Modern Medical Intervention Model and Its Goodness of Fit

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Abstract

In this study, challenges facing Joaquín's family include the presence of a perceivably "nagging" wife (Jane), the presence of a husband who has been laid off recently (and currently works long days), and the husband's persistent drinking. Notably, these problems threaten to destabilize the family in such a way that Joaquín's loss of the job is likely to compromise the ability to provide for the family. Having found himself in a position where he feels to have let down the rest of the family, Joaquín is evidently guilty and these feelings are compounded by the case in which he insists that he deserves to relax (by drinking during weekends). Therefore, the Symbolic-Experiential Therapy is deemed as an appropriate model that might address the client family's problems by focusing on some of the past trends of interaction, upon which emerging flaws might be unearthed. In relation to the use of solution-focused brief therapy, it is predicted that the postmodern model is worth applying to this client family case because its nature as a solution-focused approach implies that it promises to restore stability and positive interaction to the near and far future of Joaquín's family.

Introduction

Joaquín is aged 37. His citizenship status indicates that he is a Mexican immigrant. Jane, his wife, is aged 33. The couple presents to an agency charged with family services. In particular, the central subject is that the couple is experiencing family problems. Asked about the length of the marriage, the couple states that they have been together for a period extending to 11 years. Additionally, Joaquín and Jane have a daughter and a son. Whereas the daughter is aged 7, their son is aged 5. At the agency, Joaquín and Jane are also asked about their period of stay in the U.S. Indeed, they indicate that they have lived in this region for seven years. Currently, Joaquín has been laid off. This adversity comes after a six-year provision of services in one of the local factories, having served in the position of a machine worker. Following the laying off, Joaquín currently works as a day laborer. On her part, Jane remains the family's housekeeper.

On his part, Joaquín states to the agency that he has a complaint regarding Jane's recent change in behavior. Particularly, Joaquín indicates that in the recent past, Jane has proved nagging – relative to his (Joaquín's) drinking. However, Joaquín contends that the recent months have witnessed him drink alcohol more frequently. However, he asserts that the increase in the duration and frequency of drinking has not had any impact on his daily operations. In defense of this stance, Joaquín indicates that he only drinks during weekends while avoiding drinking during the rest of the weekdays. However, it is notable that he declines to disclose the amount he drinks on these weekends.

Similarly, the couple states to the agency that they have faced significant challenges. The challenges are indicated to emanate from the stay in the U.S., with their citizenship status suggesting that they are Mexican immigrants. Specifically, one of the challenges is stated to involve linguistic problems – because neither Joaquín nor Jane speaks fluent English. Joaquín proceeds to indicate the guilt he feels for letting down his family. The reason he gives is that the recent job lay off has made him worried due to the predicted and looming family economic instability. In response, he states that he has resorted to making ends meet by working long days. However, he insists that he is unlikely to adjust the weekend drinking because it makes him to, "deservedly," relax.

Methods

The most appropriate modern model that could be applied to the selected case is Symbolic-Experiential Therapy. This model was coined by Carl Whitaker in 1953. According to Whitaker and Keith (1981), the main aim of the model is to focus on patterns and interactions via growth processes. The implication is that this model does not emphasize the use of medications for purposes of creating change. Roberto (1991) concurred that the focus is to steer client family growth, rather than emerge as a resolution to the problem with which the family presents. It is also worth highlighting that therapies that adopt this model ensure that they focus on the family of origin in its entirety, rather than individual family members or family subsystems. In relation to the hypothetical case described above, it is evident that Joaquín's lay off threatens to translate into economic instability in the near future; an adversity that is likely to affect both his wife and the children. To avoid possible trickle-down effects such as conflicts and the children's social withdrawal, it is imperative to involve entire client of origin in the family therapy process, rendering the selected model worth applicable and one that best fits Joaquín's family that is faced by a job lay off in the wake of the husband's persistent drinking, complaints from Jane, and Joaquín's decision to work for long days.

