

Fundamentals of *Case  
Management  
Practice*

Skills for the  
Human Services

FIFTH EDITION

Nancy Summers

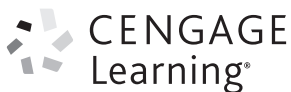
FIFTH EDITION

*Fundamentals of*  
**Case  
Management  
Practice**

*Skills for the Human Services*

NANCY SUMMERS

Harrisburg Area Community College



Australia • Brazil • Mexico • Singapore • United Kingdom • United States

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***Practice: Skills for the Human Services,***  
**Fifth edition**  
**Nancy Summers**

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*To my parents, whose humor and wisdom about people and relationships formed the  
foundation for my work with others*



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# Preface

In a small nonprofit agency handling cases of domestic violence, a woman answers the phone. She assesses the caller's concerns, accurately notes the caller's ambivalence on the inquiry record, and readily connects the caller to the person most able to assist.

In a mental health case management unit a new worker listens with interest to the other case managers, the psychologist, and the psychiatrist discuss the possible diagnosis for a new client of the agency. The worker is able to understand the conversation as the group talks about the *DSM IV TR* diagnosis and the new *DSM 5* diagnosis.

Down the street a young man acting as a case manager in a substance abuse detox center handles intake calls from physicians' offices. He competently notes the main concerns for incoming patients and asks the questions he knows will give him information that doctors and therapists will need later as they work with these new admissions. His notes are clear and useful.

How long did it take these people to acquire these skills? Did they acquire this ability well after being hired in a social service agency, or did they arrive able to handle case management tasks competently?

## Purpose

For me and for students, the issue has been how we can teach the social services skills that will promote their walking from the classroom into the social service setting with confidence. How can we be assured that students, often steeped in sound theoretical knowledge, will be able to fill out an inquiry form or make a referral effectively?

It is important to teach these practical skills. In addition, it is important to equip students with the vocabulary and methods used by more advanced professionals in the human service field so that upon entering the field students are prepared to engage in meaningful discussions around client issues. Although entry-level individuals would not usually give a *DSM* diagnosis, it is useful for individuals entering the field to be knowledgeable about what such a diagnosis is and what is meant by an Axis I or Axis II diagnosis or how diagnoses are given using *DSM 5*. In this way, conversations among professionals will not be misunderstood.

Today individuals with a sparse education or with recent college degrees are finding themselves thrust immediately into roles for which they have had little formal training. It is crucial, therefore, to find a method for teaching the actual human service experience at the entry level. *Fundamentals of Case Management Practice: Skills for the Human Services*, fifth edition, seeks to provide that experience in a thorough, step-by-step process that leads the reader from intake through monitoring to termination.

## New in the Fifth Edition

New material has been added to this fifth edition to bring the textbook up to date. Added to this edition:

- Current terms are used throughout
- Information on the *DSM 5* and how entry level individuals can use this
- Recent changes to HIPAA
- Expanded Appendices to include material helpful in completing exercises in the text, a safety planning tool and a case manager's tool box with information to assist in assessment and disposition.
- A clear look at case management as a process
- A discussion of how the size of a caseload affects service
- Ethical considerations for those working in the field of substance abuse
- A discussion of the differences among moral, ethical, and legal behavior and how violations are addressed
- More information on the importance of mandated reporting
- Expanded treatment of the ecological model
- Broader section on empathy and more recent findings on empathy
- An extensive feelings list in the appendix for use in various exercises
- Differences between confrontation and an exchange of points of view
- Enhanced discussion of motivational interviewing and why this is useful
- More detail on the significance of the first interview
- There are fewer chapters as some material has been combined in single chapters

In addition, a considerable number of smaller items and changes specifically requested by our reviewers were added to the textbook.

*Fundamentals for Practice with High Risk Populations* (Summers, 2002) has been published as an adjunct to this text, giving students information and scenarios on populations in which they are interested or with whom they intend to work. Chapters cover topics such as case management with children and their families, survivors of rape and violence, older people, issues with drug and alcohol dependence, and mental illness and developmental disabilities. Each chapter features information about specific populations and provides exercises and intake forms. This textbook also contains a set of forms that can be copied (see Appendix C). These forms can be found on CengageBrain. Taken from actual social service settings, they give the reader an opportunity to practice accuracy and skill in handling social service forms and records and in organizing information.

