

Introduction to the Cases

FOR MORE THAN 100 YEARS, social work instructors have used cases in the classroom to educate students (Fisher 1978; Reitmeier 2002; e.g., Reynolds 1942; Towle 1954). Over time, these cases have taken many forms, ranging from brief vignettes only a few sentences or paragraphs long to complex, book-length accounts.

Merseth (1996) identifies three basic educational purposes of using cases: as examples or exemplars to illustrate practice, as foci for reflecting on practice, or as opportunities to practice decision making. For the first purpose, cases provide concrete and specific examples of how professional theories or interventions apply in practice situations and can help students understand theoretical content and practice skills. During the past few decades, most of the available social work casebooks have included cases for this purpose (e.g., Amodeo et al. 1997; Haulotte and Kretzschmar 2001; LeCroy 1999; McClelland, Austin, and Este 1998; Rivas and Hull 2003). Less frequently, cases have also been used as stimuli for student reflection.

In contrast, the case method of teaching uses cases as a site to practice collaborative decision making. This requires open-ended “decision” cases, a particular type specifically developed for this teaching approach. Such cases present students with unresolved situations that incorporate the ambiguities and dilemmas of social work practice and require active decision making (e.g., Cossom 1991; Golembiewski and Stevenson 1998; Lynn 1999; Rothman 2004; Wolfer and Scales 2006). They describe actual situations practitioners have encountered in great detail, reflecting the messiness and ambiguity of professional practice. Typically based on one practitioner’s account, they sometimes include conflicting statements by the various participants involved, time constraints, competing ethical values, extraneous details, and incomplete information (only what was available to the practitioner at the time). Because the cases are open-ended, they do not tell what the practitioner ultimately did or how the case turned out. For that reason, they compel

students to use their analytic and critical thinking skills, their knowledge of social work theory and research, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and formulate a preferred intervention.

What Decision Cases Are Not

Just to be clear, it may be helpful to point out what decision cases are not.

First, despite the fact that decision cases explicitly invite problem solving—in the sense of solving a puzzle or responding to a challenge—they do not require or imply a problem-focused approach, in the sense of having a primary focus on pathology or requiring use of a medical model. (For that matter, decision cases also do not require or imply a solution-focused approach—if that refers to a currently popular brief treatment approach.) Readers may actually assume a strengths perspective when discussing decision cases. However, either a problem-focused or a strengths perspective can be too dichotomous (McMillen, Morris, and Sherraden 2004), distorting the reality of a situation and potentially causing readers to overlook important aspects of the case.

Second, decision cases do not purposefully illustrate particular theories or intervention approaches. Decision cases seldom include much explicit theory unless the protagonist mentions it; rather, they are designed to provide detailed descriptive data about actual situations for use in case method teaching. Students and instructors are free to apply whatever theories they find useful. In fact, they will usually find it necessary to use some theory to make sense of a situation and decide how to respond. Students and instructors can draw potential theories from several sources. To prepare for particular case discussions, instructors may refer students to previous course materials or past experience; assign new readings on theory or intervention approaches; or require students to research appropriate resources on their own (much as they must do in the field following graduation). Although case discussions seldom include theory directly, they often clarify the fundamental importance of applying theory to practice—as students recognize the power of theory to provide a “handle” on complex situations—and also supply a means for understanding and assessing the relative value of alternative theories and intervention approaches—as students propose and consider various alternatives.

Third, decision cases do not imply that social workers can or should solve a problem without remainder (i.e., unambiguously, completely, permanently, for all parties). On the contrary, the best decision cases are ones about which competent practitioners will disagree. Obviously, the cases stimulate efforts to resolve problems. When we refer to resolving a problem, however, it is not to imply that all problems can be solved, but simply to acknowledge that the social worker must decide how to proceed from the point where the decision case ends. Such decision making will tend to be more effective if the social worker takes account of the underlying and interlocking reasons that have created or exacerbated the problem and addresses these in his or her decision. Increased decision-making skill is a major outcome of learning with decision cases.

Fourth, decision cases generally do not report how the case turned out. Pedagogically, the open-ended nature of the cases provides powerful incentive for problem solving. It also better replicates what students will experience in practice: they will need to make difficult decisions with limited and ill-structured information, under time constraints, and with uncertain consequences. Usually, they must make decisions going forward rather than with the luxury of hindsight to critique decisions by other professionals. In that way, discussing decision cases emulates practice and helps prepare students for it.

