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## **Introduction**

### **Case Management: A Brief History**

More than 70 years ago when Mary Richmond envisioned a cadre of “friendly neighbors” helping others in their struggles with real world needs (Richmond, 1922), she created not only the field of social work, but case management as well. While she applied the term *social casework* to the activities that affected the adjustment between an individual and the social environment, she could well have been describing the key functions that now comprise case management.

One of the first legislative embodiments of case management occurred in the 1963 Federal Community Mental Health Center Act (Intagliata, 1982) in anticipation of deinstitutionalization, in which persons in long-term psychiatric care were moved into community settings. The expectation that these individuals would need services previously provided in the institution led to the rapid expansion of community-based social services. Unfortunately, these of one another and, coupled with the categorical nature of the eligibility for services, led to difficulties for persons used to having these services provided in institutions. The Community Support System developed by the National Institutes of Mental Health in 1977 envisioned case management as a mechanism for helping clients navigate this fragmented social service system. Accessing these resources would thus enable them to live and function adequately in their communities (Intagliata, 1982; Stein and Test, 1980; Test, 1981; Turner and TenHoor, 1978).

Substance abusers historically were never institutionalized as often as were persons with chronic mental illness and so were not directly impacted by deinstitutionalization legislation. Substance abusers were not generally targeted for the development of categorical systems of service delivery and were not generally recipients of case management services. However, case management-like services were provided to substance abusers under other titles, such as “mission work,” and frequently delivered by the clergy or others in skid row missions, detoxification centers, and ad hoc halfway houses. Jails and county work farms were generally the institutions of choice in dealing with this population. Only after substance abuse began to be decriminalized and defined as a disease were substance abusers referred to various social services.

Policymakers in Canada were among the first to translate many generic case management functions into the field of substance abuse treatment, outlining the essential elements of a union of case management and substance abuse treatment (Graham and Birchmore-Timney, 1990; Ogborne and Rush, 1983; Rush and Ekdahl, 1990). Case management for substance



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abusers initially gained attention in the United States through the Treatment Alternatives for Safe Communities (TASC) program (formerly known as Treatment Alternatives to Street Crime), which began linking the criminal justice system with the drug abuse treatment system in 1972 and has grown to over 185 programs (Cook, 1992) today.

A 1987 National Institute of Mental Health initiative funded 13 demonstration projects targeted at young adults with coexisting mental health and substance use problems. Of these 13 projects, 10 identified some form of case management as a primary service and provided a general description of the case management intervention (Teague et al., 1990). Initiatives undertaken by both the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) resulted in numerous projects that used case management to enhance treatment (Bonham et al., 1990; Conrad et al., 1993; Cox et al., 1993; Inciardi et al., 1993; Fletcher et al., 1994; Mejta et al., 1994). Case management in these projects was designed to increase retention in the treatment continuum and to improve treatment outcomes.



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## Chapter 1

### Definition and Scope of Case Management

**Case Management:** Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

**Global Criteria:**

1. Coordinate services for client care.
2. Explain the rationale of care management activities to the client.

**Explanation:**

Case management is the coordination of a multiple services plan. Case management decisions must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system. The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

One widely accepted set of functions comprises (1) assessment, (2) planning, (3) linkage, (4) monitoring, and (5) advocacy (Joint Commission on Accreditation of Healthcare Organizations, 1979). The National Association of Social Workers' standards for social work case management include assessing, arranging, coordinating, monitoring, evaluating, and advocacy (National Association of Social Workers, 1992).

***Instructor Note: Please note how the assessment continues to play a prominent role in multiple services for our clients, underlining the importance of a good thorough clinical assessment. In addition, there may be a need to complete two types of assessments, one – the clinical assessment and two – a needs assessments from which case management issues may be determined.***



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## **Case Management Functions and the Treatment Continuum**

The primary difference between the two is case management's focus on assisting the substance abuser in acquiring needed resources. Treatment focuses on activities that help substance abusers recognize the extent of their substance abuse problem, acquire the motivation and tools to stay sober, and use those tools. Case management functions mirror the stages of treatment and recovery. If properly implemented, case management supports the client as she moves through the continuum encouraging participation, progress, retention, and positive outcomes. The implementation of the case management functions is shaped by many factors, including the client's place in the continuum and level of motivation to change, agency mission, staff training, configuration of the treatment or case management team, needs of the target population, and availability of resources. The fact that not all clients move through each phase of the treatment continuum or through a particular phase at the same pace adds to the variability inherent in case.

During primary treatment, the case manager can serve as one of the client's links with the outside world, assisting the client to resolve immediate concerns that may make it difficult to focus on dealing with the goal of primary treatment— coming to grips with a substance abuse problem.

In addition to orienting clients to treatment programs, case managers can orient treatment programs to the clients they refer. Sharing information gathered during the pretreatment phase can provide support for the treatment process that ensues upon program admission.

The primary difference between treatment and case management assessments lies in case management's focus on the client's need for community resources. The findings from the assessment, including specific skill deficits, basic support needs, level of functioning, and risk status, define the scope and focus of the service plan.

### **The Role of the Assessment in Case Management**

For clients who enter primary treatment, the case management assessment function, which is primarily oriented to the acquisition of needed resources, is merged with an assessment that focuses on problems amenable to therapy substance use, psychological problems, and family dysfunction. Ideally both assessments are integrated into a bio-psychosocial assessment (Wallace, 1990). This bio-psychosocial assessment should, at a minimum, examine the client's situation in the life domains of housing, finances, physical health, mental health, vocational/educational, social supports, family relationships, recreation, transportation, and spiritual needs. Detailed information should be gathered on drug use, drug use history, health



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history, current medical issues, mental health status, and family drug and alcohol use. This assessment, used in conjunction with the needs assessment, assists the treatment team in developing a formal treatment plan to be presented to, modified, and approved by the client.

During primary treatment, the case manager must (1) continue to motivate the client to remain engaged and to progress in treatment; (2) organize the timing and application of services to facilitate client success; (3) provide support during transitions; (4) intervene to avoid or respond to crises; (5) promote independence; and (6) develop external support structures to facilitate sustained community integration. Case management techniques should be designed to reduce the client's internal barriers, as well as external barriers that may impede progress.

### **Addiction Counselors as Case Managers**

Case managers help individuals support a sober and drug-free lifestyle, while promoting stability in housing, education, employment, transportation, child care, substance abuse treatment and healthcare through goal-setting service plans.

