Single-System (Subject) Design Study

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Introduction

Single system research design plays a significant role in the field of social work from the middle 1960s. The design involves the collection of data to evaluate social work. The single system design uses the data related to what happens within an individual system. It entirely entails consists of the collection of baseline data repeatedly for a period before implementing intervention and the collection of data during the intervention period (Wong, 2010). Most of the applications of the design have been used in social work journals and reflect empirical evaluation efforts based on diverse practice perspectives. The discussion on the evaluation of single system research design in social work provides a historical background to illustrate the practical value the system design in helping practitioners empirically evaluate the outcomes of their practice.

The system involves a detailed study of the system or individual subject through repeated measures over time. It achieves this by manipulation of an independent variable and showing their corresponding effects in a dependent variable. Besides, it replicates the manipulation of the independent variable and subsequent change in the dependent variable to demonstrate a cause-and-effect relationship. Several replications in the system design have been performed over the years, like changing a dependent variable, followed by reversing the change occurred, which involves producing a successive change across various settings, subjects, or behaviors. A change according to a pre-determined random schedule follows or else changing the dependent variable level.

Literature review

Single system design study emerged from the experimental analysis of behavior t pts adoption behavior analysis and clinical psychology. It is applied in various human service professions, but applied behavior analysts use the design more frequently. With the logical framework as well as the types of experimental control, it contracts with statistical control procedures used between-group experiments. The issues are well-reviewed, and many suggestions have been made on the recent movement towards rapprochement between the two approaches (Moore,1990). The classic Campbell and Stanley, 1963 monograph discusses experimental methodology issues relevant to both Single System Design, which is within-subject and between-groups designs. Besides, Baer, et al., 1968 propose that Single System Designs should be the principal research methodology for the nascent field of applied behavior analysis. Moreover, they make a compelling argument for its usefulness in clinical psychology and provides numerous illustrative Single System Design studies.

From the literature, I selected a single system design to craft a plan of action to address Paula’s noncompliance with her medications, pregnancy, and paranoia. Paula seems to be in the worst condition since she has been in the psychiatric unit for a minimum of 72 hours. A deemed suicidal risk by the social worker assessment placed her pregnancy at risk as she is also unsure whether to terminate it or not. Paula raised a critical issue to the social worker that she was fearful of the baby’s father as he can hurt her, and as a result, she started smoking to calm her nerves and even skipping her HIV medications. The precipitating factors to her hospitalization created a discussion on the ways to address the issue using the design study.

Purpose

In the research evaluation, single-system designs are instituted in the event of conducting the study. It incorporates the complete elements of single-system designs in the count of their general features, quantifying the fundamental issue, and analyzation of the results. Several design concepts are formulated to address the diverse issues arising during social work research analysis, monitoring clients, and practice assessment. Despite the extensive use of single-subject schemes in research evaluation, there are principled matters and evidence-tied practices linked to them.

The use of single-subject design as a technique of social work study has an underlying code that in the event of a user, agency, or public, is operative. It has to be designed in a manner that it can detect an alteration in the state for a period before the mediation to the period through and after the intrusion. Single-subject design, being a social work study tool, it constitutes three core elements. These elements include repeated measurements, the baseline stage, and the recuperating stage. The baseline and recuperating stages are generally represented in graphical form.

An expert study that uses single-systems designs and imitation research has been endorsed as a method to advance psychosocial intrusions of verified effectiveness. Also, archived records imply the availability of comparatively slight practitioner journal of single-system lessons. In assessing the efficiency of mental, behavioral interventions in handling and countering chronic diseases that highly attack individuals who are infected with HIV/AIDS such as schizophrenia. The use of both baseline and treatment phases in the single-subject system to analyze the alterations in medical results. Evaluated extents of psychosocial running, extreme indications, and achievement of treatment targets. The single-subject systems address the orders for any impending research and the relevance to physical and mental health issues.

It is hardly astonishing, given the intricacy of the disorder, that effective treatment of schizophrenia necessitates attention to numerous mechanisms of care. Medications indeed form the foundation of treatment, but drugs alone are not enough to keep people stable and/or to achieve recovery. Elements of wide-ranging care for individuals suffering from schizophrenia include; monetary help, highly specialized therapy/care, effective medical support, offering sustenance and educational programs, giving privileged and “regular” employment chances, the proper medication attention, accommodation/shelter support, psychoeducation (illness education), and appropriate medical care. Also, additional focused psychoanalysis/support (both peer support services and cognitive behavioral therapy), access to harmonized substance abuse services, and social skills training and community restoration support services.

Such measures for initiating wide-ranging care in single-subject design systems are reliable and valid as they are able to achieve their intended goal. The affected individuals are granted the chance to feel countable and needed in society. They are in a position to appreciate the raised efforts from their peers in supporting and promoting their lives in spite of their disturbed conditions. The care scheme also promotes personal interrelationships in society and helps affected individuals to completely accept their situation and develop better decisions for the future. The support and affection they receive from the other people pave the way for further research on the problems and play parts in promoting awareness to the general society. The structured care systems prove to be reliable since their inception record positive implications on the affected people.

In baseline, the stage is where the scholars can acquire and accumulate information on the dependent value without having any single intervention measures (Guzmán et al., 2016). In the single-subject system design, researchers are needed to dig deeper and obtain right-hand data that is essential for the full research evaluation.

Several communal facilities and support programs from both governmental and non-governmental organizations are capable of installing the follow-up measures. Training to the general public is useful in developing acquaintance and assertiveness on the members of the public and also helping them to offer a helping hand to the affected individuals. Such knowledge helps to fully encompass the ailing people in the society rather than isolating and discriminating them. Peer educators help the affected people to get a better depiction of how they can achieve their lifetime goals and give them hope and faith in their progression (Vezzoli et al., 2017). the creation of confidence in their minds is essential in the treatment process as they can manage their stress levels and live a healthier life.

The criteria I would use to determine whether the intervention is effective is by offering Paula with mental support, financial support through guidance, and canceling. With her current situation being HIV positive, and she has hepatitis C and multiple foot ulcers, she needs to maintain her health. Through guidance and canceling, she would be able to feel healthier, which would include good medical care, peer support services, and cognitive behavioral support, and access to harmonized substance abuse services. She needs to be educated on the adverse effects of non-compliant on medication. I would assign a responsible person to take care of her by ensuring she complies with her doctor’s guidelines. On the peer support services to the society, her husband needs to be educated and guided on the critical condition her wife is, so he needs to stay well with Paula. For the criteria to be effective, all the guidelines should be put in place well to ensure she stays healthier and happier.

The periodic measurements are ethical and useful in rehabilitating Paula's situation. The highly specialized medical attention and cognitive therapy will assist in calming her mind, managing her stress levels, and getting her cognition back to a healthy state. The peer education will help her in making sound decisions that will enable her to live a better future despite her condition. Paula needs to accept her condition to fit in the society, which is achievable through the initiation of psychoeducation in the single-subject system design evaluation.

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