Regarding the plan of approach, the model advocates for the creation of a safe environment that provides room for members to discuss presenting problems while allowing the therapist to join the family system. Examples of interventions that have been avowed to steer a safe environment include the use of humor and spontaneity, encouraging attendance and participation of all members of the family, and engaging families as "real" persons (Napier & Whitaker, 1978). Upon establishing a positive and supportive environment, the model states that therapists ought to gain information regarding the coalitions, boundaries, roles, and level of conflict surrounding the family system. To achieve this goal, Whitaker and Malone (1953) observed that examples of interventions that are worth embracing include active listening, assessing disorganized boundaries that emerge, identifying role rigidity, exploring family competencies, and the use of affective confrontation. The next step is to strengthen family initiative while establishing goals that are relevant and responsive to the problems presented. To achieve this objective, Napier and Whitaker (1978) advocated for the need for therapists to allow members of the family to determine the course and pace of therapy and prompt the members to establish the agenda of the session.

In the middle phase, the model states that therapists ought to establish a sense of cohesion with members of the family. To achieve this goal, perceived interventions include role-play, utilizing effective intensity to address feelings and issues that remain unacknowledged, and encouraging positive anxiety via the use of affective confrontation. This phase has also been avowed to involve the creation and maintenance of inter-generational boundaries by helping client families to understand their interactional patterns' absurdity via metaphors and humor (Whitaker & Keith, 1981).

In relation to the late-phase goals advocated by Symbolic-Experiential Therapy, Roberto (1991) observed that therapists ought to steer individual growth towards developmental task achievement, upon which the completion of these tasks (and accomplishment of goals) could be highlighted and gauge the success of addressing symptoms. At this stage, the use of Symbolic-Experiential Therapy as a model guiding the selected family situation is deemed appropriate because it allows the respective family members to express their feelings regarding the therapy's experience. One of the studies that utilized Symbolic-Experiential Therapy was conducted by Gehart and Tuttle (2003). In the study, the main aim was to determine the efficacy of employing Symbolic-Experiential Therapy in the case of a family facing a danger of economic constraint and its associated negative effects on boundaries and inter-generational interaction. In the findings, it was observed that Symbolic-Experiential Therapy aids in accommodating all diversified clients and families that present at family service agencies. Thus, it is projected that the model's adoption towards addressing problems with which Joaquín's family presents is appropriate and targeted.

Results

To address the problems with which Joaquín's family presents, the most appropriate model that could be adopted is solution-focused brief therapy. Coined by Insoo Kim Berg and Steve de Shazer, the model does not focus on the problems that might have prompted client families to seek therapy. Rather, the model is goal-directed, future-focused, and strives to achieve solutions. According to McGee, Del Vinto and Bavelas (2005), this therapy process is conducted in such a way that the therapist observes the responses of clients directly. These responses come in relation to several questions that are constructed precisely (Lindforss & Magnusson, 1997). Hence, it is worth inferring that the focus of this therapeutic approach is on what the client family intends to achieve; implementing the practice without exploring the provenance and history of the issues at hand. With much of the therapy sessions involving the future and the present, the past is only likely to be reviewed to the degree deemed necessary for understanding the concerns of clients accurately (and communicating empathy) (De Shazer, Dolan & Korman et al., 2007). As mentioned in the hypothetical case described above, the family sought the intervention of the family service agency with the central objective of obtaining solutions to the family problems confronting the members. Hence, solution-focused brief therapy is rendered appropriate and worth applying because it promises to support the achievement of these solutions.