Drug and Alcohol Case Managers support and encourage individuals on their recovery journey by:

- ✚ Connecting individuals to treatment options for drug and alcohol services, mental health and physical health
- ✚ Assisting with application processes such as Medical Assistance, Social Security, job applications and educational opportunities
- ✚ Advocating for individuals to probation, courts, housing authority, etc.
- ✚ Reducing barriers to services by linking to available resources such as transportation and childcare
- ✚ Coaching individuals on life skills which includes resume building, household management, budgeting, etc.
- ✚ Connecting individuals to basic needs such as food and clothing

(Center for Community Resources, 2013)

**And There is More.....**



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Addiction Counselors and Case Managers are responsible for placing consumers in appropriate levels of care and then, to the extent possible, monitoring consumer progress and participation through a continuum of alcohol and other drug (AOD) treatment services and for communicating with referral sources regarding individual treatment plans, treatment progress and treatment plan modifications. Follow-up and efforts to re-engage consumers who drop out of treatment programs are also important service activities provided by the case management staff.

## **Two Types of Case Management:**

### **Supportive Case Management**

The overall goal for Supportive Case Management is to assist adults and/or families in recovery to help them achieve self-sufficiency. This goal is achieved through case management services within an alcohol and drug-free living environment that reinforces recovery through establishing community-based supports to maintain ongoing goals in the recovery process. The two program types in this category are Supportive Housing and Community Housing programs.

### **Community-Based Case Management**

Community based case management programs provide support services for substance abusers throughout the course of recovery and aftercare. Case management services enhance access to care, provide additional support for clients to improve treatment outcomes and help clients develop community contacts and supports for long-term recovery.

## **Case Management Principles**

- ✚ Case management offers the client a single point of contact with the health and social services systems.
- ✚ Case management is client-driven & driven by client need.
- ✚ Case management involves advocacy.
- ✚ Case management is community-based.
- ✚ Case management is pragmatic.
- ✚ Case management is anticipatory.
- ✚ Case management must be flexible.
- ✚ Case management is culturally sensitive.



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## **Types of Case Management**

- ✚ Broker/Generalist
- ✚ Strengths Perspective
- ✚ Assertive Community Treatment
- ✚ Clinical/Rehabilitative

*Instructor Note: The following is a breakdown, in cheat sheet style ☺, of the purpose, the functions, areas of client need, how case management relates to and works with primary treatment, the importance of case management in supporting client's recovery and well-being. Because most inpatient treatment stays are so short now, many of our client's needs will not be met in that time frame, however, if a case manager is involved the support, referral process and linkage do not stop at the time of discharge.*

## **Areas of Concern**

- ✚ Substance Abuse
- ✚ Mental Health
- ✚ Health
- ✚ Legal, Court and Residency Requirements
- ✚ Housing
- ✚ Income, Education & Employment
- ✚ Child Welfare & Parenting
- ✚ Life Skill Development
- ✚ Intimate Partner Violence
- ✚ Children's Needs & Treatment Plans
- ✚ Survival Issues – food, clothing, transportation
- ✚ Sense of Belonging and Spiritual Fulfillment
- ✚ Strategies for Addressing Triggers
- ✚ Family Support & Needs
- ✚ Grief Counseling

## **Primary Functions of Case Management**

- ✚ Assessment
- ✚ Planning



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- + Linking
- + Monitoring
- + Advocacy Sources include:

Add ons:

- + Coordinating
- + On-Going Engagement

### **Assessment**

- + Client Centered
- + Strengths
- + Needs
- + Stages of Change
- + Resources
- + On-Going Screening and Assessment for Emerging Issues

### **Domains of an Assessment**

- + Medical
- + Employment/Support Status
- + Alcohol
- + Drug
- + Legal
- + Family/Social
- + Psychiatric

### **Planning**

- + Breaking problems into doable pieces
- + Whose treatment plan – client involvement in decision making: Outcome success is significantly increased if the client participates and takes ownership in plan development.
- + Plans need to be continuously updated





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- ✚ Prioritization and decision making
- ✚ Individualize the treatment plan to match the client's needs and strengths. Be aware of an array of services and select those services client needs or wants

## **A Good Treatment Plan**

- ✚ Interdisciplinary
- ✚ Outcome based
- ✚ Clinically specific
- ✚ Documented
- ✚ Flexible enough to meet client needs

## **Linking**

- ✚ Finding Resources to Address Client Needs
- ✚ Increasing Opportunities for Clients
- ✚ Making Life Do-able
- ✚ Appropriate Referrals
- ✚ Sometimes a Case Manager needs the skills of a Sales Person

## **Monitoring (and Evaluation)**

- ✚ Short-term memory problems
- ✚ Clients accustomed to failure and a victimizer: victim relationships
- ✚ Unforeseen barriers to progress
- ✚ Inappropriate referrals or challenges to accessing services
- ✚ Progress in treatment plan
- ✚ Celebrating successes

## **Advocating**

- ✚ Priority for services
- ✚ Encouraging other agencies to offer best possible services
- ✚ Educating community and other providers about substance use disorders, client needs
- ✚ Serving as an ally
- ✚ Ensuring fair and equitable treatment



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### **Coordinating**

- ✚ Developing Collaborative Relationships
- ✚ Inter-agency Relationships
- ✚ Coordinated Case Plans
- ✚ Helping clients meet conflicting requirements
- ✚ Time management and stress management

### **Ongoing Engagement**

- ✚ Two steps forward, one step back
- ✚ Therapeutic alliance
- ✚ Don't let clients fall through cracks
- ✚ Allow learning from failures
- ✚ Keep client coming back
- ✚ Motivational approaches

### **Stages of Change**

- ✚ Pre-Contemplation
- ✚ Contemplation
- ✚ Preparation
- ✚ Action
- ✚ Maintenance

Source: Prochaska and DiClemente, 1984

- ✚ Regardless of approach or philosophy there are service and intervention opportunities appropriate for each stage.

### **The FRAMES Approach**

- ✚ Feedback: regarding risk is given to individual.
- ✚ Responsibility: for change is placed with individual.
- ✚ Advice: about changing is clearly given in a non-judgmental manner.
- ✚ Menu: of self-directed change options and treatment alternatives.



