CENTRAL TEXAS COLLEGE
MENTAL HEALTH SERVICES DEPARTMENT
SYLLABUS FOR
SOCW 2361 INTRODUCTION TO SOCIAL WORK

Semester Hours Credit: 3
48 Contact Hours

INSTRUCTOR: _______________________________

OFFICE HOURS: __________________________

I. INTRODUCTION

A. This course is a study of the development of the philosophy and practice of social work in the United States, and a survey of the fields and techniques of social work.

B. This course is required to meet the curriculum requirements for the Central Texas College Associate in Applied Science Degree in Mental Health Services with a Social Work specialization.

C. This course is occupationally related and serves as preparation for jobs in the social work field. This course provides Related Education Hours as defined by the Texas Department of State Health Services (DSHS).

D. Alphanumeric coding used throughout the syllabus denotes the integration of SCANS occupational competencies (C) and Foundation skills (F).

II LEARNING OUTCOMES

Upon successful completion of this course, Introduction to Social Work, the student will:

A. Develop knowledge of the philosophy and practice of social work in the United States. (F1, 2, 5-17; C1, 3-20)

B. Acquire knowledge of the survey of the fields and techniques of social work. (F1-17; C1-20)

C. Meet the Social Work Competencies and Practice Behaviors;
   1. Apply critical thinking skills in order to arrive at well reasoned judgment in all areas of the practice of social work, by demonstrating critical thinking skills as they relate to social problems and the development of social welfare systems that are designed to promote social and economic justice and promote respect for diversity.
   2. Participate in value guided practice and acquire skills in resolving ethical dilemmas, by evaluating the influences that have shaped the profession ad
demonstrate the use of social work values and ethics as they apply to
generalist social work practice.

3. Understand the social, political, and economic forces that deny justice to
oppressed people and the strategies that work toward social and economic
justice by:
   a. Understanding the role of the social welfare delivery system in
      promoting social and economic justice.
   b. Understanding the forms and mechanisms of oppression and
discrimination contributing to current social problems and the
      responses to advance social and economic justice to populations at
      risk.
   c. Understanding the barriers in the social welfare delivery system that
      prevent social functioning.

4. Gain knowledge of the uniqueness of the professions of social work and the
delivery of social services by:
   a. Understanding the historical development of the social welfare
      institution and evaluate agencies within the context of social change.
   b. Understanding the role of the social work profession in relation to the
      U.S. social welfare system.
   c. Understand the federal, state, and local human service delivery
      systems and their agencies.

5. Acquire working knowledge of service delivery to rural and small town
population with special emphasis on Latino populations in Texas by
appreciating the role of the strengths perspective and the generalist social
work practice model as it relates to special populations in the U.S. and Texas.

**Program Threads and SCANS Competencies**

The curriculum content in all Mental Health Services courses are organized around five general
content areas known as program threads.

*Program Threads:* Communication
   Legal and Ethical Practices
   Effective Helping
   Diversity
   Critical Thinking

These threads are used to formulate content, connect one course of study to another, and provide a
structure for evaluation of basic professional skills.

The Secretary’s Commission of Achieving Necessary Skills (SCANS), U.S. Department of Labor,
was formed “to encourage a high-performance economy characterized by high-skills, high-wage
employment.” Representatives from education, business, labor, and government identified the five
competencies that are necessary in the work place.
Programs in the Mental Health Services Department are organized around these competencies and the three part foundational skills that the competencies are based on. Learning Activities and outcomes which relate to the SCANS Competencies are identified either in the Learning Guide, or in the syllabus with C1-20 and/or F1-17.

The competencies C1-20 include:

- **Resources**: identifies, organizes, plans, and allocates resources (C1-C4).
- **Information**: acquires and uses information (C5-C8).
- **Interpersonal**: works with others (C9-C14).
- **Systems**: understands complex interrelationships (C15-C17).
- **Technology**: works with a variety of technologies (C18-C20).

The foundation competencies F1-F17 include:

- **Basic Skills**: reads, writes, performs arithmetic and mathematical operations, listens and speaks (F1-F6).
- **Thinking Skills**: thinks creatively, makes decisions, solves problems, visualizes, knows how to learn, and reasons (F7-F12).
- **Personal Qualities**: displays responsibility, self-esteem, sociability, self-management, integrity, and honesty (F13-F17).

### III. INSTRUCTIONAL MATERIALS

A. The instructional materials identified for this course are viewable through [www.ctcd.edu/books](http://www.ctcd.edu/books)

B. Other Supplemental Instructional Material, as directed by the instructor:
   2. Journal articles from the professional social work literature.
IV. COURSE REQUIREMENTS

A. Reading Assignment: It is suggested that the student first read the learning outcomes in the syllabus and then the assigned required readings which are detailed in the Daily Plan and course Learning Guide.

B. Projects, Oral Reports, Case Studies, Book Reports, Research Papers: Assigned written work is detailed in the Course Outline, on the Daily Plan and in the course Learning Guide. All assigned work must be submitted on time. No late papers will be accepted. The due dates are noted on the daily plan, or as stated by the instructor.

C. Class Performance: Students are required to: attend class regularly; be on time and to stay the whole class period; or an absence will be recorded. Students may be administratively withdrawn from class when their absences exceed a total of four (4) class meetings for a 16 week semester, three (3) class meetings for an 11, 8 or a 6 week semester, or if absences prevent the meeting of course objectives. See the current Central Texas College Catalog for details.

D. Class Participation: Students are required to be prepared for classroom discussions, unannounced quizzes, and exams. The student should be prepared to participate in all classroom group activities and assigned community, library and Web activities as they relate to meeting the course objectives.

E. Submitting Written Assignments: All assigned work must be submitted on time. No late papers will be accepted. The due dates are noted on the daily plan, or as stated by the instructor.

V. EXAMINATIONS

A. There will be a minimum of three major examinations. Examinations will be essay, multiple choice, true/false, or short answer.

B. A student must be present for all examinations. No make-up examinations will be scheduled; alternative arrangements must be made with the instructor individually PRIOR to the exam date. Unexpected absences due to illness or extenuating circumstances will require the students to see the instructor individually as a soon as possible.
VI. SEMESTER GRADE COMPUTATIONS

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
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<tbody>
<tr>
<td>Exam I</td>
<td>100</td>
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<tr>
<td>Exam II</td>
<td>100</td>
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<tr>
<td>Service Learning</td>
<td>100</td>
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<td>Discussion Assignments</td>
<td>100</td>
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<tr>
<td>Written Assignments</td>
<td>400</td>
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<tr>
<td>Final Project</td>
<td>200</td>
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<td>Total</td>
<td>1000</td>
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A student must take the final examination to receive a grade for the course.

NOTE: Please see Daily Plan for assignments and due dates.

