

Module 7

Effective Case Management

Compiled by Grahame Simpson
Senior Social Worker

and

Thelma Osoteo
Community Team Co-ordinator

Brain Injury Rehabilitation Unit
Liverpool Hospital, Sydney

Workshop overview

Aim

This workshop provides a framework for the effective case management of people with traumatic brain injury (TBI).

Rationale

People who have a disability arising from a TBI are often confronted with distinctly different challenges than people with similar impairments arising from other causes. In order to meet the needs of these clients effectively, adjustments to existing case management models may be required. In order to develop an effective case management approach, it is necessary to incorporate an understanding of some of the unique issues typically confronting the person with the injury, their family, and other service providers.

Outcomes

At the end of this session, participants should be able to:

- identify ways in which to ensure a comprehensive case history is taken
- discuss key aspects of the tri-level approach to case management
- define the role of the case manager
- identify key issues related to setting goals
- recognise the impact of compensation on service provision
- locate community resources
- recognise key issues in accessing generic services.

Evaluation

Some presenters may wish to evaluate the effectiveness of their training. For example, if the modules are provided as part of a training day, the organisers may want to evaluate the success of the program and the usefulness of this approach to the provision of the training.

A generic evaluation form has been provided in **How do I use this resource?**

This form is an example of how you may want to evaluate your training. It can be modified before you print it out, to make it specific to your training.

The evaluation can be completed at the conclusion of each module or at the completion of the training program (eg. several modules). The form can be distributed and collected by the presenter/s on the day, or returned by mail/email for feedback to a designated person to collate the responses for later feedback, to assist planning or to provide a training report (eg. as a Quality Assurance project).

The use of the evaluation tool will be specific to the type of training organised.

Summary outline

approximately 2 hours

Content	Resources	Suggested Timing
Introduction	OH 7.1 and HO 7.1 : Workshop outcomes	5 minutes
Taking a case history Overview	OH 7.2 and HO 7.2 : Taking a case history	10 minutes
Taking a case history items and issues	OH 7.3 : System pathways HO 7.3 : Information to assess needs HO 7.4 : Questions to assess cognitive status WS 7.1 : Taking a case history	20 minutes
Tri-level approach	OH 7.4 : Person in environment HO 7.5 : Case Manager's issues checklist	20 minutes
The role of the case manager	OH 7.5 : The role of the case manager OH 7.6 : Case management skills	20 minutes
Goal setting	OH 7.7 : Factors to consider when developing goals OH 7.8 : Writing goals OH 7.9 : How to deal with unrealistic goals HO 7.6 : Individual program plan HO 7.7 : Taxonomy of goals	20 minutes
Impact of compensation	OH 7.10 : Different types of compensation HO 7.8 : What can insurance money finance	10 minutes
Community services/ Issues in accessing generic services	OH 7.11 : Community services HO 7.9 : Accessing generic services	15 minutes
Workshop outcomes	Blank overhead Outcomes reviewed from introduction exercise (Refer group to HO 7.1) Collect completed Evaluation Forms (if utilised) Close	10 minutes



Key strategies and concepts

This workshop has been designed so that you may present it as a combination of lecture and participant interaction session, by encouraging discussion about certain topics and asking participants questions.

Concepts

The following concepts should underpin the workshop:

- respect for people with TBI
- encouraging self-determination of people with TBI in decision-making to the greatest extent possible given their impairments
- being creative in finding and accessing resources, given that there are only a few brain injury services available
- the inter-connection between the individual with TBI and larger systems

Strategies:

- view workshop participants as resource people to build ideas
- be careful about pacing the material, as there is a lot to get through and it is important not to rush people
- highlight people's creativity and novel problem-solving skills

Workshop outline

Resources	Content
OH 7.1 and HO 7.1: Workshop Outcomes	Introduction (5 minutes) <ul style="list-style-type: none">• Welcome the group and check that everyone is present. Ask people to introduce themselves if necessary.• Use a blank overhead to identify individual expectations. Review these at conclusion of session.• Refer to OH 7.1 and HO 7.1 to explain the purpose and focus of the workshop.
OH 7.2 and HO 7.2: Taking a case history	Taking a case history – overview (10 minutes) <ul style="list-style-type: none">• Briefly discuss the importance of taking a case history and its role in case management. Ask participants how case histories are collected in their service/s.• Use OH 7.2 and HO 7.2 as the basis for the structured assessment interview or as a checklist to ensure that all relevant information has been gathered. <hr/> Taking a case history – items and issues (20 minutes) <p>The individual items in the case history proforma are listed in HO 7.2 and discussed. This proforma highlights the important issues for the caseworker to consider.</p> Date of accident <p>This could indicate the level of the person’s need for assessments/therapy/support/care.</p> Period of unconsciousness/post-traumatic amnesia <p>This may be an indication of the severity of the injury. It is important to clarify whether or not there has been injury to the brain, as some people refer to lacerations and abrasions to the skull as brain injury.</p> Type of accident <p>There are different ways in which a person can sustain a brain injury (eg. car accident, fall, gunshot wound). This has an impact on whether the person is eligible for compensation.</p>