If you do not wish to cover all of the populations discussed in the text on high-risk populations and instead want to focus on specific populations, you can order individual chapters from *Fundamentals for Practice with High Risk Populations* (Summers, 2002). Please visit <http://www.textchoice2.com/> to view chapters online and to build your custom text. You can pick chapters about specific populations and create individualized booklets that you can bundle with this text. If you would like more information about custom options, please contact your local customer service representative. You can locate your representative by using our rep finder at <http://custom.cengage.com/>.



## Format

For each chapter in the textbook, basic information is laid out, followed in most chapters by many exercises that prompt the reader to handle real issues and practice real skills. Each of the chapters on case management describes one of the case management responsibilities followed by exercises to practice applying the information. As readers progress through the text, they gradually assemble files on specific cases. Students can create and monitor believable fictional clients using one of the high-risk populations discussed in *Fundamentals for Practice with High Risk Populations* (Summers, 2002). Classroom discussions about these cases and the best disposition for each of them are not unlike the discussions that occur every day in a variety of social service settings.

## Organization of the Textbook

The organization of the textbook follows a logical progression, beginning with the most basic foundation for good practice, moving to discussions on attitudes, followed by how the student will talk to others effectively. The second half of the book follows a similar process, beginning with the person's first contact with the agency and the assessment and planning process through all the case management procedures to termination.

In Part One, "Foundations for Best Practice in Case Management," readers are introduced to important foundation pieces for this field. A definition of case management and how it is central to social services, ethics and ethical issues, and the importance of the ecological model in assessment and planning give readers an introduction to professional basics.

In Part Two, "Useful Clarifications and Attitudes," readers are invited to examine what in their thinking will impede effective helping in the social service setting. Beginning with issues of cultural diversity and moving to the role of personal attitudes and boundaries, this part concludes with information and exercises related to determining who owns the problem. Each chapter in this part contains exercises encouraging readers to examine realistically their own attitudes and judgments.

Part Three, "Effective Communication," begins by introducing the reader to good and poor responses, with exercises that help students see the consequences of poor communication. Chapters on listening and responding, asking questions, bringing up difficult issues, responding to emotions, confronting problematic behavior, and disarming anger are included. Included is a chapter that gives an expanded examination of some of the techniques and ideas related to motivational interviewing. The section ends with a chapter on the effective application of what students have just learned and exercises designed to have students practice all the communication skills in order to smooth out the communication and allow it to become natural and responsive.

In Part Four, "Meeting Clients and Assessing Their Strengths and Needs," readers begin to take inquiries for services. Forms are provided that ask for basic

information, teaching the student what is important to find out in that first call. This section also includes a chapter on preparing for the first interview, helping the reader become sensitive to issues that clients might have at a first meeting. A chapter on social histories and assessment forms teaches students how to use these to assemble relevant information. Introductions to the *DSM* and to the mental status examination allow the reader to become familiar with the vocabulary and the information most important to other professionals in the human service field. Students are encouraged to begin noting how a person seems to them at the time of contact. The chapters and classroom discussions will help students pin down what is important to note. In this section, readers also practice completing release of information forms for the clients they have developed in the classroom setting, mastering which records are useful and which are not.

Part Five, “Developing a Plan with the Client,” allows readers to further develop a plan for those clients for whom they have created phone inquiries. Here, individually or in planning teams, according to the instructor’s process, students develop realistic plans for their clients. A chapter is included instructing students on how to prepare for and participate in team planning. In the final chapters, students refer cases to providers of services and learn about documentation and recording.

Part Six, “Monitoring Services and Following the Client,” is the final section, and the section begins with a chapter on monitoring services and treatment. Students switch to the role of a worker in the agency of a provider of service and take the general goals given them by case managers and develop specific goals and objectives to be accomplished within stipulated time lines. Here students learn how to develop attainable goals for their clients. In this part, readers also learn the importance of monitoring cases from a case management perspective and how to terminate the case. Numerous documentation exercises provide opportunities for students to begin writing professional notes and keeping good records.

## Supplements Accompanying This Text

**Cengage Learning Testing, powered by Cognero** Cognero is a flexible, online system that allows you to author, edit, and manage test bank content as well as create multiple test versions in an instant. You can deliver tests from your school’s learning management system, your classroom, or wherever you want.

**Online Instructor’s Manual** The instructor’s manual contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning.

**Online PowerPoint®** These vibrant Microsoft PowerPoint® lecture slides for each chapter assist you with your lecture by providing concept coverage using images, figures, and tables directly from the textbook.