<table>
<thead>
<tr>
<th>Numerical Grade</th>
<th>Letter Grade</th>
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<tbody>
<tr>
<td>90-100</td>
<td>A</td>
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<tr>
<td>80-89.9</td>
<td>B</td>
</tr>
<tr>
<td>70-79.9</td>
<td>C</td>
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<tr>
<td>60-69.9</td>
<td>D</td>
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<td>Below 60</td>
<td>F</td>
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NOTE: The faculty reserves the right to adjust a student's grade for instances of disruptive/uncivil classroom behavior.

<table>
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<tr>
<th>Final Grades</th>
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<tbody>
<tr>
<td>A= 90-100</td>
<td>Excellent attendance and participation. Extensive knowledge and understanding of concepts and processes. Creative linkage in tests, discussions, and papers of class content to information gained outside class. Excellent contribution to individual and group effort.</td>
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<tr>
<td>B=80-89.9</td>
<td>Good attendance and participation. Broad knowledge and understanding of concepts and processes. Linkage in tests, discussions, and papers of class content to information gained outside class. Good contribution to individual and group effort.</td>
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<tr>
<td>C=70-79.9</td>
<td>Fair attendance and participation. Adequate knowledge and understanding of concepts and processes. Summarizes and paraphrases assigned material accurately in tests, discussions, and practice notebook. Limited contribution to individual and group effort.</td>
</tr>
<tr>
<td>D=60-69.9</td>
<td>Limited attendance and participation. Basic knowledge or understanding of concepts and processes. Limited ability to summarize or paraphrase assigned material in tests, discussions, and papers. Limited contribution to individual and group effort.</td>
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</tbody>
</table>
| F=0-59.9         | Minimal attendance and participation. Little or no knowledge or understanding of concepts and processes. Unable to summarize or
VII. NOTES AND ADDITIONAL INSTRUCTIONS FROM COURSE INSTRUCTOR

A. Course Withdrawal: It is the student’s responsibility to officially withdraw from a course if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file a Central Texas College Application for Withdrawal (CTC Form 59). The withdrawal form must be signed by the student.

CTC Form 59 will be accepted at any time prior to Friday of the 12th week of classes during the 16-week fall and spring semesters. The deadline for sessions of other lengths is:

- Friday of 3rd week for 5-week courses
- Friday of 4th week for 6-week courses
- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin.

A student who officially withdraws will be awarded the grade of “W” provided the student’s attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal.

A student may not withdraw from a class for which the instructor has previously issued the student a grade of “F” or “FN” for nonattendance.

B. Administrative Withdrawal: An administrative withdrawal may be initiated when the student fails to meet College attendance requirements. The instructor will assign the appropriate grade on CTC Form 59 for submission to the registrar.

C. Incomplete Grade: The College catalog states, “An incomplete grade may be given in
those cases where the student has completed the majority of the course work but, because of personal illness, death in the immediate family, or military orders, the student is unable to complete the requirements for a course . . .” Prior approval from the instructor is required before the grade of “I” for Incomplete is recorded. A student who merely fails to show for the final examination will receive a zero for the final and an “F” for the course.

D. Cellular Phones and Beepers: Cellular phones and beepers will be turned off while the student is in the classroom or laboratory.

E. Americans With Disabilities Act (ADA): Disability Support Services provides services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Review the website at www.ctcd.edu/disability-support for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. Instructor Discretion: The instructor reserves the right of final decision in course requirements.

G. Civility: Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. Discrimination Policy: Central Texas College District does not discriminate in admissions or access to, or treatment or employment in, its programs and activities on the basis of race, color, religion, national origin, gender, disability, age or veterans’ status.
VIII. COURSE OUTLINE

A. MODULE 1: Understanding Social Work and Social Welfare

1. **Learning Objectives:** Upon successful completion of this module the student will be able to:
   - Discuss the historical context of social welfare and its impact on present day social welfare challenges.
   - Discuss and explain the value base of social welfare and social work.
   - Define social work and its relationship to social policy.
   - Explain social work in the context of conservatism and liberalism.
   - Explain and discuss the interrelatedness of the social work profession and apply Micro, Mezzo, Exo and Macrosystem practice to social welfare problems.
   - Explain different types of social work practice settings and employment opportunities in the field of social work. (Social Work Education and Degrees and Licensing levels)
   - Discuss the core competencies of Social Work.
   - Explain the knowledge, skills and value base of social work practice.
   - Compare social work roles with individuals, groups, families, communities and organizations
   - Understand and discuss the Ecological/Systems Perspective.

2. **Learning Activities**
   a) Read in the *Social Work and Social Welfare: An Introduction* Chapters 1, 2, and 3 (F1, 7-14, 16-17; C1,3,5-7)
   b) Review the Lecture for Chapters 1, 2,and 3 (hint: it may help if you review the power point lecture as you are reading your chapters) (F1-17; C1-20)
   c) Define, correctly use and apply the Key Words and Concepts noted at the end of each chapter. (F1-2, 7-14, 16-17; C1, 3, 5-7)
   d) Discussion Assignment: (F1-17;C1-20) Based on what you have learned about conservative, liberal, and independent political positions compare and contrast their views with the methods and goals of social work. You may have to utilize reputable sources other than your text to fully answer the question. Please be thorough in your response and comment on two of your classmates’ responses in order to receive full credit.
   e) Written Assignment: Select a social issue of interest to you and discuss the role of the generalist social worker as it relates to the issue. Example: On the issue of poverty, how does the social worker advocate on the micro, mezzo, exo, and macro level. Select at least 7 of the 13 roles to discuss in the paper. You will find the list of roles on page 33 of your text in box 2.3.

B. MODULE 2: Social Work Practice: Methods of Intervention Chapter 5.

1. **Learning Objectives:** Upon successful completion of this module the student will be able to:
   - Define and explain the generalist practice.
   - Describe and understand the social worker and client relationship.
   - Define the strengths and empowerment perspective.
   - Define and understand the strategies of generalist practice.
   - Describe and define practice theories and skills as it relates individuals and families.
   - Describe and define social work intervention with families.
   - Explain practice theories and skills with groups.
   - Understand practice effectiveness with individuals, families, and groups.
   - Understand social work practice at the BSW and MSW.
2. Learning Activities
   a) Read in the textbook chapter 5 (F1,7-14, 16-17; C1, 3, 5-7)
   b) Review the Lecture for Chapter 5 (hint: it may help if you review the power point lecture as you are reading your chapters) (F1-17; C1-20)
   c) Define, correctly use and apply the Key Words and Concepts noted at the end of each chapter. (F1-2, 7-14, 16-17; C1, 3, 5-7)
   d) Complete your assignments for this module and turn in no later than the due date assigned. (F1-17; C1-20)
   e) Discussion Assignment: Compare and contrast the frameworks of social work noted in the article. http://depts.washington.edu/lend/seminars/modules/socialwork/history.htm
   f) Written Assignment: Please complete the case study review form provided by your instructor. Ensure you complete the form as completely as possible. A rubric is attached to assist you in completing the form for maximum points. In summary, discuss how what you learned in your reading contributes to the resolution of the case study and address any challenges that may be prevalent in your specific community (ie limited or no resources/language or cultural barriers)

