REQUIRED SKILLS AND VALUES FOR EFFECTIVE CASE MANAGEMENT

There are numerous skills that case managers will use to accomplish what is needed for a client, and each case manager will develop his or her own personal style of performing those skills. Some case management skills are learned informally through life experiences while others are learned theoretically and developed through formal training. Some will be easier to master than others. In addition to a set of skills, the case manager needs to put into practice some basic values of the helping relationship. These values help the case manager ensure that actions taken demonstrate respect for those with whom the case manager works. It is often quoted that "People don't care how much you know until they know how much you care." The development of a helping relationship with clients and referral sources is strongly influenced by the case manager's projection of attitudes of respect, empathy and cultural sensitivity toward others. This idea is supported by Brammer (1993) who reviewed numerous studies and concluded that the worker's personal skill in self awareness, dedication to personal congruence and the projection of positive attitudes is as significant in helping clients as the methods that are used.[1[1]] When the basic case management skills and values are demonstrated, case managers are able to accomplish the tasks needed to be successful.

The essential case management skills and values that will be addressed in this training are as follows:

- Interviewing Skills
- Communication
- Teaching
- Critical Thinking
- Negotiation and Collaboration
- Advocacy
- Termination of Case Management Services
- Choice and Self-determination
- Cultural Diversity
- Quality of Life
- Quality of Care

1. Interviewing Skills:

Case managers frequently conduct interviews to obtain and provide information needed to carry out the case management process. Interviews may be conducted face-to-face or they may occur by telephone or in writing. The method used to conduct the interview may be set by program policy and procedures. In other situations, it may be a choice the case manager can make based on the method that would be most effective and efficient to meet the objectives of the interview.

[1[1]] Woodside, M. & McClam, T.(1998). *Generalist Case Management*. Pacific Grove, CA: Brooks/Cole, p. 113.

An interview may be conducted with only one other person or it may include a group of individuals, such as a family. Some interview techniques used may vary based on the individuals involved in the interview. For instance, an interview with the child will require a different approach than an interview with a senior adult.

Regardless of the method used, the case manager would be wise to prepare for the interview. Preparation will help insure that the goals of the interview are met, that the flow of the interview is organized and purposeful, and that the length of the interview is no longer than necessary. It can also help build the case manager's level of confidence. The following are some pointers to assist with preparing for the interview.

- Know the purpose of the interview and what needs to be accomplished. What is the expected outcome?
- Outline for yourself the information that needs to be provided and obtained. Gather all forms that need to be completed or signed during the interview and make a bullet list of questions that need to be asked.
- Educate yourself regarding the key facts and topics to be discussed during the interview. Gather factual information that may be helpful.
- Be aware of your own personal biases about the interview as they may sway the outcome. Be careful to approach the interview with an open mind.
- Dress in a manner that is appropriate for the location of the interview and the standards set by the case management employer.
- Make an appointment for the interview, if possible. This demonstrates respect and helps insure that the individuals involved will have sufficient time set aside to fully participate in the interview.

At the time of the interview, the following are some pointers that may help make it successful.

- Demonstrate respect for the interview participants. Be on time. If that is not possible, offer to change the appointment time or at least give an explanation about the reason for being delayed.
- Greet the participant(s) by name and introduce yourself and others present. Explain the role and/or relationship of everyone involved in the interview.
- State the purpose of the interview and approximately how long it should take to complete.
- Relieve the tension in whatever way suits your personality as long as it is respectful of the participants.
- If you plan to take notes during the interview, let the participants know in general terms the reason notes are being made and how they will be used.
- Use a conversational style of interviewing and vary the type questions asked. Close ended questions that can be answered by a quick "yes" or "no" are good for obtaining basic facts or clarifying your understanding about something.

Open ended questions invite the client to provide more information and usually begin with the words who, what, where, where, or how.