**MindTap** MindTap for Counseling engages and empowers students to produce their best work—consistently. By seamlessly integrating course material with videos, activities, apps, and much more, MindTap creates a unique learning path that fosters increased comprehension and efficiency.

For students:

- MindTap delivers real-world relevance with activities and assignments that help students build critical thinking and analytic skills that will transfer to other courses and their professional lives.
- MindTap helps students stay organized and efficient with a single destination that reflects what’s important to the instructor, along with the tools students need to master the content.
- MindTap empowers and motivates students with information that shows where they stand at all times—both individually and compared to the highest performers in class.

Additionally, for instructors, MindTap allows you to:

- Control what content students see and when they see it with a learning path that can be used as-is or matched to your syllabus exactly.
- Create a unique learning path of relevant readings and multimedia activities that move students up the learning taxonomy from basic knowledge and comprehension to analysis, application, and critical thinking.
- Integrate your own content into the MindTap Reader using your own documents or pulling from sources like RSS feeds, YouTube videos, websites, GoogleDocs, and more.
- Use powerful analytics and reports that provide a snapshot of class progress, time in course, engagement, and completion.

In addition to the benefits of the platform, MindTap for Counseling offers:

- Video clips tied to the learning outcomes and content of specific chapters.
- Activities to introduce and engage students with each chapter’s key concepts.
- Interactive exercises and in-platform discussion questions to provide direct, hands-on experiences for students of various learning styles.
- Review and reflection activities to demonstrate growth and a mastering of skills as students progress through the course.

**Helping Professions Learning Center** Designed to help you bridge the gap between coursework and practice, the Helping Professions Learning Center offers a centralized online resource that allows you to build your skills and gain even more confidence and familiarity with the principles that govern the life of the helping professional. The interactive site consists of five learning components: video activities organized by curriculum area and accompanied by critical thinking questions; ethics, diversity, and theory-based case studies; flashcards and practice quizzes; a professional development center; and a research and writing center.

## To the Students

It is always a challenge to know what skills and information you will need on the first day of your first job. Even when you are already working in the field and managing many of the tasks well, you often do not know for certain why agencies choose to do things one way as opposed to another. This textbook seeks to empower you to function competently and to know why you are proceeding or should be proceeding with clients in a particular way.

In *Fundamentals of Case Management Practice*, you will follow a specific series of steps, beginning with what you are thinking and how to incorporate ethics into your thinking in client–worker relationships, continuing through your communication with clients, and ending with your putting together hypothetical case files and managing those hypothetical cases.

Throughout the course you will find yourself in discussions with others about possible treatment or service plans or the dynamics of a person’s situation. Use these discussions to learn more about collaboration and to increase your ability to participate in the same sort of discussions in the agency where you will work.

Many students have taken this textbook to work with them and have found it both useful and realistic. Students have contributed their experiences on the job to make this textbook replicate as nearly as possible the issues and concerns you will encounter in your work with other people.

Further, in developing your hypothetical clients, you may want to refer to *Fundamentals for Practice with High Risk Populations* (Summers, 2002). In that textbook, six populations commonly served by social services, such as those associated with domestic violence, substance abuse, or mental health issues, are detailed so that you will be very familiar with their issues and likely problems. It is also possible to purchase individual chapters from that textbook on the population or populations that interest you. Each chapter will give you information on common problems, diagnoses, medications, treatments, and other considerations such as legal issues or common medical problems each specific population often experiences. See the instructions on how to order specific chapters in the earlier section of this Preface titled “New in the Fifth Edition.”

## To the Instructor: Suggestions for Using This Text

This text can be used to take students step-by-step through the case management process outside of the often harried and pressured atmosphere of a real social service agency. When the student is ultimately confronted with the actual situation, the routine and expectations will not be new. Chapters are broken down into each step in the case management process. Readers progress according to their skill levels, finally creating cases and caseloads with you acting as the supervisor, much as a supervisor would act in an actual agency. Without the urgency, you will have time to let students look up

information, discuss possible diagnoses, and develop sound interventions under your guidance. For example, exercises on the *DSM* and on the mental status examination have a number of possible answers. Your discussion with your students, similar to the discussions that take place in agencies about these possibilities, is more important than the actual answers that are chosen.

Most chapters include exercises to help students practice their skills. Often several versions of the same exercise are provided. It is useful to students to begin in small groups to address the issues posed in the exercises. Their discussions and the ideas and concerns they bring back to the larger class are consistent with discussions held in social service agencies. Later, versions of the exercises can be used as tests, or you can go back to them at a later time to make sure students continue to practice their skills.

