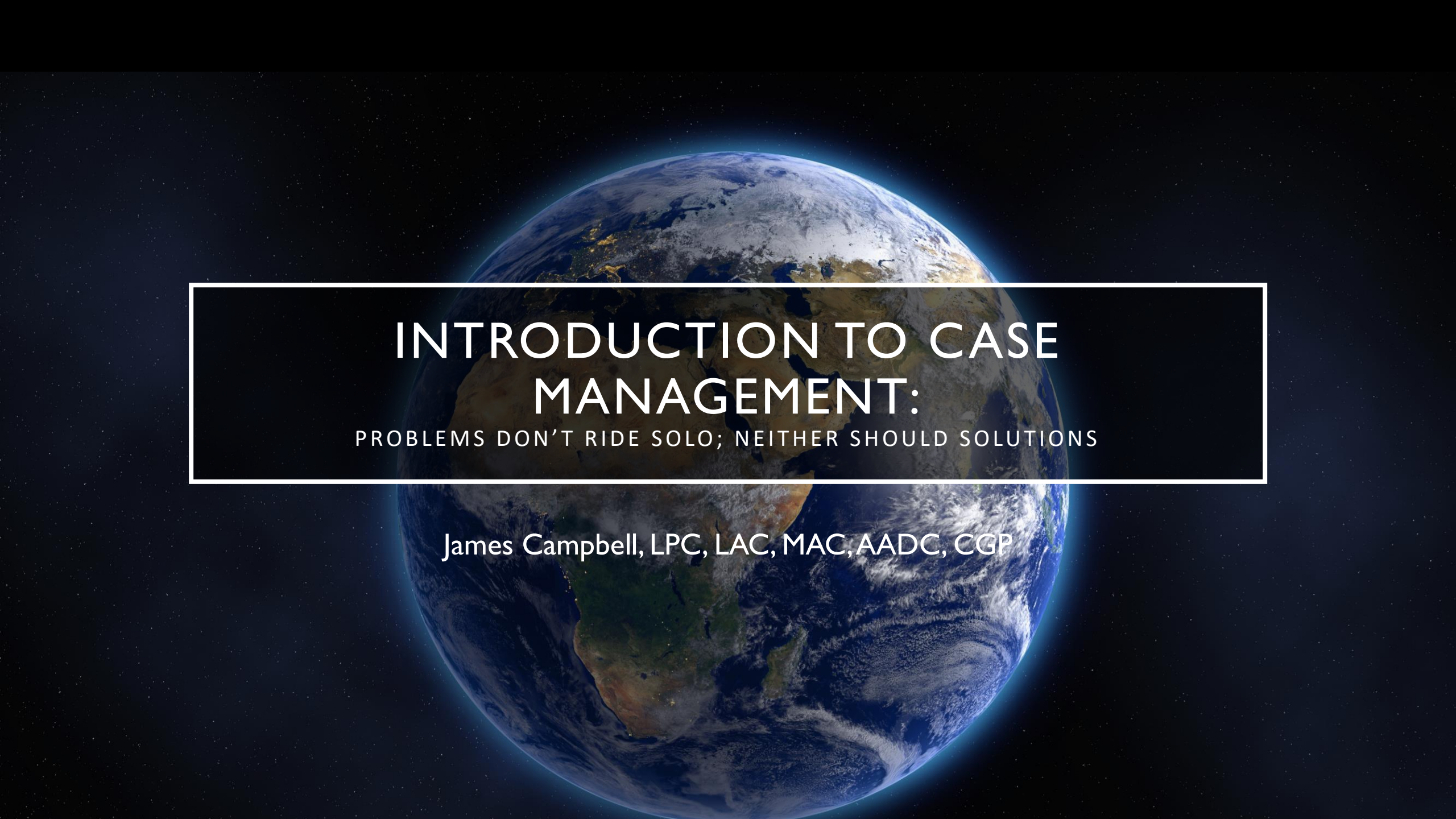


INTRODUCTION TO CASE MANAGEMENT:

PROBLEMS DON'T RIDE SOLO; NEITHER SHOULD SOLUTIONS

James Campbell, LPC, LAC, MAC, AADC, CGP

WHO AM I AND WHY AM I HERE?

