

# Guidelines for Case Study Development

The following six components are recommended for inclusion in all case studies designed for use in assessing student competency in the Council on Social Work Education (CSWE) Practice Education project: setting, demographics, presenting problem, brief background of substance use and change attempts, current symptoms and use, and personal and contextual factors. An additional section below describes how students apply knowledge obtained in their courses to the case study for competencies requiring synthesis of information contained in multiple sections of the case study (C4, C5, C9).

## Setting

For the purpose of the case study, the student will encounter the client in an outpatient setting. In their role, the student will be responsible both for assessing the client and implementing the intervention they select.

## Demographics

Describe the demographic characteristics of the client, particularly those that may affect substance use and trajectory of use, drug of choice, access to treatment, or intervention selection and efficacy (C2). The demographic characteristics should also lend themselves to students' identification of systemic factors that affect substance use or receipt of intervention (C3). These characteristics may include family status, geographic or context, gender, gender identity, age, race or ethnicity, cultural background, disability and ability, sexual orientation, economic or insurance status, immigration status, history of trauma, religious

or spiritual orientation, tribal sovereign status, or previous military service. Factors included should also reflect a stigmatized characteristic for which students typically struggle to maintain a neutral perspective or a strengths-based approach (e.g., substance use during pregnancy, sex work, driving while intoxicated, dropping out of or quitting previous interventions or change attempts). (C1)

## Presenting Problem

Describe what precipitated the client engaging with your student. For example, was the client's engagement voluntary or involuntary? If voluntary, did they engage under duress, such as pressure from a family member, partner, or employer? What is the client's perception of their own substance use and their emotional state? This section should provide clues as to the motivation of the client (both internal and external) and where the student should start to engage the client. (C6) This section may also provide initial clues to risk and protective factors that might shape engagement and intervention process (e.g., insight into their substance use as being problematic, healthy relationships that the client cares about, maintenance or loss of employment). (C7)

## Brief Background of Substance Use and Change Attempts

Provide a synopsis of the history of substance use including age at first use, duration of use, any relevant factors that coincided with the start and acceleration of use (e.g., mental health

symptoms, loss of employment, trauma, influence of peer group, other co-occurring problems). (C8) This history should also be consistent with the demographic factors previously outlined. (C2) Summarize any previous interventions or attempts to reduce or cease use that may assist in gauging problem severity (C7) and shaping or informing intervention recommendations. (C8)

## Current Symptoms and Use

Describe the client's current substance use, including frequency, amount, substance types, mode of administration, and relevant patterns of use. Summarize any symptoms of use, such as adverse effects on mental or physical health and other consequences the client might be experiencing as a result of substance use. Include enough information that students can roughly match the data to the eleven DSM-5 criteria for substance use disorder (e.g. increased tolerance,

withdrawal symptoms, or impact on social, family, and employment domains). (C7)

## Personal and Contextual Factors

Summarize other personal and contextual factors that may affect the course of intervention (e.g., the outcome goals or significant others to be included in services) or referrals that might be made. (C9) The description should identify both protective and risk factors. Personal factors might include information such as co-occurring mental health symptoms not previously described, strengths of the client, or positive leisure activities. Contextual factors should also focus on protective and risk factors that affect substance use and success of recovery. This might include information such as the presence or absence of structure (e.g., employment or other daily commitments), the health of familial and social relationships, availability of the substance of choice, and recovery support systems.

## Application of Additional Competencies

(C4): Students will combine knowledge of available assessments, their application, and psychometric properties to the case study information provided on demographics (demographics) and substance use (brief background of substance use and change attempts; current symptoms and use). They will combine knowledge of evidence-supported interventions with case study information presented on demographics (demographics), drug of choice (current symptoms and use); problem severity (brief background of substance use and change attempts, current symptom and use), and protective and risk factors (presenting problem; personal and contextual factors). Students will cite relevant peer-reviewed literature.

(C5): Students will combine their knowledge of organizational practices and local service systems to identify proposed changes that address client needs, using case study information on: the client's characteristics (demographics), substances used (current symptoms and use), and protective and risk factors that are a high priority to address (personal and contextual factors).

(C9): Students will combine knowledge of measurement principles and tools with information in the case study on individual characteristics (demographics), individual priorities and immediate concerns (presenting problem), drug of choice (current symptoms and use), and the risk and protective factors present (personal and contextual factors).