It is extremely worthwhile for students to apply the skills described in this book to specific populations. To do this, you can use this book in conjunction with my other book, *Fundamentals for Practice with High Risk Populations* (Summers, 2002). After students have read the chapters on the specific populations you have assigned or on those that are most interesting to them, they can create a fictional “typical” client that they can then walk through all the exercises from intake to termination. Case notes would reflect the common problems encountered by the population, and intake would describe a common reason for seeking services among people in this population. This gives students a good beginning look at how cases come in and unfold while clients are receiving services.

Details on six high-risk populations are provided in *Fundamentals for Practice with High Risk Populations* (Summers, 2002). A detailed chapter on children and their families gives students information on how to include others involved in the child’s life and how to coordinate all the various entities with whom the family interacts. Another chapter focuses on domestic violence and rape, including how these issues affect children.

A third chapter looks at substance abuse and includes the common social and medical issues that arise for this population. This chapter also includes the common challenges this population presents to case managers and gives tips for how to handle these. Mental health and intellectual disabilities each are featured in chapters, giving common problems and issues, diagnoses, and treatments. Finally, there is a chapter focusing on aging that includes both medical and social issues for this population. All the chapters include an assessment form for that population taken from actual agencies that work with that population, and all the chapters give the most typical diagnoses and medications used with each population. Where a population has special considerations the student should know, these are included as well. For example, in the chapter dealing with issues most likely to affect women, there is a discussion of how women’s programs and agencies differ in their approach to clients from other social service agencies. To order specific chapters related to specific populations, see instructions in the earlier section of this Preface titled “New in the Fifth Edition.”

## Benefits and Advantages

This material has been used in my own classroom for 30 years and has been updated to meet current social service trends and changes. Students have commented that using this text is like walking from the classroom into the social service setting with very little lost time in learning the actual process. Instructors teaching the practicum course have used the word *empowered* when describing what this text has done to give students confidence and skill in their first encounter with a social service position. Employers as well often contact me to say how well prepared students are who have used this textbook.

Three positive features of this textbook make it especially useful in preparing students to work in this field:

1. The text gives very basic information a person needs to handle each of the tasks described. Theoretical information can be found in many other places, and thus the concentration and focus are on what is important to note, think about, document, and pass on in each step of the human service process.
2. Numerous exercises create very real situations for students to consider and handle. These exercises are based on real experiences taken from my 23 years of practice in human services and from the experiences of many others who graciously contributed to this book. Doing the exercises and participating in the classroom discussions that follow will expose students to an extremely broad range of possible circumstances and difficulties in the field.
3. The book contains forms that give students an opportunity to practice compiling information at various times throughout the management of the case. These forms can be copied and used to create files on clients developed by the students. Using each form a number of times gives students practice in preparation for real clients in real social service settings.

These features, when taken together, create a nearly realistic social service setting in the classroom, giving the instructor many opportunities to strengthen student skills and sensitivity.

In addition, *Fundamentals for Practice with High Risk Populations* (Summers, 2002) supports students with applicable details and considerable information on various at-risk populations. This textbook acts as a reference so that the hypothetical clients students develop are real with entirely likely problems. Students can use the material found in this supplemental textbook to develop realistic clients, create useful service plans, and make appropriate referrals.

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# C H A P T E R

# 1

## *Case Management: Definition and Responsibilities*

### **Introduction**

**Case management** is one of the primary places in human service systems where the whole person is taken into account. Unlike specific services, case management does not focus on just one problem but rather on the many strengths, needs, and personal concerns a person brings.

For example, an elderly person may be referred to Help Ministries for a voucher for fuel oil because it has been unusually cold and the elderly person has been unable to pay for the additional oil needed to warm his home adequately. In this case, Help Ministries is concerned with his fuel oil need and the warmth he will need to stay in his home during the winter. That is their only concern with regard to this man.

The **case manager**, on the other hand, is concerned with the person's need for fuel oil, with his desire to move into public housing for the elderly in the spring, with what resources he has among his children, with his recent slurred speech indicating a possible stroke, and with his need for meals-on-wheels. The case manager is aware that there is a neighbor who can look in on him daily, that the man has ties to a church, and that he receives Social Security but little other income. She knows he has a sense of humor, goes to bingo once a month, and should be fitted for a cane.

