

Dominick and the suggested resolutions in a case of pervasive developmental disorder...

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Dominick is a 9 year old boy who is diagnosed both by myself and the state's social services department as having a pervasive developmental disorder who would greatly benefit and thrive using music and movement to achieve emotional and social connections. His mother is mentally retarded, and although he was raised by his maternal grandfather, he is now living with an aunt and uncle because his grandfather is now deceased. His aunt and uncle chose a different therapist to go with after Dominick was released from the State Psychiatric Hospital. They took him there for a second opinion, which verified my initial diagnosis. The therapist his aunt and uncle have chosen does not have an adequate background in addressing these types of cases and working with this diagnosis.

“ Client self-determination, protection of human life, and enhancing the quality of life are three values to which all social workers are committed” (Dolgoff, Harrington, & Loewenberg. 2012). The interventions recommended in the above scenario are ideal in this particular case. Initially, the grandfather took Dominick for a diagnosis and he was diagnosed with failure to thrive syndrome. Later he was diagnosed by myself and another clinician as having a pervasive developmental disorder. All the clinicians are attempting to help Dominick and his new guardians in diagnosis and treatment. The guardians are at a loss of what to do and are therefore looking for answers and help in dealing with the difficult behaviors this boy exhibits. All parties in this scenario are working toward the same long term goal and the means by which they accomplish this, are up for debate. While I may suggest one course of treatment, another clinician may suggest something entirely different.

While I would prefer my own method of assessing and treating the diagnosis, the other clinician may be successful as well. Traditional and clinical social workers may have various treatments in association with the said diagnosis, but there is no way without a clinical trial assessment to readily suggest that one will work and the other will not. I would be curious to see how Dominick does with the treatment options of the other clinician knowing that the individual has not readily worked with the diagnosis of pervasive developmental disorder. If asked for suggestions or opinions, I could readily assist the other therapist, but without being asked, I would not be able to contact them otherwise. It is unfortunate that there was a break through and the guardians have chosen not to pursue treatment through music and movement. Also, a month long stay in a psychiatric institution was unwarranted and may have done more harm than good in this scenario. The outcome of diagnosis is the same, but Dominick had to endure more testing to do so, and he was away from his family as well.

In order to increase social work credibility perceptions, “ clinical social workers shall have and continue to develop specialized knowledge and understand of individuals, families, and groups and of therapeutic and preventive interventions” (NASW Practice Standards). When individuals enhance their knowledge and skills, they are better able to enhance others’ perceptions of their credibility through talking out situations and clearly describing and explaining all the details both on a clinical level and in non-clinical terms. Some methods I might utilize in helping other professionals to address social work credibility is encouragement to thoroughly investigate the issues at hand. Information is the key to understanding and becoming

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more open to the ideas and concepts associated with social work. It is also important to frame credentials on a wall that is easily visible to ensure the individuals that may be skeptical see the achievements attained. Becoming a social worker is not easily attainable. “ Today, social work can include as many as four parts: BSW, usually on graduation; MSW on graduation; independent after 2 years of supervised general experience; and clinical after 2 years of specific supervised clinical experience” (Dalmus & Sowers, 2012).