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- ✚ Empathetic Counseling: showing warmth, respect, and understanding. (uses reflective listening)
- ✚ Self-Efficacy: optimistic empowerment is engendered to encourage change.

source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment

### **Comprehensive Development**

- ✚ Knowledge
- ✚ Skills
- ✚ Attitude
- ✚ Efficacy and Sense of Worth
- ✚ New Habits Emerge with Time

*do for ... do with ... cheer on*

### **Meaningful Case Management**

- ✚ Support and encourage participants in their endeavors
- ✚ Keep tasks simple
- ✚ Define the case manager's role; be aware of your limitations
- ✚ Listen Assess Don't judge
- ✚ Be available, conduct home visits, return calls
- ✚ Keep commitments; Don't make promises
- ✚ Provide structure and guidance
- ✚ Offer to demonstrate
- ✚ Remove barriers

### **RIP Interview Method**

- ✚ Rapport – build rapport with client
- ✚ Information – convey and gather necessary information
- ✚ Plan – at end of meeting client should know next steps

Source: Foundation for Rehabilitation Certification, Education and Research

### **Helping Clients with Limited**



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- ✚ Abilities
- ✚ Help Patients avoid feeling ashamed
- ✚ Use simple language
- ✚ Use the teach-back method
- ✚ Suggest bringing a supportive friend or relative
- ✚ Talk with others serving the

individual Source: Case Management Society of America, 2006

### **5 Focuses**

- ✚ Know the participant
- ✚ Know what the participant wants
- ✚ Help participant establish realistic goals
- ✚ Focus her efforts on achieving her goals
- ✚ Help reframe thinking from negative to positive

Source: County of Los Angeles, Dept of Social Services

### **Comprehensive Treatment**

- ✚ Engagement
- ✚ Screening
- ✚ Assessment
- ✚ Safety
- ✚ Prioritizing Target Symptoms
- ✚ Pharmacological Interventions
- ✚ Psychosocial Interventions
- ✚ The Value of A Friend
- ✚ Case Management & Crisis Intervention
- ✚ On-Going Community/Recovery Support

### **Collaborative Resources for Recovery Support**

#### **Housing & Community**

- ✚ Determines services, work, schools.



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- + Availability of alcohol and drugs during vulnerable times
- + Availability of supportive friends, family and neighbors
- + Affordability
- + Comfort level – culturally and personally safe.

### **Mental Health & Health Access**

- + Establishing Medical Homes at Community Clinics
- + Community Mental Health Services
- + School Based Health Clinics
- + HIV Programs, Domestic Violence Agencies
- + Employee Benefits
- + Colleges and Universities

### **Life Skills**

- + Literacy, GED Programs
- + Recovery Mentors
- + Faith-based Efforts
- + Foster care – Independent Living Programs
- + Anger Management
- + Goal Setting and Follow Through
- + Household Management
- + Boundaries and Relationship Support
- + Family Resource Centers
- + Women's Centers
- + Special Interest Clubs/Groups
- + 12 step programs







### **Employment**

- + Strength-based approaches need to value all work, livable wages
- + Specialized programs for felons
- + PRINCE CHARMING IS NOT COMING
- + Long-term solutions
- + Employment programs



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### **Community-Based Strategies**

-  Service Enriched Housing
-  Family Resource Centers
-  Neighbor-to-Neighbor Approaches
-  Faith Community Involvement
-  Community Recovery Model
-  Community Development Initiatives

### **Benefits of Case Management for Substance Abusers:**

A review of relapse statistics, however, yields disappointing results. It has been estimated that approximately 40% of all patients admitted for chemical dependency treatment in the United States are relapsers who have been previously treated for chemical dependency (1).

Additionally, 47% of patients treated in private treatment programs will return to chemical use within the first year following treatment. (1) Most relapses occur within the first 18 months of recovery, and most of these occur within just the first six months of recovery (2).

Heightened relapse rates persist in frustrating professionals committed to treating the chemically dependent person and have prompted the need to explore and utilize additional methods and models of treatment intervention in an attempt to decrease the likelihood of relapse once treatment is initiated.

The substance abusing population tends to present with complicated clinical pictures. They may have deeply ingrained defense mechanisms that hinder their motivation for treatment or recovery and make treating these disorders more difficult. Chemically dependent individuals frequently experience co-existent issues secondary to their addiction such as co-morbid psychiatric disorders, complicated medical issues, and legal problems. Substance abusers are defined as having complex needs and require continual rather than episodic drug abuse treatment.

As noted, high relapse rates have prompted treatment professionals to identify alternate models of treatment to assist their client in maintaining longer periods of abstinence and recovery. Intervention and case management models are two such alternate approaches. For the purposes of this course this segment will focus only on case management.



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Case management is described as a model of service delivery that seeks to ensure and maintain continuity of care. The case manager assumes the responsibility of engaging an individual in the treatment and recovery process, overseeing the coordination of care, serving as advocates for the client, providing education and continual support, and attempting to either initiate or re-initiate treatment including the residential (secondary) and the outpatient (tertiary) level of care.

Case management is an approach to service delivery that works to ensure that clients with complex, multiple problems, and disabilities receive all the services they need in a timely, effective, and appropriate fashion.

The objective of the case manager in working with clients to develop and maintain mastery of basic life skills is to decrease their stress level when the existing skills set is inadequate, to promote self sufficiency, and to encourage clients to act as proactive agents in their own lives. Educating clients on how to establish goals and providing them with skills training to successfully meet these goals empowers clients and can positively reinforce continued behavior.

As identified, the period of initial abstinence and recovery, particularly in the outpatient treatment setting, can be a very trying time for the client and thus may increase the potential for relapse. Because the disease of addiction is chronic in nature, it is also exceptionally prone to lapses and relapses. Clients that slip or relapse during this phase of treatment will require immediate, rapid, and efficient intervention in order to successfully minimize the negative effects associated with ongoing or sustained use. The case manager is frequently the first professional to be aware of a slip or relapse and quickly notifies all pertinent supports. Immediate and competent intervention can reduce the length of time between periods of lapse or relapse and can reduce the likelihood of the client needing to be re-admitted into a hospital or residential treatment program.

### **Who Benefits the Most from the Case Management Model**

It can be argued that most chemically dependent individuals would benefit from case management services. However, specific sub-populations such as young adults, chronic relapsers, those diagnosed with multiple disorders in addition to substance abuse, and older adults may benefit the most.