Case management is a process for assessing the individual's total situation and addressing the needs and problems found in that **assessment**. As a part of this process, the person's strengths and interests are used to improve the overall situation wherever possible. The primary purpose for case management is to improve the quality of life for your client. This might mean more comfortable or safer living arrangements, or it might require psychiatric care or medication for diabetes. Another major purpose of this activity is to prevent problems from growing worse and costing more to

remedy in the future. In the situation of the elderly man just described, we find that the meals-on-wheels program will deliver a certain standard of good nutrition, preventing malnutrition and costly medical bills in the future. By getting the man a cane, we may be preventing falls that would shorten his life and cost much more in medical bills to repair his injuries. If we enlist the neighbor to look in on our client every day, we have provided a link between the man and his neighborhood. In addition, the neighbor can alert us to small problems that require our attention. In this way we have foreseen possible difficulties and taken steps to prevent them.

## A History of Case Management

In the late 1800s, a formal attempt was made to organize the delivery of services to people in need. Initially the Charity Organization Society took control of this approach, making the collecting of information and the delivery of services more systematic. In the course of its work, the society developed casework as a useful method for tracking needs, progress, and changes in each case. As people had more needs and problems beyond poverty, the need to coordinate these services became important to prevent duplication. Casework also was employed as a means of tracking and using scarce resources to the best advantage. In the 1960s, the process of deinstitutionalization meant that individuals once housed in institutions were now placed in communities where they needed considerable support to live more independent lives; as a result, casework became ever more important for a larger number of people.

In the 1980s, the term *caseworker* evolved into the term *case manager*, and these managers took on greater responsibility for managing resources, finding innovative supports, and coordinating services. Agencies began to use case management as a procedure to assess needs, to find ways to meet those needs, and to follow people as they used those services. In addition to keeping an eye on how scarce resources were spent, case managers were charged with taking a more holistic approach to their clients, looking at all their needs rather than addressing only those that brought the person in for assistance. As part of this charge came the directive to develop **individualized plans**, plans constructed specifically for that person and not a cookie-cutter approach to supplying services.

Today case managers are seen as a significant service in almost all social service settings and are viewed as the most important way to prevent relapse, track clients' needs, and support progress toward good health.

## Language in Social Services

Language in the social services is a funny thing. After a word is adopted to describe people who use a service, that word becomes pejorative over time and a new word meaning the same thing is sought. In social services, we have gone from labeling people *patient* (which implied people seeking services were all sick in some way) to *client* and finally to *consumer*.

*Client* was meant to denote that the person was being served by a case manager in a relationship much like a lawyer–client relationship. This originally conferred an obligation on the part of the case manager to give good service to someone paying, in some manner, for that service. However, as with all words describing people who use social services, the word *client* developed a negative connotation and the word *consumer* was increasingly used instead. Consumer also implied the person was paying for good services from the case manager.

With the **Recovery Model** (Appendix A) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the emphasis on partnerships between case managers and the people seeking services, those words are no longer considered appropriate. The concern is that these words denote a difference in status between case manager and those they serve. Thus, in recent years, the terms *client* and *consumer* have given way to *person* or *individual*, and in many cases no term is used but rather the person’s name is used instead.

In this textbook, we subscribe to the idea that case managers and the people they serve are in a partnership to which each brings a certain degree of expertise. In your work, we strongly encourage you to drop the use of the words *consumer* and *client* and adopt what is seen as the more respectful terms of *individual* and *person*.

However, having said that, there are places in this textbook where using *person* and *individual* alters the meaning of the sentence and the point that is being made. For that reason, in this textbook, we need to use *client* to denote a person seeking professional services from a professional case manager in order for the point to make sense. This is in no way meant to diminish the person who does seek service, but rather to make our points more coherent.

## Why We Use Case Management

Case management serves two purposes. First, it is a method for determining an individualized service plan for each person and **monitoring** that plan to be sure it is effective. Second, it is a process used to ensure that the money being spent for the person’s services is being spent wisely and in the most efficient manner.

The money you oversee in consumer care may be public money, such as the money that comes from the state to a county to administer mental health services or substance abuse treatment. It may be money that is provided by insurance companies for services to a policyholder. It may be money provided directly to an agency from either of these sources for the care of a client. Sometimes organizations, such as United Way, divide the money they have raised among various community agencies. These organizations then employ case managers to make certain the most effective use is made of that money. It is therefore the case manager who determines what is needed and how to prevent needs and problems from escalating. It is the case manager who, in collaboration with the consumer, determines what services should be authorized with the existing money. It is the case manager who then follows the consumer and the consumer’s services and treatment to keep the plan on track.

