JOYFIELDS INSTITUTE
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Evidence-based Practices for Effective Case Management

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National Standards of Practice for Case Management document in 2004 and revised in 2008.

- ***Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.***
- The definition of case management notes the focus upon the meeting of a client's health needs.
- A social model of health is described as: A conceptual framework within which improvement in health and well-being are achieved by directing efforts towards addressing the social and environmental determinants of health, in tandem with biological and medical factors. (Department of Human Services (Vic.), 2002, p. 42)
- **Encyclopedia of Mental Disorders:** Case Management assigns the administration of care for an outpatient individual with a serious mental illness to a single person (or team); this includes coordinating all necessary medical and mental health care, along with associated supportive services.

Goals of Case Management

- Enhancing development, problem solving and coping capacities of clients
- Creating and promoting the effective and humane operation of systems that provide resources and services to people
- Linking people with systems that provide them with resources, services and opportunities
- Improving the scope and capacity of the delivery system
- Contributing to the development and improvement of social policy

Tasks and Functions

- Client Level Interventions (face-to-face)
  - Strength-based Needs assessment
  - Relationship to the targeted issue
  - Linking and Brokering
  - Advocating for inclusion
  - Insuring efficacy
  - Evaluate and adjust the plan with the person
  - Make internal decisions on service delivery
  - Assist in managing resources

Tasks and Functions

An organizations structure, policies and budget supports the delivery of client centered case management

- Analyze the strengths and limitations of environmental systems
- Delineates desired outcomes
- Selects strategies to improve systems
- Assess the effectiveness of strategies
- Continues to revise, as indicated, desired outcomes

Adaptations of Case Management

- Gate Keeping
  - Benefit Management
  - Review and Authorization
- Supported Employment
  - Finding
  - Applying
  - Adapting
- Probation
  - Linking
  - Referring
  - Assessing

Challenges for Modern Case Management

- Adapting Strength-Based Approaches to Case Management to
- Understanding Assistance over Guidance
- Understanding Collaboration over Control
- Trusting the Client
- Following the Client
- Alliance over Presiding
- How well can you make sense out of the client's world
- Focus on helping rather than taking over

Key Components

- Case finding
- Joining and engaging
- Getting good agreement on goals and objectives
- Negotiating and Adjusting
- Motivating
- Maintaining Connection
- Brokering
- Warm Transfers
- Transitioning

Transition

- From
  - Institutional Memory
  - The goal of maintaining the person within the system
  - Compliance and Monitoring
  - Deficit Based Concerns
- To
  - Targeted Treatment
  - Recovery and Amelioration
  - Collaborative, Assistive and Client led Interventions
  - Strength Based Approaches

Strength Based

Shifting the assumption from *doubting* their strengths to *knowing* they are there

- Honors autonomy
  - Emphasizes choice and control
  - What assistance are they seeking
  - What do they already understand
  - How do they see us working with them

Strength Based

The individual has the right to dignity and respect from the practitioner(s) and every person whom they encounter at the agency (Mutuality)

Strength Based Case Management Approach

- Good agreement on Goals, Objectives, Interventions
- Consumer has total choice and control (Ownership)
- Professional is assistive and collaborative partner (guiding, exploring, providing) needed by consumer
- Encounters are specific for linking and brokering
- Resistance is understood from consumer perspective
- Goal is to achieve amelioration and discharge
- Consumer is welcome back if necessary
- Time frames are realistic and limited to achieving objectives

Case Management ***Interventions***

What we do
that is
assistive and collaborative
in helping the person with objectives
for achieving the goal

Strength Based
Case Management Interventions

- Direct Support/Face to Face
  - ***Determine*** consumer/client's goal
  - ***Determine*** route for achieving goal
  - ***Determine*** consumer/clients level of motivation (DARN) to Achieve goal
  - ***Determine*** what's already done/known regarding the goal
  - ***Assist*** in identifying next steps (and readiness to take them)
  - ***Assist*** with identification of resources
  - ***Assist*** with activities for application
  - ***Guide, Explore, Adjust, Negotiate, Accompany, Allow for Fluctuations***
  - ***Avoid*** Taking over, Doing everything in order to save time

Strength Based
Case Management Activities

- Indirect Support (Back at the Ranch)
  - Linking to Resources
  - Warm Transfers
    - Call
    - Arrange
    - Advocate
    - Follow-up
    - Reminders
  - Coordination between providers/resources/agencies
  - Maintain availability

CSM Process

1. Joining and Engaging
   - Advanced Skill
   - Evidence Based
     - Dean Fixen
     - Carl Rogers
     - William Miller
     - Scott Miller
   - Common Elements for achieving outcomes are the use of Strength-based strategies for joining and engaging
     - Autonomy
     - Collaboration
     - Evocation

Using the Relationship

Once joining and engaging occurs the person and case-manager now have ***"the"*** tool that they will use from then on to work together

CSM Process

2. Getting good agreement on goals
   - What is needed?
   - What does the person want?
   - How do they see us working with them?
   - Making recommendations while respecting autonomy?
   - Determining person's level of readiness to work on the goal?