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Young adults, due to their chronological age and limited life experience, may require additional assistance in the area of life skills development. They also tend to benefit from the additional supervision a case manager can provide. Similarly, individuals with longstanding histories of treatment and recovery attempts will also profit from the supplemental assistance of a case manager. Many such clients, as a result of repeated treatment attempts, may present as "institutionalized" and are only able to function well within the confines of a residential setting. They may have particular difficulty meshing their recovery needs and non-clinical needs on an outpatient basis.

Clients who have been diagnosed with co-occurring diagnoses which is common with substance abusers (depression, anxiety, bipolar disorder, eating disorders, ADD/ADHD, etc.) have multiple areas which need ongoing consideration and management. Several chemically dependent individuals experience medical and legal difficulties associated with their previous abuse of substances which may also need specialized attention. These clients will likely need additional support in problem solving these areas.

## **Chapter 2**

### **Models of Case Management With Substance Abusers**

Case management models, like the definitions of case management, vary with the context. Some models focus on delivering social services, others on coordinating the delivery of services by other providers. Some provide both. The models result as much from the needs of specific client populations and service settings as they do from distinct theoretical differences about what case management should be. Four models from the mental illness field have been adapted for the field of substance abuse treatment. Each of these models—broker/generalist, strengths-based, assertive community treatment, and clinical/rehabilitation—has proved valuable in treating substance abusers in a particular setting.

For example, the strengths-based approach was adapted to work with crack cocaine users. This approach was chosen not only for its focus on resource acquisition but also because it helps clients see their own assets as a valuable part of recovery (Siegal and Rapp, 1996). Assertive community treatment was implemented to provide parolees a wide range of integrated services, including drug treatment, skills building, and resource acquisition.





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Listed in the chart below are the four models across 11 activities of case management and specifies which models are appropriate for particular substance abuse populations. Implementation of these models may vary with other populations and from setting to setting.

## Models of Case Management

<b><i>Primary Case Management Activities</i></b>	<b><i>Broker/Generalist</i></b>	<b><i>Strengths Perspective</i></b>	<b><i>Assertive Community Treatment</i></b>	<b><i>Clinical/ Rehabilitation</i></b>
<b><i>Conducts outreach and case finding</i></b>	Not Usually	Depends on agency mission & structure	Depends on agency mission & structure	Depends on agency mission & structure
<b><i>Provides assessment and ongoing reassessment</i></b>	Specific to immediate resource acquisition needs	Strengths - based, applicable to any of client life areas	Broad-based, part of a comprehensive (bio-psychosocial) assessment	Broad-based, part of a comprehensive (bio-psychosocial) assessment
<b><i>Assists in goal planning</i></b>	Generally brief, related to acquiring resources, possibly informal	Client-driven, teaches specific process on how to set goals and objectives, goals may include any of client life areas	Comprehensive, goals may include any of client life areas	Comprehensive, goals may include any of client life areas
<b><i>Makes referral to needed resources</i></b>	Case manager may initiate contact or have client make contact on own	As negotiated with client, may contact resource, accompany client, or client may contact on own	As needed, many resources integrated into broad package of case management services	As negotiated with client, may contact resource, accompany client, or client may contact on own
<b><i>Monitors referrals</i></b>	Follow-up checks made	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource



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<i><b>Provides therapeutic services beyond resource acquisition, e.g., therapy, skills teaching</b></i>	<b>Referral to other sources for these services if requested</b>	<b>Usually limited to responding to client questions about treatment issues, education about how to identify strengths and about self-help resources</b>	<b>Provides many services within unified package of treatment/case management services</b>	<b>Provision of therapeutic activities central to the model</b>
<i><b>Helps develop informal support systems</b></i>	<b>No</b>	<b>Development of informal resources-neighbors, church, family –a key principle of the model</b>	<b>Through implementation of drop-in centers and shelters</b>	<b>Emphasis on family and self-help support through therapeutic activities</b>
<i><b>Responds to crisis</b></i>	<b>Responds to crises related to resource needs such as housing</b>	<b>Responds to crises related to both resource needs and mental health concerns; active in stabilization and then referral</b>	<b>Responds to crises related to both resource needs and mental health concerns; active in stabilization and then referral</b>	<b>Responds to crises related to both resource needs and mental health concerns; will stabilize crisis situation and provide further therapeutic intervention</b>
<i><b>Engages in advocacy on behalf of individual client</b></i>	<b>Usually only at level of line staff</b>	<b>Assertive advocacy, will pursue multiple administrative levels within agency</b>	<b>Assertive advocacy, will pursue multiple administrative levels within agency</b>	<b>Assertive advocacy, will pursue multiple administrative levels within agency</b>
<i><b>Engages advocacy in support of</b></i>	<b>Not usually</b>	<b>Usually in context of specific</b>	<b>Either advocates for needed resources or may</b>	<b>Usually in context of specific client needs</b>



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<i>resource development</i>		<b>client needs</b>	<b>create resources as part of case management services</b>	
<i>Provides direct services related to resource acquisition as part of case management, e.g., drop-in center, employment counseling</i>	<b>Referral to resources that provide direct services</b>	<b>Provides services crucial to preparing client for resource acquisition activities, e.g., role playing, accompanying client to interviews</b>	<b>Provides many direct services within unified package of treatment/case management</b>	<b>Provides services that are part of rehabilitation services plan; skill-teaching</b>

***Appropriate for the following substance abuse populations***

	<b>Injectable drug users; HIV positive and at-risk substance abusers</b>	<b>Male crack cocaine users; female poly-substance abusers</b>	<b>Chronic public inebriates; parolees with substance abuse problems; dually diagnosed clients</b>	<b>Dually diagnosed clients; female poly-substance abusers</b>
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**The Four Models of Case Management in Brief:**

**1. Brokerage/Generalist**

Brokerage/generalist models seek to identify clients' needs and help clients access identified resources. Planning may be limited to the client's early contacts with the case manager rather than an intensive long-term relationship. Ongoing monitoring, if provided at all, is relatively brief and does not include active advocacy.

The relatively limited nature of the relationship in this model allows the case manager to provide services to more clients. This approach is also appropriate in instances where treatment and social services in a particular area are relatively integrated and the need for monitoring and advocacy is minimal. The model works best with clients who are not



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economically deprived, who have significant intent and sufficient resources, or who are not in late-stage addiction.

