

children, youth, adults, older adults, and families. They represented agencies that addressed child welfare, family services, and community mental health issues. The group included five males and five females from diverse ethnicities.

The focus group was conducted in a conference room at the organization's headquarters. The organization was interested in exploring options for greater collaboration and less fragmentation of social services in the local area. Participants in the group were recruited from local agencies that were either already receiving or were applying for funding from the organization. The 2-hour focus group was recorded.

The facilitator explained the objective of the focus group and encouraged each participant to share personal experiences and perspectives regarding cross-system collaboration. Eight questions were asked that explored local examples of cross-system collaboration and the strengths and barriers found in using the model. The facilitator tried to achieve maximum participation by reflecting the answers back to the participants and maintaining eye contact.

To analyze the data, the researchers carefully transcribed the entire recorded discussion and utilized a qualitative data analysis software package issued by StatPac, which offers a product called Verbatim Blaster. This software focuses on content coding and word counting to identify the most salient themes and patterns.

The focus group was seen by the sponsoring entity as successful because every participant eventually provided feedback to the facilitator about cross-system collaboration. It was also seen as a success because the facilitator remained engaged and nonjudgmental and strived to have each participant share their experiences.

In terms of outcomes, the facilitator said that the feedback obtained was useful in exploring new ways of delivering services and encouraging greater cooperation. As a result of this process, the organization decided to add a component to all agency annual plans and reports that asked them to describe what types of cross-agency collaboration were occurring and what additional efforts were planned.

(Plummer 68-69)

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

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.

Social Policy and Advocacy: Violence Prevention

As a social worker in a private nonprofit organization, I was hired to coordinate the activities of a newly formed countywide committee to explore and address violence prevention. The newly formed prevention committee was funded privately and managed by a local nonprofit, family service organization. As committee coordinator, it was my role to work with the committee to identify programmatic and policy interests that could be addressed in the community. The county demographics varied by region, from affluent suburban areas to impoverished urban areas.

The prevention committee was composed of professionals and community members throughout the county. Social service workers, healthcare professionals, educators, law enforcement officials, domestic violence professionals, community members, and local government officials worked collaboratively on the committee. Through monthly meetings, I worked with members to collect data on various forms of violence within the