

UNIVERSITY OF ESWATINI

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

MAIN EXAMINATION QUESTION PAPER, NOVEMBER 2018

TITLE OF PAPER: SKILLS IN INTERVIEWING AND COUNSELING

COURSE CODE: SWK225

TIME ALLOWED: TWO (2) HOURS

INSTRUCTIONS: 1. ANSWER ANY THREE (3) QUESTIONS

2. ALL QUESTIONS CARRY EQUAL MARKS

**THIS PAPER IS NOT TO BE OPENED UNTIL PERMISSION IS
GRANTED BY THE INVIGILATOR TO DO SO**

QUESTION 1

Case 1: Kendra

Kendra, age 25, enters your office, and after some preliminaries in which you establish rapport, she comments on her concerns:

"I'm really upset. I've got a child at home with my mother, and I'm trying to work my way through community college, and my boss at the nursing home has been hitting on me. I want to leave, but I can't afford to stay in school without this job."

- a) What are some possible personal wellness strengths you imagine that Kendra might already possess that would help lead to problem resolution?
- b) What are some family and community resources that Kendra might draw on for help?
- c) First assume Kendra is an immigrant. Then assume she is a Liswati. What differences do you note in terms of support that would be available to her?
- d) Use the RESPECTFUL Model to demonstrate your work with her
- e) What are some of the ethical considerations in this case?

Question 2

Case 2: Tim

Tim is a 43-year-old man who is in a relationship with to Carlene who is 32 years old.

"Our relationship is getting worse. We used to do so well and somehow seemed to strengthen each other. The parents on both sides were always opposed to our getting together, and lately Carlene is listening to her folks. She thinks I'm too rigid and can't let loose. And I just got in trouble at work. Sleeping is becoming difficult."

Using solution focused brief therapy, discuss how you would work with this client. Use a verbatim.

Question 3

Case Study 3: Mrs. T.

A social worker is contacted by Police who have received information from the child's grandmother Mrs. T. Mrs. T told them that she cares for Jenny every weekend and at bedtime she noticed bruising to Jenny's foot that went from the top through to the sole. She asked Jenny how this had occurred and Jenny said that her father, William, did it to her.

Mrs. T explained that her daughter Shona and her partner William lived within Mbangweni. Mrs. T had 'never taken' to William. Mrs. T did not believe that William was Jenny's father, although the couple had reunited following Jenny's birth. Jenny had had a bruise to her face several weeks previously and Jenny had explained that she had fallen. Mrs. T wished to remain anonymous.

An Initial Referral Discussion took place between a Police Inspector, social worker and community pediatrician. A decision was made that the social worker and police officer should jointly interview the child. Following the interview a decision would be made regarding a medical examination of Jenny.

The social worker contacted the mother, Shona, to tell her that a Child Protection Investigation was taking place, and what it would involve. Shona was angry that an investigation was taking place but said she would accompany her daughter to the interview.

Jenny was interviewed at the social work centre. She said that her daddy had caused the bruising but it was an accident when they were playing football. Although the interview did not determine that the cause of the injury was deliberate, given the extent of the bruising, the social worker asked that a doctor examine the injury. Shona complied with this request. The examination was not conclusive -the GP felt that the injury could have happened as a result of an accident but was concerned that Shona had not sought medical advice, as the bruising on the foot must have caused Jenny pain and difficulty in walking. Shona and William said that Jenny had been trying to get attention and had lied to her grandmother about the injury, as she knew that Mrs. T did not like William. Shona said Mrs. T spoiled Jenny. Without further information the investigation did not proceed further. Mrs. T was insistent that Jenny had told her that her father had caused the injury deliberately.

Questions

- a) What is the presenting problem situation in this story?
- b) What are your thoughts and feelings about the case above?

- c) What might worry you here?
- d) Is there anything that surprises you about the behavior or actions taken?
- e) Could and would social workers make a difference here? If so, describe the roles that the social worker.
- f) Which social work agency (or agencies) might undertake the work?
 - Who might they work with?
 - How might they do this?
 - Which resources are necessary and available?
 - On a wider level what are the issues here? For example, the unrecognized role of Kinship Carers (Mrs. T).

Question 4

Case Study 4: Vicky

Vicky is in her mid-fifties and is divorced with a grown-up family. Much to her delight, they are now providing her with much-longed-for grandchildren. While she has friends and some family round about with which she has regular contact, Vicky lives on her own. Her interests include gardening, theatre, literature - both reading and writing her - as well as her pets and her faith.

