



CASE MANAGEMENT:

PROBLEMS DON'T RIDE SOLO; NEITHER SHOULD SOLUTIONS

James Campbell, LPC, LAC, MAC, AADC

PRIMARY SOURCE:

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Comprehensive Case Management for Substance Abuse Treatment

Treatment Improvement Protocol (TIP) Series

27



PRIMARY SOURCE:

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Comprehensive Case Management for Substance Abuse Treatment

Treatment Improvement Protocol (TIP) Series

27





WHAT IS CASE MANAGEMENT?

- Case management generally can be described as a coordinated approach to the delivery of health, substance misuse, mental health, and social services, linking clients with appropriate services to address specific needs and achieve stated goals.



WHAT IS CASE
MANAGEMENT?

- Case management generally can be described as a **coordinated** approach to the delivery of health, substance misuse, mental health, and social services, **linking** clients with appropriate services to **address specific needs** and **achieve stated goals**.

WHEN IMPLEMENTED TO ITS FULLEST, CASE MANAGEMENT WILL ENHANCE THE SCOPE OF ADDICTIONS TREATMENT AND THE RECOVERY CONTINUUM.

A TREATMENT PROFESSIONAL UTILIZING CASE MANAGEMENT WILL:

Provide	Provide the client a single point of contact for multiple health and social services systems
Advocate	Advocate for the client
Be Flexible	Be flexible, community-based, and client-oriented
Assist	Assist the client with needs generally thought to be outside the realm of substance use disorder treatment



WHAT DOES SUBSTANCE USE IMPACT?

