

Case Scenarios for Teaching and Learning Social Work Practice

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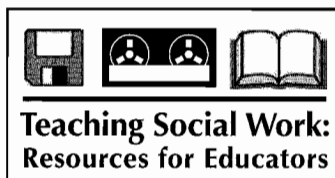
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Library of Congress Cataloging-in-Publication Data

Case scenarios for teaching and learning social work practice / editors, Shirley M. Haulotte, Jane A. Kretzschmar; contributing authors, Eunice C. Garcia . . . [et al.].

p. cm. -- (Teaching social work)

Includes bibliographic references.

ISBN 0-87293-082-3

I. Social work education. 2. Social case work. I. Haulotte, Shirley M., 1944- . II. Kretzschmar, Jane A., 1956- . III. Garcia, Eunice. IV. Title. V. Series.

HV11.C33 2001

361.3'071--dc21

00-013114

Manufactured in the United States of America

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Preface

This collection of case vignettes is designed to help social workers examine methods of intervention with clients from diverse populations in a variety of situations. The book is designed for social work educators, students, and field instructors. However, practitioners in many areas of social work would benefit from the vignettes, Suggested Activities, and Recommended Readings. The cases encompass a broad spectrum of agency-based social work. Client systems range from the newborn to the 90-year-old; agencies from the corporation to the two-person office; situations from micro to macro systems.

Through each vignette, the reader is invited to assess the information provided and to begin to formulate an intervention plan. In an attempt to be representative of the helping process, some of the cases portray the first time a client seeks services, others portray situations further along in the helping process, and some show moments close to the termination phase. All the vignettes are drawn from actual cases, although the names and details have been altered for purposes of confidentiality.

This casebook has been written in response to a need expressed by social work educators for a tool that is easily adapted to the classroom or field setting. The cases are intended to augment students' application of classroom material to an assortment of cases, broadening their awareness of client populations and situations. The material in the vignettes is meant to challenge the reader to utilize the perspective of an agency-based social worker rather than that of a social work student in order to begin to look at best practices in the field.

The case method of teaching and learning was chosen to provide greater opportunities for reflection and critical thinking. The social work literature supports this method. Perhaps the earliest and most familiar example is Perlman's (1957) *Social Casework*, in which she uses a number of case examples to illustrate her model. Pincus and Minihan (1973) also used the case method in their generalist approach to social work practice. More recently, Kowalski, Weaver, and Henson (1990) espoused the case study method as one that creates a classroom condition conducive to active learning. Silverman, Welty, and Lyon (1992) emphasize the value of "student-generated analysis," and LeCroy (1999) sees case study as "an opportunity to vicariously participate in the process of doing social work practice" (p. xv). Rivas and Hull (2000) discuss the importance of case method learning that aids "in the more abstract, conceptual work of summarizing and applying critical thinking skills that will reinforce learners' abilities to transfer new information learned to other practice situations encountered in field practicum, and eventually, in professional social work practice" (p. xii).

According to Mosher (1995) "learning is a cooperative effort between students and teachers and should involve active participation of the cognitive, moral and social competencies of the students" (p. 15). Other authors espouse innovative university teaching including "reflection in action" (Cowan, 1998) and learning through critical reflective practice (Ghaye & Ghaye, 1998; Gould & Taylor, 1996). This book is a vehicle for combining the teaching philosophies of these authors and many educators to enhance reflective critical thinking on the part of students.

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Introduction

Organization of the Text

There is agreement among social work theorists that the helping process consists of three major phases. While wording and objectives may differ, the social work skills are the same (Hepworth, Rooney, & Larsen, 1997; Locke, Garrison & Winship, 1998; Sheafor, Horejsi & Horejsi, 1994). The three phases in this casebook are termed:

- The Beginning Phase: What to do After You Say Hello
- The Middle Phase: Energizing the Work
- The Ending Phase: Best Laid Plans

The Beginning Phase encompasses aspects of exploring, assessing, and planning and includes relationship-building skills, listening skills, multidimensional assessment, and contracting (Hepworth et al., 1997). Locke, Garrison, and Winship (1998) use the metaphor of life as a story and liken this first phase of the helping process to “telling and exploring the story” (p. 120). Kirst-Ashman and Hull (1999) emphasize processes of engagement and assessment and detail respective activities. Unit I of this text is comprised of vignettes representative of this first stage of the helping process. Six tasks were chosen to represent the Beginning Phase:

- Building Rapport
- Interpreting Roles within The Agency Context
- Collecting Data
- Defining the Problem
- Initial Assessment/Identifying Strengths
- Contracting and Goal Setting

This list is not meant to be comprehensive, but rather representative of the most common elements of work in the beginning phase of

the helping process. These elements appear in many texts, but are phrased differently by different authors. For example, building rapport, is referred to as relationship building by Hepworth et al. (1997), collaboration by Poulin (2000), and engagement by Kirst-Ashman and Hull (1999) and by Sheafor et al. (1994). Similarly, contracting and goal setting are called negotiating goals and formulating a contract (Hepworth et al., 1997), determining goals (Poulin, 2000), formalizing a contract (Kirst-Ashman et al., 1999), and planning and contracting (Sheafor et al., 1994).

In choosing these categories, the authors acknowledge a degree of arbitrariness (e.g., the beginning phase of the helping process actually starts before the first meeting with the client, however, the case vignettes deal primarily with initial face-to-face meetings between client and practitioner). Hopefully, any differences in interpretation can be dealt with during the instructional process in the classroom since the casebook is meant to be representative rather than exhaustive in its content.

The Middle Phase, characterized as “describing a preferred reality,” enables the client system to base whatever action is to be taken not only on issues of concern, but also on an idea of how things could be different (Locke et al., 1998). Planning and implementation are the highlighted areas in the Kirst-Ashman and Hull (1999) text, in which the authors employ a generalist perspective that integrates a micro, mezzo, and macro approach to social work practice. Cases in Unit II of this text represent the Middle Stage. Using the same rationale as for the Beginning Phase, five tasks were chosen for the Middle Phase:

- Intervention Planning
- Ongoing Assessment
- Implementation
- Planning for Evaluation
- Overcoming Obstacles to Change

The Final Phase, “evaluating outcomes and making transitions,” which involves “the learning that both the social worker and the client system gain from their interaction and the transition that takes place in the client system/social worker relationship” (p. 233). Both Hepworth et al. (1997) and Kirst-Ashman and Hull (1999) include evaluation, termination and follow-up in their characterizations of the final stage of the helping process. Unit III cases represent the ending phase. Two tasks were chosen to represent the Final Phase:

- Integrating Change and Acknowledging Gains
- Anticipating the End /The Final Session

Unit IV, Special Issues: Exceptions to the Rule, is intended to highlight specific circumstances that may require social work intervention at any or all of the stages of the helping process.

The table of contents organizes the vignettes in this casebook according to the stages of the helping process as outlined above; readers interested in particular parts of the helping process should be able to easily locate relevant case vignettes. Directly following the table of contents, Contents by Topic/Issue, categorizes the case vignettes according to specific issues and populations for those readers interested in particular topics or client systems.

Vignette Presentation

All of the vignettes in this volume are intended to provide brief descriptions of problems faced by clients or client systems in a wide variety of practice settings.

The agency is briefly described first in each vignette in order to depict the client system within the parameters of agency mandate and functioning. The educator could use the information in this section to demonstrate the importance of the role of the agency in the helping process.

The client system section of each vignette provides salient information about the client. The information is purposefully concise rather than comprehensive to allow for a variety of problem solving strategies.

Special issues in each vignette accent the particular topics of concern in working with the client system in the situation. These issues are topics that could be used for class discussion.

Key concepts and principles highlight some of the social work precepts which may be the basis for didactic information provided to students.

Suggested activities provides a variety of exercises that can be used in the classroom, small groups, individual instruction, or assignments. Some of the activities are designed to be used by the instructor in the classroom and others are directed to the student or practitioner. Most activities are adaptable to a variety of educational settings.

References and recommended readings contains references to texts cited and recommended reading relevant to the client population represented in the vignette.

Cultural Diversity

Factors of cultural diversity are elements integral to any social work assessment. Although it is preferable to include detailed individual differences in the vignettes, the editors were bound by their attempt to make the cases applicable in all areas of the United States. This resulted in some compromise in the richness of cultural/ethnic/regional differences. Therefore, readers are encouraged to reflect on their

Chapter 1

Building Rapport

Building rapport is the intentional development of a relationship by the worker, usually based on empathic, active listening to the client's concerns.