Case management is more than looking out for another entity's money. It is also the most efficient way to make certain a person receives the most individualized plan for service and treatment possible. To ensure that this will be done, case management responsibilities have been broken into four basic categories of service: assessment, **planning, linking,** and monitoring. These four activities constitute the case management process. Let's look at these categories in the order in which they are usually accomplished when working with a person.

## **Case Management as a Process**

### ***Assessment***

The first case management task is assessment. A good assessment is the foundation for understanding the problem and informing and guiding the treatment and services. Therefore, it must be done with care. This is an initial assessment, meant to be comprehensive and thorough. For that reason, it covers many different aspects of the person's life in an attempt to develop an accurate profile of the individual and the individual's problem.

There are several kinds of assessments. In some cases you will be asked to do a social history (see Chapter 16). Here you ask a series of questions, and as the person answers, you construct a written narrative. Social histories usually have a number of elements that you are to assess, and each is given a subheading within the narrative. For example, current medical condition, living arrangements, relationships, and work experience are all important. In another kind of assessment, you may be given an intake assessment form that lists all the questions you are to ask and gives you a place to note the answer. Each of these assessment procedures attempts to be comprehensive. Each seeks to assemble a considerable amount of material about the person and his or her problem.

The first thing the case manager does is assess the initial or presenting problem. Why did this person come into the agency, and what is the person asking for? Here case managers look at the extent to which problems have interfered with clients' abilities to function and care for themselves. Does this problem interfere with work or with relationships? It is especially important to note the background of the problem, how long it has gone on, and how it started. In addition, the reasons the person is seeking help now are important.

Case managers include an opinion about what possible problems might arise for this person in the future and what plan might be put into effect with the person to prevent these problems. Your opinions about potential future problems are formed as you listen to consumers describe their situations. Will the individual be likely to be around people who encourage him to drink? Does she have a medical problem that needs attention because it exacerbates her depression?

A discussion of the problem uncovers the person's needs and how he or she views those needs. Case managers look at the overall situation and consider what that person needs to bring stability and resolution to his or her life and problem. Are there

needs that can be addressed that will relieve the problem, or at least alleviate it to some extent?

In every assessment with an individual, you will begin to learn what strengths the person has that you and he may draw upon to resolve the current problem. Does your client have an advanced degree, a particularly supportive family, a number of friends, a sympathetic boss, a particular skill? An assessment should never be just about the person's problems, but should also include the strengths the person brings to the problems and the strengths you see in the person's environment.

As you take the information from the consumer, you are, through your observations, also evaluating the person's ability to think clearly and to understand options, and the person's general mood. You are seeking to understand the extent to which the person understands the origin of their problems. Chapter 18 discusses in more detail something called the *mental status examination*. This is not a series of questions but rather your astute observations of the individual during the interview.

At the end of your assessment document, you will be asked to express your assessment and recommendations. Here you will summarize briefly the problem and the person's ability to handle the problem, noting the person's strengths and needs. Then you will give your own recommendations for service or treatment. Recommendations are generally worked out with the consumer as you learn what it is the person is seeking and share with that person what you have to offer.

To summarize, in an assessment you are exploring and evaluating the following:

1. The initial problem and the background to that problem
2. The person's current situation
3. The person's background in areas such as education, relationships, work history, legal history
4. What the person needs to make life more stable and to resolve the current problem
5. The strengths, including those the person brings to the problem and those in the person's environment that would be useful in resolving the situation
6. Observations about how well the person functions cognitively and any seeming mental problems you have noted
7. Recommendations for a service or treatment plan for the person

A good assessment is the foundation for the development of an individual plan for service or treatment. It delineates what essential services should be provided for individualized treatment. The assessment also establishes a baseline detailing where the person was when he or she entered services and against which you can measure progress.

## **Planning**

After the assessment, you will be expected to develop an initial plan with the client that is comprehensive and addresses all the issues raised in your assessment. This plan should show incremental steps toward improvement and expected outcomes.

As a case manager, you cannot plan well with the person unless you are thoroughly aware of the services, social activities, and resources in your community.

