Document On Activated Social Work

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There are 8 essential points and elements to the activated social work. These are taken from the dimension description in the Consumer Guide p. 5, 2 paragraphs. PA-DHS and WeSH put those there with a clear dimension set of ideas, which is realism and reflect the actual totality of the individual plus society plus potential and fact. Given time and the right understanding, one can see this.

The paragraphs in the Consumer Guide (2021) straightforwardly are presented here:

> Social Worker
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> The Social Worker has a key role in the overall treatment process and will provide you and your family with a wide range of case management and active treatment services throughout your term of treatment at Wernersville State Hospital. Their purpose is to advance your quality of life and opportunities for maximum self-development and well-being through the use of psychosocial interventions directed at improving your level of functioning.
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> Social Workers will help you to maintain contact with your family and the community throughout your hospitalization. They will also participate in and may initiate social change within the hospital as well as the community in order to enhance the therapeutic effectiveness of your treatment. They focus on the identification and modification of psychosocial and environmental factors that influence the function of you and your family.
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> [Consumer Guide, 2021, p. 5]

The social worker at WeSH is to do for and with the individual the following:

1. Provide case management services.
2. Provide active treatment services.
3. Advance the individual's well-being.
4. Advance opportunities for maximum self-development.
5. Provide or point to psychosocial interventions.
6. Will help maintain connect with family and the community.
7. Will participate in and may initiate social change at WeSH or in the community.
8. Will focus on and work with psychosocial factors and environment of the individual and the real situation. They will focus on the identification and modification of psychosocial and environmental factors that influence the individual and family in the community.

These are key, and address with significant awareness the actual domain. They also provide a multifactor and multifaceted map for and with the individual in the context of family and community. It is dynamite.

These activated social work factors and elements are meant to integrate. The will provide the best possible 'total-picture' situation for a whole-being, whole-situation (various, past future present, plus,

minus, routine, exception, interrelationals, vectors planned, past, current and remapped), and whole-society reality.

The 2 paragraphs in the Consumer Guide, these 8 elements, form an integrated whole, ultimately boundless image in terms of the holistic experience; and they are meant to integrate with WeSH ideals. The Mission Statement, Values List, and Vision Statement state these WeSH ideals in a concise delineated integrated fashion. The are worth study, mindful integration, and even extension. They are a key, and with contemplation, apperception, and enaction, they are an invaluable set of reality potential and actual fact.

One example: to advance opportunities for maximum self-development is to intersect with several ideals. These include the value placed upon the quality of life and inherent worth of the individual; the individual's capacity to grow, thrive, and achieve; and being sensitive and responsive to culture...differences (and cultural, ethnic, orientation, and religious/spiritual content); and the individual's need to be independent (in an interdependent world).

Another example: to focus on the identification of psychosocial and environmental factors is to identify and map these out with the individual and one's social work insight: it is to identify via written spoken and so forth tangible descriptions and identification points those factors that are positive, helpful, neutral, matter of fact, negative, and harmful, and delineate them with interrelational reflection and annotation. This applies to the situation the individual is in or expresses, in the external-to-WeSH "real" world, what actually was is and will be present, at various psychosocial states and environmental states, and their modification, enhancement, correction, transformation, and improvement. This is entirely consistent with a dimension view of the individual, PA Statute 5100.15 (on the right to consultation with the individual on the treatment plan, and one of its bases the 9 aspects to the individual's situation – medical, psychological, social, cultural, behavioral, familial, educational, vocational, and developmental), the document "A Multifaceted Space: Aspects To Treatment In Social Work And Psychology", and again the WeSH Mission Statement, Values List (15+ items), and Vision Statement, and the array of treatment services indicated by OMHSAS that one can adapt to individual situation and need. These all require a one on one and team on one and resource plan and map – with for and in consultation with the individual as a dimension and so forth person. This point is again so key; it is a requirement for a dimension, realistic, practical, pragmatic, human-oriented in the vast universe, contextualized, just, actualized potential and actualized approach.

Another example: "improve your [the individual's] level of functioning" means by inference to real world (in its several senses) that the particulars of each individual dimension actual fact must be addressed – it says, individual, the 'all of the above' right there, specifically annotated and with in guidance to and in consultation to and with relevant insight with the individual! That is this real world per situation.

With routine connect between the social worker and the individual in these realistic, mapped, multilateral ways, another ideal is met and facilitated: the presence of an empathetic, hopeful, continuous treatment relationship. It is a real-world connect. And that is one of the points of being here. All of this and all of the individual initiative integrates as it is, and is possible, actual, realistic, and potential.

In this way, social work connect and individual projects can form an integral part of the individual's personal, group, downtime, and treatment regimen – what each does to advance well-being and opportunities for maximum self-development. This is space to maneuver and work, and it is resource

put to good use (one's room, the day room, books and texts, others' input, reflection, journal notes, course groups content, one's own life and insight). This individual connects and social work projects then get put into the print record, and introduced at treatment team level, at WeSH. It becomes part of the dialogue and is part of the person's life experience at WeSH; and an aware effort toward and involving tactile, realistic-optimistic elements in one's life totality and its connections, influences, and context.

With such a direct connect and acknowledged action with a social worker who has trained insight, this becomes in potential a semantic-context connect to the renewed life-space and reality, a changed or expressed world-space for the individual. It allows that which is naturally present to develop or express and explain, connected.

Without this connect and acknowledged action, a key is missing, and the individual no matter what, in every case, no matter individual or collective, connected effort, is forcibly excluded yet again, outside a direct line from individual effort that matters and renewed life contents and space, to the formal record, to the treatment team, to valuable life contents, to orientation or explanation, to society post-WeSH. And, without this connect and acknowledged action, an isolating, informationless, unconnected, remote, unilateral, commodity-that-is-broken ideological treatment and attitude mistakes perpetuated ad-infinitum at the local community private corporation county-level hospitals and system are furthered here via status quo points of omission, inaction, and sans meaning, via lack of activated social work; rather than inverted to a realistic dimension life space.

But when to replace that county-level dismal and counterproductive system the state (federal plus State) puts instead a dimension, connected, realistic view of the individual-and-life-and-world-and-society in all its aspects, involving the individual and the treatment team in a collaborative and illuminative set of roles, then WeSH is matching its true nature and potential and things and ideals in print, and fits in with realism, society, the individual, and the state. This allows maximum potential, actual potential, fact and development, and opportunities for the WeSH ideals and policy and further ideals and actual facts to take their natural course, with respect to actual inputs by the various roles of the treatment team, groups, resources, room as resource, maximum self-development, and individual-community-ontological-epistemological-culture-positionality-cosmos.

And in application here and later then outside – during and after time here – this more deeply felt, orientation, and perceived world – renewed, corrected for error, or expressed – becomes a reality, with and if the individual and 'all of the above'. This is the point for being here, and it is WeSH plus total context plus individual effort that does this.