One of the past studies that have employed solution-focused brief therapy was conducted by McGee, Del Vinto and Bavelas (2005). In the study, the main aim was to determine the effectiveness of solution-focused brief therapy when applied to client families that present with compromised inter-generational communication, as well as conflicts among couples. Thus, the leading intention was to establish the extent to which the model could prove effective (upon applying to client family situations). In the findings, it was established that solution-focused brief therapy yields short-term and long-term solutions via the establishment and implementation of solutions that are specific to the problem(s) at hand. Furthermore, it was noted that solution-focused brief therapy reduces tensions between clients and therapists because the approach attracts the attention of clients, with the curiosity attributed to their quest to realize solutions to the problems that they face. Overall, the study indicated that when solution-focused brief therapy is applied to client family situations, a significant number of conflicts diminish while supportive environments that are marked by positive interactions emerge.

Conclusion

In conclusion, the challenges facing Joaquín's family include the presence of a perceivably "nagging" wife (Jane), the presence of a husband who has been laid off recently (and currently works long days), and the husband's persistent drinking. Notably, these problems threaten to destabilize the family in such a way that Joaquín's loss of the job is likely to compromise the ability to provide for the family. Having found himself in a position where he feels to have let down the rest of the family, Joaquín is evidently guilty and these feelings are compounded by the case in which he insists that he deserves to relax (by drinking during weekends). Therefore, the Symbolic-Experiential Therapy is deemed as an appropriate model that might address the client family's problems by focusing on some of the past trends of interaction, upon which emerging flaws might be unearthed. In relation to the use of solution-focused brief therapy, it is predicted that the postmodern model is worth applying to this client family case because its nature as a solution-focused approach implies that it promises to restore stability and positive interaction to the near and far future of Joaquín's family. The appropriateness of these models is also supported by promising results that have been

established by some of the past scholarly studies examining therapeutic service situations that are marred by client family problems that are similar to those of Joaquín's family.

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Medical Practice and Drug Dispensation in Australia: An Informative Inquiry

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Abstract

With 435 pharmaceutical firms identified in five districts, the instrument of data collection involved the questionnaire. The motivation was to understand the knowledge of drug retailers regarding some of the treatment patterns, symptoms, signs, and causes of diseases such as urinary tract infection, diarrhea, fever, and upper abdominal pain. Findings suggested that in Australia, most of the drug retailers do not have adequate knowledge about diseases; especially regarding the primary causes and treatment modalities of the conditions. The implication for the pharmaceutical sector is that the need to engage in more training initiatives to equip the practitioners with knowledge and skills about the diseases could not be overstated.

Introduction

For drug retailers, the process of drug dispensing is common. In Australia, most communities live in poverty. As such, the majority of the community members do not access quality facilities from or through which they could receive relevant treatment in primary health care systems [1]. The eventuality is that most of the members engage in self-medication, ensuring that they take medicine directly with little or no consultation of retailers or pharmacists [2, 3]. Most of the previous literature suggests further that many drug retailers in Australia lack adequate knowledge about signs and symptoms, as well as treatment modalities for various diseases [4-6]. This dilemma translates into wastage, abuse, and the misuse of drugs in the country's pharmaceutical sector [7, 8]. With wrong medications and treatments provided, some of the adverse effects that result include increased mortality, morbidity, financial expenditure, and increased rates of drug resistance [9, 10]. In the wake of this dilemma, the central purpose of this study was to examine patterns in drug dispensing among pharmacies, with particular emphasis on the case of Australia. The motivation was to discern some of the feasible solutions or strategies through which the practices of drug use could be improved, beside other attributes such as primary health care system reduction of adversities such as mortality rates, morbidity, and other health hazards accruing from poor drug dispensing mechanisms (if any).\

