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## **Case Research and Practice Integration Paper**

[Student Name]

[University Name]

5320 Practice with Individuals

[Professor Name]

April 23, 2026

### **Case Summary and Social Work Involvement**

Marisol Trujillo, a 42-year-old Hispanic female, arrives at the Doña Ana Community Wellness Center in the middle of a severe crisis. Recently, a sudden layoff of a long-term job position, which has shaken her stability, has resulted in a domino effect of money crunch, lack of health insurance, and imminent eviction. Besides these economic stressors, Marisol also has alarming physical symptoms and takes unidentified medications. Moreover, her social network is diminished, and she is protective of family ties and her boyfriend, Ruben. Nevertheless, her loyalty to her son, Nico, is a strong psychological power despite those adversities. Finally, the social work priority should be to establish a therapeutic relationship that respects her guardedness but emergently considers the systemic threats to her health and housing.

### **Competency #1: Demonstrate Ethical and Professional Behavior**

The most urgent ethical challenge is the unknown drug that Marisol and Ruben are taking. As a social worker, the beneficence rule, including the best interest of the client, is in conflict with the self-determination rights of Marisol. Although she does not doubt the medication, medical oversight, and sharing of drugs with Ruben are the factors that put her at risk of substance misuse or drug interactions. In addition, the sharp questions Marisol asks regarding the limits of confidentiality can be interpreted as her evaluating the risks of Full disclosure. To navigate this, I will need to engage in self-reflection, so my professional response is not obscured by an overcorrectional urge or her unresponsiveness. The NASW Code of Ethics includes the requirement that social workers should refrain from violating client autonomy and simultaneously consider the obligation to avoid harm (NASW, 2021). I would discuss the medication non-judgmentally with the use of psychoeducation by asking questions about the purpose the medication plays in her life (e.g., decreasing anxiety), but not the harmfulness. Consulting with a

clinical supervisor is essential to determine if the situation meets the threshold for "duty to warn" or if mandatory reporting is triggered regarding Nico's environment.

## **Competency #2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice**

The case of Marisol is a manifestation of larger systemic economic injustice, especially among low-wage agricultural people of color. In particular, her firing on account of raising safety concerns illustrates the structural inequality underlying profit maximization at the expense of workers. Furthermore, Latino women in the U.S. have pronounced wage gaps, earning approximately 57 cents per dollar relative to non-Hispanic white men. Therefore, when an individual loses a job, it will disrupt the whole family. On an individual basis, I would refer Marisol to SNAP, Medicaid, and housing assistance. At the same time, on the systems level, I would report about labor violations and refer her to legal resources. Finally, her struggles are indicative of structural inequities.

## **Competency #3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice**

The identity of Marisol as a working-class Latina in rural New Mexico is central to her experience. Her use of informal networks to obtain medication and her reluctance to pursue formal mental health help are not symptoms of non-compliance but an adaptation to a system that has marginalized or excluded her historically. Cultural humility will force me to understand that formal institutions might feel threatening to Marisol instead of offering any aid. Her reservedness is caused by the stigma of mental health (*salud mental*) among certain Latinx communities as well as the fear of state intervention in family affairs. Anti-racist practice includes a de-pathologization of her behaviors, banding her "guardedness" as a logical survival mechanism in the environment

of systemic oppression. I must respect her knowledge in her own life, and the intervention should be Eurocentric, not culturally congruent (Cooper and Lesser, 2022).

#### **Competency #4: Engage in Practice-Informed Research and Research-Informed Practice**

Studies have shown that Latino women who encounter Intimate Partner Violence (IPV) have distinctive obstacles to reporting, such as familismo (loyalty to family), fear of legal consequences against the partner, and economic coercion (Zavala, 2025). This redirection experienced by Marisol when he mentions Ruben is a clinical red flag. I would use such databases as Social Work Abstracts and PubMed to inform my practice. Search keywords, including IPV barriers and Latina women, and economic coercion and rural health, would offer evidence-based approaches to screening. The studies presume that a lot of immigrant or immigrant-related women are too afraid of being isolated or deported to consider the potential advantage of reporting maltreatment (Wrench et al., 2025). This knowledge ensures I do not push for a disclosure she isn't ready for, which could inadvertently increase her risk.

#### **Competency #5: Engage in Policy Practice**

It is the invisible hand that shapes the life of Marisol. Her primary sources of health coverage reimbursement are the Affordable Care Act (ACA) and the Medicaid expansion in the state of New Mexico. But the policy loopholes in rural medical infrastructure and the absence of strong protections against workplace retaliation place her at risk. I need to guide Marisol through the challenges of New Mexico evictions. Knowledge of the "specific timeline of the processes of the Notice to Quit will enable us to support her with more time with her landlord. Moreover, I will take part in macro-practice by helping the local activist organizations, such as the Comunidades

en Accion y de Fe (CAFÉ), sponsor bills that advance tenant protections and the rights of the agricultural workers within the state legislature (Cooper & Lesser, 2022).

### **Competency #6: Engage with Individuals, Families, Groups, Organizations, and Communities**

Marisol needs a low-demand, high-support approach to engage. The fact that she misses appointments and is always late shows her mistrust of the system. With Motivational Interviewing (MI), I will work on rolling with resistance instead of directly confronting her. By focusing on her concerns over Nico attending school, I establish a working alliance on her terms. Such a family-centred approach identifies that her identity is tied to her role as a mother. At the same time, by referring her to local food pantries and the Ben Archer Health Clinic, one fulfills her immediate survival requirements, which are a precondition to any meaningful psychological activity (Cooper and Lesser, 2022).

### **Competency #7: Assess Individuals, Families, Groups, Organizations, and Communities**

A biopsychosocial examination shows a highly distressed client.

- **Biological:** Somatic symptoms (weight loss, tachycardia) indicate elevated levels of cortisol and possible underlying medical conditions such as diabetes, which is common in Latinx communities.
- **Psychological:** Her symptoms are typical of Major Depressive Disorder or Generalized Anxiety Disorder and are compounded by acute trauma due to job loss.

- **Social:** An eco-map would demonstrate discontinued lines to her job and extended family, and a stressful relationship with Ruben.

The leverage points of intervention are her strengths, her vocational history, and maternal devotion. Evaluation is not a singular act but a continuous process of observing her safety and stability (Cooper & Lesser, 2022).

### **Competency #8: Intervene with Individuals, Families, Groups, Organizations, and Communities**

Intervention is based on a hierarchy of needs. Phase one is stabilization: Medicaid application, food security, and a plan of safety in case of domestic instability. Phase two entails Cognitive Behavioral Therapy (CBT) to overcome her experience of being a bad mother by restructuring her job loss as a failure of the system and not herself. I will also apply to Self-Psychology, which would offer a holding environment in which Marisol would feel listened to and accepted. This therapeutic emotional activity may restore the harm caused by a predatory work environment and an abusive family (Cooper and Lesser, 2022).

### **Competency #9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities**

The assessment will be quantitative and qualitative. I will be using PHQ-9 (Patient Health Questionnaire) to monitor her depressive symptoms, and GAD-7 to monitor her anxiety symptoms. In case her scores fail to reduce following 6–8 sessions, we will reevaluate the intervention plan. On a qualitative level, I will ask Marisol to give feedback: "Do you feel like we are working on what matters to you? This makes power dynamic balanced. In case Marisol disengages, I will

consider the possibility of the clinical setting being too formal or that there were structural barriers (transportation, childcare) that caused it. Supervision will serve to address countertransference and make sure my advocacy aligns with the self-determined goals of Marisol (Cooper and Lesser, 2022).

## References

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