## **2. Assertive Community Treatment**

The Program of Assertive Community Treatment (PACT) model, originally developed in Wisconsin (Stein and Test, 1980), emphasizes the following components:

- ✚ Making contact with clients in their homes and natural settings
- ✚ Focusing on the practical problems of daily living
- ✚ Assertive advocacy
- ✚ Manageable caseload sizes
- ✚ Frequent contact between a case manager and client
- ✚ Team approach with shared caseloads
- ✚ Long-term commitment to clients

Willenbring and his colleagues were among the first to adapt a mental health model for persons with substance abuse problems, specifically chronic public inebriates (Willenbring et al., 1990). Following the tenets of PACT, an individual case manager was closely supported by a core services team that together carried the responsibility for providing services. The model deviated from the usual approach to dealing with substance abuse clients in two ways. First, instead of expecting clients to come to services when they “hit bottom,” case managers sought out clients through a process known as “enforced contact.” Second, case managers and the services team acknowledged the chronic nature of the client’s condition and sought to modify the course of the condition and to alleviate suffering. The clients were not required to pledge a goal of abstinence.

## **3. Strengths-Based Perspective**

The strengths-based perspective of case management was originally developed at the University of Kansas School of Social Welfare to help a population of persons with persistent mental illness make the transition from institutionalized care to independent living (Rapp and Chamberlain, 1985). The foremost two principles on which the model rests are:

- 1) providing clients support for asserting direct control over their search for resources, such as housing and employment, and
- 2) examining clients’ own strengths and assets as the vehicle for resource acquisition.



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To help clients take control and find their strengths, this model of case management encourages use of informal helping networks (as opposed to institutional); promotes the primacy of the –case manager relationship; and provides an active, aggressive form of outreach to clients.

A strengths perspective of case management has been selected for work with substance abusers for three reasons.

First, is case management’s usefulness in helping them access the resources they need to support recovery.

Second, the strong advocacy component that characterizes the strengths approach counters the widespread belief that substance abusers are in denial or morally deficient—perhaps unworthy of needed services (Bander et al., 1987; Ross and Darke, 1992).

Third, the emphasis on helping clients identify their strengths, assets, and abilities supplements treatment models that focus on pathology and disease.

Strengths-based case management has been implemented with both female (Brindis and Theidon, 1997) and male substance abusers (Rapp, 1997; Siegal et al., 1995).

#### **4. Clinical/Rehabilitation**

Clinical/rehabilitation approaches to case management are those in which clinical (therapy) and resource acquisition (case management) activities are joined together and addressed by the case manager . Client-focused services could include providing psychotherapy to clients, teaching specific skills, and family therapy. Beyond the usual repertoire of case management functions (e.g., monitoring), the case manager should be aware of numerous issues including transference, counter-transference, how clients internalize what they observe, and theories of ego functioning (Harris and Bergman, 1987; Kanter, 1996). Many substance abuse treatment programs use a clinical model in which the same treatment professional provides, or at least coordinates, both therapy and case management activities. Such an approach is frequently driven by staffing considerations: It is more economical to have one treatment professional provide all services than to have separate clinical and case managers deliver them.



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## **Case Management Principles**

**Case management offers the client a single point of contact with the health and social services systems** - The strongest rationale for case management may be that it consolidates to a single point responsibility for clients who receive services from multiple agencies

**Case management is client-driven and driven by client need** - Throughout models of case management, in the substance abuse field and elsewhere, there is an overriding belief that clients must take the lead in identifying needed resources.

**Case management involves advocacy** – The paramount goal when dealing with substance abuse clients and diverse services with frequently contradictory requirements is the need to promote the client's best interests. Case managers need to advocate with many systems, including agencies, families, legal systems, and legislative bodies.

**Case management is community-based** – All case management approaches can be considered community-based because they help the client negotiate with community agencies and seek to integrate formalized services with informal care resources such as family, friends, self-help groups, and church. However, the degree of direct community involvement by the case manager varies with the agency.

**Case management is pragmatic** – Case management begins “where the client is,” by responding to such tangible needs as food, shelter, clothing, transportation, or child care. Entering treatment may not be a client priority; finding shelter.

**Case management is anticipatory** – Case management requires an ability to understand the natural course of addiction and recovery, to foresee a problem, to understand the options available to manage it, and to take appropriate action.

**Case management must be flexible** – Case management with substance abusers must be adaptable to variations occasioned by a wide range of factors, including co-occurring problems such as AIDS or mental health issues, agency structure, availability or lack of particular resources, degree of autonomy and power granted to the case manager, and many others.



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**Case management is culturally sensitive** - Accommodation for diversity, race, gender, ethnicity, disability, sexual orientation, and life stage (for example, adolescence or old age), should be built into the case management process.

## Chapter 3

### Service Coordination

**Service Coordination:** The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.


#### **Service Coordination Includes:**

#### **Implementing the Treatment Plan**

1. Initiate collaboration with referral source.
2. Complete necessary administrative procedures for admission to treatment
3. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.
4. Confirm the client's eligibility for admission and continued readiness for treatment and change.
5. Complete necessary administrative procedures for admission to treatment.
6. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:
  - ✚ nature of services
  - ✚ program goals
  - ✚ program procedures, rules regarding client conduct
  - ✚ schedule of treatment activities
  - ✚ costs of treatment
  - ✚ factors affecting duration of care



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 client rights and responsibilities

7. Coordinate all treatment activities with services provided to the client by other resources.

### **Continuing Assessment and Treatment Planning**

1. Understand and recognize stages of change and other signs of treatment progress.
2. Describe and document treatment process, progress, and outcome.
3. Document service coordination activities throughout the continuum of care.
4. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.
5. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
6. Use accepted treatment outcome measures.
7. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

***Instructor Note: Like the assessment, the treatment plan is also used as a springboard for many client services. It is from the assessment and the treatment plan that all clinical and case management services begin. Service coordination keeps clients treatment seamless and continuous which helps clients recovery by meeting their psychosocial needs, supporting & advocating for them, and improving treatment and recovery retention.***

### **The competent professional is able to:**

#### **1. Initiate collaboration with the referral source.**

**Awareness:** Recognizes the importance of collaboration with referral sources in the implementation of individualized treatment plans.

