

Case Study Exercise

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2021-2022 November 3, November 10, & March 23 (TBD)

A case study or caselet has great potential for building social work knowledge for methods in: (1) assessment, (2) intervention, and (3) treatment outcome. Caselets are shorter versions of case studies, generally two to three paragraphs to a few pages in length. They are like case studies in that they either describe a sequence of events or put forth an issue or problem that requires decision making.

For our seminar series, the basic objective of using caselets is to have fellows discuss ideas and insights from theory to the application of real-life issues and challenges experienced in their field placement sites. This facilitates a deeper understanding of the relevant factors in a problem-solving situation, as well as gain insights into the finer nuances of a topic. **Case studies do not always have "right" and "wrong" answers--they are dilemmas and complex situations. There may be multiple factors to consider.**

Case discussions serve two functions. First, they promote fellow participation, encouraging discussion and the opportunity to listen to one another; second, they offer opportunities for fellows to apply and extend what they have learned in the classroom to a specific problem area. In addition, case studies provide an opportunity for team-based learning.

*Confidentiality is an ethical issue we will not want to violate in the seminar. The discussions occurring within the seminar should stay within the bounds of the seminar. Fellows are advised to maintain their social work oath of confidentiality. Therefore, we should not discuss any information pertaining to another fellow's case with anyone --including family, roommates, significant others, or any other individual(s) who are not in the Baker Fellowship program. The School of Social Work and the Pittsburgh community is very small (*See NASW Code of Ethics, 1.07 Privacy and Confidentiality*).

ASSIGNMENT: Develop a Case Study/Caselet

In a few paragraphs, describe a challenging situation you have recently faced or are currently facing in your field placement. **You will have 9 or more members in your group and are expected to email your case to the Program Manager prior to the seminar.** Your group will meet in person or via a Zoom breakout room.

If you would like to distribute your case in advance of the seminar to allow your group to reflect on your case, please do. This is highly recommended.

Seminar: Please allow ample time for your group to read your case and questions. Each presenter will have approximately 20 minutes to discuss the case with the small group and takeaways from each group will be shared with the entire group at the end of the seminar. **After the seminar and group discussion, add your take-away points/findings to your case and submit it via email by April 20, 2022.**

The case may focus on a client, supervisor, co-worker, policy, etc. It might involve an individual or a group. There are several reasons why the situation may be challenging:

- The case is unusual.
- You have questions as to how to handle the case--New situation? New population? Ethical questions?
- The demands, conditions, or facts are complicated.

INSTRUCTIONS:

1. Choose an interesting situation

2. Treat delicate matters likewise
3. Do not use names or identifiers
4. Have specific questions for your readers/ colleagues to discuss. **(Remember these questions are to help you discuss why the case is challenging for you with your colleagues. They are not to be questions to which you already know the answers or “quiz questions”.)**

A non-clinical case should:

1. Identify the people involved: may use job titles (no names) and describe each person’s age, gender, years in current position, and/or any other relevant characteristics, while maintaining anonymity.
2. Describe the nature of the situation.
3. Identify the dilemma
4. Ask clear and focused questions (How can your colleagues assist you? Not “quiz questions”)

A clinical case should:

1. Identify demographics (Demographics may include the client’s age, gender, relationship status, ethnicity, occupation, length of employment, age, and gender of any children. **Please maintain the anonymity of the client. See *NASW Code of Ethics, 1.07 Privacy and Confidentiality*).**
2. Present the psychosocial history
3. List prescribed medications/street substances
4. Detail family history (if available)
5. Clarify presenting problem (The presenting problem is the reason why the person is receiving services. The presenting problem can also be called the client’s chief complaint.)
6. Explain treatment goals and objectives
7. Mention exams, if any.
8. Specify other relevant details. (Is/Was the client in crisis? Are there any issues that are difficult for you to remain objective and focused on the client’s concerns?)
9. Ask clear and focused questions related to the presenting problem.

Non-Clinical Case Example³:

I am interning with families and children in an outpatient setting. Yesterday at the Agency, a 40-year-old Latina woman, Ms. J applied for a job as a social worker. Four years earlier, when I was in the BASW program, I had seen Ms J as a client while interning for an emergency service agency providing mental health treatment to adults.

