

UNIVERSITY OF SWAZILAND
FACULTY OF SOCIAL SCIENCE
DEPARTMENT OF SOCIOLOGY

FINAL EXAMINATION, DECEMBER 2012

TITLE OF PAPER: SOCIAL WORK AND SOCIAL PROBLEMS

COURSE CODE: SOC 411

TIME ALLOWED: TWO (2) HOURS

**INSTRUCTIONS: ANSWER ONE (1) QUESTION FROM SECTION A
AND TWO (2) QUESTIONS FROM SECTION B**

ALL QUESTIONS CARRY EQUAL MARKS

**THIS PAPER MUST NOT BE OPENED UNTIL PERMISSION HAS BEEN
GIVEN BY THE INVIGILATOR**

SECTION A:
ANSWER ONE (1) QUESTION FROM THIS SECTION

QUESTION 1

SCENARIO 1: Jane

Jane is a 19-year-old University student who has just been transported to the chemical dependency unit at the local hospital. You are asked to do an assessment on her to see if she needs to be admitted for a drug problem or sent to the psychiatric unit for further observation. You meet with Jane and notice that she is barefoot, wearing loose 60's style clothing and her eyes are very dilated. She tells you the following story in a rapid pressured pattern of speech.

"A few hours ago I was at the Metallica concert and got to thinking that James (lead singer) was talking to me in my head. He told me not to leave the stadium, so I didn't. Everyone else left, my ride left, but I just couldn't. Then I got here somehow. I remember thinking I wouldn't get through and would really lose my mind, especially when that pay phone I was using started melting in my hand. I felt I had to talk really fast before it melted. I really don't remember much of the concert or anything from this morning. I do remember that I had trouble getting to my feet to walk up the stairs to my seat. I remember we all passed around something and the next thing I knew, I started feeling really restless. I just couldn't sit still. I was jumpy, nervous, and sick to my stomach. My heart was racing and I was sweating, even though it wasn't very warm out. I was high and really got into the people and the whole scene. The scenery was fantastic and I could actually see the sounds—there were waves and triangles dancing in front of my eyes to the music. Then it got scary. Things got blurry and faces started looking mean and ugly. That's when I started hearing James in my head telling me not to leave the stadium. Then I was all alone and called for help."

Jane has no previous history of mental health problems and she has no police record. Though young, she does have a long history of drug use. Jane started smoking "pot" daily at age 13. Her weekends were spent doing many different types of hallucinogens. LSD, meth and "shrooms". Jane tells you her mother and father divorced when she was 10 years old. He was career military and they moved about every two years. She remembers always feeling lonely and started taking drugs because she felt it made her more interesting to be with. It also was a way to relieve the boredom and loneliness. She finished high school with average grades and wasn't sure what to do next. But, when her Mom was about to get married, she told Jane she had to "go away to college."

Questions-scenario 1

1. What drugs does Jane seem to be using regularly that may be contributing to her present mental health problems?
2. Is it possible for Jane to be addicted to marijuana? What about the other hallucinogens?
3. What part of Jane's family history and social life seem significant in her decision to use drugs?
4. What mental health condition(s) would you want to rule out before making your decision on where to place Jane for treatment?
5. Would you consider Jane to have a drug problem, a mental health problem, or both? Why?
6. How would you have assist Jane during her crisis at the concert?
7. Based on the case information and your assessment what hospital ward would you more likely to be recommending to Jane for further treatment? Why?

QUESTION 2

SCENARIO 2

Lloyd is a 23 year old single male who chose to move to Dallas, Texas instead of going to college. He has been working as a plumber's assistant for the last couple of years and will soon get his union membership. *"Then I could bid on city jobs and make a very comfortable living."* As it is, he makes pretty good money when jobs are around. During lean times he works on cars and motorcycles on the side. He reports an active social life with his friends and all of them do some type of drug or another. Last year Lloyd tested positive for HIV. He's not really sure how he got it. He is always very careful about his needles *"so someone must have spiked the dope."* He doesn't want to go into it but he was really *"pissed off and angry"* when he got the news. He tells you; HIV is clearly a Republican plot to wipe out the Liberal Democrats. Since he works as an independent contractor, he has no insurance. *"And I sure as can't get insurance today with my HIV status."* Consequently, paying for his medication that his doctor has prescribed has been sporadic at best. He has prescriptions for AZT and protease inhibitors but he has not been able to take them consistently because they are too expensive. *"Either way you look at it I'm screwed."* Lloyd prefers to do "speedballs" when he can score those drugs. He loves the rush and even boasts that he can get a full count (1 gram) that's at least a *".....'ten hitter' for a C note". Most "bumpers" on the street will have to pay twice as much for half the quality."* Lloyd says he doesn't do any other drugs but has tried them all. Occasionally he will drink some Scotch but lately his stomach has been really giving him trouble. Sometimes it will feel like multiple stab wounds in my gut that go on for hours. It really has me scared. He's seen his doctor and she prescribed some Demerol and an antacid. He's pretty sure it's related to his HIV. Lloyd tells you quite frankly that when he gets too bad and too sick from the AIDS he'll take himself out. *"Hey, I think of suicide from time to time. If it gets really bad? I mean the AIDS thing? and life get too unbearable, I know I don't have to take it".*

Questions-scenario 2

1. Lloyd states that he "prefers to do "speedballs." Based on your readings, please describe what a "speedball" is?
2. Based on the information Lloyd has given you, what would your initial assessment be?
3. What would your recommendation for treatment and medical intervention be for Lloyd based on your assessment?
4. What pharmacological interventions would you suggest Lloyd look into regarding both his medical condition and his drug history?
5. Lloyd uses a number of street terms you may not be familiar with. How would you handle a client like Lloyd who uses street terms you may not recognize or understand? Why do you think Lloyd is using these terms?
6. What possible transference issues that might be connected to Lloyd's use of street terms? What possible Countertransference issues might his use of these terms bring up for the counselor?
7. What do you think about Lloyd's statements of suicide? How would you handle this issue with Lloyd?