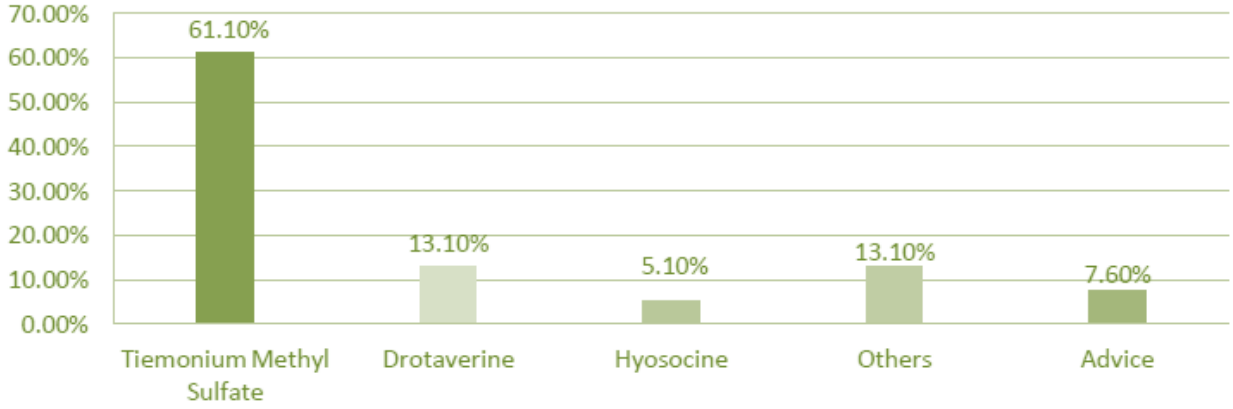
Methodology

Indeed, the study targeted five districts from which 435 drug retailers were selected. The period of the investigation was between May and August 2019. From the perspective of the research design, this study employed a survey technique in which qualitative and quantitative data was collected and analyzed, translating into a mixed methods technique. The

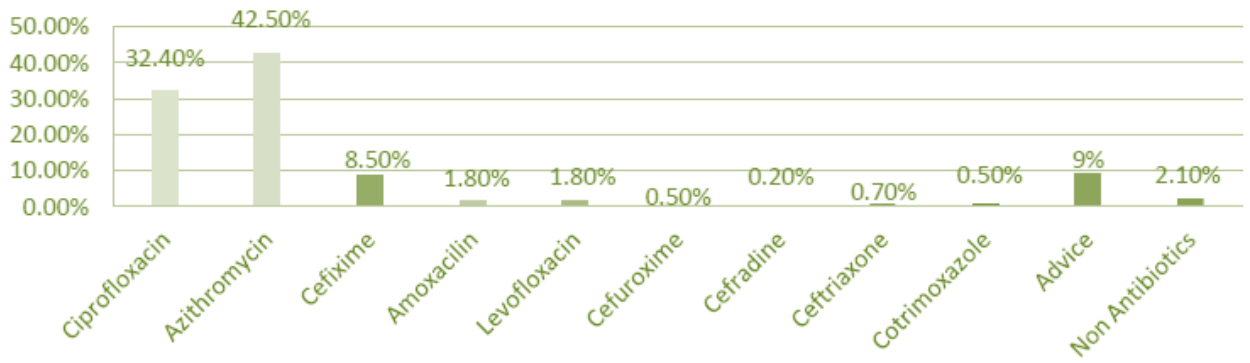
central instrument of data collection entailed a questionnaire. Indeed, the retail firms and participants from each institution were selected via a simple random sampling process. Each participant was requested to provide informed consent before participating in the data collection process – by filling in ethical forms, as well as informed consent forms. Also, each participant was assured of data privacy and confidentiality, as well as their anonymity as participants. Hence, personal details such as their names and physical addresses or positions held in their workplaces were replaced with pseudonyms such as codes. This step strived to boost the participants' confidence of participating, as well as attract honest responses – as they were unlikely to fear any victimization that could follow the data provision process. Questions in the questionnaire ranged from those that sought to discern the participants' demographic characteristics to those that were out to achieve the intended objectives of gaining specific information about the participants' knowledge regarding issues such as disease signs and symptoms, as well as possible causes and treatment modalities. It is also notable that SPSS version 13.0 was used to analyze the collected data before applying descriptive statistics to determine the patterns of distribution of the participants' responses, hence developing common themes that emerged.