Strength Under Fire

The Agency

You are a social worker in a small, private, nonprofit agency serving children with cancer and their families. Clients are in various stages of coping with the impact of having a seriously or terminally ill child. The agency provides a range of services that includes working with the patients and other family members both at the hospital and at home. Support groups, grief and bereavement groups, sibling programs, and “Mom’s Night Out” are among the services that are available. It is possible for families to be followed from diagnosis, through several remissions, through death and bereavement.

The Client System

Teresa (age 33) is a white woman from a rural area where she grew up as one of 11 children. Her parents are traditional, second-generation German Americans. Teresa left school in the 7th grade and moved in with her boyfriend’s family when she was 16 years old. Teresa maintains that she was a virgin until she and Carl married at 18, but her mother believed that Teresa had disgraced the family. Stephanie was born the first year of Teresa and Carl’s marriage, and as soon as Teresa became pregnant for the second time, Carl began seeing other women. Teresa had separated from Carl and moved back home with her parents by the time Emily was born. A third child, Lewis, was the result of one night’s sexual encounter. She never saw Lewis’ father again.

Teresa entered the welfare system and relied on Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), food stamps, and Medicaid for support. She met a man who has been a loyal friend, supporter,

and lover who now lives with Teresa and her children, but does not attempt to co-parent. Teresa maintains frequent, close contact with her extended family, who are now another source of support.

About a year ago Teresa took her middle child, Emily, to the city/county hospital for a persistent cough and cold. Emily was given a preliminary diagnosis of leukemia, later confirmed more specifically as acute myelogenous leukemia. Emily’s physician subsequently referred Teresa to a small, non-profit agency, which serves children with cancer and their families.

The family was assigned to you three months after the initial diagnosis, having been transferred from the caseload of another worker. The information available has been gleaned from the previous worker and from one visit with Teresa.

The school and hospital perceive Teresa as passive and lazy, not always reliable in following through with medical protocol or relying on the school to “do everything.” From Teresa’s perspective, the problems are “others” who try to control her financially and, to some extent, control the health of her child. She is also worried that Stephanie is at risk of dropping out of school at age 14, and that Emily may stop responding to treatment and die. Currently Emily has been in remission for three months.

Special Issues

An obvious issue is how to decide where to intervene first. Systems theory helps in that decision in its perspective that there are many different, equally effective places to begin in working with clients. A basic social work principle is helpful: Start where the client is.

Another issue is how to be sensitive in working with Teresa and the importance of the role of the social worker in attempting to humanize what is often a very sterile, mainstream medical approach to health care. How can Teresa be empowered to advocate for herself and her child so that Emily will be able to fully benefit from medical science without sacrificing family or traditional values?

When clients are not cooperative it is sometimes a challenge to keep a strengths perspective. With the many stresses and troubles in Teresa's life, it will be important for the worker to recognize and validate her many strengths in coping with them.

Key Concepts and Principles

Involving the client in problem identification

An important social work principle. If a client does not perceive a problem, then motivation for engaging in the client-worker partnership will be minimal.

Natural support systems

In assessing strengths, the client's informal family and community relationships should not be overlooked. Natural support systems may be even more crucial with clients who do not have access to, or do not wish to access, more formal service delivery systems.

Strengths perspective

The concept that symptoms or behavior "problems" may be adaptive (or were once adaptive) helps clients judge themselves less harshly. Workers should also call attention to what is going well, (i.e., the positives in the client and client's situation) rather than focusing only on problems or troubles.

Suggested Activities

1. Role play the initial session with Teresa with the goal of understanding her perspective and clarifying your role in working with her.
2. In small groups, reflect on and discuss the following questions, and then report back to the larger class. What information in this vignette speaks to traditional family values and how can the worker demonstrate respect for them? What is the common denominator in the stated problems and why is that significant? How might Teresa's concern about "others" controlling her finances and Emily's health influence social work interventions with her?
3. In groups of two or three, arrange to visit a city/county health facility that serves small children. Ask about the process of obtaining a Medicaid card, making an appointment for a sick child, and other services offered by the clinic. Note the condition of the facility, the atmosphere and general helpfulness of staff to clients, and accessibility of services for clients. Report back to class the following week, including recommendations for Teresa's worker and for the clinic to ensure that Emily is well served.
4. Search the Internet for information on acute myelogenous leukemia. What are its distinguishing features, prognosis, and symptoms? What are the latest treatments and their impact on the patient and family? What is the life expectancy of a child with the disease?

References and Recommended Reading

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