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- Appropriate resource allocation.
- Agreed responsibility for delivery.
- Realistic and agreed indicators of success.
- Rights and responsibilities of client.

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WELCOME



Welcome to Book 3.

In this learning resource you will be presented with extensive information on case management that will enable you to achieve the competency – **Develop, facilitate and monitor all aspects of case management** in the workplace.

Case management is a service delivery approach now widely adopted across diverse settings in the human services and health sectors (Case Management Society of Australia 2002).

This work-based self-directed learning resource will provide a comprehensive guide to case management. It will assist you, and your AOD agency to adopt a holistic approach and improved outcomes for your client.

PURPOSE OF LEARNING RESOURCE

This learning resource has been designed for you to work through at your own pace and fairly autonomously. The format is presented in an interactive manner where you will have the opportunity to enhance, practice and demonstrate your knowledge, skills and attributes in the workplace.

Due to the diversity of services available in the AOD field sometimes the work practices presented will be different from how your agency operates. It is recommended that you contextualise this generic information to your current work setting. Remember this unit of competency – CHCCM3B (Develop, facilitate and monitor all aspects of case management) is in line with national competency standards covering all AOD workers.

Please note: The basic skills required in order to carry out the tasks in this learning resource include interpersonal skills and counselling. The content is written with the assumption that the participant has gained these skills already.

“Good counselling skills will enable you to develop a strong working relationship with your client that will support the implementation of specific strategies designed to combat the drinking or drug problem.”

Source: Jarvis, Tebbutt & Mattick 1995. p.3 .

If you are concerned about whether you have these skills check Appendix I for a description of these.

HOW TO USE THIS RESOURCE

Throughout this learning resource there are four (4) units of study. These correspond with the specific learning outcomes of the unit of competency - CHCCM3B.

Learning outcomes simply refer to what you should be able to do at the completion of that particular section of the guide (your performance).

Competency – based learning focuses on what you can *do*. It is therefore organised around learning outcomes and the standards or criteria for performing them.

Below is a list of all the learning outcomes for this learning resource.

Learning Outcome 1:

Conduct case management meetings.

Learning Outcome 2:

Develop an appropriate approach to case management.

Learning Outcome 3:

Develop an appropriate case management plan.

Learning Outcome 4:

Manage case work activities and processes.

Each unit of study has been designed for you to work through at your own pace in the workplace. Extensive material has been presented for you to study on each performance criteria. There are also tasks in each unit of study that you need to complete. These completed tasks can be included in your staff appraisal or portfolio as evidence of your competence in a particular performance criteria. If at anytime you need clarification whilst working through this resource see your supervisor or manager for guidance.

Please note: Do not write on this resource or complete any of the tasks in the spaces provided. This resource is a shared resource for all workers in your agency.

Now work through each unit of study to successfully demonstrate your competency in CHCCM3B – Develop, facilitate and monitor all aspects of case management.

Good Luck!!

Unit of Study No. 1: Conduct Case Management Meetings

UNIT OF STUDY NO:1

CONDUCT CASE MANAGEMENT MEETINGS.

Introduction

In this unit we will introduce the concept of case management and look at how case management can be implemented in the AOD field. We will also look at a specific case management model that can be adopted in your service delivery. You will have the opportunity to enhance and demonstrate your knowledge and skills in conducting case management meetings by engaging the client and creating service delivery structures that will support your case management delivery.

Concept of Case Management

Case management has been developed over the years and is not a new concept. It is a process currently used in a range of Community Services and Health Industry (CSHI) sectors.

Source: Western Institute of TAFE Case Management FlexiLearn. NSW TAFE Commission 2000.

Many workers in the AOD sector may be involved in the case management process but the extent of their involvement depends on what services they offer. As an AOD worker you may only be involved in referring clients to other services that can better meet their needs. On the other hand you may have extensive involvement and fulfil the role of a case manager and facilitate and support your client through the whole process of case management.

The AOD sector is continuously exploring how services can best meet the holistic needs of clients. For example: in Methadone maintenance programs nursing staff are encouraged to take a proactive role in the case management of clients. Services are utilising their resources and accessing other services' resources more productively to better meet the needs of the client.

Formal Definitions of Case Management

- Case Management is a service function that:
 - is individualized;
 - is holistic;
 - enhances self-care and self determination;
 - provides continuity of appropriate care;
 - maximizes independences through enhancing functional capacity;
 - utilizes a wide range of services;
 - coordinates existing resources.

(White (1986) Case Management in the Encyclopedia of Ageing)
- Case management is a way of helping people who feel they have problems and issues, which require some assistance from a number of resources and services at once. Case management concentrates on developing or enhancing resource networks in addition to strengthening the client's ability to obtain resources and use the resource network.
(Ballew & Mink 1986, Case management in the Human Services).
- Case management is a client – focused approach aimed at empowering and working with clients to effectively meet their individual needs.
(Case Management Resource Kit for SAAP Services. 1997).

Benefits of Case Management

For the Client can include:

- Improved co ordination of services.
- Improved service outcomes.
- Increased self-empowerment.
- Increased ability to problem solve.
- Increased involvement in decision making and service provision.
- Increased access to relevant services.
- Increased worker accountability.
- Increased opportunities/needs being meet.

For the Agency can include:

- Shared responsibility for client outcomes amongst a number of workers and agencies.
- Shared responsibilities with clients, enables increased client participation and reduced tasks for worker.
- Reduced worker burnout.
- Improved use of resources.
- Workers having a better sense of the direction they are taking on behalf of their clients.
- More focussed interactions between worker and client.
- Increased networking relationships and community partnerships strengthened.
- Improved coordination resulting in service gaps becoming more apparent.

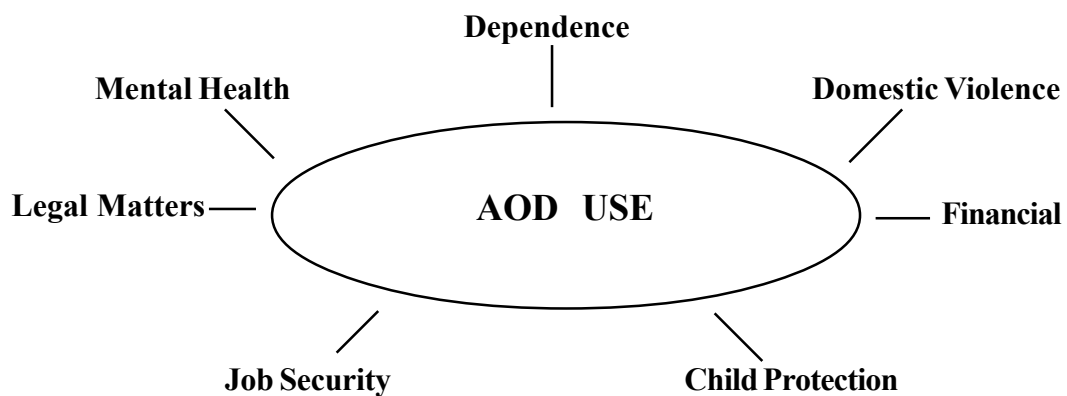
(Material adapted from: Community Services – Case Management CIII –CIV (Mental Health and Disability Work) Toolbox. ANTA 2002).

The NSW Health Department have recently identified eight (8) domains of

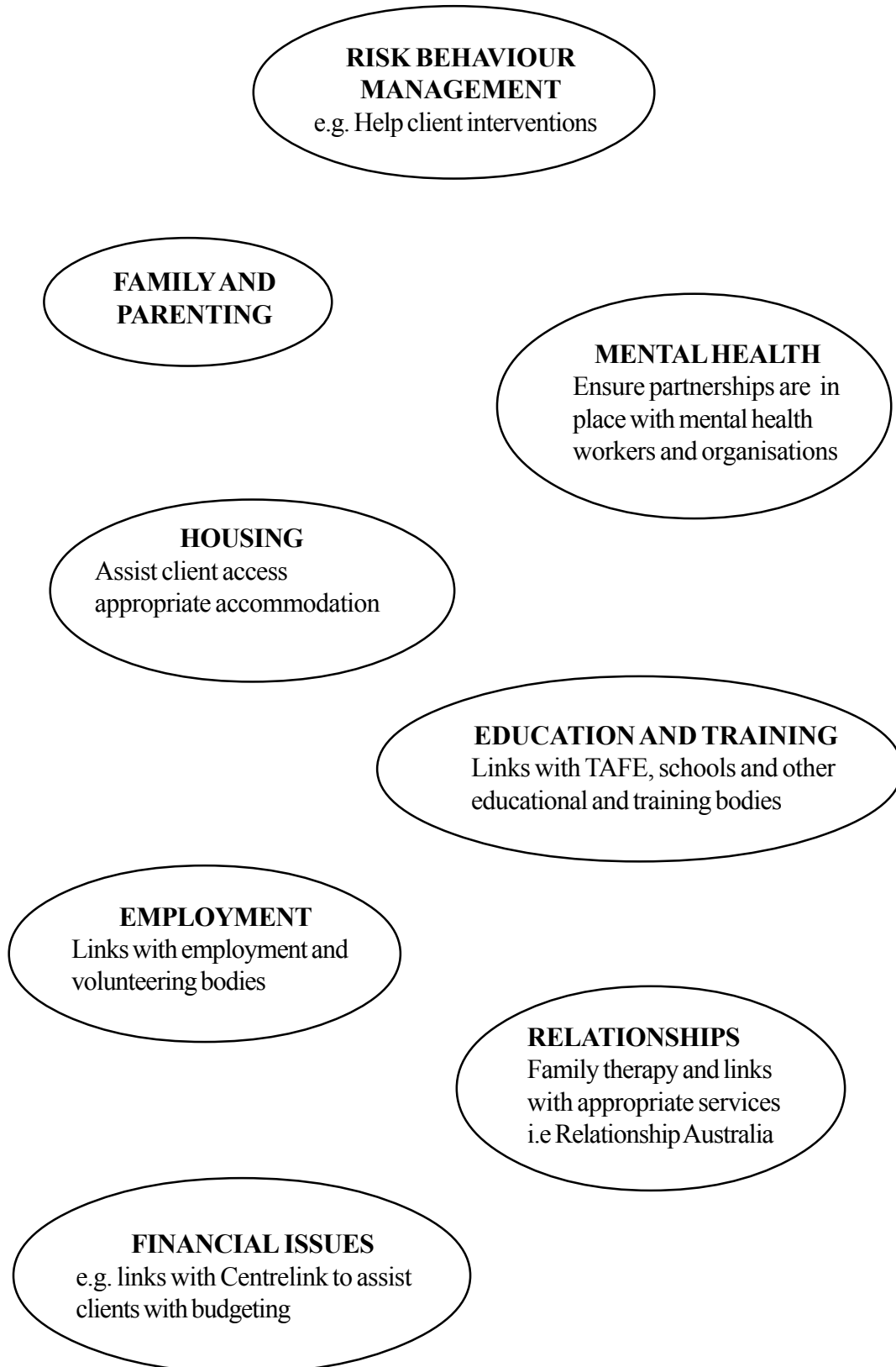
? Now we have a definition of case management, is it always required or appropriate when working with clients from your service?

The case management approach is appropriate only when a client is experiencing multiple concurrent problems and they have trouble getting and using help effectively (Ballew & Mink 1986).

For example: sometimes when a person uses Alcohol and other drugs it can result in a range of physical, social and psychological related harms.



The NSW Health Department have recently identified eight (8) domains of pharmacotherapy case management. These are as follows and are currently being reviewed by the NSW Health Drug Program Bureau Case Management sub committee.



? What is your role in the case management process?

If you are the main worker for your client then you will fulfil the role of a case manager. Rubin states that the role of the case manager is to:

Link the client to the maze of direct service providers. These case managers are expected to assume ultimate responsibility for seeing that the service delivery system is responsive to all the needs of each client.

Cited in Western Institute of TAFE Case Management FlexiLearn. NSW TAFE Commission 2000.

As the case manager you are the worker who travels the various roads of the case management process with the client. However, the extent of that process or how far down the case management road you go needs to be determined by the client, your service and you.

This can be better understood by looking at the three (3) functions Ballew & Mink (1986) believe the case manager fulfils:

COORDINATOR:

One of the roles of the case manager is to be a Coordinator of the case plan. To do this the worker helps the client assess the client's issues and problems and what assistance may be needed from other services. The worker would work with the client to develop a case plan on what needed to be done to help meet the client's needs. Additionally, the worker would assist the client to contact those services or individuals that could help.

COUNSELLOR:

In fulfilling the role as case manager, the worker would need to utilise some counselling skills to help the client explore new ways they could address their needs and issues. To achieve this the worker would need to build rapport and trust with the client so they feel confident to work with the worker in the case management process.

ADVOCATE:

Another role of the case manager is to be an advocate for the client. An advocate is someone who acts as a support or a voice for another person. In most cases the client lacks confidence and the skills in approaching services for help. The worker will at times get an agreement from the client to speak on their behalf when attempting to get help from other services. Additionally the worker will teach the client how to access services at the same time.

Now that we have looked at the concept of case management and the role of a case manager, demonstrate your understanding by completing the following task.



TASK No. 1

<ul style="list-style-type: none"> Can the process of case management be implemented in your service? If so how? <p>-----</p> <p>-----</p> <p>-----</p>
<ul style="list-style-type: none"> How can you as the case manager fulfil the three (3) functions previously identified? <p>-----</p> <p>-----</p> <p>-----</p>

? Now we have a better understanding of case management and our role as a case manager, what do we do next, where to from here?

As mentioned previously due to the increase of services utilising the process of case management, many sectors in the CSHI have developed their case management delivery around a particular model of case management.

This model is then used as a structure for the case manager, client and service to steer them through the process. A model is a tool and is not used exactly the same way in all situations. The way that it is implemented will be determined by the creativity of the worker and client. In the CSHI we know for certain that not everything goes to plan and we need to use this case management model as a guide to the overall focus of your work (adapted from Ballew & Mink 1986).

