

CASE MANAGEMENT IN SOCIAL WORK

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CASE MANAGEMENT IN SOCIAL WORK

Developing the Professional Skills Needed
for Work with Multiproblem Clients

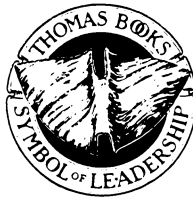
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By

JULIUS R. BALLEW, M.S.W., A.C.S.W.

and

GEORGE MINK, PH.D.



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PREFACE

Several years ago, the authors had the opportunity to be part of a research and demonstration project to prevent child abuse and neglect. Preliminary work in the library and discussion with experienced practitioners led us to believe that families at risk of child neglect and abuse would be likely to experience multiple, concurrent problems. No single helping person was likely to possess all the skills needed to resolve their wide range of problems. The inability to resolve these problems led to frustration and despair which was reflected in poor parenting practices. We figured that helping to resolve this range of problems would be our best approach to successful prevention. This meant that we would probably have to use some kind of case management. At that time, we thought that a case manager's job was just to refer a client for needed services, follow up to make sure the services were provided, and help coordinate among diverse services.

A survey of the problems that these families typically experience, which spread from illiteracy to chronic drug addiction, led us to conclude that a wide range of helping persons would be needed, whose work would have to be coordinated by case managers. We trained a group of experienced social workers in the best case management methods we could find and went into the field. It was there that we met Mattie, who we came to see as typical of the clients who needed prevention services.

Mattie was in her early thirties and had four children. She was divorced after her husband deserted her and had been supported by ADC all of her adult life. She was neglected herself as a child and never completed high school. She had never been employed. Mattie had practically no self-esteem. She felt that she had been a failure for all of her life and that the future would be no better. She had seen many social workers come and go, but she had seen little improvement in her life and was understandably cynical about helping persons. As Mattie was generally a passive, compliant person, she never refused an offer of help, but she

never really committed herself to working to improve her life. She believed improvement was impossible. When some new form of help was suggested to her, she would agree to accept it but would make little effort to really use it.

Clearly, some work would have to be done on Mattie's attitudes about herself and her life, as well as her social skills for getting and using help, before she could be referred to another helper. This kind of work is usually done by a professional counselor or psychotherapist, but Mattie would never work with such a person. We had to either give up on Mattie or accept the responsibility for making some changes in her internal functioning so that she could successfully work with other helpers.

We felt that a case management approach was still what was called for but that the traditional approach had to include some methods for strengthening a client's internal functioning, at least as far as working with other helpers was concerned. Three years of trial and error, some success, many disappointments, and endless debriefing finally resulted in a case management method which consistently produced positive results. That method was the precursor of the model described in this book.

Our ideas about case management evolved around two emphases. One emphasis of case management is the resource network which must be available in a client's environment to help solve problems. Part of the case manager's job is to develop and orchestrate this network. The other emphasis is on enhancing the personal competence of the client to use this network effectively. Personal competence includes motivation as well as knowledge and skills.

It was out of our experience with these case managers that this book was born.

Social Work Case Management

Case management is as old as the hills. It probably got started when an early medicine man made a referral to his colleague down the trail and then got together with him for a consultation. In more recent times, it was first described in the early social work literature. Case management as coordination of services has existed in various forms since the early days of social work practice.

In the early years of this century, the settlement house movement provided support for natural helping networks, assisted individuals and families as well as whole neighborhoods, and provided for coordination of diverse services. Also at this time, the Charity Organization Society

was organized to coordinate the use of funds collected for charitable purposes. As social work became more of an occupation and less of a volunteer activity, writers like Mary Richmond began to codify these methods. Case coordination and decision making were the basic elements. Today, the decision making process, goal planning, and contracting with the client are the focus of social work case management practice.