Results

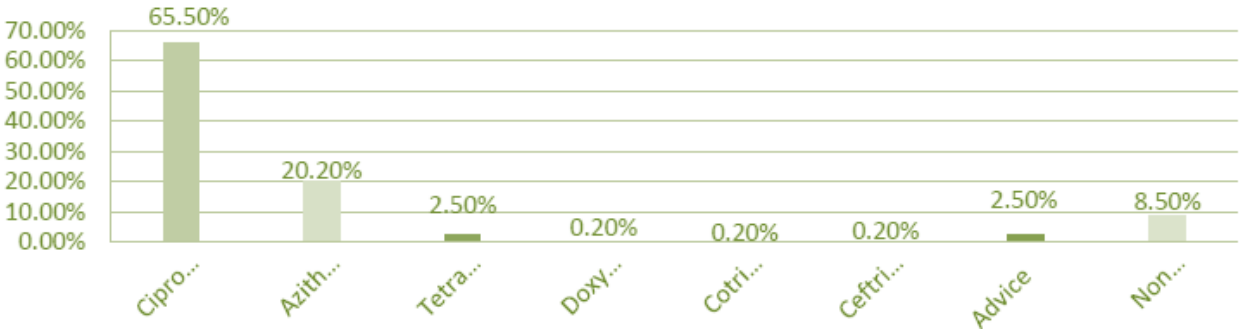
For the treatment of the upper site abdominal pain, the figure below shows the results that were obtained relative to the frequency and percentage of the participants; especially based on the type(s) of drugs used.



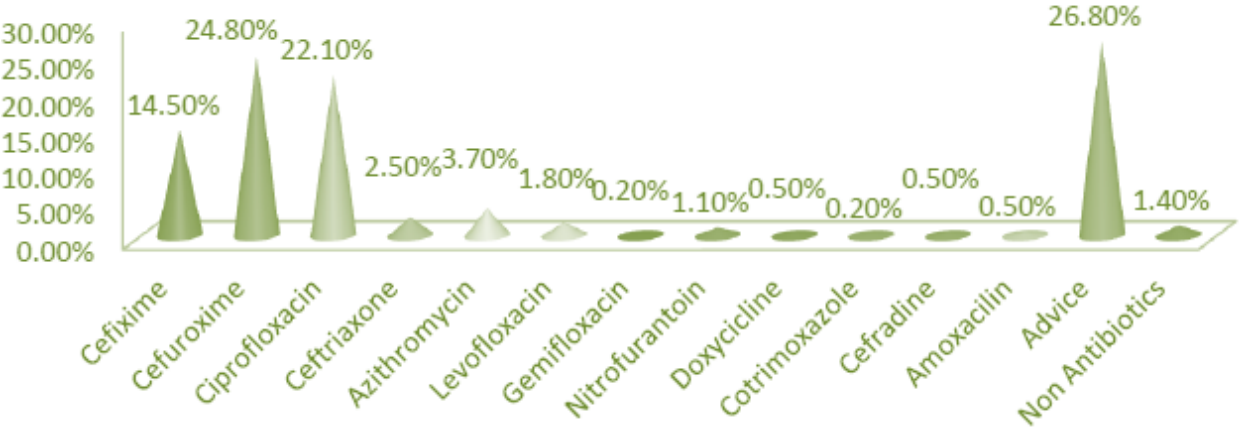
Regarding the treatment of fever, the study sought to unearth some of the antibiotics that the drug dealers were likely to administer, upon which they knowledge regarding drug provision or medication for this condition was likely to be predicted. From the results, 32.4% of the participants stated that they were likely to use Ciprofloxacin while 42.5% of the participants or drug dealers stated that they were likely to dispense Azithromycin as a treatment medication for fever. The figure below summarizes the results.