Case Management Methods for Getting Good Agreement on Goals

- Facilitated Activity
- The person is helped to explore and identify the Critical Life Function they wish to recover

IE: *"I want to keep taking my medication."*

Facilitation helps the person identify the reason:

- What will that do for you?
- If you take your medication what will that help you with?
- What will you be able to do on your medication that is difficult for you without it?

Targeted Issue

What is the "Critical Life Function" the person wants to recover?

- What gets in the way?
- What are the ***specific*** symptoms or conditions that disable them from being able to perform a critical life function
- Example:
  - **Goal:** I want to get a job and keep it so I can support myself
  - **Targeted Issue:** I start to worry about the people I work with and then I get into arguments and get fired
  - **Goal:** I want to have my own place
  - **Targeted Issue:** I get evicted for using drugs in my apartment

Thinking in terms of Targeting

- More than the Diagnosis
- More than the Symptomatology
- More than meeting Criteria
- Targeted Issues for case management are:
  - Those things that interfere with a critical life function
  - That require help to ameliorate (Medical Necessity)
  - Those things that the case manager designs interventions for:
    - Resources
    - Treatment
    - Supports
    - Services
  - By amelioration leads to the recovery of the critical life function

Example of "Targeted Issue"

- Suffers from Mental Illness
  - No
- Suffers from Mental Illness and is frequently hospitalized
  - Better but no
- Suffers from Paranoia and Suicidal Ideation and is frequently hospitalized
  - Better but no
- Suffers from fears and suicidal ideas which interfere with ability to live independently
  - Better
- Fears and suspicions lead to behaviors (target) t in loss of employment which causes hopelessness and suicidal attempts which interferes with ability to Live safely in his own home (goal)

Planning Process

2nd

Identify Goals for Amelioration of each of the Person's Targeted Issues

The goal is the "flip" or the "amelioration" of the Targeted Issue

Goal: Live independently in the community *by preventing …*

Goal

- Reduce Symptoms
- Reduce Vagrancy
- Reduce symptoms that cause vagrancy
- Prevent symptoms and conditions from causing vagrancy
- Prevent co-morbid of developmental disability and substance use from causing eviction
- Increase the person's ability to remain in affordable housing

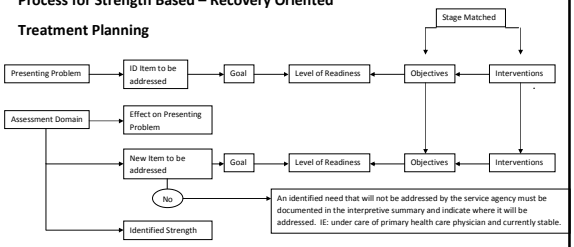
Planning Process

3rd

Identify the Person's Stage of Readiness for working on the Goal

Process for Strength Based – Recovery Oriented

Treatment Planning



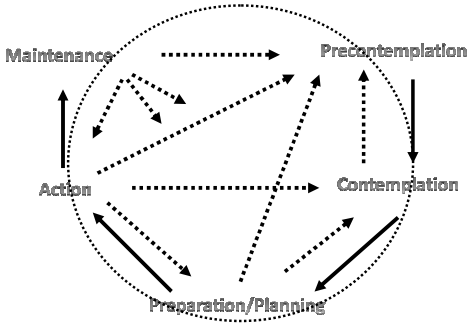
Process continues through each assessment domain. Each domain is assessed to determine if/how it impacts the presenting problem for any new item that will need to be addressed. If any assessment domain identifies a need that must be addressed, the assessor must determine if it will be address by the agency in the plan or by an outside resource/agency. If the need will be addressed b y the agency it must be included in the Individual Plan of Service (IPOS). If the need will be addressed by an outside resource it must be documented in the comprehensive summary at the end of the assessment. Each item in the IPOS must include the level of readiness of the individual to work on that item, and must have stage matched interventions. Goals and objectives are the person receiving services. Interventions are the serving agency.