New techniques for helping people have been developed by professionals. The literature of social work is rich with descriptions of these methods. However, when we wrote the first edition of this book, no practice teaching text was available which combined this new technology with the traditional approaches to create a generic model of case management. This was true in spite of the fact that there are thousands of people working in case management positions. We wrote the first version of this book in an attempt to meet the need for such a text.

WHO CAN USE THIS BOOK?

We originally intended this book for the novice case manager, but as we worked on the manuscript and talked with experienced case managers, we became aware of their need for a generic resource book in case management. We also found that most case management texts for social work programs were theoretical in nature and provided little, if any, of the practical skill-building needed for the specific tasks of case managers. It remains a basic text for persons new to case management, whether students or practitioners. However, it is organized in such a way that the more experienced student or practitioner can quickly turn to a specific section for tips and suggestions which may enrich his practice.

Supervisors and trainers in programs using case managers will find it a useful way to orient new staff. Much of the material in the book can easily be converted into training tasks and exercises, so the book can serve as a basis for case management staff development programs.

The book is designed to be used as a college level text in social work classes. Because case management jobs are often entry-level positions for new professionals, we see the book as a basic text for undergraduate case management methods courses and as a supplementary text for graduate level courses. It has also proved to be useful in community college human service training programs. It will be most relevant to a person who has some contact with clients and has also been used in social work field practicums so the students can apply it to their case experiences.

WHAT WILL THIS BOOK DO FOR YOU?

The description of case management presented in this book is a model. As such, we do not claim that it is a direct reflection of “reality” or “truth.” A model is like a map to guide an explorer through new terrain. The map corresponds to the terrain, but it may not display the specific details. Its job is to get you from the beginning to the end of your journey. It is not intended to teach you everything there is to know along the way.

The major test of a model is its practicality. Does it work? Will it get the job done? Our model works. It was tested during the development of the Preventive Services for Families program for the Michigan Department of Social Services and the evaluation results have been published.

In developing our model, we tested a variety of techniques. Many of the techniques recommended as part of the model have been developed and tested for other purposes and we have adapted them to case management. Some of the techniques we tried didn’t work at all. Others that we thought would be sure winners turned out to have limited utility. Still others were useful right from the start.

We used three criteria to select techniques:

- Does it work with the clients who need case management?
- Is it practical in its application, considering the constraints on the average case manager?
- Can it be easily taught and quickly implemented by a student or a new professional?

The material included in this book has met these tests. We have tried to describe these techniques so they are individually understandable without knowledge of the whole model. We have done this so that the experienced case manager with a well-developed style can pick up a few new tricks without having to wade through material which he or she may consider rather basic.

However, the techniques are not presented in isolation. They are linked to one another by the principles we used to select them and by the purpose to which we have applied them. We offer the model to you as an integrated whole that brings a coherence to the individual methods.

HOW TO USE THIS BOOK

Organization

This book is divided into ten chapters, the first of which is the Overview. We have spread our discussion of assessment over three chapters and divided accessing of resources into two chapters using the same sequence as described by our model. This sequence is roughly parallel to the chronological sequence of actual case management activities. That is, assessment precedes planning which precedes action and evaluation. We know that the real world is not always so neatly organized, however, and encourage you to be flexible in following this sequence. In the last chapter we discuss the importance of having adequate agency resources, procedures and goals to support good case management.

The introduction and summary for each chapter attempt to connect the contents of a chapter with what went before and what follows. Case management is a complex process and it's easy to get lost, so we've included these parts as markers to help you keep your place. Also, we know that most people will not read the book all at one sitting, so we've tried to make it easy for you to read it a chapter at a time.

We discuss the issues and the general territory included in the topic of the chapter, often providing background information and the problems that may occur in the particular stage. But the majority of the chapter provides descriptions of techniques and strategies for accomplishing your case management tasks. These descriptions include many case examples making them more concrete and pragmatic. It is possible to pluck techniques out of their case management context and apply them in other service settings. The experienced case manager should be able to prowl through these sections and find a new idea or familiar methods in a new application.

