

Introduction

Therapists with many years of clinical experience are said to have *practice wisdom*, the intuitive understanding of client dynamics and core issues in a case. The purpose of this book is to provide practice wisdom through a range of clinical counseling cases. The cases are based on nearly 40 years of social work experience and cover all the major *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR) diagnostic categories. Studying these cases can provide realistic clinical experience for social workers as well as professionals in other counseling fields, including psychology, marriage and family therapy, or clinical counseling.

The cases presented in this book are based on real people and real situations, but identifying details have been changed and, occasionally, two clients have been combined into one case vignette. Thus, any resemblance to actual persons is coincidental.

These cases are particularly useful for social workers because the field of social work is so diverse in the United States. Social workers work in many settings, including hospitals, schools, and military clinics. In addition to providing counseling, many social workers are case workers, helping clients obtain direct services. At the macro level, social workers work to improve social policies and lead campaigns for social justice. Because social work is such a broad field, most MSW programs specialize in certain types of social work, such as therapy with children and families, or certain theoretical approaches, such as cognitive-behavioral therapy (CBT).

During an MSW program, students usually complete two internships. However, if the student's first internship is in child therapy and their second one is in a nursing home, they will not receive training with other populations, such as adolescents. Thus, it is difficult to gain practice wisdom with a wide range of clients and cases. Using this book can provide that additional experience. Cases from this book can also be used in undergraduate and graduate social work coursework. Social workers who change jobs can use this book to understand different clinical cases and counseling situations.

To become licensed, social workers in the United States and Canada are required to pass an exam developed by the Association of Social Work Boards (ASWB). In addition, some states, such as California, have their own additional licensing exams. This book can be used to study for both state and national exams.

HOW TO USE THIS BOOK

Textbook for Undergraduate or MSW Courses

This book provides students with a range of different cases. For example, I use cases from this book in the undergraduate course Sociology of the Family. Students are assigned a case involving a family. Their midterm paper describes the current family difficulties, the strengths and weaknesses of each family member, the family life cycle stage, and any risk factors that are present.

After the midterm, the students receive a “wild card” describing a positive or negative event that has occurred (professors can be creative in creating these wild cards). Their final paper describes how the family dynamics will be affected by the wild card and how the risk factors described in the midterm may change.

Helping New Graduates Gain Experience

Newly graduated social workers can use this book to learn about a range of cases. Each case vignette has a separate answer key that lists possible risk factors, diversity considerations, ethical or legal issues, treatment issues such as transference or countertransference, and possible diagnoses. To use this approach, carefully read each vignette. Write down all the risk factors, diversity considerations, ethical or legal issues, treatment issues such as transference or countertransference, and possible diagnoses that are present. Then check the answer key. Taking these steps will increase your understanding of case dynamics, diagnostic skills, and ability to recognize risk factors.

Work on one or two cases a day, take your time, and consider all aspects of the case. If the case describes an unfamiliar situation, do some background research. Google the situation and possible therapeutic approaches. Read a basic article or book on the subject. Working through the cases in this book will create familiarity with the major DSM-5-TR diagnoses and the wide variety of situations that may occur in your first social work position.

Two Ways to Combine with an Exam Training Course

This book can be used with training courses for the ASWB, state social work exams, or other professional exams. Most online training courses or workbooks provide a review of social work concepts and then three to five practice exams. The practice exam questions are often based on case vignettes. However, training courses only provide a limited number of cases and questions. The case vignettes in this book can be used for additional practice. Take specific questions from the practice exams and apply them to the cases in this book to increase your range of experience.

The first way to combine this book with a training course is to use these 80 cases to explore a topic in more depth. For example, on a practice exam, a case vignette might describe a client with alcoholism who is making serious errors at work. The

practice exam question is: What are the therapist's legal obligations in this case? After you determine the correct answer for this item, you may begin to wonder about other legal issues connected to addictions. Review the cases in this book in which addiction is a possible diagnosis and check what types of legal issues are listed in the answer key. Exploring legal issues across many cases involving addiction will illuminate the different ways these issues can present.

The second way to combine this book with a training course is to expand a topic to other case vignettes. After you have considered the connection between addiction and legal issues, expand your thinking to other cases. For example, when you read a case in this book about a parent seeking help with their child's difficulties at school, at first, you may not identify any legal issues. Checking the answer key, you will learn that a possible legal issue is obtaining a release of information from the parents before contacting the school. To further understand legal issues involving schools and children, you might research school legal issues on the internet or network with a school social worker about the legal issues they encounter. Then you will be prepared if the actual exam has a question concerning parents, school difficulties, and legal issues.