General Case Method Learning Outcomes

The cases in this collection are all decision cases. Properly used, they provide opportunities for the general types of learning associated with case method discussions. As suggested by Barnes, Christensen, and Hansen (1994), decision cases help students to adopt at least six aspects of a professional practitioner's point of view: 1) a focus on understanding the specific context; 2) a sense of appropriate boundaries; 3) sensitivity to interrelationships; 4) examining and understanding any situation from a multidimensional point of view; 5) accepting personal responsibility for the solution of organizational problems; and 6) an action orientation (50–51). Writing as business educators, they argue that case method instruction helps to develop in students an applied, “administrative point of view” (50). The concept of an administrative or practitioner point of view shifts students' attention from what they

know to how they can use their knowledge. We refer to this as “thinking like a social worker” and will elaborate on it here.

First, the cases give ample detail about the background and context of the situations they depict. As students wrestle with the practice dilemmas, they come to understand the critical significance of context for problem framing and intervention. The relevant context varies across cases. For some it will include a combination of culture, law, policy, society, community, or organization. Many of the cases also include specific dates because timing—whether internally (relative to events within the case) or externally (relative to events in the broader environment)—is another important aspect of context. But not all the details turn out to be significant. Just as they must do in actual practice situations, students (social workers in training) must sort through the contextual information, selecting what is relevant and significant and disregarding what is not. Occasionally, addressing the dilemma will require gathering information not provided in the case because overlooking some aspect of context may have contributed to the practitioner’s dilemma. Discussing these cases provides opportunities to practice deciding what is relevant and incorporating selected information into problem formulations and subsequent interventions.

Second, appropriate handling of the contextual information requires clear delineation of boundaries, sorting out what is separate and what is related. As students wrestle with the practice dilemmas in these cases, they come to appreciate the need to distinguish aspects of situations. For example, many of the cases turn on proper distinctions between social workers and clients, between individual clients and their families, between children and parents (or other adults), between professions, or between organizations. Sometimes these boundaries do not seem apparent to the protagonist. In fact, lack of clarity regarding boundaries often contributes to the reported dilemmas. Of special importance, some cases cannot be resolved without specifying the client system. In hospice practice, for example, the commitment to seeing the families of dying patients as clients sometimes obscures the boundaries between patients and their families, creating dilemmas for social workers. Likewise, social workers must consider whether addressing a particular client need falls within the scope of their employing organization’s mission, license, expertise, or priorities. As suggested above, discussion offers opportunities for students to practice identifying and taking account of such boundaries in concrete situations.

Third, students must consider the webs of relationships present in these cases on multiple levels. Quite concretely, the cases depict relationships within families, professional work teams, or organizations that reflect the subtleties of behavior, cognition, emotion, and motivation. Many of the cases include both spoken and internal dialogue to more fully portray how the social workers who reported them experienced these situations and relationships. More abstractly, the cases also depict relationships between programs and policies, between professionals and host organizations, between events and their temporal context, and between theory and practice. In general, they require that students interpret the “raw” data to draw their own conclusions. Where the cases include assumptions held or conclusions drawn by the protagonist or others involved, students must decide what to accept. Assumptions and conclusions always shape how people understand situations, and sometimes contribute to the problem.

Relationships serve not only as background for the cases. Several cases also reflect the evolution over time of helping relationships (with individuals, families, or groups) or professional relationships (in supervision, interdisciplinary conferences, or work teams). Whatever has contributed to the current dilemma, the social worker must decide what to do next. There is no opportunity to go back in time to revise these relationships; change is only possible from the current point forward.

Fourth, although the cases were all based on interviews with individual social workers, they do not provide information from the protagonist’s perspective alone. As much as possible, the interviews explored perspectives held by other participants, as reported by the social worker. For that reason, the cases include other perspectives as filtered through the eyes and ears of the social worker protagonist. While most involve relatively new practitioners, a few depict the experiences of longtime clinicians, supervisors, and administrators. As a result, they may be useful for experienced practitioners as well as social work students. The cases often include detailed dialogue that reflects differences in perspective and invites interpretation.