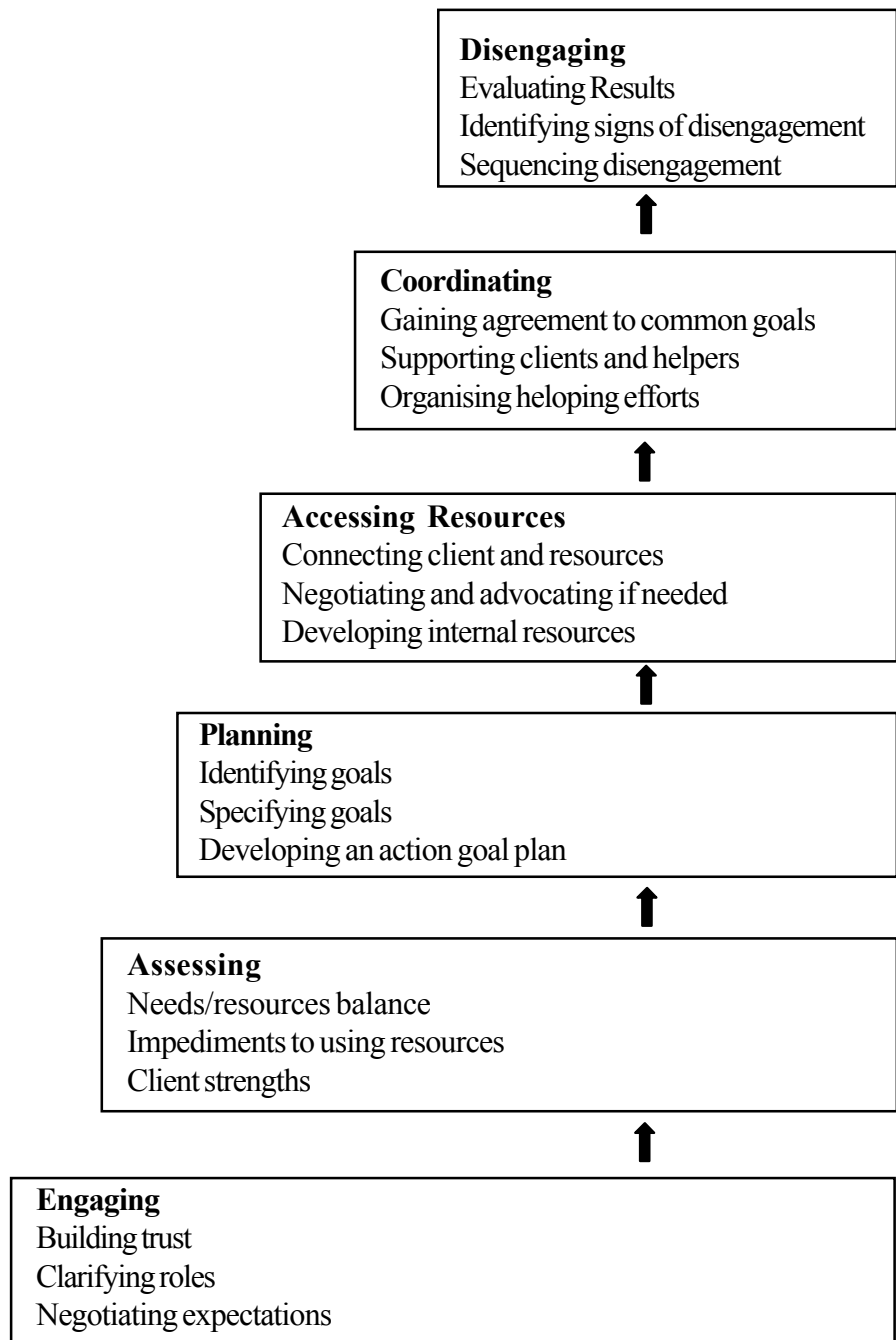
On the following page is the case management model that we will be following and working through for the rest of this self – directed learning resource. It is hoped that your agency will adopt or adapt this case management model to enhance your service’s consistency in the delivery of case management.

In the next section we will start working through the following performance criteria that make up Learning Outcome 1.

STAGES OF CASE MANAGEMENT

Please Note: This model of case management starts at the *Engaging Stage* and works through each stage to the *Disengaging Stage*.

In practice however, some stages may not occur in the straight forward sequence shown. A number of stages may be occurring at the same time. Constant evaluation throughout the stages may also result in moving the stages to effectively meet the clients’s needs.



from:
Ballew and Mink (1986) Case Management in the Human Services

PERFORMANCE CRITERIA:

1.1: Information sharing with the client is facilitated by establishing an appropriate rapport with the client and implementing appropriate procedures including:

- Establishing the purpose, objectives and agenda of the meeting.
- Facilitating discussions.
- Resolving conflict where relevant.
- Identifying, negotiating and recording outcomes.

In this performance criteria we are beginning to work through the model of case management by starting at the ENGAGING STAGE. At this stage you are usually meeting your client for the first time to work through the case management process. However, don't forget prior to your client being with you they would have gone through an assessment and referral process. You might even want to implement this stage in your model if it's appropriate. During this process initial information is gathered from the client and a decision is made to whether your service can best meet the specific needs of the client. This information is important and is usually documented on an INTAKE FORM.

It is vital that you have access to this form to assist your client through the stages of the case management model.

Engaging Stage:



In this stage you are meeting your client and building rapport so you can both effectively work through the case management process.

Remember: That in some AOD services your client could be voluntary or involuntary. In both instances it is imperative that you engage, make your client feel comfortable and start building an effective working relationship.

As a proficient worker you can engage the client by:

- Introducing yourself and briefly explaining your role in your agency.
- Creating a non-threatening private environment. (if possible get away from the office setting, if that's not possible or appropriate make it as client friendly as you can. Check your agency's policies & procedures).
- Making the client feel at ease – offer a cuppa, engage in small talk.
- Displaying appropriate interpersonal skills e.g. eye contact, body language, reflective and responding skills etc.

The following strategies can further enhance this process:

- Empathic, non – judgemental and compassionate attitudes.
- Individualised program that includes identified strengths as well as problems.
- Ability to assist with the basic and practical needs of clients.
- Availability of appointments that follow shortly after the initial contact.
- Protection of confidentiality and privacy in line with privacy legislation.
- Promotion of self – efficacy.
- Matching interventions to a person’s readiness to change.

Source: The Management of People with a Co – existing Mental Health and Substance Use Disorder. Service Delivery Guidelines. NSW HEALTH DEPARTMENT. 2000.

Once you have made the client feel comfortable you need to build a climate of trust. This of course is an on – going process and will not in all cases be instant. You can start to create an environment of trust by being honest and up front with your client.

A worker’s trustworthiness can be based on:

- Confidentiality.
- Creditability.
- Consideration in the use of power (assumption that the worker is perceived as having power, and will not misuse it).
- Understanding.

Source: Strong, in Egan 1986 The Skilled Helper. p.19.

Establishing the purpose of objectives and agenda of the meeting – WHY ARE WE HERE?

After you have established rapport with the client you need to clarify why the client is here. What is the purpose, objectives of this meeting? This is a good opportunity to explain the concept and process of case management to your client. It is essential that you explain the concept of case management in a manner that the client can understand. Sometimes the formal jargon of the CSHI will not be fully understood by your client. Use words that will enable your client to fully grasp the meaning.



TASK No. 2

In your own words explain the concept of case management to a client.



Remember: You want the client to be on board from the beginning about their life plans, challenges and triumphs.



An important aspect of Case Management that hasn't been covered yet is that case management needs to be a client-focused approach. In essence, the client directs the case management process as much as possible. It is the client's own identified needs and challenges that are worked with, not what the worker perceives as the client's needs. Hence, it takes motivation and commitment from the client to effectively work through the case management process. This of course at times is not always easy for the client, but with the worker's skills and guidance throughout, this can be achieved.

Please note: *A client-focused approach sets the scene for a working alliance within the client/worker relationship.*

“It stresses partnership and thus underscores the responsibility of the client.”

Source: Greenson in Egan 1986 The Skilled Helper. p.137.

Please Note: At this stage of conducting case management meetings we are only discussing the case management meeting between you and your client. Later in other sections we will be discussing the formats and processes of other case management meetings i.e., case conferences, case review meetings and formal briefings on client progress.

Facilitating Discussion

Up to now you have been engaging the client, building a climate of rapport and trust and encouraging the client to be part of the case management meeting. The next action is to step up the tempo by inviting the client further into the communication, hence facilitating discussion. Once again it is assumed that you have a background in interpersonal skills and interviewing techniques.

Provide the client with a brief description of your job and your approach to your work. This helps in clarifying your role and is an effective relationship building technique. In doing this you are encouraging appropriate self-disclosure and a reassuring message to your client, who may be a little unsure of themselves or reluctant to ask for help. Clients who need case management are often wary of committing themselves to the helping process so this kind of initial icebreaker can be helpful in making them feel comfortable to talk.

Source: Ballew and Mink. 1996. Case Management in Social Work.

Asking open – ended questions to find common ground, experiences and chatting about recent events can further result in the client actively taking part in the discussion.

Clarifying Roles and Negotiating Expectations

Now that, hopefully, your client is engaging in discussion it is essential that roles and expectations are clear from the onset of the case management relationship.

“Engaging in a role clarification procedure can effectively reduce the percentage of clients who discontinue service prematurely and can enhance the service outcome”.

Source: Ballew & Mink 1986. Case Management in Social Work. p.49.

A Role Clarification procedure is where both you and the client discuss and decide together what role you will have as the case manager and what role the client will take in the case management process. It is important whilst clarifying roles to negotiate the expectations of both roles.

This could simply be done by drawing up an agreement, see below. Of course this will change over time and needs to be negotiable.

<p>Worker's Name Roles and Expectations</p>	<p>Client's Name Roles and Expectations</p>
<p>Example:</p> <p>John Green, AOD Counsellor</p> <p>I will undertake all AOD counselling. I will utilise other specialists where necessary in negotiation with Adrian.</p>	<p>Adrian Hole, Client.</p> <p>I will attend all sceduled appointments negotiated with John and other workers as necessary.</p>



Remember :It is realistic that in the initial stages of the case management process a large amount of support is given to the client and gradually this support is withdrawn when the client becomes more empowered.

Please note: It is also a good idea to briefly discuss with the client that later in the case management process you can also add to this table the roles and expectations of significant others, if applicable (for example: other agencies, partner, family, friends, children etc).

Resolving conflict where relevant

By utilising a role clarification procedure any conflicts and confusions should be identified and discussed between you and the client. Both come to terms with the conflicting perspectives by negotiating, comprising and reaching an agreement. If the conflict cannot be resolved you need to implement conflict resolution skills. If the conflict has still not been resolved you and the client need to follow your agency's grievance procedure.

Identifying, negotiating and recording outcomes

It is essential that you reach an understanding with your client on how information and outcomes will be recorded. Every agency should have policies & procedures relating to the recording of information. For example information would encompass:

Client file

- what's included
- client's access to file
- others, if relevant, access to file
- confidentiality
- storage
- subpoenas

Case notes

- what's recorded
- format
- confidentiality
- access

Essentially it needs to be explained to the client that information that is discussed is recorded on relevant forms, (case notes, case plan, goals, agreements, case conference minutes etc) in the file.

This information is documented in a professional manner and the client has access to this information according to the policies & procedures of the agency.

Outcomes are identified and negotiated between the worker and client throughout the case management process. These outcomes are recorded through case notes and ultimately develop into a case / treatment plan.

ACTIVITY

Read the case scenario below and complete the following task. **This completed task can be included in your portfolio as an example of evidence for competency in performance criteria 1.1.**

Case Scenario:

Judy, 32 years old, is a heroin user and has been using for the past 5 years. Judy has come to see you as her best friend – Sammy, has recently died from a heroin overdose. Judy also found out at the funeral that Sammy was HIV positive. Judy often shared needles with Sammy and had unsafe sex with Sammy on numerous occasions.



TASK No. 1.1

Complete the following exercises to demonstrate your competency.

- 1.1:1. Outline how you would establish rapport with Judy.

- 1.1:2. Demonstrate how you would facilitate discussion with Judy. Outline what techniques you would utilise.

- 1.1:3. Demonstrate how you would implement a role clarification procedure with Judy.

- 1.1:4. Outline how you would resolve conflict with Judy if the need arose.

- 1.1:5. Outline how you will identify, negotiate and record outcomes with Judy through the case management process.

After you have completed this activity move onto the next Performance Criteria 1.2

PERFORMANCE CRITERIA:

1.2: Boundaries and processes within service delivery are identified and agreed, including:

- **Rights, roles, responsibilities, decision making processes, accountability and outcomes.**
- **Ways of addressing experience, skills, values and development of participant.**
- **Impact of statutory mandates on interventions, the client and significant others.**
- **The impact of value systems of worker, client and key stakeholders on outcomes.**
- **Information sharing and planning.**
- **Appropriate conflict resolution techniques to be employed.**

Introduction

For AOD services to successfully implement an effective case management model certain boundaries and processes need to be in place. In most instances policies and procedures would be developed to guide workers in specific boundaries and processes. It is essential that workers are aware, have access to and are appropriately trained in, the agency's case management policies and procedures. It is equally important that clients of the agency also have access to and an understanding of, the case management policies and procedures. In some instances clients can actually make a valued contribution to the formulation of an agency's policies and procedures.

NB: If your agency doesn't have appropriate policies and procedures, take this opportunity to revise and update.

Rights, roles, responsibilities, decision making processes, accountability and outcomes.

In the previous section we looked at role clarifications of the case manager and the client. It is equally important to identify rights, responsibilities and decision-making processes.

Any strategies used to intervene with the client's problem or problems must be based on the client's rights, choices, needs and priorities. It is easy for case managers, because of their expertise, to sometimes "take control" and set the priorities without acknowledging individual client's rights, responsibilities and choices.

Source: Material adapted from: Western Institute of TAFE.
Case Management FlexiLearn. NSW TAFE Commission 2000.

Accountability and Outcomes:

The agency and worker have several accountabilities that must be adhered to. All of these need to be explained to the client and agreed to. Appropriate service documents can be developed for the client to access.

- Confidentiality – That information disclosed by the client and obtained throughout the case management process will be kept in confidence. That any information that needs to be shared with other services will not be revealed without the written consent of the client. (Refer to your agency’s consent on releasing client information).

It is critical that it is explained to the client that these rights can be overridden by statutory demands placed upon the case manager by laws concerning child protection, mental health and criminal behaviour. Refer to your agency’s confidentiality policy.

Source: material adapted from: Community Services – Case Management Certificate III – Certificate IV (Mental Health and Disability Work) Toolbox ANTA 2002)

- Documentation – Outcomes throughout the case management process need to be recorded. This documentation needs to be recorded in an objective professional manner. Remember case notes are a legal document that can be subpoenaed.
- Service Policies and Procedures - As a worker you are accountable at all times to work within the guidelines of your service and your profession.
- Statutory mandates – To abide by all Statutory Mandates that are applicable to your professional position whilst undertaking your work duties.



The case manager and the client are accountable to each other. Both have responsibility to work toward the agreed goals in the case plan and to undertake tasks in achieving these goals.

A contract or agreement about rights and responsibilities at the beginning of the working relationship can assist with this.

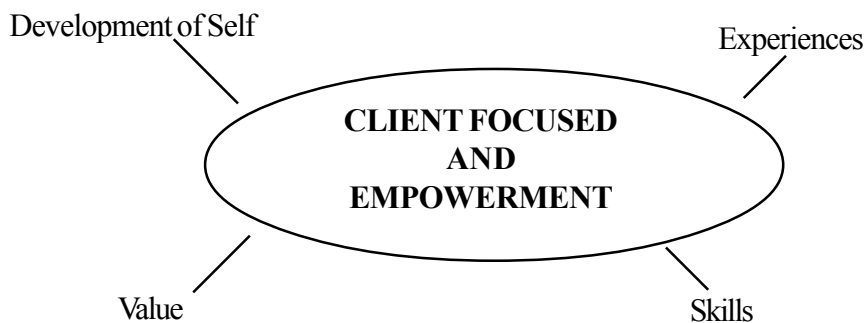
Source: material adapted from: Community Services – Case Management Certificate III – Certificate IV (Mental Health and Disability Work) Toolbox. ANTA 2002

Ways of addressing experience, skills, values and development of participant.

At the very beginning of our exploration of case management we looked at the perspectives that an effective case management approach needed to be client focused and empowering. Hence a worker, fulfilling the role of a case manager, needs to adopt this philosophy throughout the case management relationship.

Ballew & Mink (1986, p.30) believe workers can get caught in the trap of seeking what's wrong in clients' lives. Rather than assessing clients' capacities and potential resources, as well as problems and current unmet needs.