Stages of Change and Treatment Matching

Stages of Change Model

- Prochaska and DeClemente* (1982) characterized the process that all people use in changing their behavior
- The "Trans-theoretical Model" was developed by Prochaska and DeClemente from 18 different theories of how people change a behavior
- Changing a behavior is an "internal" (intrapersonal) process
- The "interpersonal" process is and opportunity for practitioners to "influence" intrapersonal states

Trans-theoretical Change Process
HOW PEOPLE CHANGE

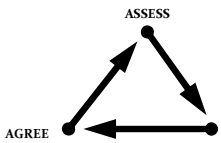


GOAL: Identify Stage of Change

ASSESS
Attitude, Intention, Past Efforts
re: Change

Pre-Contemplation *Raise doubt.*	**Contemplation** *Explore ambivalence.*	**Determination / Preparation** *Tip the balance. Remove obstacles. Initiate steps to change.*	**Action** *Begin the change process.*	**Maintenance** *Develop skills to maintain behavior.*	**Relapse** *What have we learned? Where are we now? Start again based on stage of readiness.*

"The Process Is the Message"



PRECONTEMPLATION

The 4 R's (DiClemente 1991)

- Reluctant
- Rebellious
- Rationalizing
- Resigned
- Receptive/Deceptive (Zuckoff 2008)

RELUCTANCE

- I not ready for that
- I'm not sure I need to
- I'm afraid to
- I can't

Others?

REBELLIOUS

- I'm telling you right now, I'm not .....
- You can't make me...
- I can do what I want in my own home...
- When this is over I will do what I want, I just won't get caught....

Others?

RATIONALIZING

- There are people out there committing crimes way worse than…
- Everyone does it…
- My grandfather did and he lived to be 90
- The law is unfair
- I shouldn't have to take medication…

Others?

RESIGNED

- There's nothing I can do about it…
- We've always done it that way…
- If it happened again I'd do the same thing…
- The drugs I'm taking are the only thing that works. I can't give them up…
- Its too hard….

Others?

RECEPTIVE/DECEPTIVE

- I'll do what ever you say
- I know I need help
- What should I do?
- You really help me
- I'm doing everything you say

Others?

PRE-CONTEMPLATION

- This is BS
- I don't have a problem
- I don't know what everyone is talking about
- I do the same things everyone else is doing
- I'm not going to change just because
- None of this makes sense

Others?

CONTEMPLATION

- I know I will have to do something eventually
- If I ever think I need to change I know I can do it on my own
- If it gets any worse then I will
- I'm not sure I need to yet

Others?

PREPARATION

- What am I supposed to do
- Where do I go
- How do I get started
- I would but I'm not sure what to do

Others?

ACTION

- So far is I've stopped (behavior) but I don't know what else to do (early Action)
- I'm doing everything on my probation order but I can't say once its over I will keep it that way (late action)
- I don't want to go back to all of that mess (Maintenance)

Others?

PRE-CONTEMPLATION - GOAL

•Develop a collaborative relationship using strategies to demonstrate you accurately perceive the client's world

•Use collaborative relationship to explore perspectives that increase awareness of problem

CLINICIAN'S ROLE

- **Create an empathetic atmosphere in order to become able to:**
  - **Openly discuss problem behavior**
  - **Openly discuss consequences**
- **Accept clients as they are**
- **Elicit perspectives and feelings**

⊙Cultivate seeds of doubt

PRE-CONTEMPLATION

1. Try to develop regular contact—In the community, meeting clients at a homeless shelter, community center, soup kitchen, coffee shop, become part of their scenery
2. Begin the process of developing a trusting relationship--be patient, accepting, persistent--be available when opportunity appears
3. Use reflective listening--listen carefully to the client's view, reflect back without any attempts to interpret, offer advice, or correct misperceptions, learn how it makes sense
4. Values Clarification--ask about what's important to the client--values cards(my family, my children, my friends, helping others)

PRE-CONTEMPLATION

5. Offer practical assistance - find out if there is a goal that the client would like to pursue, e.g. find own apartment, reconnect with family

6. DON'T confront client about using substances - remain positive and optimistic, avoid confrontation and giving advice, emphasize hope, self-efficacy and client strengths

7. A crisis may present an opportunity to further engage the client -forced sobriety can get clients thinking differently and having a relationship with CMH clinician is critically important

8. MI Techniques--express empathy, ask open-ended questions, roll with resistance (join with client to explore rather than confront resistance), affirm, summarize

PRE-CONTEMPLATION

9. Listen for change (engagement) talk - *acknowledgement* that substance use, psychiatric symptoms, behaviors are interfering with goals, reflect back to client concerns

10. Provide Information (feedback) about the effects and risks of the behavior - stay on neutral ground, ask them to explain about the effects of the behavior on functioning. "What do you make of all of this?"

