



**Case
Management**

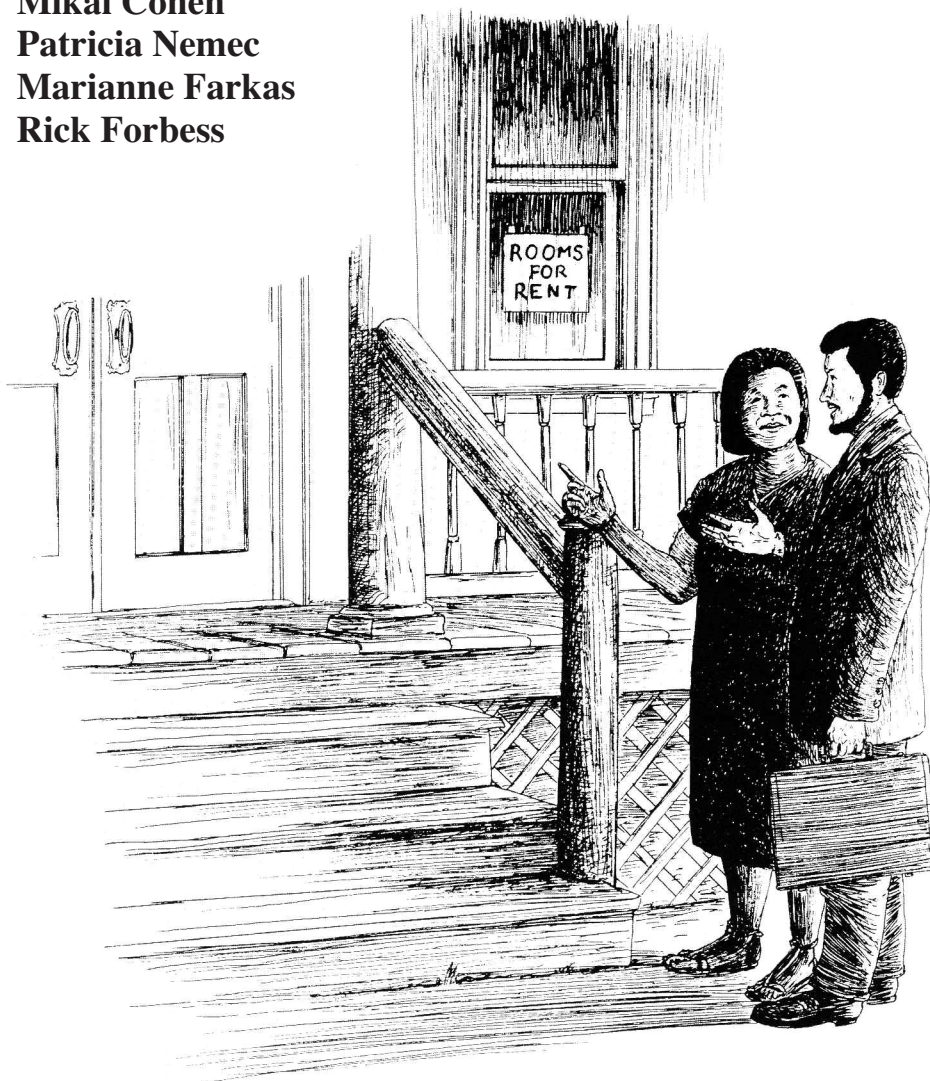


**Reference
Handbook**



INTRODUCTION

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THE CENTER FOR PSYCHIATRIC REHABILITATION was established in 1979 in response to the recognition of the need for additional knowledge and skills to help to improve the lives of persons with severe psychiatric disabilities. The center is affiliated with Boston University's Sargent College of Health and Rehabilitation Sciences and is staffed by professionals from many disciplines who have national reputations in the fields of rehabilitation and mental health.

The mission of the center is the development, demonstration, dissemination, and utilization of the new knowledge and technology contributing to the recovery of people with severe psychiatric disabilities.

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Introduction

The service systems that assist persons with psychiatric disabilities to function in the community can be fragmented and uncoordinated. The development and implementation of case management is seen as one response to such a dysfunctional system. The rationale for case management, however, can be seen from another perspective, that of the individual user of the service rather than that of the planners of services (Marlowe, Marlowe & Willets, 1983). From the perspective of the user, the primary questions become: What assistance do individuals with psychiatric disabilities need and want to achieve their goals, and is case management critical to helping individuals meet these goals?

The overall goals of consumers (e.g., a decent place to live) rather than the overall goals of system planners (e.g., service utilization and cost containment) are the reasons that case management is needed and must be seen as necessary no matter how integrated or fragmented the system. Case management provides an intervention that is not duplicated by a well-designed system of services. Vulnerable persons, such as those with psychiatric disabilities, will typically need multiple services *and* a trusting relationship with someone who can help them to get the services that they need.

