



**MSU**<sup>SM</sup>  
**DENVER**

**Master of Social Work**  
**Department of Social Work**

## **Summer/Fall 2025 Master of Social Work Program Case Study Requirements & Prompts**

The Case Study should be completed by Advanced Standing applicants and must be written and saved to the applicant's computer as a **Word or PDF file** prior to being uploaded to the application checklist. You will upload the case study **after** you submit your MSU Denver graduate application. The case study is only a requirement for Advanced Standing applicants.

### **Case Study Requirements**

The case study is an important part of your application because it reflects your ability to think critically about a situation and indicates your level of knowledge about social work. The case study is assessed based upon its level and quality of comprehensiveness, appropriateness, clarity, and academic writing.

Your essay must incorporate the following:

- not to exceed 4 double-spaced pages, using one of the following fonts: 11-point Arial, 11-point Calibri, 10-point Lucinda Sans Unicode, 12-point Times New Roman, 11-point Georgia, or 10-point Computer Modern;
- provide the Admissions Committee a clear picture of your ability to construct a cohesive, academic essay that demonstrates your readiness for graduate-level work;
- synthesize your foundational social work knowledge and combine academic sources to support your rationale (references are expected and [APA 7th Edition style](#) should be followed); and
- provide the information requested below in a well-formed essay (that is, incorporate the required information into an essay) and NOT in short answer form.

### **Case Study Prompts**

Reflect on the elements of a bio-psycho-social-spiritual assessment as you read and then write your case presentation from the perspective of a **hospital social worker**.

#### **Bio-psycho-social-spiritual Assessment Example:**

1. Identifying Information
  - a. Demographic information: age, sex, ethnic group, current employment, marital status, physical environment/housing: nature of living circumstances (apartment, group home or other shared living arrangement, homeless); neighborhood.
  - b. Referral information: referral source (self or other), reason for referral. Other professionals or indigenous helpers currently involved.

- c. Data sources used in writing this assessment: interviews with others involved (list dates and persons), tests performed, other data used.

## 2. Presenting Problem

- a. Description of the problem, and situation for which help is sought as presented by the client. Use the client's words. What precipitated the current difficulty? What feelings and thoughts have been aroused? How has the client coped so far?
- b. Who else is involved in the problem? How are they involved? How do they view the problem? How have they reacted? How have they contributed to the problem or solution?
- c. Past experiences related to current difficulty. Has something like this ever happened before? If so, how was it handled then? What were the consequences?

## 3. Background History

- a. Developmental history: from early life to present (if obtainable)
- b. Family background: description of family of origin and current family. Extent of support. Family perspective on client and client's perspective on family. Family communication patterns. Family's influence on client and intergenerational factors.
- c. Educational
- d. Use and abuse of alcohol or drugs by client or family members
- e. Medical history: birth information, illnesses, accidents, surgery, allergies, disabilities, health problems in family, nutrition, exercise, sleep, observed physical injuries
- f. Mental Health history: previous mental health problems and treatment, hospitalizations, outcome of treatment, family mental health issues.
- g. Nodal events: deaths of significant others, family separations, serious losses or traumas, significant life achievements
- h. Cultural background: race/ethnicity, class, social orientation, primary language/other languages spoken, significance of cultural identity, cultural strengths, experiences of discrimination or oppression, migration experience and impact of migration on individual and family life cycle.
- i. Religion: denomination, church membership, extent of involvement, spiritual perspective, special observances

## 4. Assessment

- a. What is the key issue or problem from the client's perspective? From the worker's perspective?
- b. How effectively is the client functioning?
- c. What factors, including thoughts, behaviors, personality issues, environmental circumstances, stressors, vulnerabilities, and needs seem to be contributing to the problem(s)?
- d. What theories inform your assessment?
  - i. Psychological Developmental Theory
  - ii. Social Learning Theory
  - iii. Maslow/Kohlberg
- e. Identify the strengths, sources of meaning, coping ability, and resources

- f. Assess client's motivation and potential to benefit from intervention
5. Plan of action
- a. Discuss how your plan to address the Johnson family's situation **aligns with or deviates from** the social worker in this case. Why/Why Not?
  - b. What cultural considerations may be informing the social worker in this case consultation? Support with scholarly sources.
6. Identify an organization or a collaboration of government/private partnerships that can positively impact a response to the Johnson family?
- a. Identify a **policy** which either creates a barrier or a support to the Johnson family.
  - b. What **implicit biases and macro systems** may be impacting the way this family is being assessed and interacted with?
  - c. What **changes** would you like to see in these systems and how would you go about **creating change/getting into Good Trouble**?