Fifth, the cases demonstrate the essential role of the social workers. Each case poses one or more dilemmas experienced by the social workers who reported it, highlighting their critical role as decision maker and actor. Often the reporting social worker was the only person who could intervene in the particular situation. Choosing not to intervene was seldom a real option and

would carry its own consequences. Furthermore, the social workers often labored under time pressure because some imminent event required their decision and intervention. Because the cases are drawn from actual practice, the social workers must not only decide under time pressure but also often do so with incomplete information. As much as possible, the cases attempt to provide the full context for decision making (i.e., personal, professional, organizational, policy factors) of which the social worker was aware at the time.

In addition, many of the cases implicate the social workers themselves in the decision-making context. In other words, these detailed cases often reflect how the social workers' personal background, professional training, previous work experience, and time on the current job may contribute to their preparation and ability to respond. More specifically, the cases reflect how the social workers' personalities, values, ethics, knowledge, and skills influence their decision making. Discussing these cases will help students to understand how their own characteristics limit, focus, or enhance what they can understand and decide—in short, how the self of the social worker affects professional practice.

Sixth, the cases also clarify the necessity of moving from analysis to action. Whether the information appeared complete and clear or not, the social workers had to make decisions and act. Often, the situation could not wait: for example, a person was dying or another deadline looming, leaving limited time for deciding and intervening. As suggested above, not deciding or intervening would also be a kind of intervention, with its own set of consequences, and should be chosen just as carefully as any more active intervention rather than by default. The case discussions often explore the potentially harmful consequences of ill-considered or precipitous action. Discussion can help students to understand the fundamental necessity of intervening, and the importance of doing so based on thorough analysis of available data.

Specific End-of-Life Care Learning Outcomes

In addition to learning to “think like a social worker”—a skill vital in any area of social work practice—these cases provide a vehicle for students to develop their understanding of a somewhat specialized field of practice: end of life. Although case method teaching in general is intended to help students integrate and apply knowledge they already have, it also, like actual practice,

requires them to identify gaps in their knowledge and take steps to fill them, under similar time pressures.

The collection of cases as a whole portrays the reality that sometimes serious illness precedes death, allowing time for reflection and opportunity for making choices about the end of one's life, and sometimes death occurs suddenly, unexpectedly. Half of the cases were in hospice settings, where end of life is clearly expected and social workers are prepared (to various degrees) to assist clients with concerns that are relatively predictable. The other half occurred in a range of social work practice settings. In some, death is expected for some clients but is not the major focus for social workers (e.g., hospital, dialysis center, AIDS clinic, support group for family members of individuals with AIDS, death row within a prison). In others, death impinges infrequently enough to be surprising (e.g., schools, residential treatment for children, group home for adults with profound disabilities). Some of the cases reflect various aspects of illness and the process of dying for a client, while others begin with the death of a person and focus more on the aftermath for the survivors.

In cases where death is expected and there is opportunity for choices related to the quality of living and dying for a client, predictable issues are presented: advance directives and the extent to which they are honored in various settings; the capacity of various clients to give informed consent; the tensions inherent in decisions to withhold or withdraw life-prolonging treatment; conflicts among health professionals, between people who are dying and their family members, and between health professionals and clients regarding client autonomy; and clients' right to define quality of life for themselves.

Social workers whose focus is on end-of-life care need a working knowledge of the biological and medical processes their clients are likely to experience throughout the dying process, and clear recognition of the limitations of their own knowledge and scope of practice. They must be familiar with the legal protections for clients' choices and self-determination regarding the care they do or do not wish to receive, and the issues involved in terminating some treatments when the burden begins to outweigh the benefit. They must be able to participate in resolving a wide range of dilemmas in light of ethical principles. They must have the knowledge and the clinical skills to be able to help both those who are dying and those who will survive them with

their grieving, and be able to distinguish uncomplicated from complicated bereavement in survivors. They must understand the functioning of groups, organizations, institutions, and society, and be prepared to help clients deal with the pressures they may feel from health care systems, employers, and governmental and other organizational bureaucracies. Working their way through these cases provides social workers and students an opportunity to acquire factual information, integrate it with their prior knowledge and experience, apply it to a specific actual situation regarding which their knowledge is still likely to be incomplete, and reflect on their own values, beliefs, feelings, and life experiences as they affect and are affected by the situations portrayed.

Although end-of-life care constitutes a specialized field of practice, dying is a universal experience. It brings social workers into contact with clients who are usually considered the focus of an entirely different field of practice. Social workers in hospice and other end-of-life care settings—the social workers in many of these cases—have clients who have multiple and profound disabilities, or who abuse a variety of substances, or who do not speak English, or who have been physically or sexually abused. Conversely, social workers in residential treatment for adolescents and in elementary schools are called upon to respond to unexpected loss and grief.