C. MODULE 3 Fields of Practice and Populations: Poverty, Mental Health, and Health Care Chapters 7, 8, and 9

1. Learning Objectives: Upon successful completion of this module the student will be able to:
   - Discuss the views, nature, and current strategies for addressing poverty
   - Discuss the composition of the homeless populations.
   - Discuss the role of social workers in the fight against poverty.
   - Define Mental Health and Mental Illness.
   - Explain and discuss types of Mental Health problems.
   - Discuss developmental disabilities.
   - Discuss changing views toward mental health challenges including substance abuse.
   - List and discuss availability of resources for mental health issues.
   - Discuss the evolution of health care in America
   - Discuss major health problems
   - Discuss the role of social work in the delivery of health services.

2. Learning Activities
   a) Read in the textbook chapters 7,8, and 9 (F1,7-14, 16-17; C1, 3, 5-7)
   b) Review the Lecture for Chapters 7, 8, and 9 (hint: it may help if you review the power point lecture as you are reading your chapters) (F1,5-17; C1,3-7,9-20)
   c) Define, correctly use and apply the Key Words and Concepts noted at the end of each chapter. (F1-2, 7-14, 16-17; C1, 3, 5-7)
   d) Complete your assignments for this module and turn in no later than the due date assigned. (F1-17; C1-20)
   e) Discussion Assignment: Discuss the problems in defining mental illness or discuss the factors associated with at-risk populations and substance misuse. Please respond to two other classmates in order to receive full credit.
   f) Written Assignment: Research the basic components of the Affordable Health Care Act (Obama Care). Discuss the pros and cons of the act and state whether or not you think it should be repealed. It has been said that once a benefit has been established it is difficult to repeal it. Do you think it should be repealed? If so, why and what would you replace it with or should anything replace it? If not, why not and how can it be more effective?
g) Service Learning Project: Students should complete 10 hours of service. Students may apply for services, ride public transportation, volunteer on a walk-a-thon (heart/cancer/human society etc) – campaign headquarters – attend a city/county/state legislative meeting.

D. MODULE 4: Fields of Practice and Populations: Children, Families, Older Adults, and the Workplace Chapters 11, 12, and 15

1. **Learning Objectives:** Upon successful completion of this module the student will be able to:
   - Discuss aspects of the right to a permanent nurturing family.
   - Define services to children, youth, and families. Discuss the roles of social workers in providing services to children youth, and families.
   - Discuss physiological aging theories.
   - Understand emotional and psychological adaptation to old age.
   - Discuss psychosocial theories of aging.
   - Discuss families and older adults.
   - Discuss services for older adults.
   - Discuss diversity and older adults.
   - Explain how social work is addressing the needs of a diverse workforce.
   - Explain the interaction between the family and workplace settings.

2. **Learning Activities**
   a) Read in the textbook chapters 11, 12 and 15 (F1,7-14, 16-17; C1, 3, 5-7)
   b) Review the Lecture for Chapters 11, 12, and 15 (hint: it may help if you review the power point lecture as you are reading your chapters) (F1-2, 7-14, 16-17; C1, 3, 5-7)
   c) Define, correctly use and apply the Key Words and Concepts noted at the end of each chapter. (F1-2, 7-14, 16-17; C1, 3, 5-7)
   d) Complete your assignments for this module and turn in no later than the due date assigned. (F1-17; C1-20)
   e) Discussion Question: What is the role of a generalist social work practitioner in identifying needs and resources for older adults? Or list four ways the composition of the workplace has changed over the past thirty years and what is the impact of those changes?
   f) Written Assignment: Compare the social theories of aging discussed in chapter 12. What are the strengths and weaknesses of each theory? How does each fit with the systems/ecological framework?
   g) Final Project: Obtain data on the demographics of the US, Texas, or Bell County including gender and ethnicity. Prepare what you found regarding income, education, housing, and employment in a presentation fashion of your choice, (ie. Prezi, Powerpoint, Windows Movie Maker, Clear Slide (Slide Rocket). How does social work impact the issues you discovered, what interventions are necessary to alleviate the issues, what players are necessary to affect change? You may complete the assignment individually or in a group (not more than four persons).
Selected References

Web Sources

Profession:

American Association of State Social Work Boards
www.aasswb.org

Council on Social Work Education
www.cswe.org

National Association of Social Workers
www.socialworkers.org

Theoretical Perspectives in Social Work:

General Practice:

Association for the Advancement of Social Work with Groups (AASWG)
www.dominic.barry.edu/b-kelly/aaswg.htm

Association for Community Organization and Social Administration (ACOSA)
www.bc.edu/bc_org/avp/gssw/acosa.htm

Center for Law and Social Policy
www.clasp.org

Diversity and Social Justice:

Joint Center for Poverty Research
www.jepr.org

National Association of Black Social Workers
www.nynet-ac.com/~nabsw

Gay, Lesbian, Bisexual, and Transgender Caucus
www.geocities.com/WestHollywood/Heights/4168/
Mental Health, Substance Abuse, and Developmental Disabilities:

American Board of Examiners in Clinical Social Work (ABE)
www.abecsw.org

Clinical Social Work Federation
www.cswf.org

Health Care:

American Network of Home Health Care Social Workers
www.homehealthsocialwork.org

Association for Oncology Social Work
www.Biostat.wisc.edu/aosw/aoswhello.html

Society for Social Work Leadership in Health care
www.Sswlhc.org

Needs and Services of Children, Youth and Families:

American Association of Marriage and Family Therapy
www.aamft.org
Case study options for Module Two

CASE 1. THE OLIVARES FAMILY

Joaquín Olivares, a 38-year-old Mexican immigrant, and his 35-year-old wife presented to a family services agency with the complaint of "family problems." The Olivares have been married for twelve years and they have two children (a son aged 6 and a daughter aged 8). They have lived in the U.S. for eight years. He worked as a machine worker in a factory for five years before being recently "laid off." He presently works as a day laborer. Mrs. Olivares works as a housekeeper for a family.

Mr. Olivares complains that his wife has recently started "to nag" him about his drinking. He admits that during the last few months he has increased his intake of alcohol, but denies that this is a problem for him, as he drinks "only on the weekends, and never during the week." He drinks every weekend, but is vague about the actual amount.