- ? So how can a worker adopt a client focused and empowering approach?
By looking at the following attributes



Throughout the case management process it is essential that the worker concentrates on these attributes of the client. This can be achieved by implementing some of the following strategies.

CLIENT EXPERIENCES.

- Encourage client to tell their story by:
 - adopting a non-judgmental approach
 - staying out of the speaker's way – listening.
 - effectively using minimal encouragements
 - utilising attending and reflecting skills
 - acknowledging experiences, asking open-ended questions to elicit additional information

CLIENT SKILLS

- Highlight client's skills by:
 - concentrating on client's capacities and strengths
 - challenging (not confronting), client's negative thoughts by offering new information.

For example: “Well done, you achieved your goal of drinking less over the weekend. What do you think were your strengths in achieving your goal?”

- asking the client to identify their own skills, whilst you list what you think are their skills. Then compare and discuss. (This of course requires a certain amount of self awareness that you need to help the client develop if needed).

CLIENT’S VALUES

- Client to identify their values by:
 - getting client to list values and asking questions that focus on client’s perspective of value. Adopting a non-judgemental approach of course is essential.

DEVELOPMENT OF CLIENT

- Enhance the development of the client by:
 - strengthening client’s resource network – externally – linking and working effectively with relevant services
 - building client’s inner resource network i.e. self esteem, decision making capabilities, self awareness, skills, knowledge, independence etc.

“Developing these strengths and resources can provide a positive balance to barriers and unmet needs”.

Source: Ballew & Mink 1986. Case Management in Social Work p.31

By encouraging client development the client becomes equipped to promote change in their life. You can ask questions that establish this thinking.

For example:

- How would you like things to be different in the future?
- What’s stopping you doing what you’d like to?
- How does your use of affect your life at the moment?
- If you choose to carry on drinking what do you think will happen?

Source: Jarvis, Tebbutt, Mattick 1995. Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide. P.42

Boundaries & processes within service delivery.

Above we looked at how a worker can address client-experiences, skills, values and development through focusing on the client and empowerment. Now let's look at how an agency can implement this approach.

From an organisational level, the client can become empowered by actively being involved in all decision-making processes within the organisation that may impact on their life.

For the organisation, this means having open communication systems between clients and their service.

Open Communication Systems.

These may take the form of:

- Clear involvement processes for clients
- Regular proactive involvement from clients
- Provision of information on the rights of clients
- The valuing of individual client's perspectives
- Open agendas
- Involvement of special needs groups

Key Components of Empowerment.

The key components of empowerment for an organisation are:

- Policies and procedures that reflect the validity of the valuing of client's experience and needs.
- Skilled and competent workers.
- A range of open communication channels between workers and clients
- Changes in how the workers use their power in the organisation.
- Equal access to power in the organisation by clients.

Source: material adapted from: Community Services Case Management Certificate III – Certificate IV (Mental Health & Disability Work) Toolbox ANTA 2002

 **TASK 1.2.2.**

Complete the following task to demonstrate competency:

- Outline how you would address the experience, skills, values and development of the client.
- Outline what boundaries and processes exist within your agency that address experience, skills, values and development of the client

Impact of statutory mandates on interventions, the client and significant others.

Case managers must work within the law and abide by the following statutory mandates:

1. Reporting a child or young person at risk of harm, abuse or maltreatment or neglect.

(Children and Young Persons (Care & Protection) Act 1998. - See Appendix B).

As a worker in AOD, you would be a mandatory reporter. It is imperative that you inform your client of this legal obligation as this could strongly impact on your interventions in the case management process. You may have to report, due to disclosures from your client (child or young person), abuse they have experienced. If your client is displaying behaviours or disclosed information that is putting a child or young person at risk you will also have to report. - Refer to your agency's policies and procedures.

“In maternity, mental health, drug and alcohol treatment, and community health settings, practitioners should be alert to the indicators of risk of harm when an adult behaves in a way that raises serious concerns about their capacity to protect a child or young person. This is of greater significance if they have responsibility for a very young child.”

Source: New South Wales Interagency Guidelines for Child Protection Intervention.

2. In some states, the law makes it difficult for defense lawyers to gain access to the counselling records and notes of patients who have been sexually assaulted. The law protects any counselling communication made in the course of a relationship in which the counselor is treating a person for any emotional or psychological condition. This means that a worker has a responsibility to have a duty of confidence to a client who has been sexually assaulted.

In NSW legislation identifies Prohibited Person or people who must disclose their status as prohibited persons if they work in child related employment. A prohibited person is someone who has been found guilty of a serious sex offence which is an offence involving sexual activity or acts of indecency which are punishable in NSW or other states by penal servitude or imprisonment of 12 months +.

Refer to The NSW Commission for Children and Young People for additional information.

(Source: material adapted from: Community Services – Case Management Certificate III – Certificate IV (Mental Health & Disability Work) Toolbox ANTA 2002).



All statutory mandates have the potential to impact on the client and significant others. It is your professional responsibility to inform the client of your legal obligations in relation to these statutory mandates. You may also need to organise support and appropriate resources for the client and significant others if interventions need to occur.

The impact of value systems of worker, client and key stakeholders on outcomes.

“Helping at its best is a deeply human process based on a care of human values.”

Source: G Egan 1986. *The Skilled Helper – A Systematic Approach to Effective Helping*, p.59.

In the working relationship between the worker, client and key stakeholders humanistic values are constantly present. What is important to the effectiveness of this working relationship is that each individual is aware of their values, owns their values and adopts a non-judgemental approach toward others’ values. If differing individual values are not dealt with effectively the impact can sabotage the working relationship and ultimately the whole case management process.

The impact of individual’s values needs to be identified to the client and an agreement of boundaries and processes needs to be reached. A value

agreement can be drawn up between the worker and client, and if necessary key stakeholders.

A value agreement could include:

- Honesty – that both case manager and client (and relevant stakeholders) will at all times be genuine, open and sincere in their dealings with each other.
- Accountability – that relevant parties will at all times be accountable for their actions and responsibilities throughout the case management process.
- Respect – that relevant parties will at all times demonstrate respect by:
 - maintaining confidentiality
 - not adopting manipulative behaviour
 - accepting the person even when you don't agree with their behaviour
 - respecting the other person's differing value system
 - adopting a non-judgemental approach
- Integrity – that relevant parties will at all times demonstrate integrity.

(Source: material adapted from: Community Services – Case Management Certificate III – Certificate IV (Mental Health & Disability Work) Toolbox ANTA 2002)

TASK 1.2.3.

Complete the following task to demonstrate competency:

- Outline how differing value systems of worker, client and key stakeholders could impact on outcomes.
- Demonstrate how you would implement boundaries and processes so that value systems do not have a negative impact on outcomes.

Information Sharing & Planning

It is important that the boundaries and processes relating to information sharing and planning are identified and agreed upon between you and the client. Your agency should have policies and procedures that outline what is best practice. This information could include the following:

Information Sharing and Planning

1. Occurs between the case manager and client throughout the case management process in the following ways:
 - case interviews/sessions
 - needs assessments
 - case planning
 - goal formation
 - case reviews
 - case closure

Agreements between Case Manager and Client

- that all relevant information will be provided and shared;
 - that all information will be kept in confidence unless compelling moral, ethical or legal reasons exist;
 - that client is involved in processes of information sharing and planning;
 - that all relevant information will be shared with client, so client can make informed decisions;
 - that client has right to access information pertaining to them.
2. Occurs between other stakeholders, i.e.: other agencies, and significant others, in the following ways to assist the case management process:
 - gathering additional relevant information
 - clarifying relevant information
 - providing relevant information

Agreements between case manager and client

- information will not be shared without the written consent of the client
- only relevant information pertaining to the case management process will be shared
- client has a say on who and what information will be shared
- that client has right to access information about them
- that client will be involved in processes

All of the above will be abided unless statutory demands by law concerning child protection, mental health and criminal behaviour exist.

 **TASK 1.2.4.**

Complete the following task to demonstrate competency.

- Outline how you would implement an agreed approach of information sharing and planning with a client.

Appropriate Conflict Resolution Techniques To Be Employed Managing Conflict

Even within a professional environment, conflict sometimes arises. The Case Manager can support others by recognising that conflict is an inevitable part of the process and participating in its resolution. Conflicts often arise over:

- Disagreement about data or facts. One of the best ways to resolve such conflicts is to gather more data from sources that conflicting parties view as credible. This can happen before or during a case management meeting.
- How something is to be accomplished. Professionals often have differing standards, ways of providing services, and problems-solving approaches. One way of resolving conflicts about methods is to discuss what criteria should apply to the particular situation.
- The outcomes of the process. Professionals often have different perspectives on priorities, commitment to short-term or long term care, the empowerment of clients, and the involvement of families. The Case Manager can help the team establish common ground on which to carry out the goal-setting activities.
- Values. Beliefs and personal philosophies differ. Conflicts of this nature are often deeply felt. To solve them, all parties must be committed to understanding each other's point of view. They must show respect for other's beliefs and find a common goal.
- Participation and intervention by the client. Clients often believe professionals who think they know what is right for the client are manipulating them.
- Conflict within oneself. The Case Manager and/or other professionals involved in the case management meeting may experience

interpersonal conflict while having to implement mandatory decisions they do not agree with. For example, there are conflicting feelings associated with the negative fact that a child who has been abused by the parents is returning home and the positive fact that the parents have since participated in counselling.

Appropriate Conflict Resolutions Techniques

There are effective and ineffective ways to manage conflict. Experts agree that the most effective conflict management incorporates a win-win strategy for all parties involved. (Truitt 1991) Guidelines for using a win-win approach:

- First begin to think and talk about the problem in terms of the needs of the conflicting parties. Many conflicts arise as individuals focus on outcomes and the results they desire. Looking at needs instead of outcomes allows the participants to begin work on mutual problem solving.
- After there has been a discussion of needs, the participants commit to a mutual effort to solve not only their own problems but also those of the other participants. It is critical that all participants be actively involved in the process, not just sitting there listening to others.
- Once this agreement has been reached, the conflict should be described in terms that are as specific as possible. Each participant can ask whatever questions and present as many facts as necessary to define the conflict clearly. In this step, individuals begin to understand that the event causing the conflict does not look the same to them as to others.
- Next begin to identify all the differences there are between the participants. In doing this, they become able to articulate the conflict from the other participants' points of view. Mutual understanding can now occur.
- Now focus on finding solutions to the conflict. The participants brainstorm possible solutions and then evaluate each according to its potential for meeting the differing needs previously stated.
- Once an agreement is reached on ending the conflict, a plan is developed, with actions and responsible parties clearly stated.

The benefits of addressing conflict are numerous. Once a problem is identified and individuals are committed to working on an issue, there arises an atmosphere that promotes change.

Source: National Case Management Working Group (1997) Case Management Resource Kit for SAAP Services.



TASK 1.2.5.

- Outline how you would implement effective conflict resolution techniques if the need arose.

After you have completed this activity move onto the next performance criteria 1.3.

PERFORMANCE CRITERIA:

1.3 Individual family and community needs and rights, and organisational responsibilities are defined and explored to assure the rights are protected for all concerned.

Just as we defined the rights and responsibilities of the client and agency, in 1.2, it is also important that other stakeholders have these areas defined. This process can be carried out by all those involved by identifying their needs and rights and an agreement is drawn up. Most agencies, however will have policies and procedures and documents that outline needs, rights and responsibilities. This material of course needs to be given and explained to the relevant parties.

Areas that need to be included are:

- Confidentiality and what information can be disclosed.
- Grievance procedure
- Duty of care and mandatory reporting
- Explanation and boundaries of who is the client and client's rights.
- Record keeping

Refer to Appendix A for other areas that could be included.

ACTIVITY:

Complete the following task and include in your portfolio as evidence for this performance criteria.

TASK 1.3.

- By accessing your agency's information, outline how individual family and community needs and rights and organisational responsibilities are defined.

Congratulations you have now completed Unit of Study No 1. Read the Unit Review and complete the checklist to make sure you have completed all the requirements.

UNIT REVIEW:

In Unit of Study 1 we covered the important aspects of conducting case management meetings. These areas included:

- 1.1 Sharing information with the client and ensuring appropriate procedures are implemented.
- 1.2 Implementing appropriate service delivery boundaries and processes that are identified and agreed upon with the client.
- 1.3 The rights of individual family and community needs and organizational responsibilities are defined to ensure all parties' rights are protected.

UNIT CHECKLIST:

Complete this checklist (tick box) to ensure you have covered all the requirements in demonstrating your competency in this unit.

Completed following tasks and have all supporting documents.

TASKS	1.1.	page 21	<input type="checkbox"/>
	1.2.1.	page 23	<input type="checkbox"/>
	1.2.2.	page 28	<input type="checkbox"/>
	1.2.3.	page 30	<input type="checkbox"/>
	1.2.4.	page 32	<input type="checkbox"/>
	1.2.5.	page 34	<input type="checkbox"/>
	1.3.	page 35	<input type="checkbox"/>

Now you can move onto Unit Of Study No 2.

Unit of Study No 2:

Develop an Appropriate Approach to Case Management

UNIT OF STUDY NO 2: DEVELOP AN APPROPRIATE APPROACH TO CASE MANAGEMENT

Introduction

In this unit of study we will look at specific approaches and processes to case management that will enable the client to receive a better standard of service. By having these approaches embedded in your service structure and delivery allows standardised processes amongst workers and guidelines to follow.

For each performance criteria there are practical exercises for you to complete. These completed exercises can be included in your portfolio as an example of evidence for competency in that performance criteria.

PERFORMANCE CRITERIA:

2.1 Case Management processes appropriate to implementing statutory requirements are developed and utilised.

As discussed in the performance criteria 1.2 in Unit of Study 1 as a worker in the CSHI you have certain statutory requirements.

It is the responsibility of your agency to have specified policies and procedures relating to what processes you need to undertake if these statutory mandates need to be acted upon by yourself. It is also the responsibility of your agency to provide access to relevant training in your statutory requirements and the appropriate agency processes you need to follow.

TASK 2.1.

Complete the following exercise to demonstrate your competence

Case Scenario 1:

David, 14 years old has been seeing you for a number of sessions due to his substance misuse and you have both been working on a range of harm-reduction strategies. During one of your case management meetings David discloses that his stepfather has been sexually abusing him.

From the information provided in the above case scenario:

- Outline what the statutory requirements are.
- According to your agency's policies and procedures what are the appropriate processes you need to follow?

Case Scenario 2:

Debbie is a young 25-year-old woman who you have been seeing in relation to polydrug use issues related to alcohol and benzodiazepines. Debbie has been making some changes to her drug use but her level and pattern of consumption remains a concern to her and you. Debbie lives with her boyfriend and her two young children from a previous relationship and from Debbie's reports it is a very tumultuous relationship. Over the last number of sessions Debbie has outlined in detail a number of domestic violence incidents that have taken place both recently and in the past.

From the information provided in the above case scenario:

- Outline what the statutory requirements are.
- According to your agency's policies and procedures what are the appropriate processes you need to follow?

After you have completed this activity move onto the next Performance Criteria 2.2.

PERFORMANCE CRITERIA:

2.2 Appropriate processes to facilitate clients to set goals and participate in case management processes are implemented.

As mentioned in UNIT OF STUDY 1, case management needs to be client-focused. As the case manager, you need to implement processes that encourage your client to be part of the case management process. Ownership from the client needs to occur where the client sets goals that are implemented into the case plan to be achieved.