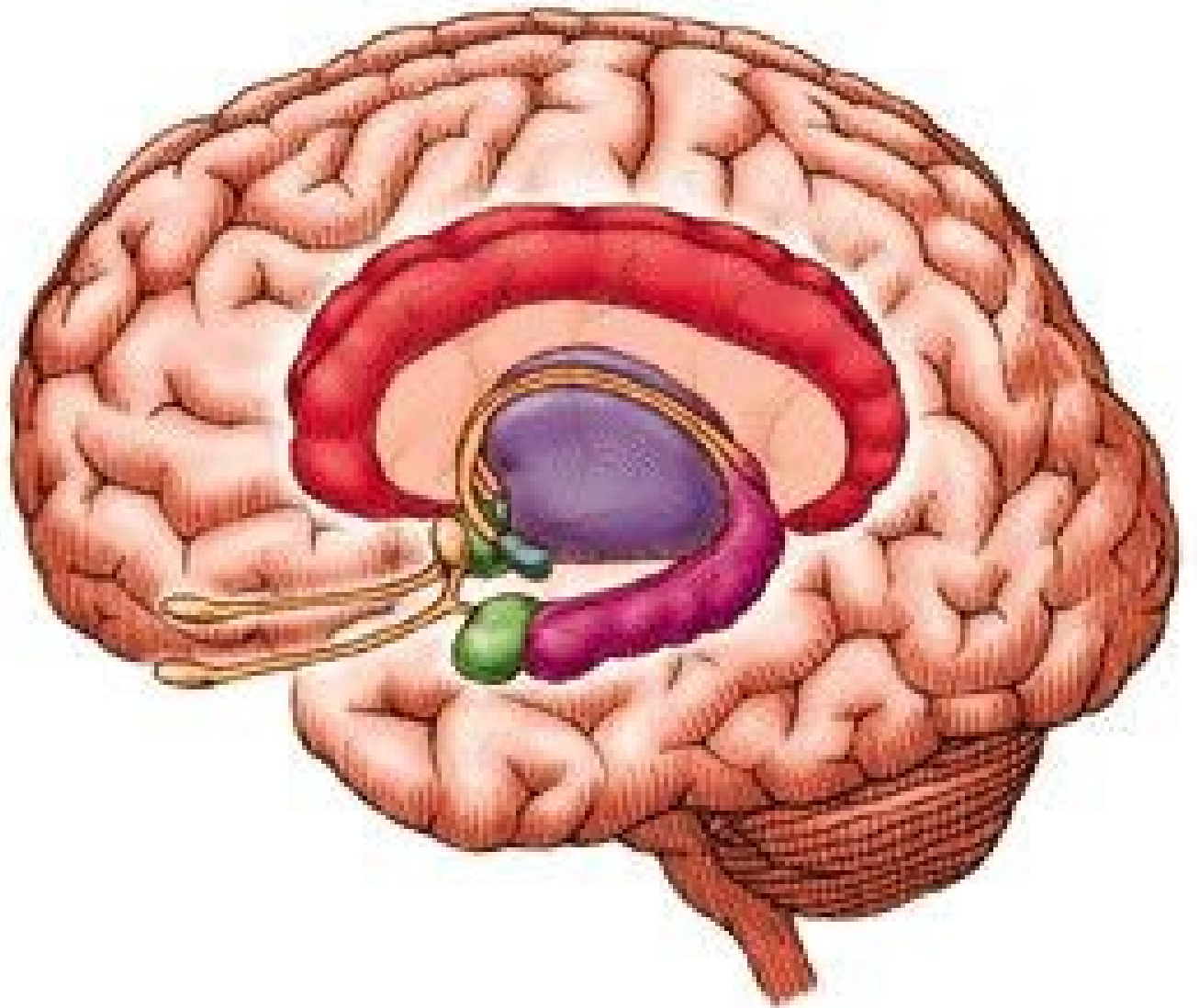
THE FOUNDATION



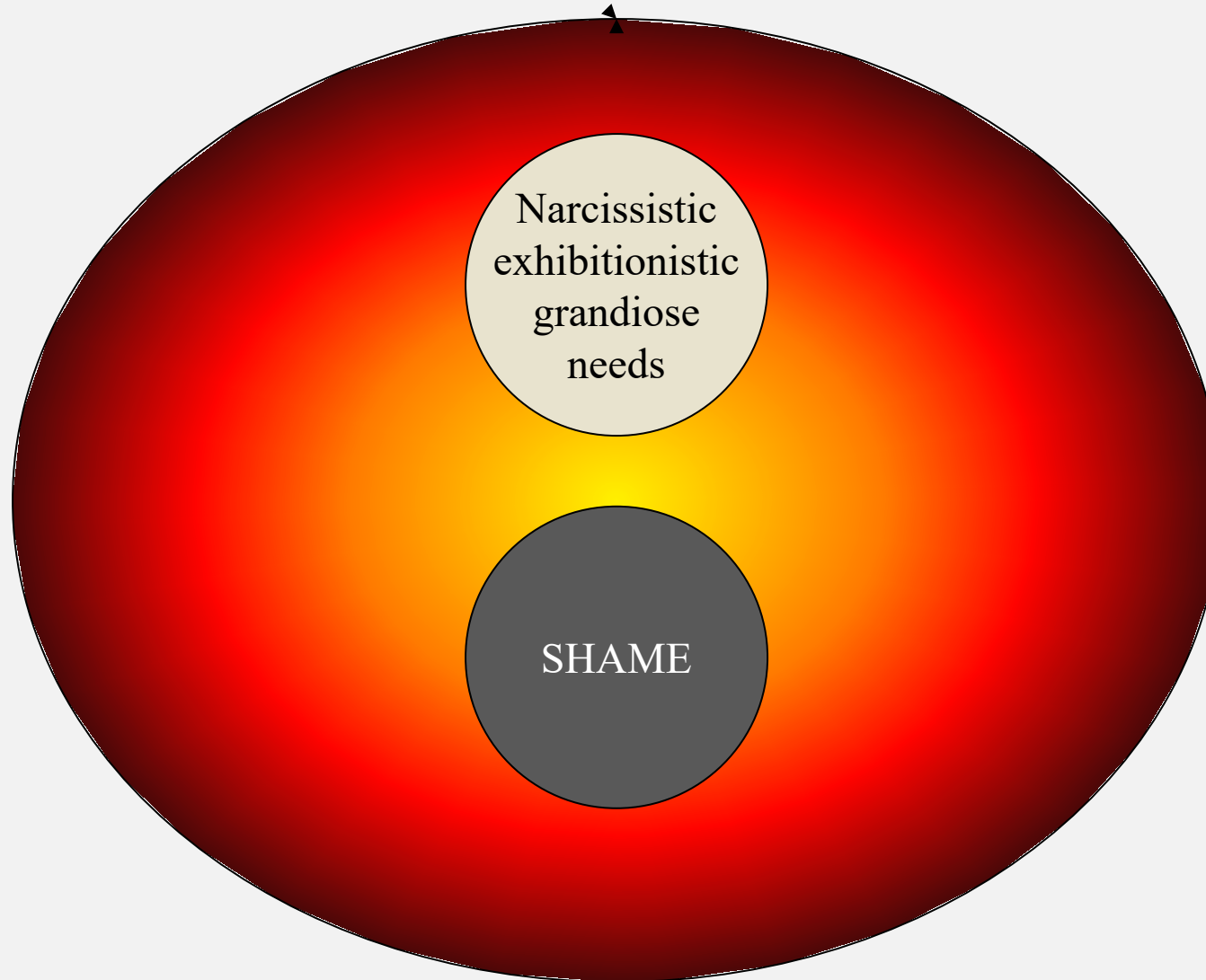
plus
experience
equals
Addiction



BIOLOGY OF ADDICTION



PSYCHOLOGY OF ADDICTION



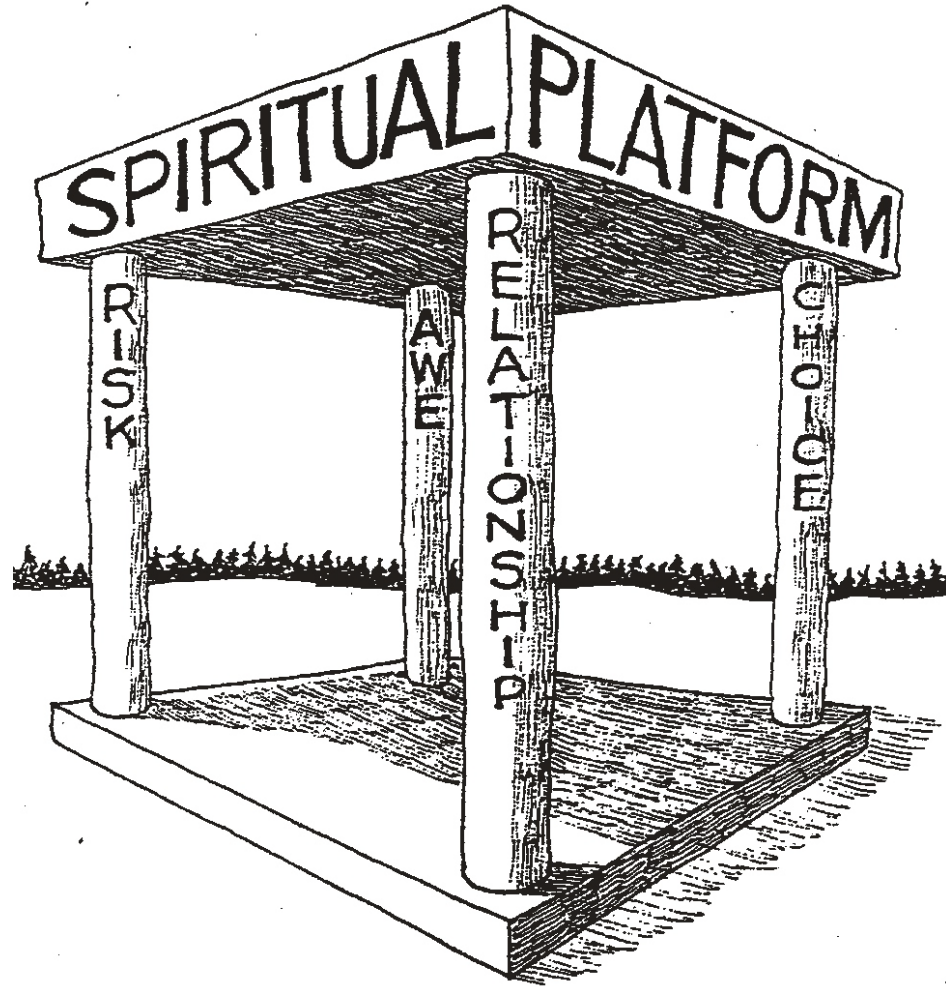
A circular arrangement of puzzle pieces, with one piece missing from the bottom right. The pieces are light gray with dark gray outlines. The missing piece is highlighted with a bright yellow glow. A white rectangular box is overlaid on the center of the circle, containing the text "SOCIAL CONTEXT OF ADDICTION" in white, bold, uppercase letters.