# Case Study Analysis

## General Instructions

Managing personal biases and using a strengths-based perspective, describe your approach to working with the client. Please use person-first, nonstigmatizing language throughout. (C7)

## Engagement and Assessment

Describe your proposed engagement and assessment process with the client. Consider:

- What stage of change is the client in? What barriers to engagement might you encounter? How will you address them by using motivational interviewing and other strategies? (C6)
- What cultural, environmental, and developmental factors may be affecting the client's substance use? (C2) Consider individual strengths (C7), along with other protective and risk factors. How may these factors affect the client's recovery? (C2)
- What systemic cultural, economic, and environmental factors are present that may positively or negatively affect the client's substance use and recovery? (C3)
- What formal assessments would you use? (C7) Explain your reasons for selecting these assessment tools, including the client's characteristics (C2), the drug of choice, the psychometric properties of the instrument (where applicable), and the evidence-base for the assessment. (C4, C7).
- Summarize your critical evaluation of the client's substance use, including the application of *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5) criteria, groupings of symptoms (e.g., Big 5 or other method), and problem severity. (C7)
- Using a biopsychosocial perspective, what additional information would it be important for you to have to effectively intervene that is not present in the case study? (C7)

## Intervention and Evaluation

Describe your proposed intervention and treatment goals. Consider:

- What level of care would you recommend using the American Society of Addiction Medicine (ASAM) criteria as a guide? (C8)
- What interventions would you apply and why? Consider the client's demographic and other characteristics (C2), problem severity, and drug of choice. (C4, C8) Cite the peer-reviewed literature to justify your selection of the intervention and how it will address the presenting problem (theory of change). (C4)
- What treatment goals would you identify? Consider addressing secondary gains, triggers for use, critical risk factors, and building of recovery capital. (C9)
- How will you know that treatment is successful? What clinical indicators or assessments would you use? (C9)

## Organizational and Policy Recommendations

Based on the above information: make a concrete recommendation for policy or practice procedures in organizations that would serve the client and others with similar characteristics (e.g., gender, race, age, cultural background, economic and insurance status). The organization could be your current or previous field placement, place of employment, or another organization that you are familiar with. Your suggestion may be related to improving prevention efforts, improving assessment or intervention, or supporting long-term recovery and well-being. For example, this might mean changing agency procedures or personnel, expanding interventions and supports offered, or a building a relationship with other organizations or groups. The proposed change should reflect your knowledge of the population represented by the case analysis and how their characteristics, barriers, or experiences affect substance use. (C5)

# Assessment and Intervention Rubric

Please assign a rating on a scale of 1-5 for each competency, with 5 = advanced competence and 1 = pre-competence. The following rubric is intended to assist in anchoring your rating.

	ADVANCED COMPETENCE	HIGH COMPETENCE	COMPETENCE	EMERGING COMPETENCE	PRE-COMPETENCE
<b>Competency 1:</b> <b>Demonstrate Ethical and Professional Behavior</b>  <b>CAP, V</b>	Effectively manages personal biases, uniformly uses a strengths-based perspective, and person-first, nonstigmatizing language.	Manages personal biases, identifies multiple strengths and protective factors, and uses person-first, nonstigmatizing language.	Manages personal biases, identifies some strengths and protective factors, uses person-first and predominantly nonstigmatizing language.	Limited application of strengths perspective, evidence of attempt to address personal biases, and uses some stigmatizing language.	Does not identify any strengths or protective factors. Personal bias evident.  Uses stigmatizing language or projects information not present in case scenario.
<b>Competency 2:</b> <b>Engage Diversity and Difference in Practice</b>  <b>K, CAP, S</b>	Comprehensively applies knowledge of cultural, developmental, and demographic factors to assessment process, selection and delivery of intervention, and support of recovery.	Substantial application of knowledge of cultural, developmental, and demographic factors in the assessment process.  Connects at least two of these to selection and delivery of intervention	Identifies most significant cultural, developmental, and demographic factors in the assessment process and relates at least two of these to selection or delivery of intervention.	Limited identification of relevant cultural, developmental, and demographic factors in the assessment process and no connection to selection and delivery of intervention.	Does not consider developmental, cultural, or demographic factors in the assessment process, selection or application of intervention.
<b>Competency 3:</b> <b>Advance Human Rights and Social, Economic, and Environmental Justice</b>  <b>K, CAP</b>	Comprehensive identification of cultural, environmental and economic factors that promote or inhibit substance use and recovery and explication of connection to these processes.	Above average identification of many cultural, environmental, and economic factors that promote or inhibit substance use and recovery.  Connection of principal factors to substance use and recovery.	Satisfactory identification of principal cultural, environmental, and economic factors.  Connects at least two factors identified to substance use or recovery.	Limited identification of cultural, environmental, and economic factors.  Factors are not clearly connected to substance use and recovery.	Does not identify cultural, environmental, or economic factors that promote or inhibit substance use and recovery.