Remember the reason why your client is seeking help may not be self-generated but more social or legal coercion.

(Source: Jarvis, Tebbutt, Mattick. 1995. Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide.)

Clients at times can display reluctance, resistance or total lack of interest in the case management process. These behaviours can be present for a number of reasons.

Your role as the case manager is to create an environment that facilitates client participation. This can be achieved by implementing the following processes:

- Creating a relationship with the client that invites, encourages and motivates client participation.
- Client having access to their file and information
- Handing over the pen control – let the client write/draw self identified goals and other information in the case management process.
- Allowing information to be presented in a manner that the client can understand
- Non-judgemental approaches to client's views and wishes
- Ensuring that the client is involved and informed of every step of the case management process.
- “Adopting appropriate strategies that reduce the fear of failure and prevent such lapses turning into relapses”

Source: Jarvis, Tebbutt, Mattick .1995. Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide.

Allowing case management processes to be flexible in meeting client needs.

TASK 2.2.

Complete the following exercise to demonstrate your competence.

Develop a case scenario outlining how you would implement appropriate processes to facilitate client participation in the case management process of goal setting. In developing your case study consider the impact of issues such as the age of client, how the client came to be there i.e. coerced client v's self referred.

After you have completed this activity move onto the next Performance Criteria 2.3.

PERFORMANCE CRITERIA:

2.3: Appropriate cultural considerations are integrated into all aspects of case management planning.

Australia is a multicultural society with a diverse range of linguistic and cultural groups. As a case manager you will work with people from Culturally And Linguistically Diverse (CALD) backgrounds. These clients will have complex needs as well the additional issues of not understanding English or English being their second language. Additionally clients from a CALD or ASTI background will possess their own cultural perspectives on the world.

Culture is central to how we interpret what we see, what value we assign to what we see, hear and experience how we express who we are.

The norms around the management of time, personal space, level of eye contact and body posture can vary dramatically between cultures.

Other differences can centre on attitudes towards conflict work, making decisions, disclosing personal information and ways of knowing things.

Source: material adapted from: Community Services – Case Management Certificate III – Certificate IV (Mental Health & Disability Work) Toolbox. ANTA 2002.

Western culture is primarily dominated by left-brain thinking. Left-brain thinking is verbal, analytic, symbolic, rational, digital, logical and linear. Right brain thinking is less verbal, holistic, more willing to suspend judgement, spatial and intuitive. Indigenous groups in Australia often display these characteristics (Sayer: 1988). It is important when working with

members of these groups to be aware of the differences in thinking and communication styles and to account for this when communicating with them.

Strategies for Cross Cultural Communication

- Listen actively and with empathy. Try to see the world from the perspective of the other person
- Learn about your clients past and the history of their community. Try to identify historic issues or things in their past which may colour their perception of the world or the problem/s they are facing
- If communication breaks down don't assume your client is on the wrong track. Try to find a way to connect and to make the communication work
- Be aware of the power imbalance. Consider not only language differences but also their class and what your position represents to them
- Find out about cultural norms in body language and posture. Try to adapt and use what you have learned
- Find out about the customs of the people you are working with. This knowledge will make it easier to demonstrate respect and courtesy
- Don't assume you're the expert. Ask your client for advice on their cultural customs.
- Keep trying to learn. Don't assume that you have ever mastered the skill of cross cultural communication. Keep asking yourself "Is there a better way?"

Source: Sayer, Barbara 1998. "Left of Right Brain: Is there a Neurological Relationship To Traditional Aboriginal Learning Styles?" in *Learning My Way* Papers from the National Conference on Adult Aboriginal Learning Perth. Cited in: Community Services – Case Management Certificate III – Certificate IV (Mental Health & Disability Work) Toolbox. ANTA 2002.

The NSW Health Department reports that,

"Aboriginal people and Torres Strait Islanders have identified a high level of co-morbidity for mental health and drug & alcohol problems and the need for access to culturally appropriate and comprehensive services to address these problems.

Source: NSW Health Department. 2000. The Management of People with a co-existing Mental Health & Substance Use Disorder. Service Delivery Guidelines.

For agencies to provide a case management service that is client tailored to effectively meet the clients needs an approach that integrates cultural considerations is imperative.

It is the responsibility of your agency to:

- Have policies & procedures that address cultural consideration.
- Provide access to relevant training that will assist you in your case planning.

TASK 2.3.

Complete the following exercise to demonstrate your competence.

You are working with a client designing a case plan who has the following cultural background:

- Aboriginal
- Islamic
- Vietnamese.

Outline what cultural considerations you need to integrate for each client in your case management planning.

After you have completed this activity move onto the next performance criteria 2.4.

PERFORMANCE CRITERIA

2.4 Information on rights of appeal and avenues of complaint is provided so client understands their rights.

During the case management process the client may become unhappy about a particular issue and want to complain so the issue can be resolved. As mentioned previously in UNIT OF STUDY 1, section 1.2 – clients do have the right to complain about the service they are receiving. Every agency should have a complaints procedure that the client can access and follow to resolve their grievance.

It is essential that you provide your client with your agency's complaint procedure and explain how the process works. The majority of agencies have this information on a pamphlet that clients can keep and use if the need arises.



Please note: Any information that is given to the client needs to be in a manner that they can understand.

If your client has literacy difficulties or cannot read English, the information needs to be adapted.

Information that may be included on clients' rights of appeal and avenues of complaint could include:

- An explanation of what may constitute a complaint
- That the client can have a support person of his or her own choosing to assist/advocate for them throughout the complaints process.
- The steps/avenues of who to take their complaint to
- That the complaint and actions taken need to be documented
- That an appropriate timeframe is set to resolve the complaint
- External avenues are identified if the client feels the complaint hasn't been satisfactorily resolved within the agency.
- That the client receives appropriate feedback regarding the outcome of the complaint
- Confidentiality principles are adhered to at all times

TASK 2.4.

Complete the following exercise to demonstrate your competence.

- Outline how you would provide and explain your agency's - 'client right of appeal and conflict procedure' to your client.

Congratulations you have now completed Unit Of Study No 2. Read the Unit Review and complete the checklist to make sure you have completed all the requirements.

UNIT REVIEW:

In Unit of Study 2 we looked at developing an appropriate approach to case management. The following case management processes were covered:

- 2.1. Implementing statutory requirements.
- 2.2. Facilitating clients to set goals and participate in case management processes.
- 2.3. Integrating appropriate cultural considerations.
- 2.4. Implementing rights of appeal and avenues of complaint.

UNIT CHECKLIST:

Complete this checklist (tick box) to ensure you have covered all the requirements in demonstrating your competency in this unit.

Completed following task and have all supporting documents.

TASKS	2.1. page 39	<input type="checkbox"/>
	2.2. page 41	<input type="checkbox"/>
	2.3. page 43	<input type="checkbox"/>
	2.4. page 44	<input type="checkbox"/>

Now you can move onto Unit Of Study No 3.



Unit of Study No. 3:

Develop an Appropriate Case Management Plan

UNIT OF STUDY NO: 3

DEVELOP AN APPROPRIATE CASE MANAGEMENT PLAN

Introduction

So far, through this self directed learning resource, we have covered: the concept of case management, the application of conducting case management meetings, the boundaries and processes needed to deliver case management and the development of an appropriate approach to case management.

In this unit of study we will develop an appropriate case plan by working through the relevant stages identified in the case management model in Unit of Study 1. We have already covered the ENGAGING stage and now will continue working through the stages of: ASSESSING, PLANNING, ACCESSING RESOURCES AND COORDINATING. Also we will look at implementing MONITORING processes throughout the stages. To demonstrate your competency in Unit 3 a scenario is presented throughout this section. This requires you to apply your knowledge to each of the stages identified throughout this unit.

What is a case management plan?

A case management plan is developed firstly between you and your client to establish what processes need to be followed for the client to achieve specific needs. The processes involved are:

- Letting the client tell their story
- Needs assessment
- Allocation of resources to meet identified needs. (other relevant services become involved).
- Developing an action plan, that
- identifies client goals
- strategies that will assist the client in achieving goals.
- Effective access of the resources by the client
- Constant monitoring of case plan effectiveness

“The goal of the case management plan is to help the client develop self-sufficiency so that they can manage their own lives without dependence on the human service delivery system”

Source: Community Services – Case Management Certificate III – IV
Mental Health & Disability Work) Toolbox ANTA 2002

PERFORMANCE CRITERIA:

3.1 A case management plan is developed to reflect initial assessment of needs.

In unit of study 1 we looked at the engaging stage of the case management model, now let us look at the next stage of assessing.

See Appendix 1A

ASSESSING

Function of Assessment

- should resolve around what the client is requesting
- gather information on the client and see their life as a whole, not just a problem
- interpret this information in the light of treatment, objectives and strategies
- develop a two-way interaction, which gives the worker and the client time to develop rapport
- gain information in order to be able to decide on appropriate intervention
- gain information for appropriate referral

Source: Community Services – Case Management Certificate III-IV (Mental Health & Disability Work) Toolbox ANTA 2002

“Assessment enables you to gather information that will help you to plan and modify treatment goals and strategies.”

Source: Jarvis, Tebbutt & Mattick 1995 Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide p.13

Procedure of Assessment

1. Let the Client tell their story.

This enables you to gather a perspective of why the client is seeking assistance.

Please note: Some clients like to explain where they have been in life, - leading to why they are here, and maybe an insight of where they want to be. Other clients may be more reserved and disclose only a little of their story. It is important that you move at a pace that is comfortable for the client. However, you also need to gain enough information to complete a

needs assessment. Access your client's referral form for additional information.

2. Gathering Information

To develop a comprehensive needs assessment, a considerable amount of information needs to be collected. This information also allows a holistic approach to be adopted.

Information that may be gathered:

- demographic information (age, gender, residential status etc)
- current/previous drug use (including level of dependence, prescribed medication)
- family details (including drug use)
- support networks
- Physical/medical assessment
- Psychological/behavioural assessment
- Vocational background
- Financial background
- Interest & hobbies
- Sexual problems or sexual abuse
- Legal problems
- Risk taking, behaviour

(Source: material adapted from: Jarvis, Tebbutt, Mattick 1995. Treatment Approaches for Alcohol & Drug Dependence An Introductory Guide and AOD Toolbox

Most agencies will have their own assessment forms that have set questions that the worker can ask the client. Another format is where an assessment checklist is developed, that allows the worker to gather the information in a less direct approach.

The information gathered is highly sensitive and the worker needs to adopt appropriate interviewing and counselling skills. Additionally the worker needs to inform the client of the agency's policies and procedures relating to confidentiality and the recording of information, (including mandatory requirements.

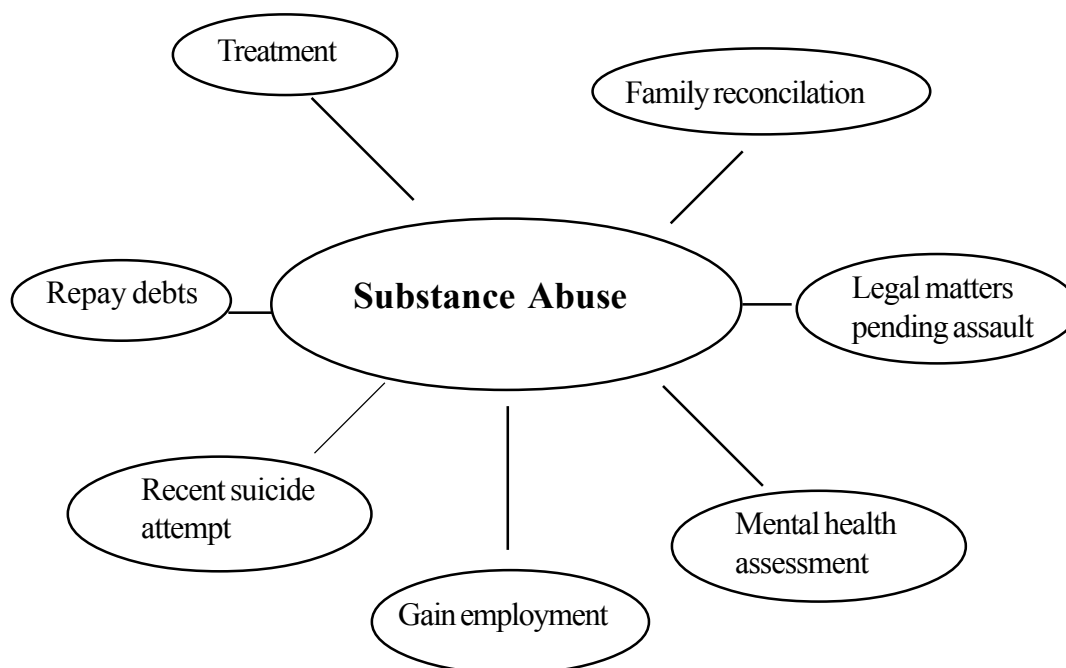
** See Appendix C – Assessment and Management Checklist.*

3. Develop needs assessment

The worker and client identify an initial assessment of needs from all the information gathered.

Scenario of Bill:

For example: Bill has come to see you about his substance abuse and other areas have been identified.



Please note: It is important that you distinguish whether the client's needs can be met within your agency or whether the client needs to be referred to another agency.

PERFORMANCE CRITERIA:

3.2 The full range of appropriate immediate, short and long term needs of the client and other relevant parties are identified.

“You and the client, having developed a problem inventory, next - begin to set priorities among the problems listed. Often the only problems that clients acknowledge early in the life of a case are those of a fairly superficial and concrete nature. They tend to be slow to admit their problems in their relationship: with others or in their feelings about themselves... you accept whatever problems the client is willing to share and begin to work on them as a vehicle for building a relationship with the client and completing a more detailed and accurate problem assessment as time goes on.”

Source: Ballew & Mink .1996. Case Management in Social Work p.17

From the initial needs assessment, it is identified with the client what needs can be achieved immediately, short-term and in the long-term. An immediate needs assessment must be done to fulfill your duty of care to the client. Agencies should have an immediate needs checklist to assist you in determining whether your client requires immediate assistance. Immediate areas could include:

- safety of the client;
- crisis needs of – food, clothing, housing, finance;
- medical attention;
- mental health assessment i.e. suicide assessment, need for scheduling, medication etc.

From our example of Bill before the immediate needs would be a mental health suicide assessment, as a duty of care to protect the client.

After immediate needs have been identified, met and documented. Short-term and long-term needs are identified.

For example re: Bill

Immediate needs

- Mental health and suicide assessment

Short-term needs

Long term needs

ACTIVITY:

Complete the tasks in this unit to demonstrate your competence in your portfolio for evidence of competency.

TASK 3.2.

Identify what you think are the short-term and long-term needs of Bill from the previous example.

PERFORMANCE CRITERIA:

3.3. Action plans are developed to reflect:



“Having identified the critical problems, you next work with the client to identify the types of helpers, informal and formal, which are needed to help solve the problems personally. It is your job to connect the client with available resources, which will help to resolve the problems. Many clients do not participate actively in identifying resources at this stage, and you must often proceed independently. This happens because many clients experience such impediments to getting and using help that, until the impediments are overcome, they cannot participate actively in planning the use of potential resources. Nevertheless, you must proceed to identify resources because this constitutes a critical step in the forward movement of the case.”