**Formal Agencies** Every community has social service agencies that serve specific needs. The best case managers seem to know all the good places to send people for the services those people need. Some communities and counties have more services than others, but in most locations, agencies are serving children and their families, older adults, individuals with substance abuse problems, individuals on probation, women in abusive or rape situations, and individuals with mental illness or intellectual disabilities. Generally, case managers need to learn about other services as well, and the information and phone numbers for these services should be readily available to you when you practice. You will want to gradually develop contacts in these places so that your referrals are smooth and problems are quickly handled.

Begin by knowing what formal agencies are out there to help with a particular issue. For instance, if your client has a mental health problem, you might refer him to an agency that specializes in mental health treatment. The staff at that agency is familiar with medications, diagnoses, and treatment alternatives for mental health problems. Another individual may be elderly and in need of protective services because you suspect she is being physically abused by her family. You would refer her to a specific agency that offers protective services to older people. A third person may have intermittent problems with substance abuse and need services from an office where there is an intensive outpatient treatment program in the evenings. Knowing the agencies in your community and the **formal services** they offer is a good foundation.

**Generic Resources** Good planning is not limited to formal agencies, however. Learn about resources that are available for common problems we all have. Not every problem a person with an intellectual disability has will need to be treated by agencies set up exclusively for individuals with intellectual disabilities. For example, a woman with an intellectual disability, grieving the death of her mother, was welcomed into a grief support group at the local church and given much support. In another example, a child with academic problems in school was referred to the free tutoring at a local church. An older person who needs more social contacts might be referred to a senior center where many older people go for social and recreational opportunities. In the previous examples, the older person suffering abuse may also need the services of your local district attorney, and the person with a substance abuse issue might need medical care from a general practitioner and a public defender for pending charges of disorderly conduct. These are all services anyone can use. Knowing how to access them for your clients is important.

**Support Groups and Educational Seminars** Other resources often overlooked are support groups and educational seminars. For example, you may have referred the family of a child you are working with to formal family therapy sessions. In addition, you would look at support groups where parents dealing with similar problems can get together to support each other. Further, you might find a workshop on parenting skills

that would greatly benefit this family, and you would tell them about the workshop and strongly encourage them to attend. A man on probation might benefit from a workshop for job readiness or a support group for ex-offenders attempting to make significant life changes. A woman who is struggling with years of sexual and physical abuse might benefit from a support group of other women facing similar issues.

These resources augment your own efforts and those of formal services and give consumers additional support and information. Often they are free or at very little cost. What your clients gain from their experiences in such groups reinforces the other services you are arranging.

**Peer Support** A relatively recent trend is to use peer support wherein a former client who is doing well is hired by an agency to support others on the road to recovery and life changes. It might be individuals who were able to turn their lives around after a period in juvenile detention and now are supporting others coming out of juvenile detention to do the same thing. It might be someone who has had a mental illness and is now helping others who are recovering from their own mental illness. And, of course, in substance abuse, Alcoholics Anonymous (AA) has always used that model of one person in AA helping another. The idea is based on the fact that not all professionals know what it is like to experience some problems firsthand. The peer support person is able to say he has been there and can show another how to resolve the issues with firsthand practical information.

Individuals whose functioning is impaired might benefit from a peer support person who can help them function better educationally, socially, or vocationally and may even become involved in helping them with issues of self-care. Much like case management, the peer support person ascertains that the consumer will accept peer support and then works with that person to set realistic and meaningful goals the two can approach together. Good peer support helps people formulate the small action steps needed to move toward the goals the two have identified together, and the peer support person can be there with advice and ideas if the action step doesn't work very well. As a case manager, you will use peer support when a person needs more sustained time than you can give, and the support will significantly help the person move toward recovery.

**Informal Resources and Social Support Systems** You will also want to be aware of social activities your clients might enjoy that would keep them involved in their communities. Perhaps one person likes to work on models and could become a member of the model railroaders club. Perhaps another genuinely likes people and enjoys being with them. This person might do well as a member of the Jaycees.

People do better living in a community in which they have healthy social support systems. A social support system refers to the kinds of supports most of us have in our communities such as Lions Club, a church, or volunteering on specific community projects. All of us need to feel we are a part of the place where we live, but many people do not have the skills to interact with others and find useful activities on their own. As a case manager, it is your responsibility to integrate your consumer into the community if this is a need. Find social clubs, churches, and groups

that pursue similar interests, and help your client make contact with those people. The more contacts the person has and the more useful activities the person engages in, the more support the community can give.

