**Social Work Research: Single Subject**

Chris is a social worker in a geriatric case management program located in a midsize Northeastern town. She has an MSW and is part of a team of case managers that likes to continuously improve on its practice. The team is currently using an approach that integrates elements of geriatric case management with short-term treatment methods, particularly the solution-focused and task-centered models. As part of their ongoing practice, the team regularly conducts practice evaluations. It has participated in larger scale research projects in the past.

The agency is fairly small (three full-time and two part-time social work case managers) and is one of several providers in a region of approximately 50,000 inhabitants. Strengths of the agency include a strong professional network and good reputation in the local community as well as the team of experienced social workers. Staff turnover has been almost nonexistent for the past 3 years. The agency serves about 60–70 clients at any given time. The clients assisted by the case management program are older adults, ranging from their early 60s to over 100 years of age, as well as their caregivers.

To evaluate its practice approach, the team has decided to use a multiple-baseline, single-subject design. Each of the full-time case managers will select one client new to the caseload to participate in the study. The research project is explained to clients by the respective case manager and informed consent to participate is requested.

George was identified by Chris as a potential candidate for the evaluation. As a former science teacher who loved to do research himself, he agreed to participate in the project. George is 87 years old, and although he is not as physically robust as he once was, at 5 feet 9 inches tall, he has a strong presence. He has consistent back pain and occasional flare-ups of rheumatoid arthritis. His wife of 45 years passed away two summers ago after a long fight with cancer. After his initial grief, he has managed fairly well to adapt to life on his own. George entered the program after being hospitalized for fainting while at the grocery store. A battery of medical tests was conducted, but no specific cause of his fainting attack could be found. However, the physicians assessed signs of slight cognitive impairments/dementia and suggested a geriatric case management program.

An initial assessment by the case manager showed the need for assistance in the following areas: 1) personal care, 2) decrease in mobility, and 3) longer-term planning around living arrangement and home safety. The case manager also thought that George could benefit from setting up advance directives, which he did not want to discuss at that time. They agreed that the case manager could bring this topic up again in the future.

As part of the practice process, the case manager used clinical rating scales that were adapted from the task-centered model. At the beginning of each client contact, case manager and client collaboratively evaluated how well the practice steps (tasks) undertaken by client and/or case manager were completed using a 10-point clinical scale.

Concurrently, they evaluated changes to the respective client problems, also using a 10-point clinical scale. George was able to actively participate in the planning and implementation of most care-related decisions. During the course of their collaborative work, most needs were at least partially addressed. Two tasks were completed regarding personal care, two regarding mobility, and three addressing home safety issues. Only personal mobility was still a minor problem and required some additional work.

After finishing the reassessment at 3 months, Chris completed gathering and evaluating the data for the single-subject design (SSD). As promised, she also provided George with the finished SSD findings. The following is an overview of the data that was collected for this case:

**TABLE 1. TASK COMPLETION SCORES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEK:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Area: |
| Personal Care |  | 7 | 10 |  |  |  |  |
| Mobility |  |  |  | 2 | N/A | 10 |  |
| Home Safety |  |  | 10 | 10 | 10 |  |  |

**TABLE 2. PROBLEM CHANGE SCORES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEK:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Area: |
| Personal Care | 3 | 3 | 8 | 5 | 8 | 9 | 9 |
| Mobility | 5 | 5 | 2 | 5 | 7 | 7 | 7 |
| Home Safety | 4 | 4 | 4 | 9 | 10 | 10 | 10 |

(Plummer 70-72)

Plummer, Sara-Beth, Sara Makris, Sally Brocksen. *Social Work Case Studies: Concentration Year*. Laureate Publishing, 10/21/13. VitalBook file.

Policy

(Plummer 73)

Plummer, Sara-Beth, Sara Makris, Sally Brocksen. *Social Work Case Studies: Concentration Year*. Laureate Publishing, 10/21/13. VitalBook file.