effects
- Drugs, organicity, psychosis, cultural
- Danger to self
- Danger to others
- Unable to diagnose with clinical interview/records

### Intervention
- Mandated reporting to appropriate agencies
- Management of clinical issue related to confidentiality
- Educate regarding right to safety and medical treatment
- Refer to shelter/community support group
- Explore/investigate cultural issues
- Communicate with primary care physician
- Make appropriate referrals
- Education, mediation, boundary clarification
- Discuss other resources/consultation
- Record review
- Consult with physician
- Medical clearance
- Detox
- Evaluate lethality/intervene accordingly
- Psychological testing
- Refer to appropriate resources
- Consultation

### Presenting Problem
- Age
- Gender
- Race/Culture
- Prior Treatment
- History of Substance Abuse
- Medical Problems
- Mediations
- Relationship/Family
- Academic/Work
- History & Performance

### Symptom Specification
- Mental Status Exam

### Mental Status Exam
- Current mood and affect/stability
- Memory in tact
- Orientation
- Expressive/receptive language
- R/O organic mental disorder: age, illness, injury, substance abuse, medication, reaction, hallucinations
- Delusions
- Suicidal Ideation
- Homicidal Ideation
- Grossly impaired
- Judgment/insight/impulse control

### Ambiguous Diagnosis
- Need for sufficient data
  - Hospital (medical clearance, danger to self, danger to others, unable to provide for basic needs)
  - Primary care physician
  - Psychiatrist/Neuropsychologist/Neurologist (medication, evaluation, and monitoring, recommendations)
  - Substance abuse treatment program
  - Child/Adult Protective Services, Women's shelter
  - Police (Duty to Warn)
  - Conservator (impaired/unable to provide for basic needs)
  - Appropriate community therapy groups
  - Attorney
  - Vocational testing

### Problem is Beyond Scope of Practice, Expertise, or Control
- Mandated reporting to appropriate agencies
- Management of clinical issue related to confidentiality
- Educate regarding right to safety and medical treatment
- Refer to shelter/community support group
- Explore/investigate cultural issues
- Communicate with primary care physician
- Make appropriate referrals
- Education, mediation, boundary clarification
- Discuss other resources/consultation
- Record review
- Consult with physician
- Medical clearance
- Detox
- Evaluate lethality/intervene accordingly
- Psychological testing
- Refer to appropriate resources
- Consultation
CLINICAL PRACTICE EXAM

The purpose of this Practice Exam is to test your knowledge and understanding of certain content contained in this Social Work Guide. The Practice Exam was designed to assist you in your preparation for the ASWB Licensing Exam. These are not official ASWB test questions.

(1) A client comes to you reporting that he has been feeling down for the past 2 years. The client reports that he has difficulty sleeping and, as a result, has little energy and can’t concentrate, which has affected the performance of his job. The client does not report any other symptoms. According to the DSM-5, the client would MOST LIKELY be diagnosed with which of the following disorders:

A. Major Depressive Disorder  
B. Bipolar Disorder  
C. Persistent Depressive Disorder (Dysthymia)  
D. Disruptive Mood Dysregulation Disorder

(2) A woman is assigned to you, the Social Worker in a domestic violence shelter, for your assistance in making permanent housing arrangements for her and her newborn child. During the initial visit, the client repeatedly tells you how scared she is and attempts to engage you in discussion regarding her fear and anxiety. What is the Social Worker’s MOST appropriate response to the client:

A. Express to the client that you understand her anxiety and assure her that everything will be alright.  
B. Disregard the client’s attempts to engage in discussion regarding her fear for now and come back to it after the living arrangements have been made.  
C. Assess the client for Anxiety Disorder.  
D. Engage the client in a discussion regarding her fear and anxiety.

(3) A client is diagnosed by her physician with Anorexia Nervosa and is referred to you for treatment. According to Freud, what would be the MOST appropriate focus of the treatment:

A. Looking at the client’s eating behaviors and working with the client to change those behaviors.  
B. Evaluating and changing the client’s misconception about food, eating and her body image.  
C. A combination of Answer A and B.  
D. Exploring the client’s history of her relationship with her parents.
ANSWERS AND EXPLANATIONS TO THE CLINICAL PRACTICE EXAM

(1)  C.  At initial glance, the client appears to be “depressed,” however the full criteria for Major Depressive Disorder (Answer A) have not been met. The question asks what is MOST LIKELY to be the client’s diagnosis and, therefore, Dysthymic Disorder (Answer C) is the best answer. The client does not report any symptoms of manic and, therefore, Bipolar Disorder (Answer B) is not the correct answer. Likewise, the client does not have any signs of verbal outburst so Answer D also can be eliminated.

(2)  D.  During an initial visit, building rapport and empathizing with the client is essential to developing a relationship with the client. Answers A and B are inappropriate as they dismiss the client’s feelings and do not foster a trusting relationship. Answer C may be appropriate in the future, but is premature at this time. Accordingly, Answer D is the correct answer.

(3)  D.  Freud is best known for his work on and research in the Psychoanalytic theory. The Psychoanalytic theory focuses on an individual’s past and how the past has shaped the individual’s current thoughts and behaviors. Answer A describes a Behavioral practice. Answer B describes a Cognitive practice. Answer C describes a Cognitive-Behavioral practice. Accordingly, Answer D is the correct answer.