Mr. Olivares and his wife speak of the difficulties they experience in living in the U.S. Neither speaks much English. Mr. Olivares admits to being quite worried about his previous lay off, adding that he didn't want to "let the family down" in his responsibilities. As a result, he works long days in order to make ends meet. His weekend drinking is, for him, his way of relaxing, which he feels that he deserves.

1. Identify and sort through the relevant facts presented by the Olivares.
2. Identify the problems, issues, concerns that arise with the Olivares.
2a. How would you classify Mr. Olivares' drinking?
3. Identify the positive and strengths aspects of the Olivares' situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with the Olivares.
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with the Olivares. Be sure that you have a concrete and specific strategy for how you would address alcohol-related issues with the Olivares. Consider what kinds of reactions you might expect from each of the Olivares, and develop a plan for how to respond to them. What kinds of referrals in your practice community would you make and why? What are the intervention goals?
7a. Does the Olivares' original nationality matter to the case?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with the Olivares' situation.
CASE 2. CASEY

Casey, a 24-year-old Caucasian woman, is seeking counseling for anxiety and depression that she attributes to problems in her current relationship. She and her partner have been having an increasing number of arguments recently, typically about Casey's behavior when they go out and about Casey drinking too much.

In response to questions about her use of substances, Casey describes herself as a "social drinker." Her typical pattern is to consume 3-6 drinks during each of 2-3 drinking occasions per week. She began drinking regularly (1-2 times per week) and heavily (to intoxication) at the age of 13, usually in the company of an older cousin or school friends. She continued this pattern through high school but cut back during her first two years of college due to lack of money to buy alcohol and more difficult access.

During her junior and senior years, Casey "came out" as a lesbian to her parents and family. She also resumed drinking heavily. After graduation from college, Casey and her partner of 3 years (Angie, age 24) moved into an apartment together, as both began working full-time. Casey and Angie are "out" at work and with both families of origin.

Casey reports that they both decreased their drinking at this point, due to concerns about their finances and interest in starting their new careers. Both partners gradually increased the frequency and quantity of their drinking, as they became involved with a social group of older (late 30's) lesbians and began routinely going to a gay bar.

1. Identify and sort through the relevant facts presented by Casey.
2. Identify the problems, issues, concerns that arise in Casey's situation.
2a. How would you classify Casey's drinking?
3. Identify the positive and strengths aspects of Casey's situation
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for intervention with Casey. Who should be included in your work with Casey, and why? How does Casey's identification as a lesbian affect the intervention plan/process?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Casey. Be sure that you have a concrete and specific strategy for how you would address alcohol-related issues with Casey. Consider what kinds of reactions you might expect from her, and develop a plan for how to respond to them.
What kinds of referrals in your practice community would you make and why? What are the intervention goals?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Casey's situation.
CASE 3: MARCEL

Marcel is a 21-year-old African-American man, self-referred for inpatient treatment due to drug and alcohol abuse. He is currently unemployed, homeless, and has charges pending due to a number of "bounced" checks written over the past several months. Marcel reports that both of his parents were drug addicts and he experienced physical, sexual, and emotional abuse throughout childhood at their hands. His father died of liver disease at the age of 37. Marcel also reports that at the age of 14, he was kicked out of his family's home because his father suspected that he was gay. Although they live in the same town, he has not had any contact with either parent for 7 years. Marcel describes his relationship with his older sister as "fair." Marcel is not presently involved in a steady relationship, but does have a network of friends in the local gay community with whom he has been staying off and on. At the time that he left home, Marcel survived by becoming involved in sexual relationships with older men, many of whom were also abusive. He has had numerous sexual partners (both male and female) over the past 7 years, has traded sex for drugs and money, has had sex under the influence of drugs and alcohol, and has been made to have sex against his will. Marcel identifies himself as bisexual, not gay. Marcel first used alcohol at age 14, when he had his first sexual encounter with a man. He began using other drugs, including inhalants and marijuana by age 16 and amphetamines and cocaine by age 19. At 21, four months prior to entering treatment, he began using crack.

1. Identify and sort through the relevant facts presented by Marcel.
2. Identify the problems, issues, and concerns that arise in Marcel's situation.
   2a. What are the most immediate and critical assessment needs?
3. Identify the positive and strengths aspects of Marcel's situation
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for intervention with Marcel. Who should be included in your work with Marcel, and why? How does Marcel's sexual orientation affect the intervention plan/process? What is your reaction to his being bisexual? How do Marcel's age and ethnicity figure into the picture?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for practice with Marcel. Be sure you have a concrete and specific strategy for how you would address alcohol-related issues. Consider what kinds of reactions you might expect from him, and develop a plan to respond to them. What kinds of community referrals would you make and why? What are the intervention goals?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Marcel's situation.
CASE 4. SAM

You are part of an ethnographic research team with the goal of helping the U.S. Census Bureau find better ways to count the population of homeless individuals and families. Over 12 months, the team has been closely following 156 households as they move in and out of various homeless situations (see Glasser, 1991). In the course of the project, the team has had over 45 separate recorded contacts with an African American man in his fifties, named Sam. Sam used heroin, cocaine, and alcohol. He suffered from chronic liver disease and various intestinal ailments. He was evicted from public housing because "they didn't like my friends" (referring to the drug dealers) and he was "persona non grata" at the local single room occupancy (SRO) hotel. When the team first met Sam he was sleeping at friends' apartments and in the hotel lobby. A frequent fear of Sam's is that he would fall asleep and be robbed. The research team became advocates in Sam's quest for housing. At the suggestion of a team member, Sam spent several weeks in a local shelter, but the nuns asked him to leave when he wanted to keep his bed, but spent nights outside of the shelter. The team helped him to get a security deposit that was needed for an apartment. One of the team members went to look at rooms with Sam, and after a full ten months, they found a landlord who would accept him. One of the team members, a fourth year medical student, often called the local hospital to find out the results of laboratory tests for Sam. The team also paid for Sam's birth certificate, which he had lost a long time before, but needed for access to some forms of housing.

Through the 12 months of the study period, Sam went from sleeping in lobbies, at friends' places, in a shelter, and finally in his own room. At the end of the 12 months, Sam told the team that he was very worried about his health because he kept passing out. He said that he was not using "a lot" of drugs or alcohol, but he was not abstinent. He still had his own room.

1. Identify and sort through the relevant facts presented by Sam's situation.
2. Identify the problems, issues, and concerns that arise with Sam's situation.
2a. How would you classify Sam's homelessness?
2b. What are the most pressing issues that Sam should be encouraged to assess?
3. Identify the positive and strengths aspects of Sam's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Sam, given your current role.
6. Identify any additional information, research knowledge, or resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Sam. Be sure that you have a concrete and specific strategy for how you would address issues with Sam. Consider the reactions you might expect from Sam, and develop a plan for how to respond. What kinds of referrals in your practice community would you make and why? What are the intervention goals?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Sam's situation.
CASE 5. STEVEN

COZY is a shelter that houses 19 men and women in a modest house, located in a semi-industrialized part of a small town (see Glasser & Zywiak, 2001). The building was last used as a pizza parlor, and people still come in asking for pizza. The shelter also houses a community soup kitchen and seven additional “Transitional Program” beds for people who stay for up to two years. The people who stay at COZY feel as if they have finally arrived in a place of safety. They feel secure and can sleep safely at night. As a result, they also feel that they can finally begin to address some of their problems.

