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Case Vignette Discussion Slides and Case Examples

Case Vignette Discussion Slides and Case Examples were created as a part of a grant from New York Community Trust to the National Council for Mental Wellbeing to build the capacity of social work students to lead the charge against the opioid epidemic.

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How To Use The Slides and Case Vignettes

Feel free to use these templates to build your own session or case, use the examples provided or a combination of both approaches.

- Directions for live session:
  - Share a case with students in advance of the live session along with some discussion prompts to prepare them for the discussion.
  - Build out slide deck to guide conversation during the live session to include setting, client, any additional clinical details and what questions you want to focus on. Think about a variety of prompts that include clinical, policy and/or ethical questions.
- Directions for student assignment:
  - Identify a case(s) for student to read and review
  - Provide specific prompts that you would like the student to address as a part of the assignment. Include prompts that have the student address the case from a clinical and macro viewpoint as well as consider some ethical considerations.

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Sample Slides to Guide Discussion

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Setting

Add in description of setting

Meet *Insert Client Name*

Add information on client for case vignette

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Additional Clinical Details

Add in additional details to be reviewed

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Prompt Questions

- Add questions you want to use for the discussion or focus of the assignment
- Use questions from the following different categories:
  - Clinical
  - Policy
  - Ethical

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Questions to Guide Discussion

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Sample Questions to Guide Conversation and Reflection

What aspects of client's case reflects things you are seeing/experiencing in your field placement?

What other relevant information would be needed to identify a plan with either of these clients?

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Sample Clinical Questions

What diagnosis are you considering?

- Based on what signs, symptoms, history, or an additional info?

What clinical approaches could be utilized with this client– while in treatment and outside of treatment?

Are you considering using medication for opioid use disorder (MOUD or MAT)?

What level of care are you recommending? Can you as a social work treat the client or is a different level of care necessary?

What additional supports would help support the client?

Are there psycho-social-behavioral-medical concerns unique to this client?

How do our diagnosis, plan, assessment, recommendations and interactions and interventions align with the client in terms of stages of change, cultural considerations, individual motivation?

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Sample Policy Questions

- Are there organizational policies that may impact your approach, intervention, or ability to support/service the client?
- Are there local or state policies that may impact your approach, intervention or ability to support/service the client?
- What are some strategies to addressing macro level barriers and challenges?

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Sample Ethical Considerations

- Are there ethical considerations to be mindful of with this case?
- What ethical dilemma possibly come up for you or could come up?
- How might you navigate the ethical waters the vignette placed you in?
- What steps could you take to address any dilemmas?
- What steps would you take to avoid certain ethical waters?
- Who would be important to include and consult with for guidance and support?

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Clinical Case Vignettes

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Setting #1

You are a social worker in an inpatient substance use disorder organization where clients can detox or stay in a rehabilitation unit for up to three weeks.

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Meet Charles

Charles has a long history of opioid use disorder and is currently using 8-10 bags of heroin a day (IV). This is the second time you have worked with Charles. During his last inpatient treatment episode, Charles talked about how he was “sick and tired of being sick and tired” and how he was motivated to reconnect with his family. He made it the sober living house and was attending the intensive out-patient program (IOP) for about three months when one day he left with another housemate and never came back.