My contact with Ms J was brief. She was admitted to the in-patient service unit as her condition was deteriorating. Ms J told me she was a social worker with an MSW and had been in and out of mental health treatment for many years. I located her chart, noted that she was previously diagnosed with chronic depression I completed the basic paperwork for admission, consulted with the admitting psychiatrist, and took her to the in-patient ward. The admission process simple and routine; Now, Ms J has come for a job interview at the Agency. I am not involved in personnel nor employment decisions. My supervisor, who is the Director of Social Services the attending psychiatrist, and the Executive Director make employment decisions.

What should I do with the knowledge I have about Ms. J? Obviously, the Code of Ethics should be a guide in such decisions. Yet, I am faced with an uncomfortable dilemma--an ethical dilemma for which I do not see any clear answer.

Questions for Discussion:

1. Is it appropriate to discuss the issues with my co-workers? If yes, under what circumstances should such issues be discussed, formally or informally?

2. Should I discuss this with my supervisor? In this instance, my supervisor is also the person in charge of hiring.

Clinical Case Example 1⁴:

Ms. L and her son came to my field placement site. Ms. L is an 83-year-old, African American woman who now lives alone with her small dog and her two cats. Her husband died two years ago after a painful experience with lung cancer. She had cared for him in the home where they lived for 48 years. She and her husband were very close and had a deep and joyful relationship. Caring for him as he died was very difficult for her, both emotionally and physically. Her grief was severe, and she continues to have episodes of great sadness and tears. Her family has tried to keep her busy and engaged. Her pets are great company for her and have been a motivating factor for getting through some of her most difficult days.

Ms. L has a few health problems that she has been managing well. She suffers from arthritis of the hip and back and has some circulation problems associated with late onset diabetes. She takes several medications to manage these health issues. She cooks and cleans and goes out with neighbors or one of her family members to shop and run errands.

Some of the neighbors have noticed that Ms. L has been out walking without her dog, which is very unusual. They have called Ms. L's children to let them know, on several occasions, they have seen her wandering around in the neighborhood after dark and have helped her home.

When her son came to see her, Ms. L seemed to take an especially long time to come to door. She was reluctant to let him in the house, not recognizing him. She was tearful and distraught. She seemed overwrought with worry, agitation and distraction. Ms. L was not making sense when she did speak and seemed confused. When she went to get a drink to serve her son, she was uncertain about where she kept her glasses. Her son noticed that his mom, who is normally organized about her medications, had several bottles open on the kitchen table. He realized that she was perspiring and flushed.

Questions for Discussion

1. What signs and symptoms should I be identifying?
2. How should I go about conducting a full assessment of Ms. L? (Identify assessment instruments and provide a rationale for their use.)
3. What racial, ethnic, or gender issues should I consider in my assessment and treatment plan?

Clinical Case Example 2:

(written by previous Baker Fellow for this assignment)

L.A. is a 77-year old African American female who lives alone in Pittsburgh. She has two adult children. Her son appears to have some cognitive issues and reports that he visits his mother once a month. Her daughter lives in Colorado and is patient's POA. The children's father lives in a nursing home in Pittsburgh.

The patient had not been seen in primary care for over a year and when she presented her PCP noted worsening dementia and uncontrolled diabetes. Patient reported that she takes insulin, but it had not been refilled for several months. She stated that she got a couple of hours of in-home care each week. At this initial visit her PCP placed a referral for home health care.

Over several months the patient presented to the ED multiple times with elevated blood glucose levels, but often did not follow-up with primary care as recommended. When patient does come to primary care appointments it is

usually when her daughter is in town. Patient refuses to go to a SNF or to move to Colorado so that her daughter could take care of her. She states, “I was born in Pittsburgh and I’m going to die in Pittsburgh.” Patient’s daughter is also resistant to a nursing home because she believes that a nursing home was responsible for her father’s worsening health.