	ADVANCED COMPETENCE	HIGH COMPETENCE	COMPETENCE	EMERGING COMPETENCE	PRE-COMPETENCE
<p><b>Competency 4:</b> Engage in Practice-informed Research and Research-informed Practice</p> <p>K, CAP, S</p>	<p>Skillful application of peer-reviewed literature to select a standardized instrument and to identify an evidence-supported intervention that matches well the client and presenting problem.</p> <p>Critically reflects on assessment's psychometric properties, and on the strengths and weaknesses of assessment and intervention for the client.</p> <p>Additional factors explored during the assessment process are empirically linked to intervention.</p> <p>Intervention is evidence-supported, with clear summary of theory and research base.</p>	<p>Selects a standardized instrument and intervention that match client and presenting problem.</p> <p>Rationale is presented for selection that includes strengths and weaknesses of the assessment for the client.</p> <p>Substantial application of the peer-reviewed literature to select an evidence-supported intervention. Some additional factors explored during assessment are empirically linked to intervention.</p> <p>Theory of intervention is addressed.</p>	<p>Selects a standardized instrument that matches the client and presenting problem. Some evidence-supported rationale is presented for selection. At least one additional factor for exploration during assessment is selected and empirically linked to intervention.</p> <p>Satisfactory summary of theory of intervention and research that supports efficacy of intervention and its application to presenting problem.</p>	<p>Selects an assessment or intervention that is not best fit for either the client or the presenting problem. Additional factors explored during assessment are not empirically connected to intervention.</p> <p>Limited explication of theory. Some peer-reviewed citations are included, but do not appear to be thoughtfully gathered or applied.</p>	<p>Rationale for selection of assessment is not addressed. Assessment selected is not standardized or is inappropriate for case scenario. Theory of intervention or research base is missing</p>
<p><b>Competency 5:</b> Engage in Policy Practice</p>	<p>Suggestion for organizational change is feasible and well-detailed. It is linked to evidence-supported knowledge of population-specific factors that affect engagement, assessment or intervention. Connection to theory of substance use is evident.</p>	<p>Suggestion for organizational change is detailed and linked to at least one population-specific factor. Connection to theory of substance use is evident.</p>	<p>Suggestion for organizational change is sufficiently detailed and linked to theory of substance use.</p>	<p>Suggestion for organizational policy change is made but is not clearly linked to theory of substance use or organizational practices.</p>	<p>Suggestion for organizational policy change is missing or unclear.</p>