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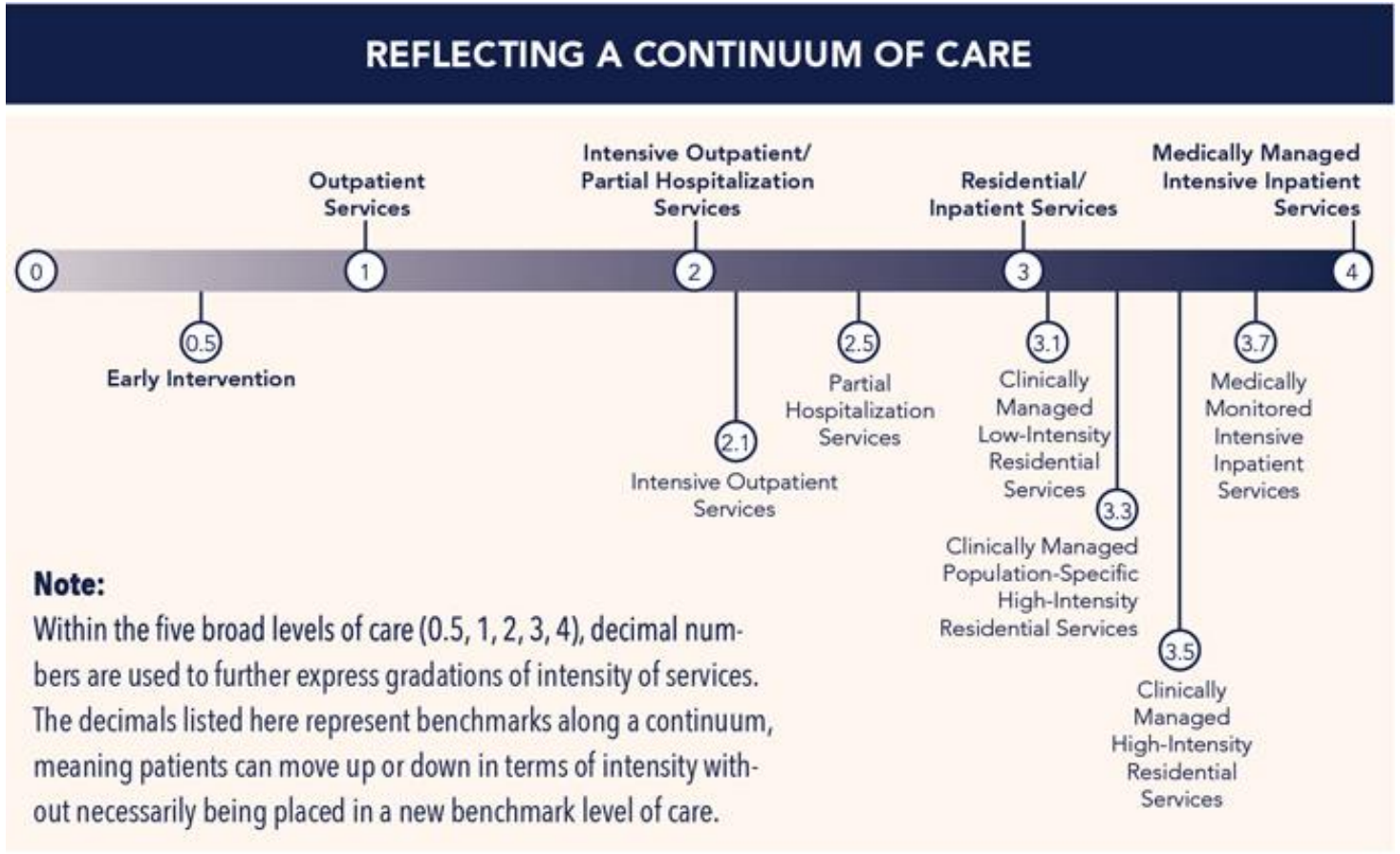
Continuum of Care



https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

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Setting #2

You are a school social worker in a high school.

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Meet Jennifer

Jennifer is a 16-year-old and was referred to you because she has been skipping school days and has been disruptive in her classes. This pattern of behavior is not new and you are aware of Jennifer because of behavioral concerns raised during her Freshman and Sophomore years. You have a rapport with Jennifer, and she often confides in you. Today she admits she has been hanging out with older kids who do not go to this school. She is adamant that you promise that what she is about to tell you is private and only between you both. You agree and she explains she has been using “oxy” but only when she hangs out with the new friends. She does not think the drug use is a connection to her behaviors. She begins to cry and explain her biological father who left the house four years ago has been back visiting and staying some nights. You know from your previous talks he was physically abusive towards Jennifer, her sister, and her mother.

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Setting #3

You are a social worker in an integrated health clinic that uses a collaborative care model. You work hand in hand with primary care providers and see your patients for “warm hand-offs.” You have 30 minutes of time: 90832.