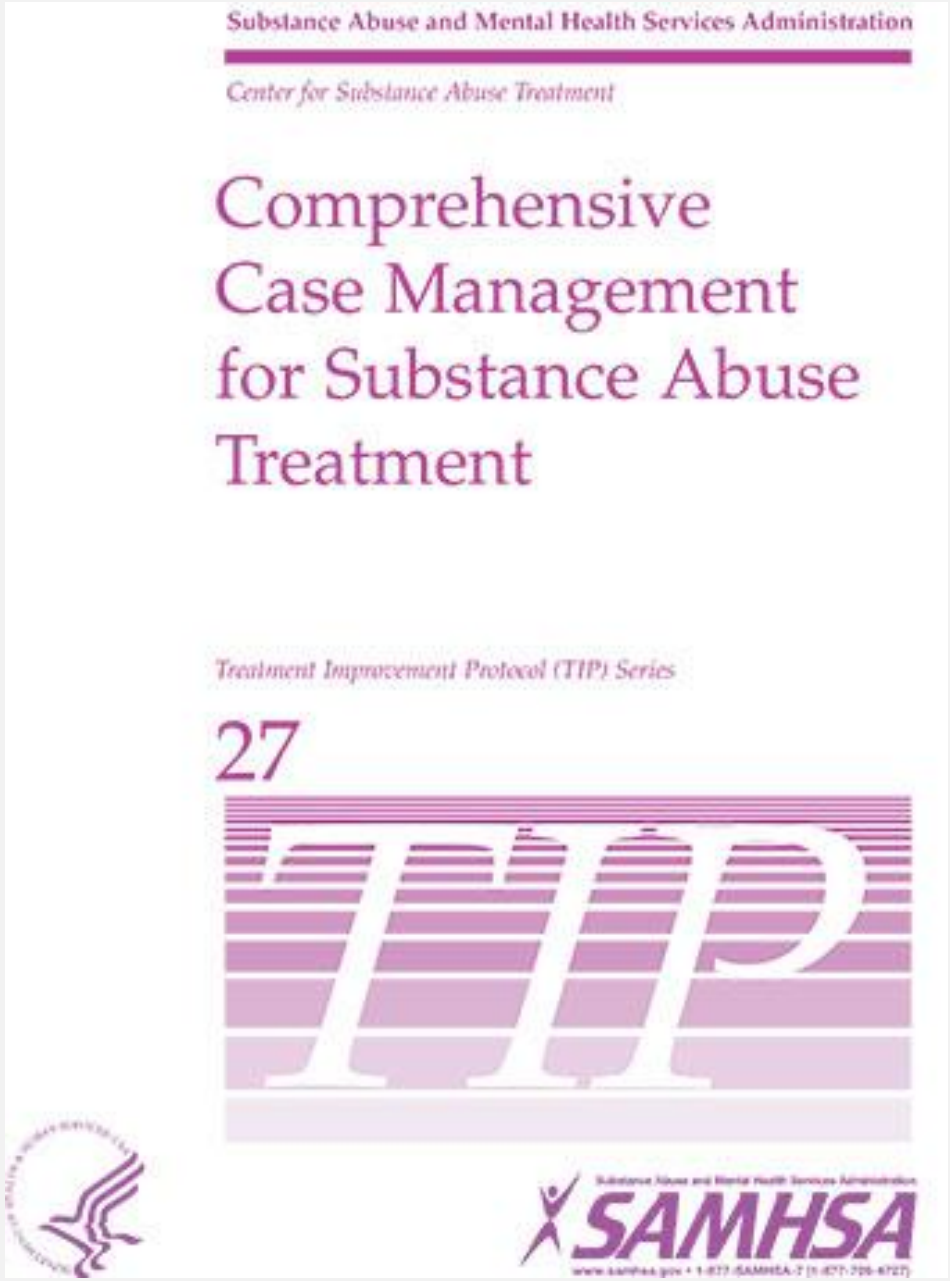
OBJECTIVES

Participants in this session will:

1. Verbalize a working definition of case management
2. Identify four primary functions of case management
3. Practice applying these function practically through a case study

WHO ARE YOU, AND WHY ARE YOU HERE?

PRIMARY SOURCE:



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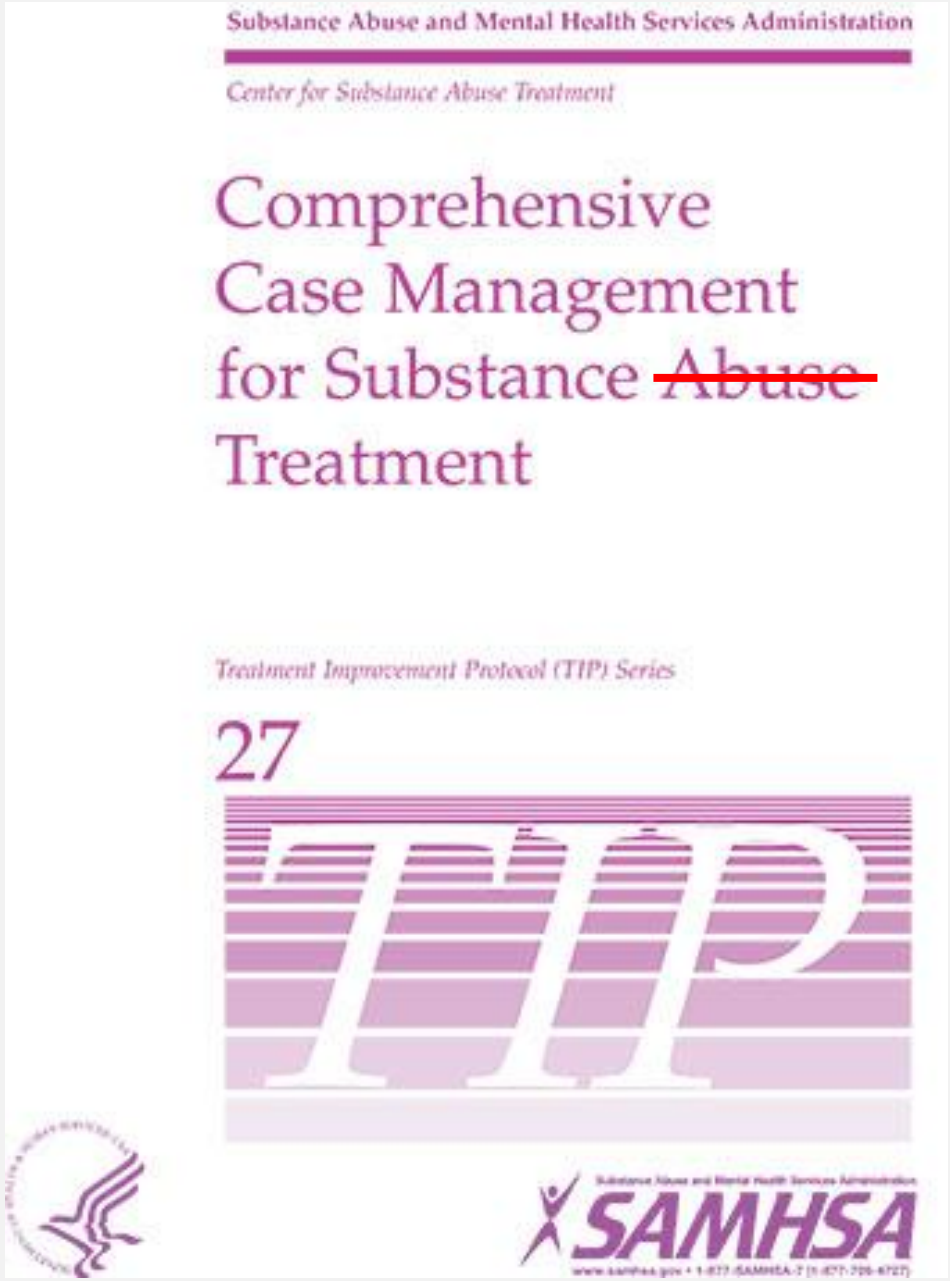

WHAT IS CASE MANAGEMENT?

- 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.

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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

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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."

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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)
- "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)
- "Process or method for ensuring that consumers are provided with whatever services they need in a coordinated, effective, and efficient manner" (Intagliata, 1981)
- "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/humble.**

DOCUMENTATION

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

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?

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

A TREATMENT PROFESSIONAL UTILIZING CASE MANAGEMENT WILL:

WHEN IMPLEMENTED TO ITS FULLEST, CASE MANAGEMENT WILL ENHANCE THE SCOPE OF BEHAVIORAL HEALTH 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 BEHAVIORAL HEALTH IMPACT?

THE FOUNDATION

Biological	+	Psychological	+	Social	+	Spiritual
Vulnerability		Liability		Isolation		Bankruptcy

plus
experience

equals
Addiction

THE FOUNDATION

Biological	+	Psychological	+	Social	+	Spiritual
Vulnerability		Liability		Isolation		Bankruptcy

plus
experience

equals
Illness

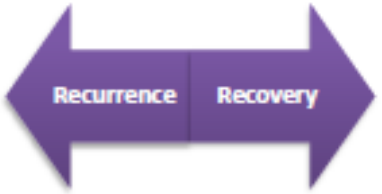
THE REFRAME

Biological	+	Psychological	+	Social	+	Spiritual
Resiliency		Assets		Support		Abundance