In cases based in settings where death occurs less often and is not usually the focus of social work practice, different issues arise. Several cases present the possibility of a client's suicide—a university student who has experienced sexual trauma, a bereaved widower who is alcoholic, a young mother with a history of suicide gestures and a baby with stage 4 cancer, a Vietnamese refugee for whom suicide may be a way of saving face. The social workers in the cases—and the students who read and respond to them—must assess the level of imminent risk, make choices about their interventions, and sort out the degree of responsibility they bear for preventing suicide. Other cases present social workers' efforts to understand grief and be supportive of bereaved clients or co-workers while still being accountable for the goals of their work settings—for example, learning in elementary schools or maintaining a therapeutic milieu in a residential treatment center for adolescents.

A number of the cases reflect the need for social workers to take into account various legal and regulatory requirements. Although they are neither bankers nor lawyers, social workers in these cases (and thus the students

who temporarily “step into their shoes”) must help clients navigate financial trusts, state institutions for people with profound disability, statutory provisions for advanced care planning, and parental planning for the future care of dependent minors. They must assess and decide how to proceed in light of clients’ questionable capacity to make decisions about their own care and clients’ shifting expectations of health care providers as diseases, treatments, and funding sources change. They must take into account setting-specific definitions of privacy and confidentiality, personal and organizational liability and risk management, organizational budgeting priorities and constraints, evolving criteria for program eligibility, and possible malpractice by professionals of other disciplines in settings where they have higher status than social workers.

Social work as a profession is concerned with systems and boundaries, and especially with conflicts between and among them. Practitioners in these cases interact with professionals from other disciplines—including nurses, doctors, law enforcement officials, ethics committees, educators, and administrators for whom the financial bottom line is the final determinant of a decision—and organizational cultures, such as hospitals, nursing homes, schools, residential treatment centers, specialty health clinics, universities, prisons, social service agencies, and courts. The social workers must decide how to handle a range of conflicts among and with clients, co-workers, supervisors/supervisees, and administrators. In one instance, a social worker has to acknowledge her dislike and distrust of a dying woman’s daughter and decide how, and how hard, to advocate for the patient’s wishes, at the risk of further alienating the daughter. In another instance, nursing home staff members initiate artificial nutrition for a patient who is no longer eating, disregarding the patient’s clear advance directive to the contrary. The hospice social worker must decide how firmly to press for the patient’s wishes to be honored, realizing that if she antagonizes the facility staff it may adversely affect both the quality of care given to this patient and the likelihood of future referrals.

Although the cases do not always identify specific ethical principles, concepts such as autonomy, beneficence, nonmaleficence, informed consent, quality of life, and justice serve to inform or heighten the dilemmas presented. The social workers are faced with questions, for example, about whether or not a client has the capacity to make important decisions about his or her care at multiple points through the course of illness, about who

should determine what is best for a client, and about the meaning of quality of life or suffering when the client cannot clearly communicate his or her own perspective.

As is true in all practice settings, social workers in these cases have to grapple with the integration of, and conflicts between, their personal and professional lives. One must balance her own worsening chronic health problems with the needs of her clients, and another must decide whether her own safety is threatened to the extent that she could justify denying or delaying services to a client. Several must decide how to handle their discomfort with or dislike of a client or co-worker or, conversely, their identification with, admiration for, and possibly even friendship with a client or co-worker. Others must deal with their own past trauma in order to know how to help their clients deal with trauma, and with their own grief in order to know how to help their clients grieve.

Finally, social workers must deal with their own beliefs about and responses to pain, suffering, illness, disability, disfigurement, grief, and the dying process in all its variations. They need to be keenly aware of the ways their own personal histories may hinder their work with or serve as a resource for clients in similar circumstances. And they need to be aware of the ways their exposure to dying and grieving affects them, both professionally and as human beings who will personally experience death and grief.