Social work attempted to connect patient to community supports, including the Area Agency on Aging and the AHN Mobile Integrated Health program. However, patient does not follow-up with providers, even if she is agreeable to referrals while in the office. Patient gets meals from Mom’s Meals, but her home health nurse noted that these meals are piling up in her freezer. Patient is also inconsistent in allowing people into her home and often refuses home health entry. Following reports from home health of expired medications in the home and continued dangerously elevated blood glucose levels, social work filed an APS report.

APS recommended that patient enroll in LIFE Pittsburgh. Patient is dual-eligible and would receive these services for free because she has MA. When this was discussed with patient, she was hesitant. Patient’s daughter (POA) was also initially unsure, because this requires patient to transfer from her current PCP. However, in a family meeting both patient and patient’s daughter agreed to try LIFE Pittsburgh. A LIFE Pittsburgh intake worker did an initial assessment with patient, but AAA needs to do an eligibility test to ensure she can enroll. AAA has been unable to contact patient and the referral has been closed several times because of this.

Questions for Discussion:

1. What should the next course of action be for the social worker?
2. Are there any techniques that could be used when communicating with the family to alleviate their concerns regarding transition to a higher level of care?
3. How does self-determination play into the patient’s right to refuse care? Is this a situation where her self-determination should be limited?
4. Are there any other resources that the patient or her family should be connected to?

References

¹ Gilgun, Jane F. “A Case for Case Studies in Social Work Research.” *Social Work*, vol. 39, no. 4, 1994, pp. 371–380.

² Reproduced from *50 Case Studies for Management and Supervisory Training*, by Alan Clardy, Ph.D., Amherst, MA: HRD. Press, 1994, 2008.

³ THE NEW SOCIAL WORKER, Winter 2001, Vol. 8, No. 1.

⁴ Treatment Team Case Assignment, California State University, Sacramento, Division of Social Work.

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Baker Fellowship Case Study Groups

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2021-2022

November 3, November 10, & March 23 (TBD)

GROUP 1:

Name	Case Study Presentation	Field Healthcare Site
Asher Warchal	11/3/2021 (A)	AHN Positive Health Clinic
Ashley Smith	11/3/2021 (A)	Magee Women's Hospital
Erin McGann	11/3/2021 (A)	CHP Adolescent and Young Adult Medicine
Malaysia Dorsett	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh
Helen Hunt	11/10/2021 (B)	UPMC Total Care IBD
Kevon Purdie	11/10/2021 (B)	Allegheny General Hospital
Naomi Lusk	3/23/2021 (C)	Southwood Psychiatric Hospital
Madison Eveland	3/23/2021 (C)	University of Pittsburgh at Greensburg Counseling Center
Scott Foor	3/23/2021 (C)	UPMC Children's Pine Center

GROUP 2:

Name	Case Study Presentation	Field Healthcare Site
Cheyenne Neuenschwander	11/3/2021 (A)	Magee Women's Hospital
Aubrey Snyder	11/3/2021 (A)	CHP Adolescent and Young Adult Medicine
Alyssa Quiray	11/3/2021 (A)	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington
Shayla Preston	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh

Noelle Pool	11/10/2021 (B)	West Penn Hospital
Victoria Reich	11/10/2021 (B)	Greentree Medical Associates
Erin N. Sullivan	11/10/2021 (B)	Latterman FHC McKeesport
Kathryn Chestnut	3/23/2021 (C)	UPMC St. Margaret Hospital
Andy Goldberg	3/23/2021 (C)	The Charte Center

GROUP 3:

Name	Case Study Presentation	Field Healthcare Site
Kelsey Reich	11/3/2021 (A)	Magee Women's Hospital
Daniel Patel	11/3/2021 (A)	St. Presbyterian Shadyside Hospital
Emily Lawrence	11/3/2021 (A)	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington
Lauren Roberts	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh
Sophia Lucente	11/10/2021 (B)	Allegheny General Hospital
Caleigh Dunlevy	11/10/2021 (B)	UPMC Presbyterian Hospital
Helen Thurtle	3/23/2021 (C)	TBD
Julie Balewski	3/23/2021 (C)	UPMC Magee-Women's Hospital
Jessica McKelvey	3/23/2021 (C)	UPMC Western Psychiatric Hospital