A particularly touching example of the use of informal social supports occurred in a small town in which the firehouse was located just around the corner from a group home for five older men with mental health problems. They had been institutionalized for most of their lives, spent years on medication, and had the common long-term side effects that can develop. One of the men, Nick, wanted to be a fireman, so the case manager connected this man to the fire company around the corner. The men at the firehouse made Nick a part of their everyday routine. Nick helped roll hoses, swept floors, and took his meals with the men. Nick was included in meetings and made decisions about the dinner menu. He became such a part of the fire company that when he died suddenly of cardiac complications the men were deeply saddened. As a tribute to Nick on the day of his funeral, the procession from the funeral home to the cemetery was led by a number of fire trucks, beginning with the trucks from Nick's home station and including some from neighboring communities. This was an excellent example of using social supports to give a person a valued place in his community and a sense of doing something worthwhile.

Case managers often fail to use these valuable informal resources for several reasons. They may feel that their client cannot handle being with ordinary people in ordinary settings. This is often based on the case manager's attitude about the person's disability and is often quite erroneous. Having consumers in small numbers in social activities or organizations that give them an opportunity to practice strengths is an invaluable experience for everyone concerned. Another reason a case manager might be reluctant to place a consumer in a community social group might stem from the case manager's perception that people in such groups do not want to be bothered with people who have disabilities. In some cases, this assessment is correct, but in others it is quite the opposite. Many organizations are set up to provide service and perceive this as an opportunity to grow and serve the community.

Doing your homework pays off. You cannot rely on suppositions and speculations. Know what is available in your community and have places in mind that would serve your consumers as the need arises. Meet people and talk to them about what you would like to have available for your clients. Gradually, you will develop a list of people and places that welcome your clients and provide the specific experiences and support you are seeking. Your task is to have many resources you can use at your fingertips when developing plans for your clients and to continually be developing new ones in your community.

**Creating an Individualized Plan** After you have worked with people to determine where the problems are and what areas need attention, you will also know about the supports and other resources people have in the community and among their family members and friends. You will know what they do well and what interests them most. Each person will be different.

As you go about designing the plan with the person, you will place in that plan elements that take advantage of the client's strengths and supports. In addition, you will



address those problems most outstanding or immediate for that client. Each person has a different set of strengths, life circumstances, immediate problems, and personal goals. No two people view their situations in exactly the same way, so no two plans will be exactly alike. Each plan will be developed specifically for that individual client.

At one time, a small program for homeless women employed a part-time case manager for the children. Homeless women were given 2 years' residence in apartments belonging to the program to work hard on getting an education or training, and a stable source of income. Many of them were distracted from this by concerns about their children. Still others had little time to think about what their children needed as they went about restructuring their lives. The county social services department gave the shelter a small stipend to hire a children's case manager. The shelter hired a young woman who had just graduated from college. This seemed like an ideal choice. She was energetic, related well to the children, and was genuinely concerned about each of them. In the next year, the program monitor from the county noticed two things. First, there seemed to be very little material on the children in any records. No individual plans could be found, and no assessments on each child appeared to have been done. Second, the children were all following much the same plan. All the girls attended gymnastics; all the boys were enrolled in Little League. On certain weekends, all the children, regardless of their age or interests, went to the zoo or to the circus.

After receiving repeated requests for individualized plans for each child and some guidance about how to create them, the case manager quit. She said, on departing, that she did not have time to sit and write up records, that the children had been "having fun," and that the county was unreasonable. The county became more involved in hiring the second case manager, and this person was well aware of the importance of individualized planning.

In the first 6 months, two children began to get orthodontic work done, one received a scholarship to a private school, four boys went to Little League, one took violin lessons, and a third joined the swim team at the YMCA. Most of the younger children went to the circus and to the zoo. Most of the older children went on a bus trip to Washington, D.C., and half of them went to two symphony orchestra performances that winter. No child's plan was the same as that of another child. Each child's needs had been documented and addressed in some way, and each child's strengths and interests were brought into play as the plans were developed.

In developing these plans, the case manager called all her contacts in the community. She asked two dentists to donate their time. She prevailed upon the symphony to give her the tickets for two performances. She went to a private school and talked to them about this particularly gifted child until a plan for financing the child's education was worked out. She found a violin teacher and asked for 15 free lessons as a gift to the shelter. In churches, mosques, and synagogues, she got people enthused about helping the children whose mothers were working so hard to put a stable life together for their families. She looked at scout troops, church youth groups, and organized sports for possible answers to the children's needs. In any number of cases, the plan simply involved the case manager helping an older child choose from among school activities and arranging transportation.