Another condition that was investigated involved diarrhea. On this factor, the motivation was to determine some of the types of antibiotics that the drug dealers were likely to dispense. On this theme, findings demonstrated that the majority of the participants were likely to prefer ciprofloxacin (at 65.50%) while 20.20% of the participants stated that they preferred using azithromycin. The figure below summarizes these outcomes.



The last parameter that was investigated regarding the type of drugs dispensed for certain conditions across Australia entailed urinary tract infections (UTIs). The aim was to determine if the drug dealers considered specific bacteria before determining drugs deemed the most appropriate to control the infection(s). On this factor, most of the participants indicated that they were likely to refer patients to doctors (at 26.80%) while others indicated that they were likely to prescribe cefuroxime and ciprofloxacin (at 24.80% and 22.10% respectively).



Other aspects that were investigated included the participants' knowledge about specific causes of individual diseases, the number of poly pharmacies and non pharmacies for

each disease, the selection of drugs based on the perceived cause of the diseases with which patients presented, and how the findings rated based on each district that was investigated. From the findings, the study established that a significant number of Australia's drug dealers were likely to dispense drugs without specific and informed prescriptions by doctors. Even in situations where patients presented with serious illness requiring referral to doctors for further investigation and specific prescriptions relevant to the prevailing health conditions, many participants stated that they were more likely to give treatment. Another emerging theme beyond the dispensing of drugs without doctors' prescription involved the participants' knowledge of disease-related issues such as causes, signs and symptoms, and drug interactions. Indeed, it was evident that many drug retailers in the selected districts did not have sufficient knowledge regarding the aforementioned disease attributes. Other health care attributes that were unlikely to be considered by the selected participants included the financial statuses or income of the patients, as well as the needs and preferences of the patients' families. Rather, a predicted theme was that many drug dealers tended to prioritize financial gain at the expense of patient satisfaction, reduced mortality, or morbidity and other health care system-related sentinel events in institutions such as dispensaries.

Conclusion

In summary, this study found that in Australia's selected districts, many drug dealers are likely to prescribe antibiotics to cure diseases fast; especially by using high-impact antibiotics regardless of whether the conditions with which patients present demand low-impact or medium- to high-impact antibiotics. It was also found that in most cases, the drug dealers prefer prescribing two types of antibiotics in the anticipation that if one of the prescribed medicines fails, the other counters the situation. Mixed outcomes were also found relative to the region of residence, whether rural or urban. In rural zones, this study established that many patients perceive community pharmacists or drug dealers as doctors, a factor that explained the higher level of preference of over-the-counter drugs without the doctors' prescriptions. The situation tended to be compounded by many of the drug dealers' willingness to prescribe and dispense medications without referring the patients to doctors. The implication for the country's healthcare system is that there is a need for community health sensitization initiatives to provide members with information about the importance of visiting hospitals firstly, rather than opt for direct medical prescriptions from drug retailers. Also, legal policies barring drug retailers from medication prescription ought to be emphasized and relevant actions taken against dealers who contravene the same. In future, there is a need for scholarly investigations to focus on how low-level knowledge among drug retailers in Australia affects patients' healthcare outcomes, as well as the country's annual healthcare system expenditure.

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Postmodern Model Description and Case Analysis

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Abstract

In this study, the postmodern model described and analyzed is solution-focused brief therapy (SFBT). Insoo Kim Berg (1934-2007) and Steve de Shazer (1940-2005) developed the SFBT model. The model is goal-directed and future-focused in such a way that it emphasizes solutions. Hence, the model focuses less on the problems that prompt clients to seek therapeutic services. Indeed, the approach was devised from the context of an inner city of Milwaukee, Wisconsin. The target environment involved an outpatient mental health service context. Notably, the model's developers observed the emotions, behaviors, and activities of therapists and the manner in which they shaped the therapeutic sessions' outcomes; with particular emphasis on clients. The central assumption of this postmodern model is that all clients exhibit some degree of knowledge regarding some of the issues that could improve the quality of their lives. The eventuality is that all persons seeking therapeutic assistance have some minimal skills required towards the realization of solutions.