The “Year of Experience” Approach

This is the most detailed method for using this book. Pretend that you have accepted a position at a counseling agency that serves a variety of clients. You are seeking experience with clinical situations that were not covered in school and have asked to be assigned a wide range of cases. In a year of working at this agency, you would probably be assigned at least 80 cases. Thus, if you carefully work through all of the cases in this book, you will have gained a year of experience with cases that cover all the major DSM-5-TR diagnostic categories.

For each case, visualize the client in your mind. Picture how the client might dress and how their voice will sound. Visualize that you are counseling this client and need to develop a treatment plan. Try to do this exercise as completely and realistically as possible. If you have difficulty, try basing your visualization on someone you know or a character in a book or movie. Role-playing with a friend or using props can help.

Take plenty of time to work through each case vignette. It is best to work on only one case a day. Think, consider, and contemplate. For each case vignette, write out your answers to the questions in the section that follows. If you don't know an answer, then research the subject. For example, if a question asks about techniques that a psychodynamic therapist might use, Google the issue or read articles about the psychodynamic approach.

CASE VIGNETTE QUESTIONS

For each vignette, answer the questions in this section and check your answers against the answer key at the back of the book.

1. Using the SHADE Model from Fact Sheet 6: Developing a Diagnostic Impression, What Risk Factors Are Present?

In this text, I use the SHADE acronym (Suicide, Homicide, Abuse, Drugs/alcohol/other addictive substances, Eating disorder/elder abuse) as a foundation for remembering risk factors. How will you address these risk factors early in the therapy? What other risk factors or problems might develop during the therapy? For example: When would the client be likely to drop out or act out? What form might acting out take, and what risks might occur? Is there a risk of suicide, homicide, or self-harm? Is addictive behavior present that might escalate? Are there other risk factors not covered by SHADE? Look at Fact Sheet 1: Risk Factors/Crisis Management for suggestions. Write down all the risk factors you can think of, and check your response against the answer key.

2. What Other Significant Issues Are Present in the Case?

Is any important information missing? What parts of the client's history and background would you want to know more about?

3. What Cultural, Racial, Ethnic, and Other Diversity Considerations Are Present?

Think about issues of diversity for this client. For suggestions, review Fact Sheet 2: Human Diversity. Is the client's cultural, racial, or ethnic background identified in the case vignette? How could you provide therapy in a respectful manner, avoiding stereotypes and microaggressions? Do you need to research the client's background or examine your own biases to provide competent therapy? Would the client's cultural, racial, or ethnic background impact the treatment planning or interventions for this case?

Consider other aspects of diversity, such as LGBTQ identity. Is the client or their family questioning or struggling with their gender or sexual identity? Does the client have a physical disability, such as a hearing impairment? Is the client significantly older or younger than the therapist? What aspects of the client's identity might be difficult for you as a therapist?

4. What Ethical and Legal Issues Might Occur?

Think of one ethical and one legal issue connected with the case vignette. Consider how you would react as a therapist. For instance, would you be legally required

to report child abuse, elder abuse, or other issues? Review Fact Sheet 3: Legal Requirements and Fact Sheet 4: Ethical Standards to clearly understand the differences between ethical and legal issues.

5. What Transference and Countertransference Issues Might Occur during Treatment?

Transference occurs when a client projects avoidance, anger, love, dependency, or other feelings onto their therapist. Often, transference feelings are redirected feelings from past events or persons in the client's life. *Countertransference* occurs when a therapist projects their own feelings or desires onto their clients. This may occur as a reaction to a client's transference or happen independently of the client's behaviors. Review the examples in the section about transference and countertransference in Fact Sheet 2: Human Diversity. Identify transference and countertransference issues that could occur early in therapy and consider issues that may occur later as the therapeutic relationship develops. With all clients, it is important to acknowledge that social realities and stereotypes may affect the therapy process. These social realities should not be mislabeled as transference or countertransference.

6. What Is Your Diagnosis?

Diagnose the primary clients in the vignette. Review the suggestions in Fact Sheet 6: Developing a Diagnostic Impression. Several diagnoses are listed in the answer key. Consider which diagnoses make sense to you. Compare and contrast your answers with those in the answer key.

Questions 7 through 11 are not answered in the answer key because there is not a specific right answer. Thinking about these questions from multiple perspectives will help you consider the case from many different angles.

7. What Theoretical Approach Should Be Used?

How would a behaviorist approach the case? What would be different with a psychodynamic approach? What would be different with a family approach? Consider any other schools of therapy or approaches you know or have training in. The point is to be able to take the same case and approach it from different angles.

8. Who Is the Identified Client?

Who would you want to see in the first session? Who could be invited later? Who (if anyone) should be left out? Would this change if the theoretical approach changed?