**Initial Application:** Communicates specific client needs in the exchange of referral data, maintaining awareness of the importance of collaborative relationships with the referral resource.

**Competent Practice:** Routinely communicates client needs effectively in collaboration with other professionals in a manner consistent with confidentiality rules and regulations.





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**Mastery:** Demonstrates a willingness to make treatment adjustments to accommodate the needs of both clients and referral resources taking into account eligibility criteria, service availability, and unanticipated circumstances.

**2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.**

**Awareness:** Appreciates importance of obtaining and reviewing all relevant screening, assessment, and treatment planning information.

**Initial Application:** Obtains and reviews all relevant clinical information used in screening, assessment, and treatment planning.

**Competent Practice:** Assures the collection and analysis of all relevant clinical evaluation material, as well as initial treatment plan in preparing to deliver treatment services.

**Mastery:** Reviews and interprets all available clinical information including the client's self assessment in formulating an understanding of the client's treatment plan.

**3. Confirm the client's eligibility for admission and continued readiness for treatment and change.**

**Awareness:** Understands eligibility criteria and readiness to change concepts in considering the client's admission to care.

**Initial Application:** Reviews all clinical material including the treatment plan and determines client willingness to engage in all aspects of the treatment plan.

**Competent Practice:** Matches available clinical information and observed commitment level of client and involved significant others with agency admission criteria to confirm appropriateness of admission or continued care.

**Mastery:** Confirms client's ongoing eligibility for care incorporating an understanding of client cognitive/psychiatric impairment in collaboration with other medical and/or mental health professionals.

**4. Complete necessary administrative procedure for admission to treatment.**



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**Awareness:** Is familiar with administrative procedures for admission to treatment including limitations imposed by federal, state, agency and payor regulations.

**Initial Application:** Demonstrates accurate and concise oral and written communication skills in completing agency procedures for client admission.

**Competent Practice:** Consistently meets administrative requirements for client admission to the most appropriate level of care.

**Mastery:** Assures completion of all administrative requirements for admission to the assigned level of care.

**5. Establish accurate treatment and recovery expectations with the client and involved significant others.**

**Awareness:** Appreciates the importance of orienting clients and involved significant others to the treatment program, rules regarding client conduct, costs of care, and client rights and responsibilities.

**Initial Application:** Engages in orienting clients and involved significant others to all aspects of the treatment and recovery process.

**Competent Practice:** Develops accurate understanding of administrative and clinical rules and procedures, schedule of activities, program participation, and nature of service with the client and involved significant others.

**Mastery:** Demonstrates respect for the input of clients and significant others in establishing clear treatment and recovery expectations, including guidelines for both agency staff and client behavior and responsibilities.

**6. Coordinate all treatment activities with services provided to the client by other resources.**

**Awareness:** Lists the most important issues related to effective coordination of client care

**Initial Application:** Participates as a member of the treatment team and coordinates client activities both within the agency and community as directed by the team leader.



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**Competent Practice:** Regularly engages in client advocacy, facilitation of client activities, resolution of conflicts, and problem solving in the delivery of agency and community services indicated in the treatment plan.

**Mastery:** Coordinates all aspects of client care including utilization of recovery services, resolution of service reimbursement issues, and assuring thorough documentation of client progress and services received.

**7. Summarize the client's personal and cultural background, treatment plan, recovery process, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.**

**Awareness:** Understands the need to periodically assess treatment progress, taking into account the client's personal and cultural background, current bio-psychosocial status, treatment plan, and emerging needs.

**Initial Application:** Uses clear and concise oral and written communication in summarizing the relationship between the treatment plan, current status, and problems that might impede progress.

**Competent Practice:** Synthesizes available treatment information, solicits and interprets feedback related to progress and integrates relevant data into continuous treatment planning.

**Mastery:** Formulates and presents comprehensive case summaries. Prioritizes and integrates relevant client data into the treatment planning process. Recognizes setbacks as opportunities for improvement.

**8. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.**

**Awareness:** Is aware of the roles a variety of disciplines and community service providers play in facilitating recovery.

**Initial Application:** Gathers and seeks to understand information from a variety of sources regarding client progress and treatment.

**Competent Practice:** Demonstrates familiarity with the terminology and procedures used by other disciplines in the treatment of substance use disorders.



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**Mastery:** Participates in interdisciplinary collaboration, demonstrating knowledge and appreciation for the role played by the range of involved community resources.

**9. Contribute as part of a multidisciplinary treatment team.**

**Awareness:** Appreciates the value of a multidisciplinary treatment team.

**Initial Application:** As a member of the multidisciplinary treatment team, contributes to problem solving and decision making related to client progress.

**Competent Practice:** With an understanding of treatment team processes, helps coordinate treatment services with external providers, maintaining appropriate confidentiality boundaries.

**Mastery:** Demonstrates leadership in facilitating the development of an effective interdisciplinary treatment team and the coordination of client care within the community.

**10. Apply confidentiality rules and regulations appropriately.**

**Awareness:** Has knowledge of confidentiality rules and regulations, consent guidelines, and client rights and responsibilities.

**Initial Application:** Helps clients understand their rights, responsibilities and applicable confidentiality rules, regulations and protections.

**Competent Practice:** Applies confidentiality guidelines appropriately in communicating with the client, family, significant others, and community service providers.

**Mastery:** Manages client emergency situations in a manner honoring clients' rights, prevailing confidentiality rules and regulations.

**11. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.**

**Awareness:** Acknowledges importance of maintaining a non-judgmental attitude toward all clients and community agencies.

**Initial Application:** Adopts an objective and respectful communication style in communicating with clients, significant others, and allied community providers.



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**Competent Practice:** Demonstrates clear, concise and accurate communication when exchanging client information with other service providers.

**Mastery:** Advocates in a professional manner on behalf of the client in planning the most appropriate course of action among community partners consistent with confidentiality guidelines.

**12. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.**

**Awareness:** Recognizes the importance of continuously assessing client motivation and progress toward treatment objectives.

**Initial Application:** Engages the client and involved others in treatment activities, documenting adherence to the treatment plan, while continuously assessing progress toward treatment goals.

**Competent Practice:** Provides encouragement and support to client and involved others, continually assessing client investment in the treatment process; recognizing and addressing ambivalence and other barriers to progress.