SOCIAL CONTEXT OF ADDICTION



SOCIAL CONTEXT OF ADDICTION

SPIRITUALITY
OF ADDICTION




THE REFRAME



plus
experience
equals
Recovery



What is Positive Recovery?

Addiction	Experiential	Recovery
Biological Vulnerability		Biological Resiliency
Psychological Liability		Psychological Assets
Social Isolation		Social Support
Spiritual Bankruptcy		Spiritual Abundance

Biological	Psychological	Social	Spiritual

A BRIEF HISTORY OF CASE MANAGEMENT

“More than 70 years ago when Mary Richmond envisioned a cadre of “friendly neighbors” helping others in their struggles with real world needs (Richmond, 1922), she created not only the field of social work, but case management as well.”

“While she applied the term *social casework* to the activities that affected the adjustment between an individual and the social environment, she could well have been describing the key functions that now comprise case management.”

A BRIEF HISTORY OF CASE MANAGEMENT

“One of the first legislative embodiments of case management occurred in the 1963 Federal Community Mental Health Center Act (Intagliata, 1982) in anticipation of deinstitutionalization, in which persons in longterm psychiatric care were moved into community settings. The expectation that these individuals would need services previously provided in the institution led to the rapid expansion of community-based social services.”

A BRIEF HISTORY OF CASE MANAGEMENT

“Unfortunately, these services were often created independently of one another and, coupled with the categorical nature of the eligibility for services, led to difficulties for persons used to having these services provided in institutions.”

1982; Stein and Test, 1980; Test, 1981; Turner and TenHoor, 1978).

A BRIEF HISTORY OF CASE MANAGEMENT

Individuals who use substances “historically were never institutionalized as often as were persons with chronic mental illness and so were not directly impacted by deinstitutionalization legislation. Substance abusers* were not generally targeted for the development of categorical systems of service delivery and were not generally recipients of case management services.”

A BRIEF HISTORY OF CASE MANAGEMENT

“However, case management-like services were provided to substance abusers* under other titles, such as ‘mission work,’ and frequently delivered by the clergy or others in skid row missions, detoxification centers, and ad hoc halfway houses.”

Unintended Consequences?

1. Moral Viewpoint
2. Informal Approaches
3. Punitive Approaches

A BRIEF HISTORY OF CASE MANAGEMENT

“Jails and county work farms were generally the institutions of choice in dealing with this population. Only after substance abuse* began to be decriminalized and defined as a disease were substance abusers* referred to various social services.”

IDEALLY, CASE MANAGEMENT IS...

- “Planning and coordinating a package of health and social services that is **individualized** to meet a particular client’s needs” (Moore, 1990, p. 444)
- “Process or method for ensuring that consumers are provided with whatever services they need in a **coordinated, effective, and efficient** manner” (Intagliata, 1981)
- “Helping people whose lives are unsatisfying or unproductive due to the presence of many problems which **require** assistance from **several helpers at once**” (Ballew and Mink, 1996, p. 3)
- “**Monitoring, tracking and providing support** to a client, throughout the course of his/her treatment and after” (Ogborne and Rush, 1983, p. 136)

IDEALLY, CASE MANAGEMENT IS...