9. What Assessment Tools Would You Use?

Review Fact Sheet 5: Biopsychosocial Assessment for suggestions about assessment. Which of these techniques might be appropriate for this client? Consider what would change if the theoretical approach changed. For example, a family therapist often uses a genogram, but a behavioral therapist is unlikely to use this tool.

10. What Is Your Treatment Plan?

Develop goals for the client at each stage of therapy: beginning, middle, and end. Use Fact Sheet 7: Planning Treatment and Setting Goals for suggestions.

11. What Interventions Would You Use?

Consider what type of intervention would be appropriate using several different theoretical approaches. For example, how might a behaviorist intervene? They may perhaps develop a behavior modification plan. How might a family therapist intervene? They may perhaps “prescribe the symptom” (THERAPlatform, n.d.). The point is to be able to take the same case and look at possible interventions from different theoretical orientations. Use Fact Sheet 9: Providing Therapeutic Interventions for suggestions.

SUMMARY

The “year of experience” approach is the most detailed way to use this casebook. However, it is important to consider your own learning style and the best way for you to utilize this book to learn case analysis skills. Because social work is a varied profession, most social workers need additional experience with a range of cases. This book can provide that experience.

80 Clinical Vignettes

Each vignette has a separate answer key that lists possible risk factors, diversity considerations, ethical or legal issues, the treatment issues of transference or countertransference, and possible diagnoses. To study for a licensing exam or to gain more clinical experience, carefully read each vignette. Write down all the risk factors, diversity considerations, ethical or legal issues, treatment issues of transference or countertransference, and possible diagnoses that you find. Then check the answer key. Identifying issues that you missed will increase your diagnostic skills and ability to recognize risk factors.

Study one case a day, taking time to consider all aspects of the vignette. If the case describes an unfamiliar situation, do internet research on the situation and possible therapeutic approaches, or read a basic article. Working through the cases in this book will create familiarity with the major DSM-5-TR diagnoses and the wide variety of cases that may be found in exam questions or a first social work position.

CASE 1: SOPHIA

Sophia (26) is a Black woman who identifies as LGBTQ and works as a social media manager. She describes the presenting problem in her first therapy session as “I’m afraid something is wrong with my body.” She reports nausea and vomiting when she eats the “wrong foods,” shooting pains in her back, and chronic headaches. She reports that she does not trust most doctors or prescription medications. She takes various supplements ordered online and regularly uses cannabis.

Sophia recently broke up with her girlfriend. She says, “It was a relief. I can’t talk about the reasons.” She reports that part of her childhood is “blacked out” and that her family has “lots of problems.”

CASE 2: FRANKLIN FAMILY

The Franklin family is seeking family therapy to cope with multiple problems: Olivia (5) has been having “lots of accidents” since the birth of her new sister three months ago despite being toilet trained for more than two years. Mrs. Franklin’s parents both died suddenly from COVID-19 within the past year. Mrs. Franklin feels intense grief and states, “I can just barely care for my kids.”

Mr. Franklin was laid off from his job four months ago. He has been unable to find work. He reports sometimes feeling “like I am going to explode.” Due to their reduced income, the family recently moved from a suburban home to a small apartment. At the end of the interview, Mr. and Mrs. Franklin reveal that they both had traumatic childhoods.

CASE 3: RUBY

Ruby (37) is a Latinx woman. While on a business trip, she was in a plane crash and was one of the few survivors. She was hospitalized for eight weeks due to severe injuries. Now she must use a cane to walk, which has impacted her active lifestyle. She has nightmares. Recently she “froze up” when she heard an engine noise.

Ruby is married and has two young children (4, 2). She says, “I’m not good with my kids anymore. I’m too short tempered.” She is worried about their safety. Her husband is upset with her and does not understand her behavior. Ruby is close to her extended family, who live nearby.

Ruby has not yet returned to work. Her boss has held her job open for her, and she plans to return to work in two weeks. She knows she will need to fly on business trips to keep her job. She recently increased her life insurance policy.

CASE 4: MS. SELANO

Ms. Selano (73) is hospitalized due to pneumonia. The nursing staff reports “odd” behavior and asks the hospital social worker to visit the patient and advise if a psychiatric consultation is needed.

When you visit, Ms. Selano seems alert and chatty, but she does not know today’s date and cannot tell you the name of the president. She talks rapidly about events that seem to have occurred in her childhood. Suddenly, she appears terrified and begins speaking incoherently.

In a phone conversation, Ms. Selano’s adult son reports finding several empty wine bottles in his mom’s recycling bin.

CASE 5: MS. TYLER

Anika (53) brings her mother Ms. Tyler (78) to a therapy intake session. Anika is concerned because her mother has given up previous social activities, has become isolated, and often stays in bed all day.

Ms. Tyler was a chef at a restaurant before her retirement. She no longer cooks for herself after an accidental kitchen fire three years ago. She frequently skips meals