Diversity Within the Collection

This casebook is based on research funded by the Project on Death in America (PDIA). For budgetary reasons, as recommended by the PDIA selection committee, most of the cases come from the southeastern United States and reflect regional demographics. Nevertheless, we sought diversity on a variety of demographic dimensions (e.g., gender, age, race/ethnicity, socioeconomic status, sexual orientation, religion, immigrant status). The cases involve varying client system levels and ecological contexts. In addition, we included many fields of practice (not just those where people traditionally die), causes of death, and dying trajectories. The cases incorporate a variety of ethical, technical, and medical issues related to death and dying. The case matrix identifies selected dimensions of the decision cases and reflects their diversity and complexity.

Although these decision cases include people from a relatively limited range of demographic and cultural groups, what students learn about particular diversities may be secondary to what they learn about how to take account of diversities in professional practice. In other words, though content knowledge is necessary, it is not sufficient for decision making in these cases or in professional practice. Students can learn by dealing with familiar as well as unfamiliar types of diversity. For example, thought experiments that consider how a case might differ if some demographic element were substituted can be enlightening.

We trust that this collection of decision cases will provide stimulating and challenging opportunities for you to practice professional social work decision making, especially as it relates to end-of-life care. The cases may give new information about this and other aspects of professional social work practice. In addition, they will help you appreciate how end-of-life issues may crop up in many forms across diverse fields of practice, intricately interact with other aspects of the situations, and often have profound implications for everyone involved. At times, the learning that results from discussing these cases may be somewhat uncomfortable and difficult, even distressing. However, it will better prepare you for professional social work practice, and especially increase your sensitivity to and understanding of dying, death, and bereavement.

References

- Amodeo, M., R. Schofield, T. Duffy, K. Jones, T. Zimmerman, and M. Delgado, eds. 1997. *Social Work Approaches to Alcohol and Other Drug Problems: Case Studies and Teaching Tools*. Alexandria, VA: Council on Social Work Education.
- Barnes, L.B., C. R. Christensen, and A. J. Hansen. 1994. *Teaching and the Case Method*. 3rd ed. Boston: Harvard Business School Press.
- Cossom, J. 1991. "Teaching from Cases: Education for Critical Thinking." *Journal of Teaching in Social Work* 5, no. 1: 139–155.
- Fisher, C.F. 1978. "Being There Vicariously by Case Studies." In M. Ohmer and Associates, ed., *On College Teaching: A Guide to Contemporary Practices*, 258–285. San Francisco: Jossey-Bass.
- Golembiewski, R. T. and J. G. Stevenson, eds. 1998. *Cases and Applications in Nonprofit Management*. Itasca, IL: F. E. Peacock.

- Haulotte, S.M. and J. A. Kretzschmar, eds. 2001. *Case Scenarios for Teaching and Learning Social Work Practice*. Alexandria, VA: Council on Social Work Education.
- LeCroy, C.W. 1999 *Case Studies in Social Work Practice*, 2nd ed. Pacific Grove, CA: Brooks/Cole.
- Lynn, L. E., Jr. 1999. *Teaching and Learning with Cases: A Guidebook*. New York: Chatham House.
- McClelland, R. W., C. D. Austin, and D. Este. 1998. *Macro Case Studies in Social Work*. Milwaukee: Families International.
- McMillen, J.C., L. Morris, and M. Sherraden. 2004. "Ending Social Work's Grudge Match: Problems Versus Strengths." *Families in Society: The Journal of Contemporary Social Services* 85, no. 3: 317–325.
- Merseth, K.K. 1996. "Cases and Case Methods in Teacher Education." In J. Sikula, T.J. Buttery, and E. Guyton, eds., *Handbook of Research on Teacher Education*, 2nd ed., 722–744. New York: Simon and Schuster Macmillan.
- Reitmeier, M. 2002. *Use of Cases in Social Work Education*. Unpublished manuscript, University of South Carolina, Columbia.
- Reynolds, B. C. 1942. *Learning and Teaching in the Practice of Social Work*. New York: Farrar and Rinehart.
- Rivas, R.F. and G. H. Hull. 2003. *Case Studies in Generalist Practice*. 3rd ed. Belmont, CA: Wadsworth.
- Rothman, J.C. 2004. *From the Front Lines: Student Cases in Social Work Ethics*. Boston: Allyn and Bacon.
- Towle, C. 1954. *The Learner in Education for the Professions: As Seen in Education for Social Work*. Chicago: University of Chicago Press.
- Wolfer, T. A. and T. L. Scales, eds. 2006. *Decision Cases for Advanced Social Work Practice: Thinking Like a Social Worker*. Belmont, CA: Thomson Brooks/Cole.