Source: Ballew & Mink 1996. Case Management in Social Work p.18

After completing the needs assessment you identify with the client what resources are required to address each need. It is also important that you identify what possible barriers could exist that may make it difficult for the need to be addressed.

Ballew & Mink (1996 p.18-19) believe there are three types of barriers to getting and using help – external barriers, inherent, incapacities and internal barriers.

- **External Barriers**

- there are deficiencies in the client’s environment i.e. resource doesn’t exist or is inadequate to meet the need, the resource is available but a secondary resource that is not available is needed to access the first. e.g. information, transport, childcare

- **Inherent Incapacities**

- factors that are outside the control of the client, which reduce or eliminate the person’s ability to communicate effectively with worker and actively participate in case management process. Such as: intellectual disability, severe mental health, stroke, incapacitating alcoholism or drug abuse.

- **Internal Barriers**

- beliefs, attitudes or values held by the client which lead to patterns of behaviour that get in the way of the person seeking or receiving help when needed. Example: pessimism, criticism, cynicism etc.

Bill’s example:

Problem/Need	Resources	Possible barriers
Mental health & suicide assessment	Mental Health Team	Resistance, fear of scheduling

This is a good opportunity, as well, to identify with the client their personal strengths. Identifying strengths may assist in overcoming some of the possible barriers. Concentrating on the client’s strengths also further enhances their self-sufficiency. However, as you are already aware, most clients find it quite difficult to identify their strengths. This of course requires you to adopt certain strategies and techniques. Motivational interviewing is another tool that is highly effective. We will look at motivational interviewing in more detail in later sections.

Integration of expertise of relevant stakeholders and other service deliverers.

When you were identifying resources to meet specific need it would have become apparent that your expertise cannot assist the client in every area of need. Hence, other stakeholders and service deliverers can provide this assistance.

It is important that professionals work together with other professionals to make Case Management work. Assessing information requires discussions with other workers. Then there is the finding and organising of resources and monitoring of client progress. All of this requires a number of professional workers constantly communicating with each other.

Source: Community Services – Case Management Certificate III-IV (Mental Health & Disability Work) Toolbox ANTA 2002

It is a good idea to identify with the client if any other services or stakeholders are currently involved with the client. Check what each service or stakeholder's purpose is, then evaluate if that resource is effective or needed. It is important that a duplication of service is not occurring, as our goal is to co-ordinate resources to best meet the client's needs. Once you have identified what stakeholders and service deliveries the client wants involved a case conference should eventuate. This will enable a directed and co-ordinated response to developing a case plan.

TASK 3.3.1.

What relevant stakeholders and service deliverers could be involved in Bill's case?



Remember: It is imperative that the client has the right to say what services and stakeholders are involved. Written consent from the client on what personal information can be disclosed must be obtained.

- Refer to Appendix D on how to conduct a case conference.

Negotiated and agreed goals and operational processes.

After the needs assessment, the next stage of case management is planning

A formal, structured planning effort has four steps. The first step is goal formulation in which specific, practical goal statements are made to which both case manager and client can be committed. The second step involves setting priorities among the goals in such a way that critical needs are addressed first and problems are tackled in a sequence that keeps both you and the client from being overwhelmed.

In the third step, methods are chosen for achieving the goals. These methods are sometimes called techniques, strategies, or interventions. They are the actions that you and the client take to make changes. The last step includes the identification of times and procedures for evaluating progress. The results of this evaluation may well lead to more assessment and a cycling back through the planning process.

The concrete expression of a planning effort is the document called a service plan, a treatment plan, or a care plan depending on the setting in which the case manager works.

The writing of this plan provides you with an opportunity to organize all the relevant information you have collected during the assessment into a coherent plan of action. Putting your thoughts into writing should help you to eliminate the nonessentials and to focus and structure your future work. The plan documents your assessment hence provides the logical basis for your case management activities. The plans you make at this point will certainly be tentative and will change as you get to know the client better. These changes can then be documented in periodic reviews and updates

Source: Ballew & Mink 1996 Case Management in Social Work p. 20

1. Goal formulation:

Your goals should provide you and your client with *concrete* signposts to guide therapy and to measure progress over time. At the same time your goals need to be flexible enough to allow adjustment when new information is gained during the course of treatment. Ideally your goals should have the following characteristics:

- *Negotiated*: All goals should be negotiated between you and your client. This ensures that (a) your client is committed to the goals since the client was instrumental in defining them and (b) the goals also reflect your professional judgement.
- *Specific and observable*: Each goal should be defined in concrete, behavioural terms so that both you and your client will be able to identify clearly whether that goal has been achieved. For example, 'cutting down gradually' is a vague term that cannot be clearly measured. 'Cutting down by 3 standard drinks a week' can be

measured, leaving no doubt about treatment progress. You may find it useful to make a written summary of your client's goals and plans so that you can both measure the client's progress throughout therapy.

- *Broken into short-term targets:* Working towards a large, major goal can be daunting for clients, particularly those who have experienced a sense of failure during past attempts at changing their drug use or drinking. If goals can be broken down into smaller targets, your client can develop a sense of mastery and encouragement as each target is reached. The experience of achievement will help to enhance your client's self-esteem and increase motivation to continue in the treatment process.

Whilst it is easy to see how the overall goals of moderation or reduced HIV risk-taking can be broken into smaller targets, the application of short-term targets to the goal of abstinence is less obvious since abstinence is usually achieved by immediate cessation of your client's drinking or drug using. Nevertheless, there may be a number of lifestyle changes that are required to help your client maintain abstinence and it will be easier for your client to manage these if they are broken down into prioritised targets.

- *Achievable:* Negotiation should focus on identifying goals that are achievable. Sometimes it may be necessary for you to compromise your expectations about the ideal goal if your client appears to be unable to achieve that goal at this stage. Success with less ambitious goals is preferable to your client experiencing a sense of total failure and dropping out of treatment as a result.

Source: Derived from West Australian Alcohol and Drug Authority, undated
Cited in: Jarvis, Tebbutt, Mattick. 1995. Treatment Approaches for Alcohol and Drug Dependence. An Introductory Guide pp. 51-52

2. Prioritising goals:

This process is similar to the process you carried out in the needs assessment. Identify with the client what goals need to be addressed first and then prioritise in descending order. Of course several goals can be worked on at once, but remember its crucial not to overburden and overwhelm the client.

- A range of strategies to address each goal and to maximize participation in plan.

3. Methods are chosen to achieve the goals:

This is where you and the client identify how the identified goals are going to be achieved. What method, strategies, techniques, interventions, actions etc are going to be implemented.

For example with Bill:

GOAL	STRATEGIES/ INTERVENTIONS REQUIRED
<ul style="list-style-type: none"> • To have a mental health & suicide assessment • Controlled substance use 	<ul style="list-style-type: none"> • For case manager to phone mental health team to get a mental health worker to come here to the office to assess Bill ASAP • Problem – solving skills treatment • Cognitive behavioural intervention

Once you and your client have agreed upon a treatment goal, you will need to decide on the preferable strategies for achieving that goal. Provide your client with a menu of strategies from which to choose and discuss with him the relevance of each to his situation.”

Source: Jarvis, Tebbutt, Mattick 1995 Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide p.56

Maximise participation in plan

It is essential that the client’s participation in the action/case plan be encouraged. Remember one of the ultimate goals of the case management plan approach is to develop the client’s self-sufficiency and empowerment.

However, at times the client may become non-compliant and resist the case planning process for a number of reasons.

This resistance may occur in the following forms:

- Disbelief that things can change
- Cynicism
- Inability to think clearly
- Inability to organise themselves
- Lack of motivation
- Impatience

Ways that a worker could Counter this Resistance are through

- Empathy
- Encouragement
- Positive approach

Source: Community Services – Case Management Certificate III-IV
(Mental Health & Disability Work) Toolbox ANTA 2002

Motivational interviewing is one of the most effective tools to enhance client participation.

“Is an approach that encourages the client to explore their own concerns through open-ended questions and empathetic feedback?”

Source: Jarvis, Tebbutt and Mattick 1995 Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide p.4

Miller & Rollnick (1991; pp56-62) outline five broad clinical principles that underline motivational interviewing.

- Express empathy:
Acceptance and respect for your client’s position facilitates change.
Reflective listening is fundamental.
Ambivalence is normal
- Develop discrepancy:
A discrepancy between present behaviour and important goals will motivate change
The client should present the arguments for change.
- Avoid argumentation:
Arguments are counter-productive
Defending breeds defensiveness
Resistance is a signal to change strategies
- Roll with client resistance:
Statements that a client makes can be reframed slightly to create a new momentum towards change
- Support the client’s sense of ability to change:
Belief in the possibility of change is an important motivator.
The client is responsible for choosing and carrying out personal change.
There is hope in the range of alternative approaches available.

(Source: cited in: Jarvis, Tebbutt & Mattick 1995. Treatment Approaches for Alcohol & Drug Dependence. An Introductory Guide p.48)

After goals, resources and strategies have been identified the planning effort is then documented.

4. Writing of the Action Plan – Service/Treatment/Case/Care Plan

A Case Plan is a practical outline of tasks which workers and the client will undertake

The Case Plan should:

- Be time limited and include a review process.
- Set out the tasks of staff involved with the client.
- Be negotiated with the client.
- Consider cultural/ethnic/gender/special needs.
- Specify tasks, actions, strategies and resources required to work with the client
- Specify who will be coordinating and monitoring the plan
- Provide indicators to measure how well goals are being achieved.
- Be based on a realistic assessment of a Service’s strengths and weaknesses.

The Case Plan should set out:

- A description of the key issues involved in a client’s management
- The services identified for the client
- The immediate, short and long term goals for the client
- The sort of changes expected from the client and the approximate dates when they can be expected.
- The role of staff in providing the service.

Source: Community Services – Case Management Certificate III-IV (Mental Health & Disability Work) Toolbox. ANTA 2002



Make sure the client feels ownership of the plan, and have a copy of it in a format that they can understand.

Case plans should focus on achieving the skills or resources necessary for independence from your agency and lead towards case closure.

Source: material adapted from: Community Services - Case Management CIII-CIV (Mental Health and Disability Work) Toolbox. ANTA.2002.

TASK 3.3.2.

Develop a case plan for Bill.

Appropriate Resource Allocation.

Once the case management plan has been decided upon, client and worker set about accessing the necessary resources to make the plan a reality.

Source: Western Institute of TAFE. Case Management FlexiLearn. NSW TAFE Commission.2000.

Through this process you can monitor if the resources have been appropriately allocated.

ACCESSING RESOURCES STAGE

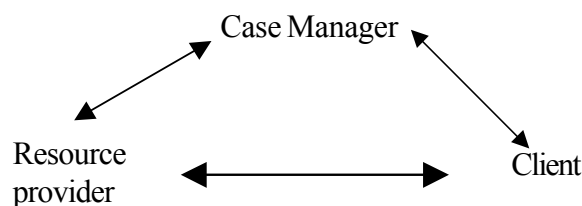
The worker in this stage works through the processes of:

- Connecting the client and resources.
- Negotiating and advocating if necessary.
- Developing internal resources.

1. Connecting the client and resources.

These activities include: - locate resource, contact provider, coach client, accompany client and monitor service.

In the accessing resources stage there are three (3) partners in the process. The client, the resource provider and you – the case manager. It is your job to make sure that all connections work, creating a strong connection.



To ensure a strong connection follow the following techniques.

a. Working with the client.

- **Inform the client about the resources.** - It is important to explain to the client why you feel that specific providers and specific services are appropriate. Sometimes it is necessary to spell out the relationship of the services to the goals you have mutually established.
- **Client Reporting** - It is essential that you have a method for finding out how things are going. After the first visit you may ask the client to describe what went well and what didn't go well with the provider. Is the resource proving useful or are there problems that the client or you need to deal with?
- **Help the client understand what to expect.** – Whenever possible, you should pick a particular person whom you know, for the client to contact. You can describe this person's manner to take the edge off any apprehension the client may feel about meeting a stranger. You should also explain the procedures that may be necessary to obtain help. If you know of materials the client should take, i.e.: social security card, birth certificate, or eligibility documents, they should be written down on a checklist for the client to consult before going to appointment.
- **Calling the other provider.** – This can be done to secure an appointment for the client. An alternative is a call to alert the provider that the client will be contacting.
- **Coaching the client.** – For some clients, it will be important to rehearse how they will act before they actually go for the appointment. Sorting out and clarifying the purposes of the visit reminds the client what assistance is required.
- **Going with the client.** – The anxiety of some clients is strong enough, particularly in the early stages, that they may need your supportive presence at the first contact. Your going may also accomplish several other things. You may be able to model certain behaviours, describe services arranged for the client, clarify your role as case manager, and arrange further contact with the provider. Be careful though, if you use this method too often, it can increase the client's dependence on you rather than fostering the growth of their own competence.

b. Connecting activities with providers – working directly with resource providers.

- Maintain an accurate understanding of the provider's current requirements, intake procedures and objectives.
- Make regular contact with people you know in a provider agency.
- Interpret the client's concerns and strengths.
- Be clear about the provider's expectations.

- Build a relationship with frequently used providers.

Source: Ballew and Mink. 1996. Case Management In Social Work.

2. Negotiating and advocacy.

In case management, we negotiate to enhance the fit between the services needed and the services provided. This is done by making adjustments in the behaviour of clients and providers and by reducing conflict. The basic task is to develop sufficient trust so the client and the provider can work together effectively. Negotiation techniques are also used with clients when they aren't yet willing to use the needed help, when they are overwhelmed by too many helpers, and when an adjustment is needed in sequencing the use of helpers. Sometimes negotiation is required in making the initial connection, but typically it is used to deal with the difficulties that come up after the connection has been made.

There are three (3) areas where negotiation can be useful:

- Formal helping agencies.
- One's own organisation.
- Informal helpers.

Source: Ballew and Mink. 1996. Case Management In Social Work. p.173.

Advocacy comes into play only when connecting and negotiation alone are unable to provide the necessary fit between the client's concerns and useable resources. Connecting relies on accurate information and clear communication. Negotiation adds the dimensions of trust building and creating mutually acceptable alternatives. For successful advocacy, it is often necessary to bring in the element of power. Advocacy means *interceding with individuals and organisations to secure needed rights, resources, or services for the client in spite of resistance from those who have the power to give or withhold them.*

Source: Ballew and Mink. 1996. Case Management In Social Work .p.179

3. Developing internal resources.

This is where the case manager's role of counselling comes into play. Utilising counselling skills and especially motivational interviewing techniques is essential.



Remember, that one of the goals of case management is to help the client develop self – sufficiency.

 **TASK 3.3.3.**

- List the resources that will need to be accessed to address Bill's needs.
- Outline how you and Bill will access these resources.

- **Agreed responsibility for delivery.**

We have now moved into the coordinating stage of the case management model.

COORDINATION STAGE

In the coordination stage there are two (2) types of relationships. They are:
 - the relationship between the worker and client, and the relationship between the client and the other stakeholders. As the case manager it is your role that agreed responsibility for service delivery occurs to meet the client's needs.

Once the connections are made, the case manager has a responsibility to insure that help remains available and is used effectively. Sometimes helping persons fail to follow through on their commitments and sometimes the motivation of the client diminishes. You may use mediation strategies to insure the client and the resource stay connected. You might also use contracting and their task implementation sequence as techniques for enhancing client motivation.