- “Assisting the patient in **re-establishing an awareness of internal resources** such as intelligence, competence, and problem-solving abilities; establishing and negotiating lines of operation and communication between the patient **and external resources**; and **advocating** with those external resources in order to enhance the continuity, accessibility, accountability, and efficiency of those resources”
(Rapp et al., 1992, p. 83)
- “**Assess[ing]** the needs of the client and the client’s family, when appropriate, and **arranges, coordinates, monitors, evaluates, and advocates** for a package of multiple services to meet the specific client’s complex needs.”
(National Association of Social Workers, 1992, p. 5)

WHAT ABOUT
CONFIDENTIALITY?

- **Be aware of and follow HIPPA and 42 CFR.**
- **Have a release of information before providing any identifying information about a client at all.**
- **When in doubt, err on the side of confidentiality and anonymity.**

PRINCIPLES OF CASE MANAGEMENT

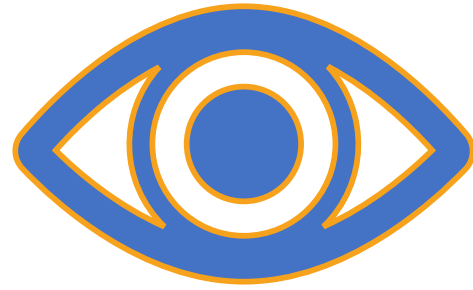
- **Case management offers the client a single point of contact with the health and social services systems.**
- **Case management is client-driven and driven by client need.**
- **Case management is community-based.**
- **Case management is pragmatic.**
- **Case management is anticipatory.**
- **Case management must be flexible.**
- **Case management is culturally sensitive.**

DOCUMENTATION

If it isn't documented, it
didn't happen.


Often documentation includes at a minimum:

- Was the client present?
- What did you actually do?
- Who was talked to when and where about what?
- What treatment or recovery goal was being addressed?
- What was the outcome or response?
- What are the next steps and future plan?



QUESTION
SO, WHAT DOES THIS LOOK LIKE?

What is Positive Recovery?

Addiction	Experiential	Recovery
Biological Vulnerability		Biological Resiliency
Psychological Liability		Psychological Assets
Social Isolation		Social Support
Spiritual Bankruptcy		Spiritual Abundance

Biological	Psychological	Social	Spiritual

Case Management Worksheet

Name: _____

Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

CASE STUDY: THE OLIVARES FAMILY

Joaquín Olivares, a 38-year-old Mexican immigrant, and his 35-year-old wife presented to a family services agency with the complaint of "family problems." The Olivares have been married for twelve years and they have two children (a son aged 6 and a daughter aged 8). They have lived in the U.S. for eight years. He worked as a machine worker in a factory for five years before being recently "laid off." He presently works as a day laborer. Mrs. Olivares works as a housekeeper for a family and has diabetes.

Mr. Olivares complains that his wife has recently started "to nag" him about his drinking. He admits that during the last few months he has increased his intake of alcohol, but denies that this is a problem for him, as he drinks "only on the weekends, and never during the week." He drinks every weekend, but is vague about the actual amount.

Mr. Olivares and his wife speak of the difficulties they experience in living in the U.S. Neither speaks much English. Mr. Olivares admits to being quite worried about his previous lay off, adding that he didn't want to "let the family down" in his responsibilities. As a result, he works long days in order to make ends meet. His weekend drinking is, for him, his way of relaxing, which he feels that he deserves.

Case Management Worksheet

Name: _____

Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

CONTACT INFORMATION:

James Campbell, LPC, LAC, MAC, CACII

Training and Technical Manager, SATTC
Director of Family Excellence Institute, LLC
Adjunct Faculty, Various Universities
APSC/SCAADAC, Immediate Past President
Poet, Musician, and Minister

Author of:

Broken: Finding Peace in Imperfection
Perfect Marriage Twenty Myths that Can Really Mess Up Your Relationships
Don't Forget Me (Written with Steve Grant)

(864) 360-1636

jamescampbell@familyexcellence.net

www.familyexcellence.net



James Campbell and Family Excellence Institute, LLC