QUESTION 3

SCENARIO 3

Laura is a very successful businesswoman in the high-stress high-powered world of corporate finance. She has been referred to you by the company's employment assistance program. Laura presents herself as a no nonsense business professional. She is frank and honest about the events that have brought her to your office. Laura tells you that although she tells herself that she will only have one or two glasses with dinner, she usually finishes the whole bottle.

"About five years ago I started having trouble sleeping and started to take a tranquilizer (5 mg Valium). I normally take one or two pills every two to four times a week to help her sleep through the entire night."

In the morning she drinks at least 3 to 4 cups of coffee daily, even on the weekends. She noticed that her sleeping problems developed around the same time her Dad died. He was only in his early 50's and they were very close. His death hit her hard and she says she wanted to give in to a big depression. However, she fought it and lost herself in her work. She makes it a point to work out at least three times a week in the morning before going to work. In addition to the above medications, Laura is also prescribed Xanax as needed for panic attacks and diet pills (amphetamine congeners) to control her weight, a problem she had since she was a child. Over the last year she has become more reclusive. She can barely make it to business dinners and after-work functions. Lately however, she has noticed that she has been steadily increasing her use of wine. Before, she would only have a few glasses with dinner but now *"....more often than not I finish off the bottle before going to bed. I just can't seem to stop. A lot of times I will come home and tell myself that I'll only have one glass and no more but by the time I go to bed, the bottle is empty and I'm deciding whether I should open another or not. I never used to drink to excess or take anti-anxiety medication before. Now I can't seem to stop drinking or taking these 'downers' at social events. I can't seem to control when I take them and things are happening that I'm not too happy about. Of course the alcohol adds to my weight problem, which then causes me to take more of my Redux. Then I have to increase my Xanax to calm my nerves and also take my Valium to make sure I get a full nights sleep. It has become a very vicious circle. All this has been going on for about a years but last week put the "cherry on the pie."*

Laura tells you that last week she was to meet the firm's top client at a business luncheon. She could not get out of bed that morning. It took all her willpower to get up and get dressed. As it was, she was still 20 minutes late, "which is inexcusable." She was so nervous and sick she had to excuse herself in the middle of her presentation. In the bathroom she took another Xanax to calm her nerves. Then at the luncheon she could not stop herself from ordering several glasses of wine and had to be assisted to her car after the meeting was over.

"My client spoke to my boss and staff and then canceled his account with me. The next day I met with my boss and he recommended (ordered) I make an appointment with our EAP program (or be terminated.) I'm really scared. Work is all I have. I can't afford to blow it. Do you mind if I smoke?"

Questions-scenario 3

1. What would your initial assessment of Laura be?
2. What would you say Laura's main drug of choice is and do you think she will need to be placed in a detoxification program to address this problem?

Based on Laura's emotional situation and the medications she is taking, what if any dangers do you need to be aware of?

4. Based on the information Laura has given you who would you need to contact to advise them of Laura's situation and what would you need from Laura to make these contacts?

5. If Laura's boss calls your office to find out how Laura is doing how you would respond to his inquiry? What are his rights to know if Laura did keep her appointment with you?
6. What possible dual diagnosis issue(s) might Laura have and how would you do to confirm this possibility?
7. Are there any other issues that you feel may need to be addressed in this case?

SECTION B

ANSWER TWO (2) QUESTIONS

QUESTION 4

"Given social work's location between the client and society, we can either leave solving poverty to the economists or join the fight for economic justice. A growing consensus holds that exposure to economic hardship and adverse conditions often precede the rise of individual and social problems rather than the other way around, as previously presumed". Discuss the statement paying attention to some factors that must exist to properly define something as a social problem. Make recommendations on how to go about responding to poverty and economic injustices.

QUESTION 5

Explanations for between-job gender inequality that stress gender discrimination include a cultural "devaluation" of work done by women (England, 1992; Tam, 1997), and hiring discrimination that restricts women's access to some jobs, resulting in occupational "crowding" that drives down pay in female-dominated jobs (Bergmann, 1974). Discuss the statement and recommend strategies that can be used to addressing the issue of gender inequality.

QUESTION 6

The Convention on the Rights of the Child (CRC) recognizes that children have the best chance of developing their full potential in a family environment. The primary responsibility for their care rests upon their parents and legal guardians, who are entitled to support from the government in raising their children. When parents are not able or willing to fulfill this responsibility, kinship and community resources may be relied upon to provide care for the children. Discuss the advantages and disadvantages of institutionalising (half way homes) versus foster care of orphaned and vulnerable children.