Introduction

Regarding the key concepts and tools surrounding SFBT, it is expected that all therapy assumes the form of specialized conversations aimed at the development and achievement of the vision of solutions that clients hold (De Shazer, 1984). Gingerich and Eisengrat (2000) observed further that SFBT could be used along with other therapy treatments and styles in some situations or stand on its own as a therapeutic intervention. Some of the target areas in which the model gins application include relationship problems, addiction, child or domestic abuse, family dysfunction, and child behavioral problems (Iveson, 2002). As mentioned earlier, SFBT holds that clients have skills through which change could be created in their lives but they require help or intervention to identify and develop these skills. Furthermore, the model holds that clients are already aware, to some degree, of the form of change required but SFBT practitioners ought to intervene to help these clients in clarifying the perceived goals (Lindforss & Magnusson, 1997). The eventuality is that practitioners employing SFBT are expected to encourage clients to imagine the form of future they continually desire and embrace collaborative work towards the development of several steps responsible for goal achievement. Specifically, McGee, Del Vinto and Bavelas (2005) observed that SFBT requires therapists to help clients identify a point in life when the issues at hand were either more manageable or less detrimental and establish some of the factors or solutions that were apparent at that time. The process culminates in a step where therapists guide clients towards acknowledging what could be working, aid further in exploring the manner in which the strategies could continually be best practiced, and encourage the clients towards acknowledging and celebrating success (Berg

& Dolan, 2001). The implication is that in SFBT, the target of intervention or change is the client himself or herself.

Indeed, the central assumption is that people are competent and healthy and that they exhibit the ability to establish solutions through which their lives could be enhanced. De Jong and Berg (2007) documented that this assumption of SFBT implies that clients have the ability to offer solutions to challenges that life brings to them. Hence, therapists are expected to build and create respectful, encouraging, and trusting relationships with clients. De Shazer et al. (2007) concurred that SFBT requires therapists to demonstrate to clients regarding ways in which they could exploit their resources and strengths they already possess towards constructing lasting solutions. Imperative to highlight is that as the intervention progresses, therapists remain present and future-oriented by ensuring that they focus on what is possible, rather than seek to understand the manner in which the problem accrued. Thus, this postmodern model is worth applying to the case of Alejandro's family because the main focus is on how the client family might address the current economic issues associated with the husband's recent job layoff and an increase in the frequency and duration of drinking, rather than seek to unearth the causes of these problems.

Methods

For change to occur, an application of SFBT implies that the major focus is not on the assessment of problems and their associated causes. Rather, the empowered approach advocates for the need to concentrate on competencies and strengths characterizing the client (De Shazer, 1984). Other basic assumptions of SFBT have also been documented. For instance, Gingerich and Eisengrat (2000) suggested that the model states that therapy tends to be successful when clients exhibit a positive future outlook and focus on their strengths. Additionally, the study indicated that SFBT holds that clients are likely to present only one side of their story or themselves and that the model invites these clients to assess other sides of their problems. An additional assumption, as documented by Iveson (2002), is that clients could be trusted with their intervention towards establishing and implementing solutions to problems. Lastly, SFBT states that clients are always doing their best to implement change, they have the capacity to implement changes, and they are keen to change (Lindforss & Magnusson, 1997). Regarding sensitivity to diversity and cultural factors, it is worth inferring that SFBT respects the knowledge that clients from different socio-cultural backgrounds bring to the therapy sessions, and that bias is avoided by tolerating different approaches that the clients hold towards addressing problems at hand. Thus, therapists only play the role of helping the clients to unearth the strengths of their approaches and how they could improve and sustain these approaches towards better future outcome provision. McGee, Del Vinto and Bavelas (2005) documented further that SFBT emerges as a postmodern model because the relationship between the therapist and the client is not authoritative. Instead, this relationship is collaborative and change tends to be realized via open dialogue (Berg & Dolan, 2001). Additional observations hold that SFBT is a strength-based model because it views clients as resilient and resourceful in the wake of problems; with the people's self-determination playing a predictive role in realizing and implementing solutions to these problems (De Jong & Berg, 2007).