The task implementation sequence is a technique for enhancing motivation and increasing the likelihood that a client will follow through on tasks they have committed themselves to. It is a simple, easily learned interviewing procedure.

Contracting is a technique, which helps to clarify and specify the responsibilities of both client and case manager in achieving a goal. These agreements are effective only when the goal is clear and the client is motivated to achieve it. For this reason, contracts are useful only after impediments have been overcome. They are used to enhance motivation when it begins to diminish.

Source: Ballew and Mink. 1996. Case Management In Social Work. Pages 27-28.

1. Relationship between worker and client.

Client Contracting.

Client contracting is a very special way of communicating with the client. It makes clear what is to be done, who is to do it, and how it is to be done. Contracting is particularly useful for maintaining the client's connections and motivation because it reinforces the understandings and agreements already made by the client and you. It is similar to goal planning but its purpose is to help break down a task and to motivate client action.

The client and you enter into an agreement that is usually verbal to accomplish certain objectives by each doing specific tasks. The contract clarifies the helping process and increases the accountability between you and the client. Contracting at this stage is used to achieve short – term objectives.

Characteristics of Good Contracting:

In order for it to work well for you, you need to pay attention to five (5) essential characteristics of good contracting. They should be used to evaluate any contracting, verbal or written. Contracting should be:

- **Mutual:** the client should be involved in the contract from the beginning. You both need to participate in deciding the terms. Client must be encouraged to take part in the decisions.
- **Specific:** the terms of contracting should be specific and clear so that both you and the client understand the terms. You should avoid jargon and where possible use the client's own words. State contract terms in concrete, specific language.
- **Flexible:** contracting should be flexible so that decisions can be negotiated as the helping progresses.
- **Manageable:** the terms that are agreed upon must be within the capacities of both the client and you. Clients should not be pushed into accepting terms that demand more than their skills can deliver. You, also, should not make promises that are beyond your expertise or your agency's resources. It is especially important to be realistic about having the time to do what you promise.
- **Accountable:** you need to include in your contracting times for assessing how well things are going. If the time you have allotted for a task or the task itself is unrealistic, then you can use the flexibility of the contract to negotiate the changes that are needed

Contracting that has these characteristics is more likely to tap the motivation of clients to maintain their efforts over a longer period of time. They build in those things that keep people going, such as ownership, feedback, and clearness of purpose.

Source: Ballew and Mink. 1996. Case Management In Social Work. Pages 228 –230.

2. Relationship between client and other stakeholders.

This is where your role as case manager is to make sure that your client is receiving the necessary help to meet their identified needs. This can be achieved by the following steps:

- Making regular contact with stakeholders to get updates of client's progress.
- Making regular contact with client to get their feedback on progress.
- Having a complaints procedure in place - which relevant parties can follow if the need arises.
- Documenting all relevant processes.
- Having agreed plans of action outlining: goals, treatment, review dates, services provided, case closure etc.

Most agencies have written agreements – service agreements or Memoranda of Understanding that outline all the processes and procedures to be followed between formal stakeholders. The implementation of case conferences is also a common and best practice strategy undertaken by most agencies. The case conference brings together the client, yourself and all the relevant stakeholders to formulate a combined action plan on how best to meet the client's identified needs.

THE CASE CONFERENCE

The case conference is a face-to-face meeting with several members of the client's helping network. It might include all of the members if the network is small enough, or it may involve only those people concerned about a particular set of problems. It is a very helpful tool that allows you to do important tasks with the helping network.

The face-to-face nature of the meeting enhances the quality of trust and understanding between the members of the network. This, in turn, permits the group to mutually develop congruent goals. By sharing their perspectives on the issues, members provide each other with enough information to make collective decisions about appropriate actions to take based on the common goals. When alterations in the plan are necessary, case conferencing allows the participants to adjust their services so that they are in concert with one another.

There are secondary benefits from a case conference too. By having a face-to-face meeting with other helpers, network members are more open to contacting one another when problems arise. They can also provide mutual support to each other when things get difficult. The case manager benefits by sharing hard decisions. These and other possibilities make these meetings highly desirable.

Case conferences, however, are costly in terms of time. Therefore, it is

important to have a compelling reason for calling one. Each case manager will have to define with their client what constitutes a compelling reason.

There are several possibilities. One is when the case manager has worked on goal planning with a new client who is already involved with several helpers. A case conference will help to introduce you as the case manager and to clarify your role with other providers. The plan can then be compared to what is currently happening so that adaptations can be made. Similarly, when making major changes like reducing the efforts of some helpers and increasing those of others, it is useful for everyone involved to understand their role in the new configuration. Another occasion for bringing helpers together is when they have made conflicting demands on the client. Perhaps the most compelling reason for a case conference is when a major crisis occurs which cripples the client's ability to participate effectively. This is usually a time when several heads are better than one for coming up with new solutions.

Ballem and Mink (1996) Case Management In Social Work pp.246-247

Please note: Refer to Appendix D - on how to conduct a Case Conference.



Even though at times the worker needs to contact and coordinate service provisions, it is imperative that you do not take over. The client may need extra support in the beginning of the case management process and at other times, but as time goes on the client needs to take more control. The client starts to be self sufficient and empowered.

Summary of coordination stage:

- Gain agreement to common goals
- Support client & other stakeholders
- Organise helping efforts, for client's needs to be met



TASK 3.3.4.

Outline how you would implement the process of agreed responsibility for delivery amongst all relevant stakeholders to meet the client's needs.

- **Realistic and agreed indicators of success.**

It is essential that all involved in the action/case plan have a shared understanding of what constitutes a ‘success’ for the client. A technique to achieve this is by actually including in the action/case plan identified successes for each goal. The client may not achieve the identified goal, but this is by no means a failure, as a success would have been accomplished. The client would have progressed in development in some way.

For example: Bill may not have achieved his goal of gaining employment yet but he has succeeded in not abusing substances when he does get knocked back from a job.

It is important to prepare your client for the possibility that the strategies and goals that the client has chosen might not work out as planned. The client needs to understand that the treatment process can involve some trial and error in order to identify the plan that best fits with the client’s personal needs.

Source: material adapted from: Jarvis, Tebbutt, Mattick 1995. Treatment ‘Approaches for Alcohol and Drug Dependence. An Introductory Guide p.51

Ballew & Mink (1996) recommend implementing the strategy of goal attainment scaling.

This helps the client to recognise successful change even if it isn’t perfect, which increases confidence that can bring about changes.

The client estimates what s/he expects to accomplish. Then describes what would be the best possible outcome and the worst. Between the expected and best outcomes the client estimates an outcome somewhat better than expected and between worst and expected outcomes one that is slightly worse than expected. This can be carried out through a goal attainment chart, which then can be attached to action/case plan to identify successes.

Level of Expectations	Descriptions of Results for each level
Worst possible	
Less than expected	
Expected	
Better than expected	
Best possible	

Source: Ballew & Mink 1996. Case Management in Social Work



TASK 3.3.5.

Outline how you would develop realistic and agreed indicators of success for a client.

- **Rights and Responsibility of Client**

As the case manager you should develop with your client an agreement on the rights and responsibilities of the client in regards to the client's action/case plan. This process can also be carried out to identify your rights and responsibilities as the case manager in regards to the action/case plan.



TASK 3.3.6.

Outline the client's rights and responsibilities in regard to their case plan. (see Appendix A for some guidance)

After you complete this activity move onto the next Performance Criteria 3.4.

PERFORMANCE CRITERIA:

3.4. Processes for monitoring and changing of case plan are established

The process of monitoring and reviewing the case management plan is one of the most essential stages of the case management model. Unfortunately often workers neglect this process leading to detrimental outcomes for the client. As you well know, things don't always go to plan. Continuously monitoring how the case plan is going enables alternative action to be taken if necessary.

It is important to set agreed times to monitor the case plan. Some agencies

have forms that the worker can utilise to record, at each monitoring stage, how things are going and alternative actions needed. Some agencies include case reviews in their staff meetings. Here case managers report on progress of the case plan and get professional feedback from other staff members of alternative actions if needed. Proformas included in the client's case notes can also be of assistance here; these can provide a structure for the monitoring process.



Please note: Confidentiality guidelines need to be adhered to and clients need to be informed if it's the agency's policy to discuss client's case management plans in team meetings



TASK 3.4.

- Outline how you would monitor a client's case plan.

PERFORMANCE CRITERIA:

3.5. Strategies are identified to deal with complex or high risk situations

It is imperative that the case manager and agency have clear strategies in place for dealing with complex or high risk situations.

Complex cases are to be defined as

- Life threatening/high risk situations
- Cases where at least three of the following factors are combined:
 - Serious/sustained abuse
 - Multiple difficulties present in family
 - Intellectual or psychiatric disability

- Chronic and serious drug addiction affecting individuals capacity
- Where a wide range of other agencies are involved, eg. Community services, legal, medical and police agencies
- Where the involvement of protective and custodial agencies with the family has been over a lengthy and sustained period
- When age of the client creates special consideration
- Cases with high public/political sensitivity requiring sensitive and experienced case investigation and management

Agencies should have policies and procedures relating to these situations for workers to follow.

It is also important that clients are aware that certain strategies will be implemented in certain situations. For example: mandatory requirements of duty to protect or warn that workers need to follow in life threatening situations.



TASK 3.5.

Identify a complex or high risk situation and outline a strategy you would implement to effectively deal with the situation

PERFORMANCE CRITERIA:

3.6 Requirements of case plan are matched to experience, workload and geographical location of worker.

To best meet the needs of a client it is important to match the client's needs with the best help. This involves matching the worker's experience, area of expertise to the client's needs. For example: you wouldn't have a worker as Bill's case manager who has no experience in AOD treatment. It is also important that the worker can give sufficient time and energy to meeting the client's needs. A worker who doesn't have the time to give effectively to the client's case plan development could not meet the client's needs. Geographical location is also important, (although remote rural areas constantly come up with innovative ways to deal with this) allowing the worker and client to appropriately communicate. During intake and team case planning meetings most agencies allocate client cases and case plans to the requirements we have identified.

See Appendix E - Re: NSW Health Department – resource management recommendations.

PERFORMANCE CRITERIA:

3.7 The plan focuses on assisting clients to set and achieve realistic targets for change or action and to take personal responsibility.

Helping the client to manage change is an integral part of the case manager's role. It assists individuals to focus on the future rather than dwell on past mistakes or 'wrongs'. To focus on misfortunes does not assist clients nor does it empower them to build strong systems around themselves. Clients can have a tendency to blame others or blame fate, this may prevent a person from accepting responsibility for their current situation. This can prevent them from managing the real issues that need to be addressed.

Strategies to manage will often be met with resistance therefore it is important to understand the causes of resistance.

Some of the main reasons clients resist change are as follows:

- Unwillingness to change old habits.
- Fear of the unknown.
- Loss of perceived power and control.
- Inability to see other perspectives.

Source: Community Services – Case Management CIII – CIV (Mental Health and Disability Work) Toolbox. ANTA.2002.

How a client progresses in treatment may depend on how ready they are to change the drinking or drug using behaviour. Prochaska and Di Clemente have developed a model of client's stages of change. Below is an outline of this model.

STAGES OF CHANGE MODEL

Precontemplative stage

During this stage the client is usually not considering change. They are what we call 'happy users'. They do not consider the drinking or drug use a problem.

They may be before you because they have been coerced. Action-orientated intervention (e.g. goal setting) will probably not be appropriate at this stage. It is best if you use motivational interviewing techniques at this point. If you are unfamiliar with motivational interviewing techniques please refer to the above textbook.

Contemplation stage

This is usually when the client is in two minds about their drink or drug use. They are what is called 'ambivalent'. They are aware that there are good

reasons for them to change their behaviour but they also have good reasons to stay the same. Again motivational interviewing techniques are the best techniques to use to encourage the client to explore the pros and cons of drinking/drug use and might culminate in a firm decision to take action.

Preparation stage

This is where the client is preparing to take action. They have decided that the cons of drinking or drug use outweighs the pros. This is the time to use the goal-setting exercise in Unit 3 on case management.

Action stage

During this stage the client is actively involved in attempting to stop or reduce their drinking or drug use. They may be in a treatment center or an outpatient program. It is always important at this stage to remember ‘ambivalence’ and support your client through doubts and problems that change can bring about.

Maintenance stage

This is when clients have changed their behaviour and are focused on maintaining that change. Often this is a time when clients can relapse. It is best to prepare them for this with a well-established relapse prevention program, which is covered in Unit 4 of this guide.

Relapse stage

This is of course when the client returns to drinking or drug use. It may be a brief or prolonged period of use. This is not a time for criticism or blame from you, but a time to systematically examine what brought about the relapse and build their motivation again toward change again.

Source: material adapted from: Jarvis, Tebbutt and Mattick 1995. Treatment Approaches for Alcohol and Drug Dependence. An Introductory guide p.24 cited in: Non Government Alcohol & Other Drug Treatment Workers Training and Workplace Assessment Resource Package for “Assessing & Referring Clients”. NSW DET 2001.



TASK 3.7.

Outline, using Bill’s example how you would assist him to set and achieve realistic targets for change and to take personal responsibility

Congratulations you have now completed Unit Of Study 3. Read the Unit Review and complete the checklist to make sure you have completed all the requirements.

UNIT REVIEW:

In Unit of Study 3 we certainly covered extensively how to develop a case management plan. All of the following areas were covered:

- 3.1. Assessing initial needs.
- 3.2. Identifying the client's immediate, short and long term needs and other priorities.
- 3.3. All aspects of action plans are developed.
- 3.4. Establishing monitoring and changing case plans processes.
- 3.5. Identifying strategies for high risk or complex situations.
- 3.6. Worker and requirements of case plan are appropriately matched.
- 3.7. The case plan enables client to take responsibility and set achievable realistic targets for change.

UNIT CHECKLIST:

Complete this checklist (tick box) to ensure you have covered all the requirements in demonstrating your competency in this unit.

- Completed following tasks and have all supporting documents.

TASKS.

- | | |
|----------------|--------------------------|
| 3.2. page 51 | <input type="checkbox"/> |
| 3.3.1. page 54 | <input type="checkbox"/> |
| 3.3.2. page 60 | <input type="checkbox"/> |
| 3.3.3. page 63 | <input type="checkbox"/> |
| 3.3.4. page 66 | <input type="checkbox"/> |
| 3.3.5. page 68 | <input type="checkbox"/> |
| 3.3.6. page 68 | <input type="checkbox"/> |
| 3.4. page 69 | <input type="checkbox"/> |
| 3.5. page 70 | <input type="checkbox"/> |
| 3.7. page 72 | <input type="checkbox"/> |

Now you can move onto Unit Of Study No 4.

Unit of Study No. 4

Manage Case Work Activities and Processes

UNIT OF STUDY 4

MANAGE CASE WORK ACTIVITIES & PROCESSES

Introduction

In unit of study 4 we are nearing the end stages of the case management model. We will be looking at implementing strategies of monitoring our case management processes and effective disengagement.