11. Facilitate but don't insist on entry into treatment and adhering to treatment recommendations - continue to elicit goals and talk about how treatment can help attain those goals

CONTEMPLATION GOAL

- Consider the costs and benefits of changing in order to make a firm decision
- Complete a considered evaluation that leads to a decision to change a targeted behavior
- Attain Clarity on the benefits of maintaining versus changing a targeted behavior
- Move to planning the change activity

CONTEMPLATION

Strategies:

1. Establish rapport/trust - expectations of treatment from clinician and client perspectives, explore the events that precipitated treatment entry, commend clients for coming

2. Explore Goals and Values - (what I want from treatment survey) "What things are most important to you? What would you like to have happen in treatment? How would you like your life to be different in 1 & 5 years?"

3. Agree on direction - negotiate a pathway that is acceptable to the client (options), be straightforward about positive change, ask permission, reiterate that the choice to change is the clients

CONTEMPLATION

Strategies:

4. Create doubt and evoke concern - goal is to raise doubts about the perceived harmlessness of their behavior and evoke concern that "all is not well after all"

5. Ask about the pros and cons of substance use - good and not-so-good things about the behavior --leave room to discuss the benefits of behavior

6. Intervene through significant others - ask client first, screen for appropriateness, create a comfortable environment, teach MI strategies, stress that significant other is not going to monitor substance use, but is their to offer support

PREPARATION GOAL

- Increase commitment
- Create a change plan
- Have an action plan for implementation in the near future

CLINICIANS ROLE

- Assist the person in developing a change plan for implementation
- Assist the person to develop the plan on personal based on personal issues
- Assist the person in developing the plan with incremental and achievable steps

PREPARATION

1. **Continue to build trust and support client - don't suggest change, emphasize personal choice and responsibility**
2. **Express empathy - reflective listening, make eye contact**
3. **Develop discrepancy - continue to clarify CLIENT goals. Explore next steps to reach the goal(s); where they are at vs. where they want to be--impact of substance use and/or psychiatric symptoms on goals/aspirations/dreams**
4. **Understand patterns and history of use - Develop a clear understanding of behavior patterns**

PREPARATION

5. Avoid argumentation/Roll with resistance - find an area where the client is ready to do some work, join with client to explore--DO NOT confront resistance

6. Support self-efficacy - reduction as opposed to abstinence, success breeds self-efficacy and further success, explore what has worked in the past (situation confidence and readiness to change questionnaires)

7. Assess readiness to act - decreased resistance, fewer questions about the problem, resolution, self-motivational statements, more ?'s about change, envisioning, and experimenting

PREPARATION

8. Negotiate a Plan - change plan worksheet

9. Offer a menu of options - treatment models (e.g., social skills training, anxiety management, substance abuse counseling), community resources (e.g., halfway houses, support groups, social services)

10. Contract for change - oral or signed, encourage clients to write their own contract (change plan worksheet)

PREPARATION

11. Lower barriers to action - help clients explore what options work best for them, consider specific strategies, help them anticipate any problems or obstacles to achieving their goals--get info on what has gone wrong in the past

12. Enlist social support - assess if social network supports/ sabotages abstinence, help build new social support network, AA, assess for poor social skills and refer if necessary to communication/assertiveness training(change plan worksheet)

13. Pick a start date - make sure clients know they can call for encouragement and support, or re-negotiate the change plan

Goals for the Action Stage

Task

Implement strategies for change
Revise Plan as needed
Sustain commitment in face of difficulties

Goal

To take successful action to change current behavior pattern
and maintain pattern for 3 to 6 months

Clinician's role: **to support client, help revise plan, assist in recognizing rewards, refer to appropriate resources, encouragement**

ACTION

1. **Encourage and reinforce previous accomplishments, positive behaviors - provide support and/or additional avenues for support, coaching**
2. **Continue to discuss barriers to implementing action plan - what's working, what's not**
3. **Conduct a functional analysis - patterns/history**
4. **Develop a coping plan - use with the functional analysis, anticipate problems before they happen and construct a list of alternative strategies--laminated cards**

ACTION

5. **Elicit family and social support - determine which social relationships are supportive//risky, pinpoint reasons for using/not using different sources of support, identify gaps, help client develop *early warning system* with support person(s) who learns to recognize the triggers and signs that client is returning to substance use or "de-compensating"**
6. **Develop competing reinforcers - source of satisfaction that can become an alternative to alcohol drug use, help client generate a list of pleasurable activities, e.g. recreational activities, volunteer work, 12-step activities, spiritual/cultural activities, learn new skills**