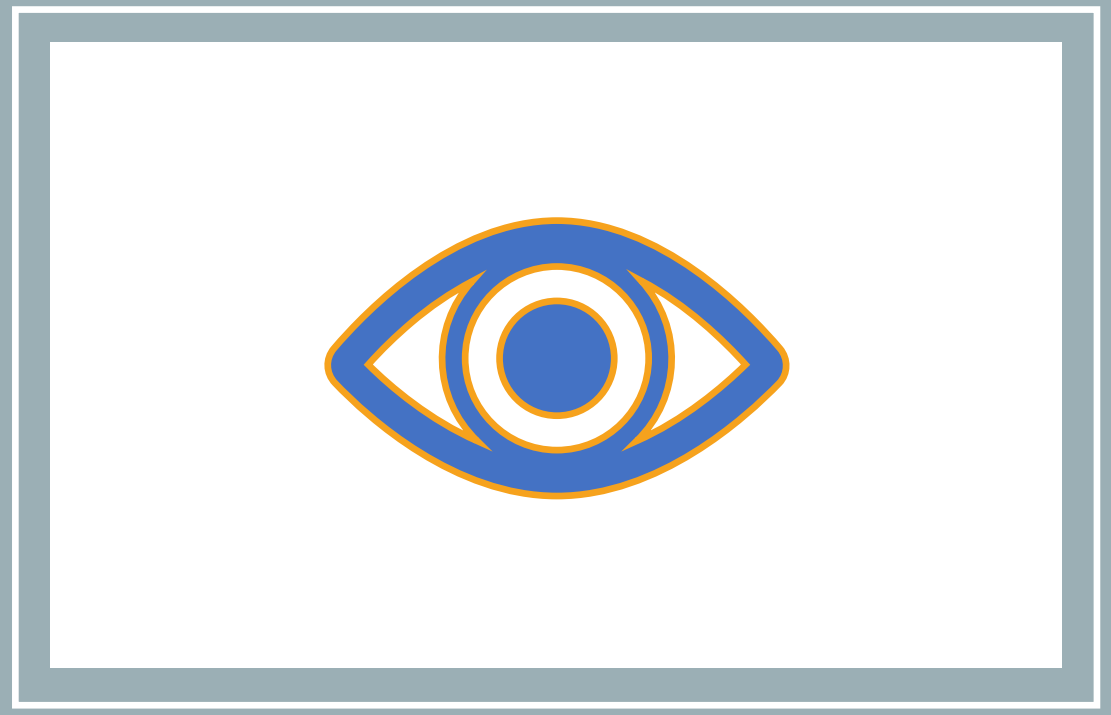
plus
experience

equals
Wellness

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



SO, WHAT DOES THIS LOOK LIKE IN THE REAL WORLD?

Case Management Worksheet

Name: _____ Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

THE FOLLOWING SCENARIOS WERE TAKEN PRIMARILY FROM THE E-MENTAL HEALTH CASE SCENARIOS & FAQS: BUILDING CAPACITY FOR DIGITAL HEALTH SERVICES BY THE MENTAL HEALTH COMMISSION OF CANADA

emh_case_scenarios_eng.pdf (mentalhealthcommission.ca)

SCENARIO 1: BILL

- Bill, a 59-year-old retired mechanic, visits his family physician for an annual checkup. He says he has noticed some changes in his appetite and sleep patterns since retiring almost a year ago. He also mentions that he feels little purpose in his day-to-day life and sometimes lacks the motivation to leave his house or make plans with others

Case Management Worksheet

Name: _____ Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

SCENARIO 1: BILL WHAT HAPPENED

- Since Bill is in good overall physical health, the physician talks with him about his general mental well-being and mood. Together, they discuss options for helping him manage his low mood, increase his activity levels, and find relief for his mild depressive symptoms.
- The physician recommends that Bill create a log of his mood and sleep patterns daily and schedule time for hobbies or other activities he enjoys. He also says there are a number of mobile mood-tracking apps he could download to his phone. Bill initially shrugs at the idea of a mood diary but says, if he were to keep one, he'd prefer to use an app over having to write things down. The physician offers to review the diary logs at their next appointment to see if things are improving or if other supports are needed. Bill tells him he'll give it a try.