PERFORMANCE CRITERIA:

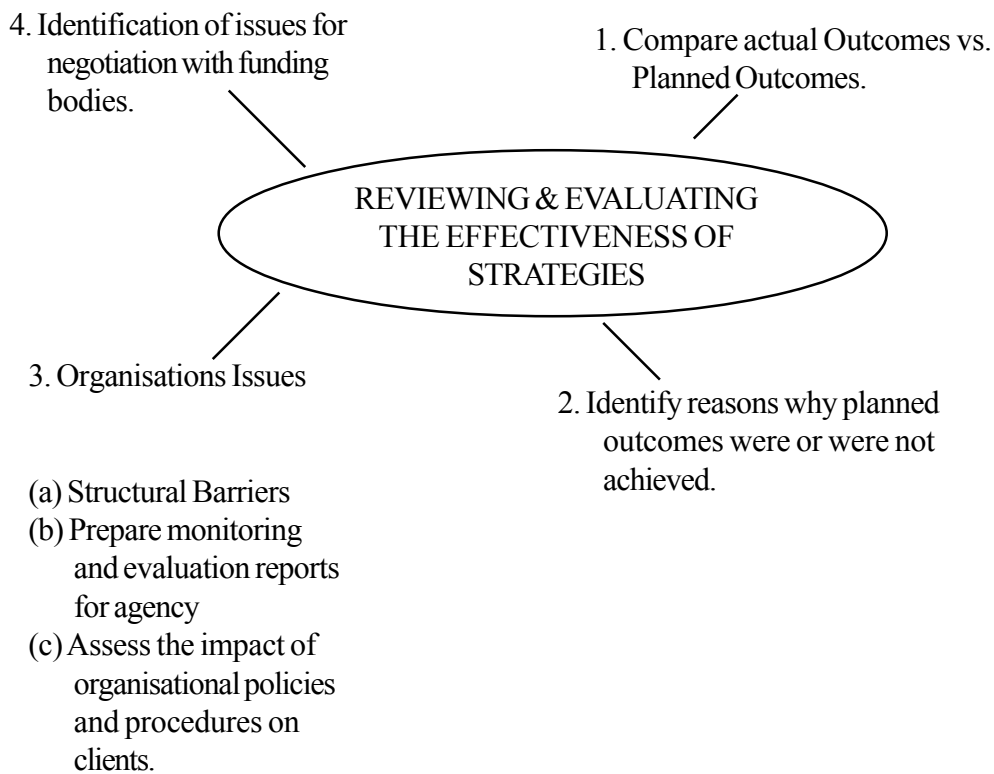
4.1 Strategies are implemented to continually monitor the effectiveness of case management processes against agreed goals, relevant services and programs, client and stakeholder satisfaction.

In Unit of Study 3 we looked at how important it is to monitor the case plan to ensure the client's needs are met. Hence, case managers and agencies need to have established strategies in place that guarantee continuous monitoring will occur.

Strategies that could be implemented:

- A proforma checklist is utilised at the end of each case management stage.
- Each case management stage includes contacting all relevant parties via phone or in person to see how things are going.
- Regular staff team meetings, to review case plans.
- Yearly agency service plans ensure that all case management processes are reviewed to check effectiveness.

The diagram on the next page illustrates the process of reviewing and evaluating the effectiveness of strategies.



1. How the planned outcomes compare with the actual outcomes.

Part of this review process would be talking to the client about the changes or progress they can identify. This can be achieved by asking the client some open ended questions like:

- “Tell me about any changes you have noticed”.
- “What things are different now for you?”
- “What have been the benefits for you?”

By formally reviewing the outcomes of the strategies and interventions, both the client and the case manager gain a clear picture of what has been achieved. This will enable planning for further strategies if required; or disengagement if appropriate.

2. Identify reasons why planned outcomes were or were not achieved.

For the benefit of the client, and for the knowledge of the case manager in managing future clients, it is necessary to identify why, or why not, planned outcomes were achieved.

If planned outcomes are not achieved the worker may find it helpful to review the information gathered as part of the Assessing Stage. At the Assessing Stage the worker would have already considered what things

might make it difficult for the client to solve their problem. By reviewing these reasons the worker may identify factors that impacted during the intervention to make actual outcomes different from planned outcomes. Remember that additional factors may also have 'come into play' and these can be identified at this stage.

When these factors, or hindrances, are identified this knowledge should be used if planning future interventions for the client. The knowledge you gain of this hindrance would alert the worker to addressing this issue, in the future, with other clients.

If planned outcomes are achieved the worker may also review the issues assessed as being potential hindrances for the client in solving their problem. Hence, congratulating the client for overcoming these hindrances and achieving what they had planned.

3. Organisational Issues

(a) Barriers to achieving planned outcomes:

At times the worker will identify reasons why clients were unable to achieve their planned outcomes, not because of factors associated with themselves but because of structural barriers or lack of resources.

When a case manager identifies these issues then their advocacy role becomes an important function to perform. The advocate's role is to make systems more responsive to the needs of individual clients and whole client groups.

(b) Prepare monitoring and evaluation reports required by the employing organisation:

Case managers may be required to prepare reports on current clients they are managing both during the time they are receiving a service and at the time that disengagement occurs.

Such reports will often follow an agreed agency proforma, but do require that the case manager seek feedback and comments from other agencies and individuals who may be providing a service to the client.

These should be reviewed not only as an organisational requirement, but also as a professional tool, which provides the case manager with the opportunity to review the case in full and undertake their own evaluation.

(c) Assess the impact of organisational policies and procedures on clients:

As part of the final review that the case manager undertakes they should look carefully at their own service provision, and that of their organisation. The case manager should ask questions regarding the effectiveness and efficiency of services provided. The case manager should also review how their organisation related to the other services and agencies to which the client needed to be linked up to.

4. Identification of issues for negotiation with funding bodies:

Many case management programs receive funding per case managed based on centrally set formulas. Often such formulas do not take into consideration specific individual clients, but rather are based on a general picture of the “average” client.

Once again in their role as an advocate, issues identified as relating directly to the funding body need to be raised. Often the most effective way of doing this is in unison with other case managers and concerned groups.

Source: material adapted from: Western Institute of TAFE. Case Management Flexi Learn. NSW Commission 2000.

PERFORMANCE CRITERIA:

4.2 The need for changes in case plan including the need for ongoing intervention is assessed and strategies for alternatives are developed as appropriate.

We have now reached the last stage of the case management model – DISENGAGING. In this section we will look at reasons for disengagement and assessing the client’s readiness for disengagement

Reasons for Disengagement

1. Client-Initiated Disengagement: One of the reasons some clients want to end the relationship is their ambivalence about participating in the first place. Some case management clients see themselves as more or less forced to participate. They were often referred by other people and they see ongoing participation for example: as a condition for keeping their children or remaining out of an institution. They may insist that they neither want nor need any help and wish to be left alone. Unless there are legal requirements for their participation, or they are clearly not able to make rational judgments, you have no choice but to discontinue working with them.

Even if you don’t agree with the decision, you can still leave the door open for reconnecting later. Sometimes, however, the client may request discontinuance because they feel that they are ready to make it by themselves. If you agree, then you can begin the formal process of disengagement.

2. Case Manager-Initiated Disengagement: In most cases, the primary reason for disengaging is that the client has achieved the goals that the two of you established. These goals were established at several points along the way and adjusted as the situation changed. The decision to disengage is based on the judgment that the client and the helping network can maintain a balance between needs and demands on one side and client

capacities on the other.

Case managers can reach the point where they want to close a case even though the goals have not been achieved. This may be due to a high level of frustration with the client. The case manager feels everything that is humanly possible to help the client has been tried, and nothing has worked, so reluctantly (actually, it may be with great relief) concludes that the client cannot be helped and that to continue working with the client would be a waste of resources and time.

There can be several reasons why the case management process has come to this point. It is best to discuss all your concerns with your supervisor or team and come to alternative strategies.

One other reason for closing a case may be that there is a mismatch between you and the client. In these cases, the chemistry doesn't permit the two of you to work well together. This doesn't mean that you have failed, only that this is not a client for you. Ask your supervisor whether another case manager might be more effective. As a mature person, you know that you can't help everybody, and someone else might be able to make more progress. Granted, it is easy enough to say, but sometimes hard to act on. A good supervisor, who knows the strengths of the staff, can help a lot.

3. Other sources of Disengagement: Sometimes cases are closed because of forces beyond the control of either the case manager or the client. For example: the court may make a new decision about what should be done with the client, or agency policy may change to limit the time a case may remain open. If there are time and resources available implement some transition strategies and contact other resources that may be able to assist the client.

Source: Ballew, Mink 1996. Case Management In Social Work
pp 267-270

Client readiness for disengagement

Signs of Increased Capacity to Meet Needs

The Client:

- Makes important decisions on own, when hasn't done previously
- Makes statements about how well s/he has done
- Demonstrates an ability to resolve minor problems without contacting the case manager
- Takes the necessary next steps in resolving problems on own without prompting from the case manager
- Seems confident and in control
- Spontaneously makes plans for the future without the case manager's encouragement

Signs of Increased Independence

The Client:

- Prefers to have the case manager on call instead of having regular meetings or moves from weekly to monthly meetings.
- Misses appointments when things are going well
- Decreases the frequency of phone calls to the case manager
- Can maintain self for several weeks without contact with the case manager
- Develops closer relationships with one of the key helpers than with the case manager

Signs of effective use of the helping network

The Client:

- Gets support from friends and others when it's needed
- Spontaneously makes contact with a needed resource without help from the case manager
- Is able to maintain connections with resources on own
- Shows an expanded awareness of available resources

Source: Ballew & Mink 1996 Case Management in Social Work
p. 270-271

PERFORMANCE CRITERIA:

4.3. Any proposed changes arising from case review are successfully negotiated with relevant parties.

All changes from the case review need to be discussed and negotiated with the client and all relevant stakeholders. This is essential for the on-going success of the case management process and meeting the client's needs. It needs to be clear to all involved what the changes are and what needs to be done for the changes to be successful.



Remember: All negotiation processes need to be client-focused

PERFORMANCE CRITERIA:

4.4 Processes for case closure which comply with organisational procedures are utilized when appropriate.

Every agency should have policies and procedures that outline the process of disengagement. Agencies also will have proformas for case managers to document the process.

Ballew & Mink (1996) recommend that disengagement is a sequenced process rather than an abrupt ending. This allows the client to progress through the disengagement process with support and not feeling a sense of abandonment.

Below are the three (3) areas the authors identify for this process:

1. Pacing the process:

Spreading disengagement process over a period of time to minimize its impact on the client. This can be done by diminishing your contacts as client demonstrates an ability to handle problems on own. This process can be continued, allowing more and more time to elapse between regular contacts, for as long as seems appropriate.

At some stage, you will reach the point where contact occurs only when it's needed. This can be a way of reassuring the client that you have confidence in their ability to handle problems on their own, while remaining available for emergency help or for difficult decisions.

2. Discussing Disengagement with client:

As you begin to move toward disengagement, you need to discuss the possibility with the client in advance. The client needs to think what it will be like when a case manager isn't there anymore. They need to review who else can offer support and prove to themselves that they can do more things.

Some strategies for disengagement:

- Review with client the progress they have made
- Highlight achievements and emphasise strengths they have developed
- Evaluate if there are any areas they feel still need support. Develop strategies/resources to meet.

3. Ongoing Responsibility for Disengaged Clients:

What kind of commitment can you make to clients after you have completed disengagement? This is determined by your agency's role and policy. Some agencies will have no more involvement with the client, while other agencies offer a follow-up service for an agreed amount of time

Source: Ballew, Mink 1996. Case Management In Social Work.

TASK 4.1.

Using Bill's example

- 1) Outline what strategies you will implement to continually monitor the effectiveness of:
 - Agreed goals
 - Relevant services and programs
 - Client and stakeholders satisfaction.
- 2) Outline how you would gauge if Bill was ready for disengagement
- 3) Outline how you would negotiate proposed changes arising from a case review with Bill and relevant parties.
- 4) Outline how you would proceed in closing Bill's case.



It is important to design and document an exit plan with the client. This allows the client and case manager a clear picture of what outcomes were achieved. These case notes also assist if the client's case needs to be re-opened.

Congratulations you have now completed Unit of Study No 4. Read the Unit Review and complete the checklist to make sure you have completed all the requirements.

UNIT REVIEW:

In Unit Of Study 4 we looked at managing case work activities and processes. In affect we completed our case management journey with our client. The following areas were addressed:

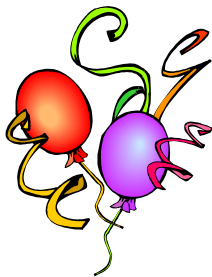
- 4.1. The implementation of monitoring process to evaluate effectiveness of case management process.
- 4.2. The development of changes and ongoing interventions in case plan.
- 4.3. Case review changes are negotiated with all relevant parties.
- 4.4. Case closure procedures are implemented.

UNIT CHECKLIST:

Complete this checklist (tick box) to ensure you have covered all the requirements in demonstrating your competency in this unit.

- Completed following tasks and have all supporting documents.

TASKS 4.1. page 83



Congratulations you have completed this self – directed learning resource.

You now need to go back to Book 2: Recognition of assessment application kit and record book a complete the self assessment and gathering of evidence to prove your competency.

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Appendices

APPENDIX 1:

BASIC COMMUNICATION AND COUNSELLING SKILLS

If you would like more detailed information you can purchase:

Interpersonal Skills 4341A – learner’s guide from

OTEN

51 Wentworth rd

Strathfield NSW 2135

Basic skills are:

- Understanding non-verbal communication;
- Attending skills;
- Active listening;
- Reflective listening;
- Open questions

Non-verbal communication

Verbal communication is the spoken word. Non-verbal communication is all that may go along with or without the spoken word, e.g. gestures, facial expressions, body posture. Non-verbal communication is often referred to as body language. It has been suggested that non-verbal behaviour contains 93% of the emotional impact of a message.

If so much of the message someone is sending to us is through their non-verbal communication it is therefore vitally important that we take note and begin to understand this type of communication. It is also crucial that we become aware of our own non-verbal communication so we are sending the appropriate message.

One of the primary reasons for considering non-verbal communication in the context of effective communication with clients is that it gives valuable cues to the client’s emotional state of being, thus enhancing the depth of the communication between you.

Attending behaviour

The other part of non verbal behaviour is “attending behaviour”. This is our actions, gestures, etc. that we display to the client. This also includes the environment the client encounters in our agency and how this is designed to

welcome the client.

As workers in this field we need to be conscious of the impression we give what we say and by our body language. Also important is the complete picture of how we present ourselves and our agency.

If working in an agency the first thing to consider is the environment and what that communicates to the clients.

What is the space that clients/customers are to enter like?

Appropriate and effective attending behaviour is about developing rapport with the client.

A safe and comfortable environment expressed through the surroundings and the workers' behaviours invites the client in. It provides an atmosphere where they can discuss their problems. It conveys your desire to listen and understand them.

Active listening

Active listening is the process by which the worker hears what the client has to say, while physically and psychologically paying careful attention to the person who is talking. It refers to listening to the meaning as well as the words.

Most of us are not good listeners. We listen at about 25% of our potential, which means we ignore, forget distort or misunderstand 75% of what we hear:

Active listening means giving the client full, undivided attention.

This means that you are there not only physically but mentally as well. You are not distracted by other thoughts e.g. other jobs you might feel you should be doing.

Steps to ensure that you are physically prepared

Physical barriers

You need to ensure physical barriers to effective communication are removed by freeing the environment of distractions (e.g. try to provide a quiet, private space away from other noises).

Ensure you are at the same eye level as your client. If we are standing and the client is sitting we cannot have level eye contact. When you look down at someone they can feel that you are in a position of authority over them. Chairs need to be at the same level to ensure this.