Workshop outline continued

Resources	Content
	<p>Rehabilitation history</p> <p>A person with a TBI can take a number of pathways through the health system, depending on the severity of their injury. Following acute care:</p> <ul style="list-style-type: none">• some are discharged home without rehabilitation• others go through a period of rehabilitation at different services/hospitals• a small number of people with severe injury and high care needs are discharged to nursing homes• a small number go to transitional services before moving home alone or with family.
OH 7.3: Injury system pathways	These pathways are detailed in OH 7.3 and each can have different implications for recovery, adjustment and the perception of needs and types of services required.
HO 7.3: Information to assess needs	Refer to HO 7.3 to discuss the different ways to gather information to assess needs. People sometimes seek on-going rehabilitation over a number of years. This can be helpful, or it can prolong difficulties in adjusting to the reality of permanent disabilities. When providers receive such requests, understanding the rehabilitation history helps in making the appropriate decision.
HO 7.4: Questions to assess cognitive status	<p>Types of impairments</p> <p>Refer to HO 7.4: Questions to assess cognitive status.</p> <p>Level of functioning</p> <ul style="list-style-type: none">• Self care includes dressing, toileting, showering, feeding, grooming and mobility• Living Skills includes cooking, cleaning, budgeting, washing, ironing, shopping and independence in the community• Work and avocational

Workshop outline continued

Resources

Content

Functioning before the injury

It is important to get a pre-morbid history to clarify what changes have occurred since the injury. It is easy to label a person's behaviour as having an organic basis, but often they are continuing to behave in ways they did before the injury.

Current social situation

This is self-explanatory.

Compensation status

Clients may be entitled to compensation, for example third party (CTP), workers' compensation, sporting injuries or victim's compensation. Encourage them to seek legal advice from someone with appropriate experience in personal injury claims. Some people miss out on compensation because they get advice from legal practitioners who do not have appropriate experience or knowledge and are wrongly told they are not entitled to compensation.

Other agencies involved

This reveals what assessment or therapy other services are doing and therefore saves duplication.

Exercise

Refer to **WS 7.1:** Taking a case history.

Ask participants to think of one of their own clients to fill in a case history proforma, identifying areas where they may not have any information.

Ask the group to discuss the exercise.

WS 7.1:

Taking a
Case History

Workshop outline continued

Resources	Content
OH 7.4: Person in environment	Key aspects of the tri-level approach to case management <i>(20 minutes)</i>
HO 7.5 Case managers issues checklist	<p>The tri-level approach (DeHoyos, G. 1989) acknowledges the importance of the person and their environment for the assessment process.</p> <p>The tri-level approach recognises that a person's psycho-social functioning is influenced by both internal and external factors.</p> <p>This structure helps the case manager to organise the information they gather during the assessment process, develop goals and plan resources.</p> <ul style="list-style-type: none">• personality systems include impairments, mood, adjustment, insight about brain injury, beliefs, values and hopes• interactional system includes family, rehabilitation, environment, relationships with spouses or partners, children, friends• socio-cultural system includes cultural background, community issues and supports for people with disabilities <p><i>(DeHoyos, G. (1989). Person-in-environment: A tri-level practice model. Social Casework, 70, 131–18)</i></p>
OH 7.5: Role of case manager	<p>Exercise</p> <ul style="list-style-type: none">• Ask the group to brainstorm issues for case managers and locate them in these categories. Some issues will have interacting components in all three categories. Keep this list as a basis for a later exercise.• Distribute HO 7.5 to help summarise the exercise and as a further resource tool to ensure that important issues have been identified during the assessment process.
OH 7.6: Case management skills	<p>The role of the case manager <i>(20 minutes)</i></p> <ul style="list-style-type: none">• Refer to OH 7.5 to describe the role of the case manager.• Definition of responsibility includes securing and coordinating services to meet individual client needs.• Importance of interpersonal skills. <p>Exercise 1</p> <ul style="list-style-type: none">• As a group, brainstorm the range of skills/roles required by a case manager. <p>Summarise these with the list included on OH 7.5.</p> <p>Exercise 2</p> <ul style="list-style-type: none">• Using the list on OH 7.5, discuss what case manager skills would be relevant in dealing with each role. Summarise with OH 7.6.