Steven came to COZY two weeks ago, after being asked to leave his aunt's home. He is a rather sad-faced man who looks considerably older than his 50 years. Steven says that he has been drinking heavily throughout all of his life, and that he also used drugs a lot in Vietnam. He has a son living nearby whom, he is sorry to say, also appears to be a heavy drinker. Steven is very proud of his daughter (she is a teacher), and wishes that he could see his grandchildren more often.

Steven is very grateful to the staff at COZY because in the two weeks that he has been with them, they took him to get a cataract operation and he could immediately see again. They are also helping him sort out his legal problems, since he did not show up for some court hearings. Steven feels that he could stay sober if he could stay in a place like this. He is applying for their transitional program.

1. Identify and sort through the relevant facts presented by Steven's situation.
2. Identify the problems, issues, and concerns that arise with Steven's situation.
2a. How would you classify Steven's homelessness?
3. Identify the positive and strengths aspects of Steven's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Steven.
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Steven. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with Steven. Consider what kinds of reactions you might expect, and develop a plan for how to respond to them. What kinds of referrals in your practice community would you make and why? What are the intervention goals?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Steven's situation.
CASE 6: ALEXIA

Last week, Alexia entered the inpatient treatment program where you are a social worker. She is being treated for alcohol and cocaine (crack) dependence. Alexia is a 32-year-old, divorced woman who is employed as an administrative assistant at a local human services program. She lives with her 11-year-old daughter, Christine, in an apartment located near her job. Although she makes a relatively low salary, Alexia has managed to support herself and her daughter without financial support from Christine's father. Alexia was married briefly to Christine's father when she was 20, but she left him after he became physically and sexually abusive toward her. He also was an alcoholic. She had almost no contact with him for many years. Her mother, a widow, is a strong support for Alexia and Christine, as are two cousins, Denise and Moira. Alexia reports growing up in a "normal middle class family" and states that her childhood was "good" despite her father's occasional drinking binges, which she says were related to him celebrating a special account he had landed (he was in advertising), and her mother's "occasional bad depressions." She is the youngest of five children and the only girl.

Up until a month ago, Alexia was regularly attending twice-weekly treatment sessions at an outpatient chemical dependency clinic, and she went to AA/NA regularly 3 times a week. She had a sponsor and they kept in touch several times a week—more, if needed. From the beginning of recovery, Alexia has experienced some mild depression. She describes having little pleasure in life and feeling tired and "dragging" all of the time. Alexia reports that her difficulty in standing up for herself with her boss at work is a constant stressor. She persisted with treatment and AA/NA, but has seen no major improvement in how she feels.

After Alexia had been sober for about 3 months, an older boy sexually assaulted Christine after school. Alexia supported Christine through the prosecution process; the case was tried in juvenile court and the boy returned to school 2 months later. After Alexia celebrated her 6-month sobriety anniversary, she reports that she started having a harder time getting herself up each day. Around this same time, she returned to drinking daily. She says that she then started experiencing bouts of feeling worthless, sad, guilty, hopeless, and very anxious. Her sleep problems increased, she began having nightmares, and she lost her appetite. After a month of this, she started attending AA/NA and treatment less often, instead staying home and watching TV. She started her crack use again one night after her boss got very upset with her for not finishing something on time. She went to a local bar after work that day and hooked up with a guy she met there to get crack. In accompanying him to a local dealer's house to get some crack, she was raped by several men. Alexia did not return home that night (Christine was at a friend's sleepover party) and did not show up for work the next day. She does not recall where she was the rest of that night. However, later that day she admitted herself to your treatment program.

Alexia reports that she began drinking regularly (several times a week) around the age of 13. She recalls having felt depressed around the same time that she began drinking heavily, although she states she has very few clear memories of that time in her life. Alexia's drinking became progressively worse over the years, although she did not begin to see it as a problem until after she began using crack, at around age 28. She reports feeling depressed over much of her adult life, however her depression got much worse after she began using crack daily. Alexia reports having had a lot of gynecological problems during her 20s, resulting in a hysterectomy at age 27. When asked if she was ever physically or sexually abused as a child, she says no; however, she confesses (with some difficulty) that when she was 11, she had an affair with her 35-year-old uncle (father's brother-in-law).
Now, one week into treatment, Alexia reports feeling numb and tense. She talks only in women's treatment groups and, then, only when specifically asked a question. She feels hopeless about her ability to put her life together and says that she only sees herself failing again to achieve sobriety. Of her recent rape, she says that she "only got what she deserved" for being in the wrong place with the wrong people at the wrong time. Alexia reflects that she was unable to adequately protect her daughter from sexual assault, and she speculates that maybe she is an unfit mother and should give up custody of her daughter. While Christine is currently staying with Alexia's mother, Alexia is concerned that her ex-husband will try to get custody of Christine if he hears that she is in the hospital for alcohol and drug treatment. He has been in recovery himself for two years and began demanding to see Christine again about 2 months ago.

1. Identify and sort through the relevant facts presented by Alexia.
2. Identify the problems, issues, and concerns that arise with Alexia's situation.
2a. What are the most pressing issues that Alexia should be encouraged to assess and address?
3. Identify the positive and strengths aspects of Alexia's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Alexia. Who should be involved in the intervention for Alexia? Who should also be referred for intervention?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Alexia. Be sure that you have a concrete and specific strategy for how you would address alcohol issues. What are the intervention goals? Following inpatient treatment, what kinds of referrals in your practice community would you make and why?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Alexia's situation.
CASE 7: JACLYN

Jaclyn is 23 years old and is four months pregnant. She is visiting a comprehensive "wrap around services" health clinic for prenatal care for the first time. The medical team advises prenatal nutritional counseling and vitamins, and assesses her pregnancy as "progressing normally" at this stage. However, she has been referred to you because in the health assessment she responded that she has "always" consumed one or two drinks, almost every day, when she comes home from work to unwind from the stress of her job. There are also social events on weeknights and weekends with family and friends that typically involve light to moderate drinking.

1. Identify and sort through the relevant facts presented by Jaclyn's situation. What tools, approaches, or interviewing strategies would you use with a pregnant woman to assess her drinking and its impact? What other issues should be assessed, as well?

2. Identify the problems, issues, and concerns that arise with Jaclyn's situation.

2a. What information should you be certain is shared with Jaclyn?

