

**SSD Paper**

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### **The Agency Setting**

My internship is taking place at Partnership for Families, Children, and Adults. Partnership is an organization that seeks to help survivors of domestic violence and sexual assault. In domestic violence situations, a person is only eligible for our services if they are or have experienced intimate partner violence. I specifically work in the rape crisis center at partnership. We serve all people, there are no restrictions due to age, gender, race, etc. We serve people who have experienced sexual assaults and are able to provide forensic examinations done by a trained sexual assault nurse examiner. We are also able to help clients by referring them to counseling, assisting them in reporting their cases, accompanying them to court, and providing necessary resources that they may need in their lives.

### **The Client**

My client's name is Susan, she is a thirty-five-year-old heterosexual, white female. Susan is currently separated from her husband of five years and is unemployed with no success of finding a job. Susan has been facing domestic violence from her husband for a year now and has come to Partnership to seek safe shelter. Susan had a recent encounter with her husband during her stay at Partnership which resulted in her being sexually assaulted. Susan has come to the rape crisis center seeking a forensic exam. Susan has been showing severe symptoms of PTSD and depression due to the traumas that she has endured. Susan is unable to sleep, eat, and is scared to leave her room.

### **Measurement**

Susan will meet with her case manager weekly to discuss her symptoms as well as work on her case. Susan will attend Partnership's free counselling services every two weeks to track

her PTSD and depression symptoms. Her counselor will use the Patient Health Questionnaire (PHQ)-2 and PHQ-9 to track her depression. The PHQ-2 has a 97 percent sensitivity and 67 percent specificity in adults, whereas the PHQ-9 has a 61 percent sensitivity and 94 percent specificity in adults. If the PHQ-2 is positive for depression, then the PHQ-9 should be done. Individuals who score high ( $\geq 10$ ) on the PHQ-9 were more likely to be diagnosed with depression. On the other hand, individuals scoring low ( $\leq 4$ ) on the PHQ-9 were less likely to have depression. To track her PTSD, her counselor will use the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). This is a 30-item structured interview that can be used to make a diagnosis, determine lifetime diagnosis, or assess PTSD symptoms over the previous week. The scoring is on a scale from 0-4, zero being absent and four being extreme or incapacitating.

### **Intervention**

The intervention that would help Susan to meet her desired behavior chance would be to meet with her counselor at Partnership every other week for an hour. They will be able to work through a lot of the trauma she endured as well as track her PTSD and depression symptoms to be sure that Susan is making progress. The depression scale is expected to work based on this information, “the PHQ-9 and PHQ-2, components of the longer Patient Health Questionnaire, offer psychologists concise, self-administered tools for assessing depression. They incorporate DSM-IV depression criteria with other leading major depressive symptoms into a brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment” (American Psychological Association, 2011). The PTSD scale is expected to work since it is verified for use by qualified mental health professionals and researchers by the National Center for PTSD.

### **Single System Design Type**

I am using an explanatory design. The goal of this design is to show that a particular intervention caused an observed result. So, in Susan's case, we want to see if the intervention of counseling is causing her PTSD and depression symptoms to lower. The specific subtype that I am using is the ABA design. This is where Susan's score will be displayed without an intervention, then with an intervention, then without an intervention again. This design pinpoints if the intervention is specifically helping to improve the symptoms or not.

### **Follow Up**

If the intervention is not getting Susan to the targeted score, then her counselor will increase her counseling sessions to once a week. If the desired results are still not met, then her counselor will increase their sessions to twice a week.

## References

American Psychological Association. (n.d.). *Patient health questionnaire (PHQ-9 & PHQ-2)*.

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Grinnell, R. M. (2021). *Foundations of Research Methods for Social Workers: A critical thinking approach: Field guide, road map, Workbook, survival guide*. Pair Bond Publications.

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