At the end of each chapter there is a summary of what we consider to be the most important information. This may be where you want to turn first to determine whether the chapter covers information that is of interest to you.

Special Notes

All the world is divided into two types of people: those who divide all people into two types and those who don't. Obviously, we are of the first type. We think you'll agree that most people come in two types: men and women. Similarly, case managers and clients come in both sexes. Recognizing this, we have used personal pronouns randomly. Case managers may be him or her. We find the constructions "he or she," "he/she," or worse still "s/he" to be awkward and so have avoided them.

Examples

Our examples are drawn from many areas of case management practice. We have, of course, thoroughly disguised any identifying information. So, please don't think that you have found a friend or relative among our examples. Since our experience is primarily in child welfare and mental health, examples from these areas predominate. If you work as a case manager in a setting we haven't described, we'd like to hear about your experiences. Mostly, we trust you will extract what you need from our examples and apply it to your own area of practice.

Footnotes and References

There is a rich tradition of case management in the helping professions and a rapidly growing body of literature on the subject. Many of the methods used by case managers were developed in other settings and adapted for case management. Written descriptions of these methods can be found in the literature under other topical headings.

For these reasons, we footnote only direct quotations or statements directly attributable to an individual. The technique of ecological mapping has been described only by Hartman, for example, and it is so noted in the text. Other ideas have come from more obscure origins, including some interviewing techniques. It is hard to give credit for them to any one person. In these cases, we recommend authors we think are particularly clear or relevant to case management. These authors and their works are listed by chapter in the Bibliography at the end of the book.

Note

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Many of the ideas on which this book is based originated with our observations of the social workers and supervisors of the Special Family Service Project, conducted by the Michigan Department of Social Services. These dedicated men and women labored to help families who were in danger of abusing or neglecting their children and were also burdened by poverty and all its attendant problems. These problems seemed overwhelming to the client families and often to the case managers too. They nevertheless persevered and most of the families made significant gains.

What made these social workers really special was their willingness to have their methods observed, analyzed, and criticized. They kept detailed, accurate records of their work and engaged in frank discussions of their successes and failures. In the process, they refined and updated traditional notions of case management. Their discoveries provided much of the foundation for this book.

The structure of our model was further fleshed out through our work with adult services case managers in the Michigan Department of Social Services and the community placement case managers at the Washtenaw County Community Mental Health agency. We have also greatly benefited from the perceptive responses of professionals at National Association of Social Workers conferences and from participants in the many workshops we have led across the country.

In the final stages of this edition, we were aided by suggestions, corrections, and contributions of many people. Special thanks to Michael Miller of Miller Associates for his thoughtful reflection on conflict resolution. We are also grateful to James Mink and Scott George for carefully reading the manuscript and catching most of our grammatical and syntactical errors.

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Chapter 1

OVERVIEW

WHAT IS CASE MANAGEMENT?

Case management is a process for helping people whose lives are not satisfying or productive due to the presence of many problems requiring assistance from several helpers at once. Case management has a dual emphasis. On one hand, it concentrates on developing or enhancing a resource network. A resource network is a loose organization of persons, unified by the common desire to help a specific client whose activities are coordinated by the case manager. On the other hand, case management concentrates on strengthening the client's competence to obtain resources and use the resource network as well as enhancing the client's knowledge, skills, and attitudes.

Our case management model uses a *sequential helping process*. The sequential helping process is a natural progression of activities with the client. It usually includes engaging the client, completing a comprehensive assessment, developing service plans, accessing services, overcoming barriers, coordinating and monitoring services, and reevaluating with the client to determine whether to change plans or begin disengagement.

To accomplish all the tasks listed above, the case manager has three functions or roles. These are coordinator, advocate, and counselor.