ACTION

7. Cognitive Behavioral Therapy - core beliefs, intermediate beliefs, automatic thoughts, compensatory strategies
8. Detox, adjunct medications
9. Development of a call list - a list of people the client can call when feeling vulnerable
10. Recognition of rewards

MAINTENANCE {COMPETING REWARDS}

Task
Sustain change over time and across a wide variety of situations

Goal
Maintain long-term change of the old pattern and continued practice of a new pattern of behavior

Clinician's role: continue to offer reinforcement, help with problem solving, examine any threats to recovery, support personal growth and self-development

MAINTENANCE

1. Assess for erosion of commitment or overconfidence
2. Continue to identify high-risk situations - using functional analysis and develop appropriate coping strategies
3. Continue to explore new reinforcers of positive change - see what has worked and hasn't worked, develop new plan if necessary, unanticipated events
4. Check-up - follow-up with clients/provide support, let them know they can come in for assistance

MAINTENANCE

5. Address other issues - significant unresolved issues (marital problems, childhood abuse, stress)

6. Support Personal Growth - switch focus to creating healthy sources of reinforcement-address empty life issues, peer mentoring

7. Referrals - returning to school, job skills training, more intensive individual/group counseling

8. Skill development - learning to solve problems on own

9. Transition - from treatment into natural community supports, social networks

RELAPSE/RECYCLING

1. Refine Action Plan - what worked, what didn't, how you would do it differently
2. Exploration of lifestyle problems - social isolation, lack of structured activity, medication non-adherence, use of other substances (caffeine, nicotine)
3. Affirm the client's resolve and self-efficacy - look at slip as a learning experience
4. Help client practice and use new coping strategies to avoid a return to use

RELAPSE/RECYCLING

5. Make your self available to talk between sessions - or develop a phone list of support people that client can call
6. Discuss issues of "cold feet"
7. Develop a "fire escape" plan if client slips

STAGES OF CHANGE MODEL

- Think of "states" rather than "stages"
- Individuals move back and forth between the stages (nonlinear process)
- Can move through the stages at different rates.
- Not uncommon for people to linger in the early stages.
- We facilitate but do not impose change
- May be in different stages for different issues

BENEFITS OF ASSESSING AND STAGING INTERNAL MOTIVATION AND READINESS

- Provides additional tools
- Helps tailor specific interventions
- Gives you and client realistic expectations
- Enables you and the client to recognize accomplishments (small steps)
- Leads to greater success over time
- Results in less frustration and burn-out

Benefits of Staging Treatment Readiness

- Knowing client's SOT enables clinicians to provide a range of Tx options known to be effective for that stage - provides a framework
- Staging helps clinicians to monitor clients over time to determine whether or not they are making progress
- Allows programs to monitor cohorts/groups of clients over time to determine whether they are moving toward recovery at a realistic rate or if they are becoming stuck at particular points

The Stages of Change Model

Information and resources are available at:

http://www.uri.edu/research/cprc/transtheoretical.htm

http://www.motivationalinterviewing

SAMHSA:TIP 42

PLANNING PROCESS

4th

Design Objectives based on the Person's *Readiness*

OBJECTIVES

- An Objective is What the individual you are assisting will do
- The objective must be matched incrementally to what the level of readiness will allow
- It must be an outcome moving in the direction of the goal
- To be measureable it must be discernable and understood when completed

EXAMPLE

- Pre-contemplation
  - Develop a plan for regular contact with the staff
  - Describe doubts and concerns about the issue
  - Consider the concerns of others
- Contemplation
  - Look ahead and describe what will happen if you participate and what will happen if you don't
  - Identify a reason of your own to participate

ETC.

Evidence-based Practices In Case Management

- The evidence based practice for case management comes from the use of stage-wise, motivational interventions
- The process for using Evidence Based practice:
  - the degree to which the worker can get good agreement on goals
  - determine the persons level of readiness to work on the goal
  - design interventions to assist the person in achieving incremental objectives to match

EBPs Used in CSM

- Motivational Interviewing
- Solution Focused
- Targeted Case Management
- Supported Employment
- Supported Housing
- Outreach
- Person Center Planning

CSM Process

- Identify steps the "Person(family)" will take to achieve the goal "matched" to the level of readiness
- Achievable
- Incremental
- Capable of…
- Already knows about
- Wants to do

CSM Process

4. What "assistive" steps are needed
- No "doing" for the person
- Just adding what they need and want from you
- Navigating while they drive
- Linking, brokering, warm transfer, following-up
- Adjusting and negotiating
- Supporting and encouraging
- Transitioning (Transition Points to Remember)

References

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THANK YOU
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