3. Identify the positive and strengths aspects of Jaclyn's situation.

4. Analyze the issues in terms of knowledge presented in the training modules.

5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Jaclyn. Who should be involved in the intervention for Jaclyn?

6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.

7. Develop a strategy for social work practice with Jaclyn. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with Jaclyn. What are the intervention goals? What kinds of referrals in your practice community would you make and why?

7a. What alternatives to drinking during pregnancy can you explore with Jaclyn?

8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.

9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Jaclyn's situation.
CASE 8. ROBERT

Robert is a 32-year-old businessman who was involved in a car accident on his way home after having a couple of drinks at the local bar. He was referred for evaluation and treatment because at the time of the accident, his blood alcohol test showed .09, which was above the legal limit. He is overweight and tends to have high blood pressure. He grew up in the neighborhood where he and his wife now live. They have two children, ages 6 and 4 years. Robert has several childhood friends who come to the bar, almost every day during the week, to have drinks and socialize. His father is also a frequent visitor to the bar, and has been for the past 40 years. Robert's father drinks 4 to 5 drinks when he is at the bar, but he does not seem to have any significant problems related to drinking, except for his hypertension. Robert drinks 3 to 5 beers at the bar, but he does not feel that he has any drinking problems because he does not drink at home except for wine with his evening meal.

1. Identify and sort through the relevant facts presented by Robert's situation. What tools or interviewing strategies would you use to assess his drinking and its impact? What do you assess his drinking risk to be? Why?
2. Identify the problems, issues, and concerns that arise with Robert's situation.
   2a. What information should you be certain is shared with Robert? Why?
   2b. What is your advice to Robert concerning his drinking? Why?
3. Identify the positive and strengths aspects of Robert's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Robert. Who should be involved in the intervention for Robert?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Robert. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with Robert. What are the intervention goals? What kinds of referrals in your practice community would you make and why?
   7a. What alternatives to drinking can you explore with Robert?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Robert's situation.
CASE 9: MS. COOK

Ms. Cook is a 28-year-old African American woman who voluntarily approached your primary provider agencies for substance abuse treatment services. She is currently on probation for shoplifting, passing bad checks, vandalism, and parole/probation violations. She has been charged four times with disorderly conduct, once for fishing without a license, and twice for driving without a license (she never applied for one). She is currently awaiting trial for battery. Ms. Cook has been incarcerated twice during her adulthood (once for 10 months and, most recently, for 10 days). The results of an AUDIT-13 screening suggested that she was binge drinking weekly during the past year. The screening also determined that, because of drinking/drug use, she had injured herself (2 falls requiring medical care) and someone else (killed the cat by accidental poisoning), and that others had recommended that she seek help. Screening for co-occurring problems using the MPSI-A indicated potential depression and other psychological distress. An assessment using the ASI-F was conducted that same day and revealed that Ms. Cook was currently living with her grandmother, who had raised her. She is the mother of four children (ages 11, 7, 4, 2 years—she was 17 at the birth of her first child). The older two sons are living in foster care. The younger two daughters have complex health problems and developmental delays; they live with another relative. She is no longer in contact with any of the children's fathers (three men), and was only briefly married to the second man. She reported that both of her parents, several uncles and aunts, and both of her siblings all have significant drinking and/or drug use problems. She has no close friends and a distant, conflicted relationship with family members other than the grandmother with whom she has almost always lived. She has great difficulty in "getting along" with people. She was physically abused as a child, which prompted her move to the grandmother's home. Ms. Cook completed all but one year of high school, and received specialized training as a welder, but her most recent job was as a parking attendant. Her longest period of continuous employment was just over one year, and she has worked irregularly throughout her adult life. She describes her present health as "good" and she has a history of depression, anxiety, hallucinations, cognitive and memory deficits, and violent behavior. She has never received psychiatric care.

Ms. Cook identified her primary problem as alcohol use, along with regular marijuana (smoking and eating). She began drinking at age 14 and using marijuana at age 17; she began using crack cocaine from the time she was 22. She has been detoxed on three separate occasions. The longest that she has gone without using any substances was 60 days; she resumed using approximately two months ago. Ms. Cook reported that she was extremely troubled and concerned about her substance use and that seeking treatment is very important to her.

1. Identify and sort through the relevant facts presented by Ms. Cook's situation.
2. Identify the problems, issues, and concerns that arise with Ms. Cook's situation.
2a. What are the most pressing issues that Ms. Cook should be encouraged to address?
3. Identify the positive and strengths aspects of Ms. Cook's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Ms. Cook.
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Ms. Cook. Be sure that you have a concrete...
and specific strategy for how you would address issues with Ms. Cook. What are the intervention goals? How should the service plan be developed and implemented?

7a. What are the various service components with which Ms. Cook is/should be involved and that must be coordinated? How will they be coordinated? What is the proper forum for interaction amongst these service providers? Who should be involved?

7b. What services are needed but not being received? How will they be obtained?

7c. What are the appropriate roles of each service component?

8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes. Who should be responsible for monitoring the service plan?

9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Ms. Cook's situation.

10. How would the situation be different if Ms. Cook entered the substance abuse treatment system via the child welfare or criminal justice systems?
CASE 10. DAVE

Dave is a 38-year-old small-parts factory worker who came into the treatment center after being arrested for drinking and driving (DUI/DWI). His attorney has suggested that he quit drinking and enter treatment, at least until his trial which is scheduled in two months. Dave does not anticipate serving jail time, but he believes that treatment could strengthen his legal case. After his first arrest for DUI two years ago, he simply paid a fine and attended a special driver's education program for six weeks. Dave found the program to be "a waste of time."

Dave has been married for 10 years and has two sons aged 8 and 6 years. He has had numerous arguments with his wife, Melanie, concerning his drinking. He gets very angry and defensive when she confronts him about his heavy drinking, and asserts that he is not an alcoholic. He knows this is true because his father was an alcoholic and Dave says that he is not like his father. His father died as the result of a fight that occurred in traffic when he was drunk. Dave says that his father used to "beat the tar out" of him and his brother when he was drunk, and that his father always belittled, taunted, and threatened their mother, whether he was drunk or sober.

Dave's work history is very good; he misses less than one day per year. He works the day shift on weekdays, putting in time-and-a-half overtime on most Saturdays. He is well regarded by his supervisors and peers at work. He is fearful that his employer will find out about his treatment (it is being covered by his HMO), and that people at work will learn about the second DUI arrest.