**Mastery:** Assists client in maintaining motivation for change, increasing appreciation of personal strengths and skills and acknowledging incremental progress toward treatment goals.

**13. Understand and recognize stages of change and other signs of treatment progress.**

**Awareness:** Describes stages of change and methods for assessing treatment progress.

**Initial Application:** Utilizes standard measures in documenting treatment progress, including adherence to the treatment plan.

**Competent Practice:** Recognizes how individual client characteristics affect preparedness for change and progress towards treatment goals.

**Mastery:** Provides support, encouragement, and optimism regarding treatment progress, reinforcing positive change and observable steps toward achievement of treatment goals.



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**14. Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.**

**Awareness:** Understands methods for evaluating and keeping the client and significant others engaged in a recovery process.

**Initial Application:** Assesses client progress by participating in client activities and sharing observations with the treatment team.

**Competent Practice:** Assesses treatment progress in consultation with the client and significant others, negotiating appropriate changes to the treatment plan.

**Mastery:** Values individual differences and the role of significant others in the recovery process, assisting all parties in adjusting the treatment plan to achieve treatment goals.

**15. Describe and document the treatment process, progress, and outcome.**

**Awareness:** Has a basic understanding of treatment planning, documentation of client progress, and generally accepted outcome measures.

**Initial Application:** Communicates clearly in both oral and written form, statements of client progress, and outcome.

**Competent Practice:** Applies progress and outcome measures in documenting client treatment achievements and setbacks.

**Mastery:** Prepares clear and concise documentation of treatment processes and recovery progress in a manner useful to the multidisciplinary treatment team.

**16. Use accepted treatment outcome measures.**

**Awareness:** Understands the concepts of validity and reliability of outcome measures.

**Initial Application:** Describes how outcome measures can be useful in treatment planning.

**Competent Practice:** Uses outcome measures to assess treatment progress and make adjustments to the treatment plan.



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**Mastery:** Routinely utilizes treatment outcome measures in providing feedback, negotiating changes in the treatment plan and maintaining client engagement in the treatment process.

**17. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.**

**Awareness:** Is familiar with the principles of relapse prevention, continuing care, and discharge planning.

**Initial Application:** Uses knowledge of relapse and early recovery to assist client and significant others in developing basic relapse prevention and continuing care plans.

**Competent Practice:** Utilizes information from both treatment and community resources in negotiating a continuing recovery plan with the client and involved significant others.

**Mastery:** Negotiates continuing care planning in a manner emphasizing client autonomy, conflict, and problem solving skills and encouragement to engage in continuing strength based recovery.

**18. Document service coordination activities throughout the continuum of care.**

**Awareness:** Understands the importance of maintaining accurate documentation of all service coordination activities.

**Initial Application:** Prepares clear and concise summaries of service coordination activities for the clinical record.

**Competent Practice:** Documents service coordination in an accurate and timely manner, consistent with confidentiality rules and regulations.

**Mastery:** Uses available technology to maximize efficiency, accuracy, and timeliness of clinical documentation related to service coordination

**19. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.**

**Awareness:** Is familiar with initial patient placement, continuing care, and discharge criteria utilized in the treatment planning process.



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**Initial Application:** Assures initial treatment plan and subsequent revisions are consistent with placement and continuing care criteria.

**Competent Practice:** Uses placement, continued stay, and discharge criteria in an objective manner taking into account client needs, conflicts, and preferences.

**Mastery:** Negotiates modifications to treatment and continuing care plans, effectively mediating conflicts and problems in a manner consistent with placement, continued stay, and discharge criteria.

## **Consultation**

**Consultation with Other Professionals in Regard to Client Treatment and Services:** Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

### **Global Criteria:**

1. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
2. Consult with appropriate resources to ensure the provision of effective treatment services.
3. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
4. Explain the rationale for the consultation to the client, if appropriate

### **Explanation:**

Consultation is meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

### **Consulting Includes:**

1. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders
2. Contribute as part of a multidisciplinary treatment team.





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3. Apply confidentiality regulations appropriately.
4. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.
5. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.

***Instructor Note: Consultation is part & parcel of what the treatment pro does. We reach out to our client's family members, their doctors, lawyers, probation officers, psychiatrists, former therapists, former treatment programs, all in an effort to gain a thorough understanding of our client, how to meet their needs to help ensure smoother-seamless treatment and recovery success. When consulting a case on our client's behalf we must be prepared with all necessary documentation, clinical information and of course, release of information/consent. Consultation with community providers should be discussed with supervisor and/or team both before and after calls are made.***

## **The competent professional is able to:**

### **1. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.**

**Awareness:** Is aware of the roles a variety of disciplines and community service providers play in facilitating recovery.

**Initial Application:** Gathers and seeks to understand information from a variety of sources regarding client progress and treatment.

**Competent Practice:** Demonstrates familiarity with the terminology and procedures used by other disciplines in the treatment of substance use disorders.

**Mastery:** Participates in interdisciplinary collaboration, demonstrating knowledge and appreciation for the role played by the range of involved community resources.

### **2. Contribute as part of a multidisciplinary treatment team.**

**Awareness:** Appreciates the value of a multidisciplinary treatment team.

**Initial Application:** As a member of the multidisciplinary treatment team, contributes to problem solving and decision making related to client progress.



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**Competent Practice:** With an understanding of treatment team processes, helps coordinate treatment services with external providers, maintaining appropriate confidentiality boundaries.

**Mastery:** Demonstrates leadership in facilitating the development of an effective interdisciplinary treatment team and the coordination of client care within the community.

### **3. Apply confidentiality rules and regulations appropriately.**

**Awareness:** Has knowledge of confidentiality rules and regulations, consent guidelines, and client rights and responsibilities.

**Initial Application:** Helps clients understand their rights, responsibilities and applicable confidentiality rules, regulations and protections.

**Competent Practice:** Applies confidentiality guidelines appropriately in communicating with the client, family, significant others, and community service providers.

**Mastery:** Manages client emergency situations in a manner honoring clients' rights, prevailing confidentiality rules and regulations.

### **4. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.**

**Awareness:** Acknowledges importance of maintaining a non-judgmental attitude toward all clients and community agencies.

**Initial Application:** Adopts an objective and respectful communication style in communicating with clients, significant others, and allied community providers.