In this training program, case management is viewed as a process by which persons with psychiatric disabilities and their families receive support in negotiating for the various services that they both want and need. Here, Case Management is distinguished from other types of services, such as Psychiatric Rehabilitation, Crisis Intervention, and Treatment, because of its emphasis on case management. The approach to case management taught in this training program is based on five underlying values: person-oriented, responsive, holistic, individualized, and pro-active.

The case manager performs four activities: Connecting, Planning for Services, Linking to Services, and Advocating for Service Improvements. These activities correspond to the planning, linking, and advocacy functions discussed in the literature on case management for persons with psychiatric disabilities. While a case manager may perform other functions, such as functional assessment and crisis intervention, these other functions are not unique to the case management role.

The presence of a person (or team) who is there to ensure that the consumer gets the assistance he or she wants and needs is essential. The nature of the relationship provided by the case manager is key. When Connecting with Consumers, the case manager establishes a close bond with the individual, treating him or her as a “person” rather than a patient and attending to his or her need to be physically, emotionally, intellectually, and spiritually close to another person. The case manager’s message to the individual during the Connecting activity is, “I care about you and will be there for you.”

The close relationship between the individual and case manager encourages the person to talk about his or her unique problems and service needs. When Planning for Services, the case manager devises a detailed scheme for meeting individuals’ and families’ service needs. The case manager then assesses the types of assistance the consumer needs and wants, identifies a preferred service provider, and develops a service plan. The case manager’s message to the person during the Planning activity is, “I will help you choose the service provider, who will best meet your unique need for assistance.”

The essence of Case Management here is in the Linking to Services activity. When Linking individuals to services, the case manager arranges for the person's or family's use of preferred service providers. The Linking activity, however, is more than referring and forgetting. The case manager presents the person's assets and overcomes objections in order to advocate for the service provider's acceptance of the individual or family. After the person has been accepted for service, the case manager monitors whether the individual or family is being assisted and, if not, acts to remove any barriers to service use. The combining of the Planning and Linking activities has an impact on the person's utilization of services. The case manager's message to the person during the Linking activity is, "I will help you get the services that you want."

When services either do not exist or are inadequate, the case manager advocates for new and improved services based on the needs of a group of consumers. When Advocating for Service Improvements, the case manager urges decision makers to improve the quantity and quality of services. The Advocating activity focuses on problems within the policies and/or practices of service providers or service systems, as opposed to the problems in serving an individual person or family. When a group advocacy issue has been identified, the case manager documents the need for service improvements, mobilizes an action group, and plans an advocacy campaign. Along with consumers and other interested parties, the case manager acts to persuade decision makers to be more responsive to the group of consumers' service needs. The case manager's message to the individuals or the families during the Advocacy activity is, "I will work to change the service system to make it better meet your needs and the needs of other consumers."

Because most consumers have extensive goals, such as decent housing and satisfying jobs, the purpose of Case Management is to ensure that consumers obtain the services required and desired to achieve their larger goals. For persons with psychiatric disabilities, Case Management brings to life the human dimension of the human service system.

Comparison of Alternative Services

Service:	Case Management	Psychiatric Rehabilitation	Crisis Intervention	Treatment
Mission:	Case Management ensures that assistance is provided to overcome problems and achieve goals.	Psychiatric Rehabilitation increases success and satisfaction in environments of choice with the least amount of professional help.	Crisis Intervention resolves and stabilizes emergency situations.	Treatment decreases emotional distress and symptoms of illness.
Focus:	Obtaining assistance	Developing skills and supports	Handling critical or dangerous problems	Reducing symptoms
Activities:	<ul style="list-style-type: none"> • Connecting • Planning for Services • Linking to Services • Advocating for Service Improvements 	<ul style="list-style-type: none"> • Setting an Overall Rehabilitation Goal • Functional Assessment • Resource Assessment • Rehabilitation Planning • Direct Skills Teaching • Skills Programming • Resource Coordination • Resource Modification 	<ul style="list-style-type: none"> • Controlling Situations • Making Decisions • Referring • Supporting Consumers • Skills Programming 	<ul style="list-style-type: none"> • Psychiatric Diagnosis • Prescribing Treatment • Psychotherapy • Chemotherapy
Timeline:	As long as wanted and needed	12–60 months	Hours to weeks	Weeks to life-long



Summary of Case Management

Definition

Case Management is assisting individuals in negotiating for services that they both want and need.

Benefit

Case Management improves the quality of life of individuals.

Activities

- Connecting
- Planning for Services
- Linking to Services
- Advocating for Service Improvements

Condition

When individuals need assistance negotiating for services.