## Case Presentation

**The Johnsons**, Mary and James, are a Black/African American couple who have been married for almost 60 years. James is a veteran; having served in the Army for two years during the Korean war. Upon returning from the war, he secured employment in a warehouse for a large manufacturing company where he met Mary. They married and Mary took on the roles of mother and homemaker. They have two children: *Clarice*, a daughter who is 50 and a single parent. Clarice has three children and works full-time as a dental hygienist in Colorado Springs. Her two youngest children are in high school and live at home. One of the children, Sondra, is struggling in school and Clarice is concerned about her ability to graduate this year. Clarice is also concerned about Sondra's friends and feels she has to keep a close eye on them to keep Sondra out of trouble. Clarice calls her mom every day and visits her parents every weekend. Although she also has high blood pressure and diabetes and is exhausted much of the time, she helps run errands and clean the house for her parents when she visits. *Clarence*, a son who is 39 and has Down's Syndrome. He has low cognitive functioning and has lived with his parents all of his life. He has some heart problems that are controlled by medication. He has a good relationship with his parents and is functional in the household setting. With his father's decline, he has been experiencing deep sadness and frustration that only his mother seems to be able to soothe. Mary is committed to her son and fears for his care when she is no longer around. Additionally, Mary manages the family's finances. James rose to the level of warehouse supervisor and retired at the age of 70. Upon retirement, he discovered that his company's pension fund had been dissolved and he received a small percentage of its original value. The couple income is fixed; they receive pension payments of \$100 monthly and Social Security in the amount of \$1000 (James) and \$500 (Mary). They own a small two-bedroom home in Southwest Denver in the Harvey Park South neighborhood, which is their most valuable asset. They have about \$50,000 in savings.

Mary Johnson, 79, has been in generally good health. She attends church every Sunday and has a small group of friends who are around her age and attend the same church. She takes medicine for diabetes and high blood pressure and wears glasses for farsightedness. She has been feeling weak and tired lately. James Johnson is 84 and his health is declining. He has been taking medicine for high cholesterol and high blood pressure for over forty years. About ten years ago, he fell off the porch and broke his leg. The recovery period was long and painful, and he started exhibiting some cognitive decline at that time. He stopped driving about five years ago when he had begun forgetting things, stumbling into furniture, and having bouts of confusion (e.g., not knowing where he is, who his wife and children are, etc.). These episodes have been increasing lately and Mary is having difficulty in managing his needs. In the past month, he has wandered from the house numerous times and was found by neighbors blocks away. On one of these occasions, he fell and had some minor cuts and bruises. One of her neighbors threatened to call Adult Protective Services on Mary. Now Mary keeps all the doors and windows locked at all times.

On Monday, Mary was in a car accident. She began to feel weak and passed out while driving. She hit a curb and a tree and is currently in the hospital. Her injuries include some minor cuts and bruises, and she has a broken clavicle and whiplash. The medical team believes she passed out due to low insulin levels. The family's only car is totaled, and they did not have physical damage coverage on the car.

Although walking is difficult for her right now, Mary is medically stable and able to be released from the hospital. Clarice is concerned about her mother's care and her mother's long-term ability to continue caring for James and Clarence. Her mother refuses to talk about this and maintains that everything is fine.

The hospital social worker is working on discharge planning. Clarice is taking her mother back to her mother's house and can stay with her for two days. In consultation with Clarice, the hospital social worker contacts Adult Protective Services. The hospital social worker has a number of concerns about the safety and well-being, both short-term and long-term, for the family.