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Meet Lisa

This is your third session with Lisa age 23. She came to your agency because her family told her she needed to get some help. You diagnosed her in session #1, which was 3-4 months ago with Adjustment Disorder with mixed anxiety and depressed mood and she scored an 18 on the PHQ-9. During her initial session, she disclosed that she had lost her job and a relationship of 3 years had ended "badly."

Lisa is friendly, engaging, and uses humor and laughs at times about the many stressors and problems in her life, using self-deprecating humor You are in the first 10 minutes of a 60-minute session (90837) and her PHQ-9 is a 22. She is yawning in session and behaves like she is cold despite the room being warm, rubbing her arms and legs in a way like she is trying to warm herself up – yet on her on her forehead is perspiration. She states – I think I am getting the flu – I feel so achy. You notice the skin on her arms has goose bumps and a runny nose. Lisa is more anxious in session as evidenced by rapid speech and exaggerated hand and body movements compared to the last time, and is speaking quickly when she blurts out, "and I think I am pregnant!"

Meet Lisa

Lisa reminds you of your cousin who you grew up with as part of your extended family. Your cousin and you drifted apart when you went off to college as your cousin's lifestyle was more around the party and social scene, and using various drugs associated with that lifestyle. Your ability to quickly connect and develop a strong rapport with Lisa reminds you of the positive aspects of your relationship with your cousin who you considered a trusted confidant for many years as a teenager and young adult. It's clear Lisa and you have a strong connection because she is beginning to disclose more details about her current stressors and past hardships like growing up with a mother who has an untreated alcohol use disorder. You are aware of your own concern and anxiousness for Lisa especially as her symptoms are not improving, and potentially worse. You are fearful her financial situation may exacerbate her current condition.

DSM-5 Diagnosis Criteria-Adjustment Disorder

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:

1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
2. Significant impairment in social, occupational, or other important areas of functioning.

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.

D. The symptoms do not represent normal bereavement.

Specify whether:309.0 (F43.21) With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.

- 309.24 (F43.22) With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.
- 309.28 (F43.23) With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.
- 309.3 (F43.24) With disturbance of conduct: Disturbance of conduct is predominant.
- 309.4 (F43.25) With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
- 309.9 (F43.20) Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

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PHQ-9 Questionnaire

PHQ-9 Score	GAD-7 Score	Severity	Proposed Treatment Actions
0 - 4	0 - 5	None	None
5 - 9	6 - 10	Mild	Watchful waiting, repeating at follow-up.
10 - 14	11 - 15	Moderate	Consider CBT and pharmacotherapy.
15 - 19		Moderately Severe	Immediate initiation of pharmacotherapy and CBT.
20 - 27	16 - 21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist.

PATIENT HEALTH QUESTIONNAIRE-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING

0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

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Setting #4

You are a social worker in an integrated health clinic that uses a collaborative care model. You work hand in hand with primary care providers and see your clients for “warm hand-offs.’ You have 30 minutes of time: 90832

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Meet Mike

Mike is a 32-year-old male who comes to your clinic because he has diabetes. Mike is dressed in jeans and a work-shirt for his job at an oil change shop. His hemoglobin A1c level has been 12-14% the past year. His primary care provider keeps adjusting his insulin however this has not impacted his A1c levels. Mike took the patient health questionnaire (PHQ-9) and the CAGE.

After some time, and you agree to keep your conversation confidential, Mike talks with you about how he is using heroin daily, but only so he doesn't get sick; and he has also bought suboxone off the street. Mike says he started using drugs around 15 and that his use of opioids and alcohol has increased in frequency and amount over the years. He explained how no one at work knows about his drug use except one other friend who also uses heroin.

Mike's CAGE Questionnaire

- Have you ever felt you should Cut down on your drinking/drug use? YES
- Have people Annoyed you by criticizing your drinking/drug use? YES
- Have you ever felt bad or Guilty about your drinking/drug use? YES
- Have you ever had a drink or use a drug first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)? YES

- ***Note: Scoring:*** *Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.*

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Mike's PHQ-9

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+
		TOTAL:		

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

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