Sit facing your client, leaving room to manoeuvre

Facing the client indicates that you are there ready to listen to them.

Leaving room for them to manoeuvre gives them a feeling of space. Too far away would give the impression that you are too distant to connect with them. Too close is an invasion of personal space.

Maintain appropriate eye contact

‘Different cultures have different values attached to eye contact. Generally speaking in white western culture, it is considered appropriate to look someone in the eye when you are speaking to them. People are often thought to be dishonest if they do not look you in the eye. This is not the same for all cultures. In some cultures it is thought a mark of respect to look down if you are speaking to someone in authority.

Maintain an open, relaxed body posture

An open relaxed posture does not mean that you are slumped in the chair. However, if we go back to what you learnt about non-verbal behaviour, think about how you would present yourself to indicate that you were relaxed but ready to listen.

Communicate warmth and empathy with appropriate gestures

Quite often in the early stages of developing rapport with a client, it is best to keep your talking to a minimum and let the client express what the problem is or why they have come to you for assistance.

Of course this does not mean that you don’t introduce yourself and give a brief outline of your role or function at the agency but the first step is listening.

To show that you are doing this you can:

- Use one-word encouragers (“mmm”, “uh-huh” etc.)
- Nod to communicate attention
- Use appropriate facial expressions, tuning into the client’s feelings.

Use non-coercive ice-breakers

A non-coercive icebreaker is, for example, offering them a cup of coffee before you begin, if that is appropriate.

Use silence positively

Often as workers and also in our personal life when someone is telling us a problem if there is a moment of silence we become uneasy and want to fill it up with words. We often think this is the moment to give advice, solve the problem for them etc. One of the important things we need to learn to be good listeners is to cope with these uneasy feeling when there is silence. Allow the other person this silent time to reflect and collect their thoughts.

Do not rush the client

People are usually upset, anxious or distressed in some way when they are trying to discuss a problem with you. They may never have spoken about it before and not have a clear way of expressing what they need or what the issue is. The best thing we can do for them is give them time. If we rush them this will only escalate the distress. This takes tolerance and awareness that we need to set aside time for this to happen.

Active listening is not an easy skill to acquire. Even in classroom activities when students have been instructed to actively listen for only two or three minutes they find it difficult to do. Usually the problem is wanting to jump in with advice. It can be particularly difficult as a worker in this field, because workers often feel that they should have answers for clients. When they are trying to listen their mind is operating on overtime, trying to think of the solution to problems.

Even in our everyday life active listening can be very difficult. We all have our own needs that we want met when communicating. It is hard to turn them off and listen to the other person. But don't give up once you master this skill; it is the basis for all the other skills to follow.

Reflective listening

Reflective listening means that we attend to the meaning of the person's verbal and non-verbal communications and respond in a way that promotes further exploration of both the feelings and content of what is being said.

Reflecting content

The reason why we reflect content (the words that people say) is that the person telling us the story will be keen to know that we have received at least the significant components of the message sent. As workers in this field it is our responsibility to feedback our understanding and encourage the client to correct or affirm until an accurate understanding is drawn for both of you.

The basic ways that you reflect content is by:

Paraphrasing

When we are paraphrasing we're not just repeating what the person has said to us. It is an attempt at communicating an understanding of the essential aspects of what the person has said. It needs to be used appropriately so the person is encouraged to continue with the story. It is a concise rewording

Paraphrasing helps as it feeds back to the client your understanding of what has been said. The client then can inform you that your understanding is correct or clarify it if it is wrong. It also indicates to the client that you have been listening and are trying to understand the issue. This builds rapport with the client.

Summarising

A summary is when you offer back the key ideas and feelings they've been giving you. It is a synthesising of your understanding of what has been communicated over a period of time. Counsellors often do this at the end of a session with a client as a way of summing up the key elements that they have covered in the session. They may also do it at the beginning of a session as a reminder of what happened in the last session. Although you may not be counsellors it can be a useful tool when you have spent some time listening to someone's problem or story. It is a way of expressing what you see as the whole picture and seeing whether you have understood correctly.

A summary may:

- Pull together the important elements of both information and feelings conveyed in the message delivered over several minutes;
- Rearrange the content of the message into an order that gives fresh insight;
- Be use when you are losing touch with the story.

Reflecting feelings

Many people find it hard to express some feelings in words but may show it in their body language or non-verbal behaviour.

When we reflect someone's feelings back to them it can show that we care enough to listen. It can also indicate to the person that feelings are normal. It can facilitate the development of a genuine and meaningful relationship between worker and client. Giving people permission to talk about feelings may lead to further exploration of emotions. The process can enable the client to identify, label and acknowledge their emotions. By acknowledging a client's feelings the worker can communicate empathy and understanding.

Questioning

Open questions

- can encourage exploration of thoughts and feelings.
- often start with the following words in bold:
 - what** – this is when you are asking for facts;
 - when** – the time something has occurred;
 - how** – they way the process of feeling has transpired
 - where** – the location of the event
 - would / could** – open the focus or for decision-making.

Closed questions

- usually begin with is, are, have, has, do, did, does, can or why
- should be used carefully as “why” questions may be seen as threatening or judgmental;
- usually allow a single-word answer, e.g. “Yes/No”;
- may not encourage the client to talk further

APPENDIX A

A GUIDE TO CASE MANAGEMENT RIGHTS, RESPONSIBILITIES AND DECISION MAKING PROCESSES

- Effective Service Management. Clients have a right to services, which are well managed and are efficient and effective.
- A statement of client rights and responsibilities, which include confidentiality of client information, client control, client involvement in service management and information for clients.
- Client complaint forms and client feedback forms.
- Having information available to clients in their own language setting out the services available, client's rights and responsibilities and rules and complaints procedures.
- The safety of staff and clients.
- Duty of care.
- Ensuring services are delivered by staff that are properly trained, resourced and supported.
- Record keeping which includes how client files will be kept, what information will be recorded and who has access to the files.
- Provide clients with accurate information about the services available to them and not knowingly withhold such information;
- Inform clients of the service options available;
- Involve clients in decision making about services;
- Inform clients of the standards they can expect in the provision of the service;
- Let clients know of their rights and the implications of services available to them.

The case manager and the client are accountable to each other in a variety of ways because each has a responsibility to work toward the goals that have been agreed to in the case plan and to undertake tasks associated with reaching those goals.

The rights of the client include:

- Respect, regardless of culture or history
- Self determination including making choices about the services they will use and when they will exit them
- Professional and appropriate assistance

- Privacy and confidentiality
- Access to information procedures if they are unhappy about the services they are receiving.

Note: These rights can be overridden by statutory demands placed upon the Case Manager by laws concerning child protection, mental health and criminal behaviour.

The responsibilities of the client include:

- Demonstrating respect to the Case Manager regardless of their culture or background
- Participating in the decisions and actions that effect their lives
- Behaving in a manner which does not pose any real or perceived physical or emotional threat to the Case Manager, other staff or clients
- Taking responsibility for agreed actions
- Providing relevant information to assist in their case management
- Assuming responsibility for the outcome of the decisions they make.

Source: material adapted from: Community Services – Case Management CII – CIV (Mental Health & Disability Work) Toolbox. ANTA 2002.

APPENDIX B

3.3.3 Who Reports to the Department of Community Services

According to the *Children and Young Persons (Care and Protection) Act 1998*, reporting children under the age of 16 is mandatory for certain groups of employees and managers including:

- a person who, in the course of his or her professional work or other paid employment, delivers health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children
- a person who holds a management position in an organisation the duties of which include direct responsibility for, or direct supervision of, the provision of health care welfare, education, children's services, residential services or law enforcement, wholly or partly to children.

As this is a necessarily broad category of professionals it is important to check agency procedures for your reporting responsibilities. Staff and managers are only mandated to report if the concerns arise in the course of their work. It is a personal choice to report concerns that arise in a person's private life.

If a person providing residential accommodation for a child believes that the child is living away from home without parental permission, then it is mandatory for that person to immediately inform the Department of Community Services of the child's whereabouts.

It is important to remember that some agencies may determine that a number of professionals not listed in the *Children and Young Person (Care and Protection) Act 1998* must report by agency direction.

A person who has a mandated responsibility has that responsibility personally. They should follow their agency procedures, but the responsibility for making a judgement and acting upon it rests with the person who has perceived a risk of harm.

Any person including parents, relatives, friends, neighbours and acquaintances, who suspects on reasonable grounds that a child or young person or a class of children of young people is at risk of harm may report.

Any person may report the homelessness of a child to the Department of Community Services. Homelessness of a young person can only be reported with the young person's permission.

Refer Sections 24, 27, 120, 121 and 122 *Children & Young Persons (Care & Protection) Act 1998*.

A report should be made as soon as possible and as a minimum should provide the name or a description of the child or young person and the reason why there is suspected risk of harm.

3.3.4 Reporting young people aged 16-17 years

Under the *Children and Young Persons (Care and Protection) Act 1998* mandated reporters are only required by law to report risk of harm to children under the age of 16 years.

Those working with young people should endeavour to reduce vulnerability to risk of harm through the network of care and support services available. If they have concerns about the level of risk a young person is facing and are unsure if it warrants a report it is important to consult with the Department of Community Services.

Where a practitioner is concerned that a young person aged 16 or 17 years is at risk of harm from abuse or neglect they should make a report. The young person should be involved in the decision to report and the process of reporting, unless there are exceptional reasons for excluding them. If the young person is against the report being made, this information must be conveyed to the Department of Community Services, which must consider the young person's wishes in any assessments and investigations.

Refer Sections 24, 27 and 31 *Children & Young Persons (Care & Protection) Act 1998*.

Source: NSW Interagency Guidelines for Child Protection Intervention

APPENDIX C

ASSESSMENT AND MANAGEMENT CHECKLIST

For people with co-existing mental health and substance use disorders

Engagement

Assessment

- History of present illness
- Past history
- Family history
- Physical/medical conditions
- Drug use (amount & frequency)
- Abuse or dependency syndrome
- Social and cultural issues
- Mood state
- Suicidal or violent ideation
- Anxiety symptoms
- Psychotic symptoms
- Readiness to change

Identify Problems/Diagnosis

Acute Management

Biopsychosocial Formulation

- Significant medical problems
- Stabilisation of mental state
- Management of suicidality or violence
- Intoxication, overdose and withdrawal

Is acute management indicated? Yes
No

Continuing Management Plan

Develop a comprehensive plan, which also includes:

- Assertive follow-up and ongoing case management;
- Psychosocial and cultural aspects;
- Regular monitoring of mental state, substance use and medication;
- Access to acute services and reassessment as required;
- Integrated care through collaborative partnerships, individual / group support;
- Regular case reviews;
- Discharge planning;
- Involvement of general practitioners.

Source: NSW Health Department. The Management of People With a Co-existing Mental Health & Substance Use Disorder. Service Delivery Guidelines. 2000.

APPENDIX D

A case conference can be useful for:

- Information gathering to assist assessment and planning.
- Interagency planning and coordination, review and monitoring of the plan

One service should be selected to be the Case Manager; this service will chair the case management meeting and be responsible for the coordination of services to the client. The service responsible for case management will usually be the service, which has most contact with the client. As part of their coordination responsibilities this service takes on responsibility for calling case management meetings and chairing the meetings.

Role of the Case Management Chairperson

Information sharing with the client is facilitated by establishing an appropriate rapport with the client and implementing appropriate procedures including:

- Establishing the purpose, objectives and agenda of the meeting.
- Facilitating participation of all members.
- Assisting the client to put forward their views, if necessary.
- Resolving conflict where relevant
- Summarizing the agreed outcomes.
- Checking with everyone that they agree with the outcome and understand what their role is.
- Making sure that the plan is written down and possibly signed by those who have actions to follow up.
- Follow-up with participants to make sure they undertake the tasks they have agreed to.

How the Case Manager Can Facilitate the Meeting with Other Professionals

Before the meeting.

1. Do your homework. Be as familiar as possible with the issues at hand and the answers you need to have.
2. Be conscious of the impact of value systems of yourself, the client and the key stakeholders on outcomes – and respect them.
3. Be sensitive to the process of the interaction, especially the rules and practice of the specific situation in which you are involved.
4. Know your limits. Don't expect to be all things to all people. Use consultants or other resource persons who are familiar with the problem and the situation and who can help you present your case.

5. Check the impact of statutory mandates on interventions, the client and significant others.

During the Meeting.

1. Identify mutual concerns and common goals of both parties. Seek to develop an alliance for the purpose of solving the problem.
2. Define the issue and stick with it. Don't digress.
3. Listen. Keep cool, and don't argue. (At times non communication may be the best communication).
4. Use simple language and concrete familiar examples. Avoid technical jargon and difficult-to-understand abstract principles.
5. Don't bluff. Feel free to say frequently, I don't know and I'll find out.
6. Call on the experience and skills of the other members
7. Keep your sense of humour but direct it at yourself, not at your questioner.
8. Keep your egotism and self-righteousness in firm check
9. Don't expect to win them all. At the point of impasse, back off and seek mediation.

After the meeting.

1. Remember that additional meetings probably will occur in the future. Review what happened and learn from it.
2. Do not leave unresolved issues until next time.
3. Write up a record of the meeting.

Source: National Case Management Working Group (1997)
Case Management Resource Kit for SAAP Services

APPENDIX E

RESOURCE MANAGEMENT

The responsibility for service delivery and the development of specific programs or projects, remains in the domain of Area Health Services. This enables the design, development and delivery of services, to better reflect the needs of local areas and ensures the management responsibility is carried by service directors. The implementation of the following strategies should support the development and management of resources, and help ensure comprehensive service delivery.

- Area Chief Executive Officers have primary responsibility for ensuring effective implementation of these guidelines within their Area. Area health plans could initially reflect what is achievable in the short term, however more comprehensive reform would need to be targeted in the long term.
- Area Directors of mental health and drug and alcohol services are responsible for the implementation of these guidelines. The development and delivery of services for people with dual disorders, should be documented in annual progress reports.
- Service managers and providers should be required to demonstrate through clinical and management information systems that they are providing or developing services which will assist their clinical workforce to better identify and respond to people with dual disorders.

Development of service delivery that is suitable to the specific needs of various services and geographical areas across NSW, could be targeted through the implementation of one or more of the following options.

- Integrated service provision under one umbrella organization
- Employment of a resource team or person
- Established links between identified key staff in local services
- Formal processes of collaboration and networks in joint meetings, journal clubs and case reviews by service providers in mental health, drug and alcohol, general practice and non-government organisation.
- Joint financial initiatives between service sectors to fund specific programs.
- Integrated services in ‘one-stop shop’ community centers
- Cross sector secondment or short term placements of clinical staff
- Employment of staff with drug and alcohol expertise in Mental Health services
- Employment of staff with mental health expertise in Drug and Alcohol services

- Provision of education and training for primary care providers in mental health, drug and alcohol, general practice and non-government organisations.

Source: NSW Health Department. The Management of People With a Co-existing Mental Health & Substance Use Disorder. Service Delivery Guidelines. 2000.

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BOOK 3

SELF DIRECTED LEARNING RESOURCE

**DEVELOP, FACILITATE AND
MONITOR ALL ASPECTS OF
CASE MANAGEMENT**



Non Government Alcohol and Other Drug Treatment Workers Training and Workplace Assessment Resource Package for “Case Management”