CASE MANAGEMENT FUNCTIONS

Counselor

As a counselor, the case manager's job is to develop an understanding of her client and to teach the client what he needs to know to develop and maintain a resource network for himself. Sometimes a client needs new knowledge or skills. Sometimes clients need to learn new things about themselves. The case manager develops a trusting relationship with the client, which permits an examination of dysfunctional patterns in the client's behavior and facilitates the development of more useful patterns.

In the case of Ed Dundee, his wife, Shirley, needed counseling as much as Ed himself. Ed was sixty years old and a hard working machinist when an aneurysm left him partially brain damaged. Through physical and occupational therapy, he was quickly regaining his physical functioning and gradually regaining his mental functioning. However, Ed had no memory of being ill and little awareness of his limitations. He had a great deal of short-term memory loss and mental confusion, but blamed these problems on others. His wife and daughter told him he had been ill, but he found it hard to believe. By the time he was allowed to return home from the hospital, he felt good physically but could get lost a block away from home. He was a heavy smoker, but would light cigarettes and forget about them. He wanted badly to drive his car, but the family was afraid that he would hurt himself or someone else, and so they hid the keys. His difficulty understanding his illness led to great frustration and periodic violent outbursts which were difficult for his family to tolerate.

Ed's wife felt that it was her responsibility to take care of her husband and she was very reluctant to ask anyone else for help. She was afraid to go to sleep at night for fear that he would get up and leave the house. She was often the target of his temper. She understood the nature of his illness but nevertheless felt angry and resentful of his treatment of her. Then she felt guilty for feeling angry and would try all the harder to work with him. She spurned offers of help. Within two weeks she was exhausted.

The case manager was Ed's physical therapist. She provided counseling to both Ed and his wife. She acted as liaison with the physicians. She arranged for periodic nursing care when Ed went home from the hospital. Most important, she helped organize friends, neighbors, and extended family to give Ed's wife the relief she needed if he was to remain at home until fully recovered. This help could not be made available, however, until Ed's wife adjusted her own thinking so that she could accept help without feeling that she was not doing her job.

Coordinator

In this capacity, the case manager assesses the client's problems and the need for assistance from other helpers. She develops a plan and then assists the client in making effective contacts with these helpers. When necessary, the case manager may also facilitate communication among

the helpers to reduce conflict and increase the effectiveness of the resource network.

Such was the case with Frances Morton, who had led a very active and independent life working as a private duty nurse. At age 78, she was diagnosed with terminal cancer. At first she seemed to accept the fact that she was ill but not the fact that she was dying. She made few concessions to her illness. She continued to try to live alone for as long as she could. She finally moved in with her daughter and her family but only at the daughter's insistence.

Frances's case manager was a hospice social worker. Her job was to coordinate the variety of services that Frances needed in order to remain in her daughter's home as long as possible. Frances had two physicians. She had her long-time family physician, and she also worked with a cancer specialist. As her pain increased, it was important to be in regular contact with her pharmacist and to insure that the pharmacist communicated with the physicians. The case manager also arranged for some home nursing care as it became needed.

Frances' daughter and her husband were both employed. They tried to care for Frances and keep up with their work and family demands too. As they became more drained, the case manager arranged for friends, neighbors, and volunteers to stay with Frances, to give the family some relief. She also helped Frances to confront her illness and to begin some planning for her imminent death.

Advocate

Sometimes, needed resources are not present or are withheld from a specific client. As an advocate, the case manager works to make needed assistance available. At other times, society makes demands that are overwhelming to a client. In these instances, the case manager acts as an advocate, to moderate the demands or to lessen the cost of not meeting the demands. The Martin family is a good example.

The Martins were a very disorganized, troubled family. Mr. Martin was a chronic alcoholic who would disappear on binges for days at a time. He was well known to the police because of barroom fights and drunk driving arrests. Mrs. Martin was impulsive and disorganized. If something felt good she would do it regardless of the consequences. She was loving and generous towards her six children but completely ineffective at setting limits for them.

The Martins were supported by public assistance and Mr. Martin's