	ADVANCED COMPETENCE	HIGH COMPETENCE	COMPETENCE	EMERGING COMPETENCE	PRE-COMPETENCE
<p><b>Competency 6:</b> <b>Engage With Individuals, Families, Groups, Organizations, and Communities</b></p> <p>K, CAP, S</p>	<p>Comprehensively identifies potential barriers to engagement and provides potential responses.</p> <p>Demonstrates knowledgeable application of principles of motivational interviewing (MI) to engage client and increase motivation.</p>	<p>Identifies multiple potential barriers and offers more than one tool for responding.</p> <p>Demonstrates good application of principles of MI to significant features of case scenario.</p>	<p>Demonstrates awareness of some potential barriers to engagement and offers at least one response.</p> <p>Demonstrates knowledge of MI principles and evidences some application to case scenario.</p>	<p>Demonstrates awareness of one potential barrier that may be present, but does not offer any responses. MI is addressed, but principles are not applied to case scenario.</p>	<p>Does not identify potential barriers to engagement or pathologizes barriers present and does not present responses.</p> <p>Application of MI principles is missing or not explicated.</p>
<p><b>Competency 7:</b> <b>Assess Individuals, Families, Groups, Organizations, and Communities</b></p> <p>K, CAP, S</p>	<p>Identifies standardized assessments that are best fit for substance and individual characteristics. Clear application of DSM criteria to symptoms and grouping of symptoms (e.g., Big 5).</p> <p>Identifies clinically significant additional information that may be needed and how it may be used in treatment planning.</p>	<p>Identifies standardized assessment that is best fit for substance and individual characteristics. Clear application of DSM criteria to symptoms and some grouping of symptoms.</p> <p>Identifies at least one clinically significant additional area for assessment and provides rationale for assessment.</p>	<p>Standardized assessment selected is good fit for substance and individual characteristics. DSM criteria are applied, with some identification of types of symptoms.</p>	<p>Assessment selected is not the best fit for the substance and individual characteristics. DSM criteria are addressed minimally without grouping of symptoms. Limited additional information that may be needed is identified but clinical significance is not explicated. Clear connection of assessment data to be collected to intervention planning is not made.</p>	<p>Assessment selected is not appropriate for substance or individual characteristics, or student confuses screening and assessment functions. DSM criteria are missing and problem severity is not addressed or not supported by case information. No connection is made between assessment and intervention planning.</p>
<p><b>Competency 8:</b> <b>Intervene With Individuals, Families, Groups, Organizations, and Communities</b></p> <p>K, CAP, S</p>	<p>Intervention is culturally and developmentally appropriate, matched to problem severity, drug of choice, and client's risk and protective factors. ASAM criteria are clearly linked to appropriate level-of-care recommendation.</p>	<p>Intervention is culturally and developmentally appropriate, matched to problem severity and drug of choice. All critical risk factors are addressed along with at least one modifiable protective factor. ASAM criteria are linked to appropriate level-of-care recommendation.</p>	<p>Intervention is culturally and developmentally appropriate and is satisfactorily matched to problem severity and drug of choice. Most individual risk factors are addressed. Level-of-care recommendation is on target.</p>	<p>Intervention is not matched to at least one of the following: culture or developmental stage of client, problem severity, or drug of choice. There is limited consideration of individual risk and protective factors.</p> <p>ASAM criteria are minimally addressed.</p>	<p>Intervention is not matched to client, problem severity, or drug of choice in critical ways.</p> <p>ASAM criteria are not addressed or level-of-care recommendation is not appropriate.</p>

	ADVANCED COMPETENCE	HIGH COMPETENCE	COMPETENCE	EMERGING COMPETENCE	PRE-COMPETENCE
<b>Competency 9:</b> <b>Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities</b> <b>K, CAP, S</b>	Treatment goals address critical risk and protective factors and are aligned with the intervention selected, recovery-focused, and measurable. Uses a combination of subjective and objective indicators to assess treatment progress.	Treatment goals address all critical factors and at least one protective factor. Goals are aligned with the intervention, and are concrete and measurable with at least two indicators identified.	Treatment goals are clearly stated and satisfactorily address all critical risk factors of case presentation. At least one form of measurement is clearly described, along with indicators.	Treatment goals are identified but may not address at least one critical risk factor of case presentation. Measurement is minimally addressed, but greater specificity is needed.	Treatment goals are not clearly identified or do not address critical concerns of case presentation. Measurement is absent or inadequately matched to treatment goals.

## Social Work Competencies Specified in CSWE EPAS\*

- Competency 1 (C1): Demonstrate Ethical and Professional Behavior
- Competency 2 (C2): Engage Diversity and Difference in Practice
- Competency 3 (C3): Advance Human Rights and Social, Economic, and Environmental Justice
- Competency 4 (C4): Engage in Practice-Informed Research and Research-Informed Practice
- Competency 5 (C5): Engage in Policy Practice
- Competency 6 (C6): Engage with Individuals, Families, Groups, Organizations, and Communities
- Competency 7 (C7): Assess Individuals, Families, Groups, Organizations, and Communities
- Competency 8 (C8): Intervene with Individuals, Families, Groups, Organizations, and Communities
- Competency 9 (C9): Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

\*See Council on Social Work Education (CSWE) (2015) Educational Policy and Accreditation Standards, p. 7-9.