Workshop outline continued

Resources	Content
	<p>Goal setting/Key issues related to setting goals (20 minutes)</p> <p>Underlying philosophy</p> <ul style="list-style-type: none">• Consider how case managers' values will influence the process of goal-setting – whether goals are set with people, for people, or resources are given to people to set their own goals, or what issues are chosen for goal-setting.• Key values that should inform goal-setting<ul style="list-style-type: none">– autonomy in decision-making– empowerment– least restrictive environment– community participation.
	<p>Exercise</p> <p>Ask the group to define the key terms above. Note that empowerment is the ability and capacity (including resources) to cope constructively with the forces that undermine and hinder coping, and the achievement of some reasonable control over one's destiny.</p>
	<p>Framework for goal setting</p> <ul style="list-style-type: none">• Case managers may use an overall framework within which to set individual goals.<ul style="list-style-type: none">– Holistic approach: the overall aspect of the client's life is managed (HO 7.6)– Structured approach: the service sets the goals specifically to address the client's needs (HO 7.7)
HO 7.6 Individual Program Plan	
HO 7.7 Taxonomy of goals	

Workshop outline continued

Resources	Content
OH 7.7: Factors to consider when developing goals	Factors to consider when developing goals: Refer to OH7.7 and generate discussion while going through the following factors: 1. Goal development vs goal imposition Working together with people to develop goals produces more effective outcomes than imposing goals on people. An additional challenge in working with a person with a TBI is that impairments may decrease their awareness or insight, complicating goal setting. 2. Give exact behavioural description of goals This is self-explanatory. It is important for goals to be clear and easy to understand, not using complex words or descriptions. Use OH 7.8 as an example of writing goals. 3. State goals positively rather than negatively This is self explanatory. 4. Create short-term goals vs long-term goals Break down goals so they are easily achievable and less daunting for clients. 5. Look at improvement vs maintenance This is self-explanatory. Other factors to consider: <ul style="list-style-type: none">• who to include?• the role of the agency• reviewing the goals.
OH 7.8: Writing goals	
OH 7.9: How to deal with unrealistic goals	How to deal with unrealistic goals (OH 7.9) Strategies for dealing with unrealistic goals, such as: <ul style="list-style-type: none">• Allow a person to learn through experience (if unsuccessful, revise goals)• Develop compensatory strategies (reach the same goal but in different manner)• Investigate alternatives (goals that address the same need through a different activity)• Set priorities (out of range of goals, begin with those more likely to be achievable)• Break things down into smaller achievable steps• Give clear feedback and withdraw support (consider the impact this will have on an ongoing relationship).

Workshop outline *continued*

Resources	Content
OH 7.10 Different types of compensation	Impact of compensation (10 minutes) <ul style="list-style-type: none">• Mention the different types of compensation using OH 7.10.• Discuss how compensation money can make a difference in rehabilitation and long term needs and support of people with TBI. Refer to the Motor Accident Authority Long Term Care Scheme (2006). Discuss how this may influence access to resources and entitlements for people with TBI in motor vehicle accidents.• Go through the different ways in which insurance money can be used. Refer to HO 7.8.
HO 7.8 What can insurance money finance?	Ask participants to identify any other purposes for which they have been able to access compensation money. Add extra ideas onto the HO 7.8 list.
OH 7.11 Community Services	Community Services/ Issues in accessing different services (15 minutes)
HO 7.9 Accessing Generic Services	<ul style="list-style-type: none">• Use OH 7.11 and HO 7.9 to briefly go through the different community services that are common. Discuss the referral process, the type of service provided.• In this section encourage active participation as community services may differ from area to area.• Accessing community services requires a lot of research and awareness of what each community can offer to best meet the client's needs.• This is an opportunity for participants to learn from each other.
Workshop Outcomes	Conclusion (10 minutes)
Blank overhead with list of expectations (from Introduction to workshop)	Display the blank overhead with the list of participants' expectations of the workshop. Ask the group to reflect on their expectations and discuss whether these have been achieved.
HO 7.1 Workshop outcomes	Use HO 7.1 to summarise workshop. Ask them to complete the evaluation form (if utilised).
Evaluation forms	Thank participants for their involvement!