Dave drinks with his buddies from the plant, and does not think that his drinking is any more than what they do. He was just "unlucky" and got caught doing what everyone else seems to get away with. Dave's drinking is very predictable: he drinks 8 or 9 beers on a weeknight. Several of these are consumed at the bar with friends, the remainder at home over the course of the evening. He usually falls asleep in front of the television. On weekends, he often drinks 3-4 twelve packs between Friday and Sunday. A typical Saturday involves getting up at 10:00 a.m., playing soccer with friends, and going to the bar for the rest of the day and night. This pattern leads to arguments with Melanie, who calls him a "lousy father." At times, Dave has had unsettling episodes of being unable to recall what happened while drinking. He has commented to friends that "maybe I overdo it a bit." Several times, he has attempted to cut down on his drinking, especially after the last DUI. He once attended a few AA meetings, but did not feel that it was helpful: "It was listening to a lot of guys whining" and he especially did not care for the prayers.

Despite these attempts, Dave has experienced increased consumption levels over the past two years. He admits that, as a result of the drinking, he has become increasingly estranged from his wife and sons. Dave feels that his marriage has been basically good, but that he would not blame Melanie for leaving him, the way things have been going lately. She will no longer "sleep" with him while he is intoxicated, which occurs regularly. She complains that the house is "falling apart" because Dave does not keep up with his chores. He believes that his marriage would become solid again, if he stopped over doing the drinking. But, he complains about her hassling him about the alcohol.

Dave is not close to his remaining family members. His mother is very religious and wishes Dave would see religion as a way out of his problems. His siblings live in other communities and they
rarely get together. His wife and sons regularly attend his mother's church, but Dave only attends on Christmas Eve and Easter Sunday.

Dave is distraught about having to remain abstinent in preparation for the trial. He has trouble getting to sleep without alcohol. He also "gets jumpy" when he tries to stay away from drinking, feeling "closed in" or "like he is suffocating." He also cannot imagine how to explain to his buddies why he is not joining them in the bars.

1. Identify and sort through the relevant facts presented by Dave's situation. What tools or interviewing strategies would you use to assess his drinking and its impact? What do you assess his drinking risk to be? Why?

2. Identify the problems, issues, and concerns that arise with Dave's situation.

2a. What information should you be certain is shared with Dave? Why?

2b. What is your advice to Dave concerning his drinking? Why?

2c. How would you assess motivational issues prior to and during the course of intervention with Dave?

3. Identify the positive and strengths aspects of Dave's situation.

4. Analyze the issues in terms of knowledge presented in the training modules.

5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Dave. What are reasonable outcomes to be expected with Dave? Who should be involved in the intervention for Dave? Why?

6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.

7. Develop a strategy for social work practice with Dave. Be sure that you have a concrete and specific strategy for how you would address alcohol issues. What are the intervention goals? What kinds of referrals in your practice community would you make and why?

7a. What measures and procedures would you employ to formulate and negotiate goals with Dave?

7b. How would you apply motivational, cognitive behavioral, and relationship therapy approaches with Dave?

8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.

9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Dave's situation.

10. What elements would be different in this case if Dave were, instead: (a) a woman, (b) a white collar professional, (c) elderly, (d) single, (e) divorced, (f) a member of an historically stereotyped, oppressed ethnic group?
CASE 11. SAL

Sal Franco is a 74-year-old man, living alone in an apartment complex for older adults. You are the Senior Services social worker associated with the housing units. Sal and his wife, Maria, owned and operated a small, local grocery for 44 years (they emigrated from Italy when they were newlyweds at age 19). They sold the business to their son Dominic when Sal turned 70. The plan was to enjoy travel and retired life together. However, shortly after retiring, Maria was diagnosed with an aggressive leukemia, and she died within 4 months. Mr. Franco has been living alone for over 3 years. Because Sal and Maria spent most of their time working and involved with family activities, there are few close friends in his life. Dominic's family has Sal to dinner every Sunday, but has little time during the week because of competing demands. Sal's other children include a daughter living in another state who calls daily (but seldom visits because of the cost), a daughter oversees in military service, and a son with Down's Syndrome who lives in a group home about an hour away.

Sal indicates that he was a "hard drinker" during his 20s and 30s, when he developed stomach problems and high blood pressure. At that point, he limited his use of alcohol to his Friday night poker club and to Sunday dinner with the family. Since Maria's death, Sal has regularly consumed 3 to 4 drinks a day. He says it alleviates some of the pain, stress, and loneliness. It also helps him sleep, along with the over-the-counter medications that he takes for arthritis pain and as sleep aids. He came to the clinic because his hypertension and gastritis have become extremely labile and intractable. When you ask Mr. Franco how he is doing, he says, "Oh, I guess I'm okay for an old widower. I don't think it really matters how I feel or what I do anymore at my age."

1. Identify and sort through the relevant facts presented by Sal Franco's situation. What tools would you use to assess his drinking and its impact? What do you assess his drinking risk to be? Why?
2. Identify the problems, issues, and concerns that arise with Sal's situation.
   2a. What information should you be certain is shared with Sal? Why?
   2b. What is your advice to Sal concerning his drinking? Why?
   2c. What other assessments need to be conducted? Why?
3. Identify the positive and strengths aspects of Sal's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Sal. Who should be involved in the intervention for Sal?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for social work practice with Mr. Franco. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with him. What are the intervention goals? What kinds of referrals in your practice community would you make and why? What additional activities would you help him initiate?
   7a. What alternatives to drinking can you explore with Sal?
   7b. What other services or programs should be engaged for Sal? How?
   7c. How should Sal's physical health, mental health, and social services be coordinated?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Mr. Franco's situation.

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CASE 12. CATHERINE

Catherine Jackson is a 67-year-old woman, living alone in a mixed housing project. For the past month, she has received visiting nurse services from your agency. These services were assigned to her upon discharge from the hospital with a diagnosis of anemia and uncontrolled adult-onset diabetes. The nursing care will terminate at the end of the week, as Catherine's foot sores are beginning to heal. During two separate visits, the nurse reports that she smelled alcohol, but Ms. Jackson did not appear to be intoxicated. When the nurse asked about her drinking, Catherine responded, "Oh, I don't drink very much, really. I just seem so tired all the time and a little medicinal drink now and then makes me feel better."

A homemaker visits Ms. Jackson two times per week. In addition, she has an elderly friend nearby, and the two women visit with each other daily. However, for the past two months, Catherine has been unable to leave her apartment because of her poor health. The homemaker states that she has, on several occasions, had to launder Ms. Jackson's bedding and sleep wear because of vomit on them. She also takes out the trash, which contains varying numbers of empty hard liquor bottles each time. The homemaker complains that Catherine is not cleaning herself very well, and that she and the apartment smell bad. She doesn't want to keep working there, and wants to be reassigned to someone else.