**Competent Practice:** Demonstrates clear, concise and accurate communication when exchanging client information with other service providers.

**Mastery:** Advocates in a professional manner on behalf of the client in planning the most appropriate course of action among community partners consistent with confidentiality guidelines.

### **5. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.**



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**Awareness:** Recognizes the importance of continuously assessing client motivation and progress toward treatment objectives.

**Initial Application:** Engages the client and involved others in treatment activities, documenting adherence to the treatment plan, while continuously assessing progress toward treatment goals.

**Competent Practice:** Provides encouragement and support to client and involved others, continually assessing client investment in the treatment process; recognizing and addressing ambivalence and other barriers to progress.

**Mastery:** Assists client in maintaining motivation for change, increasing appreciation of personal strengths and skills and acknowledging incremental progress toward treatment goals.

## **Chapter 4**

### **Referral**

**Referral:** Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

**Global Criteria:**

1. Identify need(s) and or problem(s) that the agency and/or counselor cannot meet.
2. Explain the rationale for the referral to the client.
3. Match client needs and/or problems to appropriate resources.
4. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
5. Assist the client in utilizing the support systems and community resources available.

**Explanation:**

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality



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requirements and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

### **Referral is.....**

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

### **The competent professional is able to:**

**1. Establish and maintain relationships with civic groups, agencies, other professionals, governmental entities, and the community at large to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.**

**Awareness:** Is aware of the importance of community resources and their impact on client needs.

**Initial Application:** Knows local community resources and how to access them to improve client care.

**Competent Practice:** Builds effective relationships with community resources, utilizing them to help meet client needs in a manner consistent with confidentiality rules and regulations.

**Mastery:** Routinely involved with community partners in the treatment planning process, helping establish new resources to better meet unmet client needs.

**2. Continuously assess and evaluate referral resources to determine their appropriateness.**

**Awareness:** Recognizes the need to include community partners in the treatment process.

**Initial Application:** Makes initial contact with community partners and learns the function, mission, and resources of each service agency.

**Competent Practice:** Assesses the effectiveness of community resources, providing them feedback in order to assure or improve quality of care.



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**Mastery:** Utilizes and maintains collaborative relationships among service organizations, advocating for innovative quality care.

**3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.**

**Awareness:** Knows client self-referral to a resource is different from counselor referral

**Initial Application:** Makes referrals to community resources when referral is part of the treatment plan.

**Competent Practice:** Identifies situations in which it is appropriate for client to make initial contact with a community resource. Monitors client to assure follow through and makes referrals in situations requiring agency initiative.

**Mastery:** Empowers client to access needed community resources and collaborates with the client in situations requiring agency referral, utilizing crisis intervention methods when necessary.

**4. Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.**

**Awareness:** Researches protocols and procedures necessary to refer clients to community services.

**Initial Application:** Uses referral protocols, documents the process, and follows up to assure client engagement.

**Competent Practice:** Seeks opportunities for clients to engage community resources and makes necessary arrangements to insure engagement.

**Mastery:** Makes effective referrals and nurtures relationships with community resources to assure access to and creation of services that meet client needs.

**5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.**

**Awareness:** Recognizes importance of explaining thoroughly to client how to accept community resources to enhance early recovery.



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**Initial Application:** Explains the treatment plan and how use of community resources relates to client goals and objectives.

**Competent Practice:** Interprets the treatment plan utilizing negotiation and education in securing client commitment to use of community resources.

**Mastery:** Secures client commitment to all aspects of the treatment plan, assuring client engagement with relevant community resources.

**6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.**

**Awareness:** Is familiar with referral protocols, confidentiality rights, agency rules, and ethical standards of practice.

**Initial Application:** Obtains informed client consent, forwards relevant information to referral resource and documents the process consistent with agency protocol and the assurance of privacy rights.

**Competent Practice:** Accurately exchanges relevant client information with community resources utilizing oral, written, and electronic technology as appropriate.

**Mastery:** Demonstrates professionalism in communicating with a variety of community resources including legal and health care professionals in the exchange of client information.

**7. Evaluate the outcome of the referral.**

**Awareness:** Is aware of the importance of referral follow up in determining success of the referral.

**Initial Application:** Initiates contact with both client and referral resource to seek reports on client engagement and progress.

**Competent Practice:** Utilizes a variety of methods and techniques to evaluate referral outcomes.

**Mastery:** Uses appropriate measurement processes and instruments, both objective and subjective to evaluate and improve referral outcomes.



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## **References:**

1. Cesta, TG, Tahan, H and Fink, LF (1998). The Case Manager's Survival Guide: Winning Strategies for Clinical Practice. St Louis, MO: Mosby, Inc,
2. Mullahy, CM (1998). The Case Manager's Handbook, 2nd Edition, Gaithersburg, MD: Aspen Publications, Inc.
3. CSAT (1998) Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol Series 27. DHHS Publication No. (SMA) 98-3222. Rockville, MD: US Dept of Health and Human Services.
4. Center for Substance Abuse Treatment. (1999). Enhancing motivation for change in substance use disorder treatment Treatment Improvement Protocol (TIP) Series, No. 35. Rockville, MD: Substance Abuse and Mental Health Services Administration.
5. Case Management Society of America, (2006). Case Management Adherence Guidelines, June, 2006.
6. Gorski TT. Relapse Prevention In The Managed Care Environment. GORSKI-CENAPS Web Publications. June 10, 2001. Available from: [http://lgorskicom/gorski\\_articles/](http://lgorskicom/gorski_articles/)
7. Kenney C. Giving clients MORE after treatment. Behavioral Healthcare (serial online). 2008; 28:36-8. Available from: ProQuest Information and Learning, Ann Arbor, MI. Document 10: 1463799591
8. Ridgely MS, Willenbring ML. Application of Case Management to Drug Abuse Treatment: Overview of Models and Research Issues. National Institute On Drug Abuse. Progress and Issues in Case Management. NIDA Research Monograph, Number 127.1992.
9. The Use of Intervention and Case Management Models in Maximizing Recovery and Reducing Relapse Risks for Substance Abusers, Kate Caravella, CAC, NCAC 1, BRI1. The Journal of Global Drug Policy and Practice
10. Scope of Professional Practice For Addiction Professionals of Florida, Southern Coast ATTC.
11. Comprehensive Case Management for Substance Abuse Treatment TIP 27; SAMSHA 2012