SCENARIO 1: BILL TECHNOLOGY

- Are e-mental health apps an appropriate option for someone like Bill?
- What are some reasons Bill might initially hesitate to use an app to monitor his mood?
- What assumptions do clinicians sometimes make about patients when recommending e-mental health apps? (e.g., that everyone has access to a smartphone).
- What did the clinician do to increase the likelihood that Bill would use the app after following the appointment

SCENARIO 2: KAYLEIGH

- Kayleigh is a 24-year-old student who recently enrolled in a master's program. During her second semester, she went to the Student Wellness and Counselling Centre to get help for her feelings of anxiety. In the waiting room, Kayleigh completed an online intake form that included a standardized behavioural health measure to assess her mood, daily functioning level, severity of symptoms, risk of suicide, and readiness for psychotherapy. During her initial assessment, the staff therapist asked Kayleigh about her current stressors and concerns. Kayleigh said she was feeling pressure to do well in school and was very lonely since moving away from home. When asked about her coping strategies, support network, and desire to improve she said her family was supporting her and she was motivated to "do what she needed to do to feel better." Overall, the therapist felt that Kayleigh demonstrated a high level of self-awareness and mental health literacy.

Case Management Worksheet

Name: _____ Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

SCENARIO 2: KAYLEIGH WHAT HAPPENED?

- In light of their discussion, the therapist ranked Kayleigh's anxiety symptoms "mild to moderate" and her risk of self harm "low." Accordingly, she presented a low-intensity behavioural treatment plan and suggested that Kayleigh take advantage of certain interactive online self-help resources, such as mobile apps and web-based programs that use evidence-based cognitive behavioural therapy techniques. As well, she provided Kayleigh with the university's social events calendar and discussed opportunities for her to meet new people and make friends. After recording the treatment plan they developed together, the therapist gave Kayleigh a copy. It indicated her current "step," her chosen online treatment options, and the therapist's contact information. As she told Kayleigh, the plan was meant to be tentative and flexible, so she should request a followup session if she notices a change in her mental health or if the online self-directed resources do not help her to manage her anxiety.

SCENARIO 2: KAYLEIGH TECHNOLOGY

- What aspects of personal history, readiness to change, and therapeutic alliance would you explore with a client like Kayleigh before proposing an e-mental health solution?
- What e-mental health resources have you "prescribed" to individuals like Kayleigh?
- How can an e-mental health-based treatment plan be left open, so it can be changed over time?
- How can health-care providers explore an individual's strengths to help them build the confidence and capacity to manage their own mental health using e-mental health resources?

DIFFERENT SCENARIOS

SCENARIO 3: 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:

SCENARIO 4: THE MARTIN FAMILY

Jeremy Martin (age 51) is a teacher at a local high school and his wife Liz (age 49) works at a local daycare. They have two children, a son who is a senior in college and struggles with anxiety and a daughter who is graduating high school and has a history of depression. Both children are stable on medication, and the son continues to see a therapist.

Jeremy lost his best friend to a heart attack in 2021 and his oldest brother to cancer the same year. Although he knows a lot of people through his work, he has had a difficult time making meaningful friendships. He has been less active and gained weight as well during the last few years. Liz also has struggled with anxiety in the past and is stable on medication and has a good support system. She also takes oral medication for diabetes.

Recently, Jeremy has begun drinking in the evening after the rest of the family is in bed. He has always drank alcohol socially on occasion, but this has begun to be almost nightly and ranges from one to three shots of vodka. He says it helps him to settle down for the night. When Liz realized what he was doing, she asked him to cut back. He has not been able to. She asked him to consider getting assessed, and he has reluctantly agreed. He has come to you for assessment

Case Management Worksheet

Name: _____ Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

SCENARIO 5: MICHELLE

Michelle is a 32 year-old single mother of two. She has two daughters who are ten and four years old. Due to a history of substance use and a report made three years ago, she has had the involvement of social services. Michelle takes methadone and has been on it for two years. Prior to that she had used methamphetamine and oxycontin for eight years. She started using methamphetamine after her breakup with the father of her first child, initially to be able to work, manage a household, and try to still be there for her children. The father of her second child, a now ex-boyfriend, introduced her to opiates and using meth with them. When the report was made to social services, the children were initially removed from the home. She has been consistently working on her treatment plan with social services and now has custody and placement of both of her daughters.

Michelle works days as a waitress, and her income varies. It is often difficult for her to make ends meet financially. She has a GED. Her oldest child is in public school, and her youngest daughter is in a daycare. Recently, Michelle tested positive for marijuana on a urine drug test at work. Her workplace gave her the option of getting treatment or else losing her job. She has come to you for treatment but is concerned about who will supervise her daughters while she is attending. She is also concerned about the cost of treatment. She loves her daughters, but she is discouraged and is feeling overwhelmed.

Case Management Worksheet

Name: _____ Date: _____

Needs (BPSS)	Internal Resources	External Resources	Next steps	Outcome

Notes:

THOUGHTS AND QUESTIONS

EVALUATION

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