1. Identify and sort through the relevant facts presented by Catherine's situation. What tools or interviewing strategies would you use to assess her drinking and its impact? What do you assess her drinking risk to be? Why?
2. Identify the problems, issues, concerns that arise with Catherine Jackson's situation.
   2a. What other assessments need to be conducted?
   2b. What is your advice to Catherine concerning her drinking? Why?
3. Identify the positive and strengths aspects of Catherine's situation.
4. Analyze the issues in terms of knowledge presented in the training modules.
5. Use training materials to develop a list of options and an initial plan of action for social work intervention with Ms. Jackson. Who should be involved in the intervention for her?
6. Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can.
7. Develop a strategy for practice with Catherine Jackson. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with her. What are the intervention goals? What kinds of community referrals would you make and why?
   7a. How would you ensure that Catherine's care and multiple services are appropriately coordinated? Who should be in charge of coordination?
8. Identify methods for evaluating outcomes of your plan and next steps/revisions of the plan, depending on various possible outcomes.
9. Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Catherine's situation.
CASE 13: COORDINATED CARE SERVICES (MACRO)

Your State Chapter of NASW is hosting a one-day "round table" session to which members of substance abuse treatment and advocacy agencies are invited, and you are the chairperson. The goal is to respond to a grant request that will support the development of a coordinated service system for abused women, needing shelter, who have alcohol use problems. The first set of tasks includes:

- Identify the necessary participants (service providers) of the coordinated system;
- Determine who will be responsible for the prescreening, screening, assessment, treatment, and evaluation responsibilities;
- Determine who will make referrals, to whom they will make them, and under what circumstances;
- Identify the community service partners that will serve as additional resources, act as supportive adjuncts, and will also serve as entry points by conducting the appropriate prescreening assessments for clients that come to them (e.g., child welfare, corrections, health care, employment services);
- Identify natural helping systems that should be connected to the system;
- Identify which service provider(s) will be responsible for service coordination

Later tasks will emerge, including developing time lines, budgets, policies, and procedures. The ultimate goal for each client in the system is to be able to follow through on the guidelines offered by Thompson (1993):

1. List all services that the client receives from each agency involved;
2. Identify key agencies and services needed but not represented;
3. Establish a contact person within each agency;
4. Agree on a structure for the case planning group;
5. Define the roles and responsibilities of each agency;
6. Monitor the implementation of the care plan;
7. Periodically evaluate the relevance and effectiveness of the plan.

CASE 14. MAPLEDALE SCHOOL SYSTEM (PREVENTION)

You have been asked to consult with a group from the Mapledale School system, comprised of business people, police, social workers, teachers, parents, administrators, and student representatives (Middle School, High School, and Community College). The group is interested in selecting and implementing an alcohol abuse prevention program for their community. They want you to advise them on how to go about selecting the best program(s) to invest in—they are not interested in having you pick their programs, only in advising them as to what to look for.

Develop a presentation that will educate the decision makers and help them to make informed decisions about prevention planning. Remember that prevention does not only mean primary prevention with youth, it also means secondary and tertiary prevention, and includes older individuals, as well.
CASE 15. ROBBIE

Robbie J., a 19-year-old white male and first-year college student, suffered a significant brain injury 6 months ago as a result of a car accident. Robbie had been partying at a friend's house and left about 1:00 a.m. Driving home, he missed a curve in the road and rolled his car. Robbie's parents knew that their son drank "occasionally," but they never thought he had a "problem." They had purchased a car for him and warned him of the dangers of drinking and driving.

Prior to the accident, Robbie had been a gregarious young man. In high school he had been a good student, popular, and played on the football team. Robbie loved skiing, skin diving, and riding dirt bikes. Robbie's rehabilitation has been arduous. His parents are still in disbelief. Robbie's father is a prominent corporate attorney, and Robbie had always expressed a desire to follow the same career path. Robbie's mother divided her time between caring for her husband and son and her volunteer work on behalf of abused and neglected children in the community. Since his injury, Robbie's mother has spent most of her time caring for him and participating in his rehabilitation. His father is spending longer hours at work and misses the time he spent hunting, fishing, and playing golf with his son. Though supportive at first, his friends are calling less and less and rarely come around.

Both parents were stunned to learn that Robbie and some of his friends got drunk nearly every weekend. This information surfaced during a family counseling session conducted by a social worker on the rehabilitation team who had recently attended a seminar on screening and brief intervention for alcohol and other drug problems. Robbie's parents had a hard time believing it was true, but after questioning Robbie's friends, they learned that this was indeed the situation. The brain damage Robert sustained has affected his impulse control and decreased his short-term memory and ability to concentrate. Robbie's emotional affect is labile. At times he laughs out loud; the next moment he may be crying. He has limited insight into his own behavior and how he has changed, so it is difficult for him to understand why his friends and family react to him differently now. Very few things sustain Robbie's attention; even watching TV is not pleasurable. The muscle weakness on his right side limits his ability to participate in many of the athletic activities he enjoyed previously.

Robbie is on an emotional roller coaster. At one level he knows that his plans for the future have to change. At another level, he cannot accept these limitations. He wants things to be the way they were. His condition makes it impossible for him to return to a successful college experience. He resents his parents' constant supervision, and feels that they are "treating him like a baby." He says no girl will want to date him with this kind of interference. Most of his friends are back at college, so he has begun to hang out with a younger group and drink again. Robbie is frustrated with the difficulty he has in remembering, expressing himself, and concentrating. He is restless and agitated sometimes, both as a result of his frustration and the organic aspect of his injuries. Robbie's parents can afford high quality treatment, but Robbie does not always comply with the treatment regimen.

1. What are the relevant facts in Robbie's case (e.g., "What is actually happening here")?
2. Identify the problems and issues that are arising in Robbie's case (e.g., What has gone wrong in this situation?" and "What needs to be addressed in order to improve the situation?")
3. Identify the positive and strengths aspects of the situation (e.g., "What has gone right so far?" and "What positive elements exist in this situation?")
4. Analyze the issues in terms of knowledge presented in the training modules (e.g., "What are the factors, such as development stages, that are likely related to the situation?" and, "How do these factors influence the situation?")
5. Use training materials to develop a list of options and an initial plan of action (e.g., "What has been shown to work in these kinds of situations where substance abuse and a traumatic brain injury are involved?" and "What options are available?" and "What are the likely results of each option?")

6. Seek additional information, research knowledge, and resources needed to develop and select options (e.g., What else do we need to find out to make a viable plan for Robbie and his parents?" and "Where can we go to get this information?" and "What did you find out when you sought this information? Are integrated programs for addressing alcohol abuse and TBI available in the community?")

7. Develop a concrete strategy for Robbie and his parents (e.g., "What can be tried over the next weeks/months? How can you help the parents come to terms with the situation? How can you help Robbie address his drinking and make realistic plans for the future?")

8. Identify methods for evaluating the outcomes and revising the plan (e.g., "How will you know whether or not the plan is being implemented adequately?" and "How will you know if the plan is working?" and "How will you revise the plan based on different possible outcomes?")

Reference