Vicky has a diagnosis of paranoid schizophrenia and has spent a lot of time in the Mankayane Hospital over the years due to prolonged periods of poor mental health. She had to give up work a number of years ago because of this. Vicky has been receiving daily support for about three years. This support includes: assisting Vicky with practical tasks; offering emotional support; and helping her to find ways to manage her mental health and general well being.

One of the things Vicky receives support with is doing her weekly shopping. Crowded places heighten her paranoia, making her think that people are talking about her. You arrive at the house expecting Vicky to be ready to go, but instead she is pacing up and down, looking really distressed. When you ask what is wrong, she tells you there's no point in going shopping. When you ask why not, she tells you she won't need it, as the voices are reminding her what a bad person she is and that she doesn't deserve to live any more. You then notice that she has emptied all her medication into a pile on the coffee table.

You know that Vicky has obeyed her voices in the past, taking potentially fatal overdoses. When well, Vicky has very trusting relationships with all those involved in her support, especially you, but she finds it difficult to

trust anyone when she is unwell. She has resolved not to go to hospital ever again.

Questions:

- a) What are you thinking regarding the case? What is worrying you?
- b) What is the first thing you are going to do or say?
- c) Discuss how you would ensure that Vicky is kept safe and still respect her wishes and feelings? Do you have any right to intervene?
- d) Where/from whom could you seek help?
- e) Use a verbatim to represent Crisis Intervention.

Question 5

Case Study 5: Sam

Sam is 17 years old and has been drinking alcohol for the last three years. Having been suspended from school at 15 years of age, Sam did not return to education and has been unemployed since 'officially' leaving school. Recently Sam has become bored and has started hanging around with a group of older youths who are involved in offending and who drink every day.

Sam's parents have become increasingly concerned about him and are now at their wits' end because Sam has been charged with:

- Shoplifting
- Breach of the peace
- Possession of cannabis

Questions:

- a) What are the issues for Sam?
- b) What can be done here?
- c) Who can help?
- d) What wider issues are suggested here (schools' capacity and ability to include all levels of learners)?
- e) Use a verbatim to demonstrate how a conversation would look like when using Motivational Interviewing.

Question 6

Case 6: Jim

Jim is a 68-year-old Hispanic male who was diagnosed with type 2

diabetes two years ago and is a retired electrician. He enjoys golfing, fishing, walking, and spending time with his children and grandchildren. Jim divorced his wife five years ago and also has two adult children, Mary and Tom that live in the same town as him. Jim's children visit him often and Tom helps him with the shopping for healthy meals every week.

Jim has four siblings, two sisters and two brothers. All of his siblings live near his house and also visit almost weekly. When Jim doesn't have any energy, he watches television or calls one of his family members to catch up on what's going on in the family. Jim's family knows about his diabetes and is supportive of his plan to exercise, eat healthier, and take his medications.

Lately, Jim has had difficulty monitoring his diabetes. Although, he takes his medication as prescribed, he hasn't had the energy to exercise or prepare fresh, healthy foods. He also has noticed he is more thirsty than normal and is going to the bathroom more frequently.

Jim recently went to see his primary care physician for his regular sixth month check-up. After a physical examination, his doctor informed him that his blood sugar levels were higher than normal. Jim's doctor urged him to check his blood pressure more often, eat more low-fat foods, and get plenty of exercise. Jim was worried that he might not be able to follow the doctor's recommendations and asked his doctor if there he knew a therapist or social worker that could possibly help him. Jim's doctor agreed that counseling or possibly a support group could help motivate Jim to better maintain his diabetes and appointment with a clinical social worker was set up for a week later.

During the initial meeting with the social worker, Jim expressed some ambivalence toward changing his behaviors even though he knew he needed to change to manage his diabetes. Jim stated, "I know I need to change and I want to change, but it's so difficult to take that first step". He made other statements like, "I am already so old, why do I need to change." These kinds of responses singled to the social worker that motivational interviewing might be helpful with Jim to resolve these conflicting thoughts and behaviors.

Questions

- a) What are the issues for Jim?
- b) What can be done here?
- c) Who can help?
- d) Develop a strategy that a social worker can use with Jim.
- e) Use a verbatim to demonstrate how a conversation would look

like when using Narrative Therapy.