According to De Shazer et al. (2007), several practical interventions could be embraced when SFBT is employed. Examples of these interventions include asking questions while avoiding the "sale" of answers, establishing and reinforcing evidence of general competence and positive resources, strengths, and qualities of clients towards problem-solving, and focusing on or working with what clients are capable of accomplishing. An additional intervention includes pinpointing effective and helpful behaviors that clients are already embracing (and establishing approaches through which problem-solving via such behaviors could be facilitated) (De Shazer, 1984).

Results

In the selected case, the decision to use SFBT as a relevant postmodern model is beneficial in various ways. For example, SFBT would be beneficial in ensuring that goals are achieved quickly and briefly. Additionally, it is expected that SFBT will offer support and direction via flexibility in which the clients' ideas might be accommodated while ensuring that they feel the need to be held accountable. It is also projected that SFBT will prove beneficial to the case of Alejandro's family in such a way that the decision to emphasize solutions at the expense of the root causes of the problems that different family members are encountering will aid in establishing a positive environment that is marked by collaboration, rather than remind the members of the negative issues surrounding the causes of the problems and introduce unnecessary tension that could prove detrimental to the success of the intervention.

To conceptualize the selected case based on the SFBT model, the initial step might include problem-free talk that is independent of the issues facing the client family. This light-hearted talk is expected to ensure that the therapist meets the client family or persons, rather than meet the problem. In so doing, members of the selected family might feel comfortable and at ease while preparing to share issues with the therapist. The next step is expected to entail the establishment of the client family's hopes regarding what each member intends to achieve. Particularly, each member might be requested to highlight the best foreseeable outcome that they predict. Hence, the emphasis would be on what the family best hopes; rather than the problem that brings them to the therapy session. This step is expected to pave the way for the miracle question in which members are expected to highlight issues that they might notice to be different, should the current problems such as Alejandro's drinking behavior and the wife's perceived "nagging" be solved. The scaling question would then be asked whereby each member of the client family would be requested to rate their level of confidence regarding the possibility of achieving the intended goals. With the scaling question enabling the therapist to determine the perceived confidence and potential of the clients, bright spots might follow; which are expected to involve aspects of the health or habits of the members that have gone well so far. Upon identifying some wins, the client family will be diverted from problems or what is not doing well to emphasize success instances that are taking place already. In this case, an example is a case in which Alejandro's recent job layoff has prompted him to work long days with the aim of making ends meet; which forms a sign of his successful role of family responsibility. The session would then culminate in compliments regarding the selected bright spots and even ask them what they would perceive as victory prior to the next session. In this case, the husband would be asked to state what might be considered victory regarding his

drinking habit (before the next therapy session) while his wife might be asked about what she would consider victory regarding her "nagging" behavior (before the next therapy session).

Conclusion

In summary, these interventions might impact the case in such a way that Jane might end up acknowledging her husband's family commitment (through working long days) as a win and acknowledge the importance of reconsidering her pestering position. On the other hand, the interventions might prompt Alejandro to appreciate the importance of Jane's concerns and some of the victories that he has had so far, ensuring that the positive outcomes are reinforced and the husband sensitized further regarding his ability to do even better. Regarding cultural and diversity factors, an awareness of the client family's background is projected to play a leading role in shaping the manner in which alliances or trusting relationships are established and deciding the most appropriate ways through which questions might be asked and even sensitive issues approached. Overall, an awareness of diversity and cultural factors is deemed important because it will aid in tailoring the SFBT-led therapy towards Alejandro's family's specific needs.

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