- Start the interview with questions that are less personal and save more personal or controversial questions for later in the interview when the participant may feel more comfortable and may have a higher level of trust in the case manager.
- Ask one question at a time and keep wording simple and specific. Define any terms that may be unfamiliar to the participant.
- Keep the wording of questions as neutral and non-judgmental as possible. Avoid leading questions. Leading questions project the case manager's values and may cause the participant to say what they think the case manager wants to hear or what may be the "correct" answer. Be aware that "why" questions tend to put people on the defensive and should be used with caution. "Why" questions can usually be rephrased into questions that will be perceived as less offensive and threatening.
- Find a balance between structure and flexibility. Keep the purpose and objectives of the interview in mind, but be flexible with the flow of questions and information provided. Avoid spending a lot of time on subjects that do not meet the objectives. At the same time, avoid turning the interview into a question and answer session. The interview should flow naturally from one subject to another.
- Reflect your empathetic understanding which shows the person your non-judgmental respect for their thoughts, feelings, lifestyle and culture. Practice active listening skills.
- Avoid filling in all moments of silence with questions or comments. Silence can actually allow a person to reflect on what was said and identify additional information that needs to be shared. When there is silence, pause a few seconds before asking another question.
- Give participants in the interview an opportunity to ask their own questions or to clarify anything that was discussed.
- Close the interview with a review of the information discussed and facts gathered. Review any follow-up that is to be done by the case manager or others involved in the interview.
- Thank those involved for their time and participation and make sure that they know how to reach you if they have questions or want to provide additional information at a later time.

The environment in which the interview takes place can also affect its success. Following are some environmental factors to consider.

- Room arrangement is important in supporting the client's comfort level. Studies have shown that persons are more willing to share personal information if the interview room is arranged so that the case manager's chair is not behind a desk. Talking with a person from behind a desk implies a position of authority which impedes trust between the participant and worker.

In the home setting, sit near the participant and at an angle and level that will allow direct eye contact.

- The interview should be held in a private space where the participant can talk without being seen or overhead. If there are others around who may overhear the interview, talk with the person about any concerns they may have regarding this. Address your agency's policies about confidentiality.
- Minimize noise and distractions as much as possible. Silence beepers and cell phones. If the interview is conducted in a home setting, ask for permission to cut down the volume or turn off televisions or radios during the interview.
- People tend to be feel more comfortable and in control when they are in a familiar environment. The purpose of the interview will help determine the best setting.

2. Communication

The ability to use communication skills that successfully convey and obtain accurate and complete information in a respectful and caring manner is essential in developing positive relationships with both individuals being served and referral sources. A case manager relies on communication to carry out even the most basic job responsibilities. A case manager who has major difficulties communicating with others will have trouble being successful with his or her job. Unfortunately, communicating to others and receiving from others the intended message is a difficult task even for the most experienced case manager. The reason communication is so difficult is that it involves much more than the spoken word.

"According to A. Barbour, author of Louder Than Words: Nonverbal Communication, the total impact of a message breaks down like this:

- 7 percent verbal (words)
- 38 percent vocal (volume, pitch, rhythm, etc)
- 55 percent body movements (mostly facial expressions)."[2[2]]

"When two persons, A and B, are attempting to communicate with each other, their communication is distorted by their personalities, attitudes, values, belief systems, biases, the assumptions they are making about each other, their experience, background, and so on. A's communication to B flows through A's screen and through B's screen. When B responds to A, B is responding to what she heard rather than what A might have intended. She shoots her message back to B through her own screen of attitudes, values, and so on, through A's screen. What is often not understood is that the way we get messages through our screens and through another person's screen often is confusing and distorting in and of

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[2[2]] Nonverbal Communication. Minority Career Network Newsletter. Retrieved May 16, 2003 from http://www.minoritycareernet.com/newsltrs/95q3nonver.html

itself. We add to what we hear, we fail to hear, and we distort messages according to the modes that are used to convey messages."[3][3]

Verbal Communication

Verbal communication refers to the spoken word. The ease with which information is shared verbally is greatly enhanced when the words used are kept as simple as possible and are included in the vocabulary most commonly used by the person listening. It is also helpful to avoid using technical jargon, abbreviated names, or terminology that is unfamiliar to the other party involved in the conversation. The successful case manager will be able to synthesize and succinctly articulate information needed by clients, collaterals, and referral sources.

With some individuals, communication barriers may be greater. Projection of the voice and clear enunciation of words can help overcome some of the barriers encountered with individuals who have hearing impairments. Obviously, there are language barriers when the individuals attempting to communicate are unable to speak the same language well enough for the words to be understood. "Other difficulties encountered in using the verbal mode include the use of jargon, the use of clichés, and the use of specialized vocabularies. "It is often said that words have meaning only in context; it can be better said that words only have meaning when they are associated with people in context."[4][4]

Nonverbal Communication

As discussed above, the message person A intends to send to person B will be interpreted by person B according to their values and perceptions. Research suggests the nonverbal "channels" also relay important information and that those channels may be even more powerful than what people actually say.[5][5] People constantly communicate nonverbally and

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[3][3]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[4][4]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[5][5]Archer, Dane, Professor at the University of California at Santa Cruz, web page producer. Exploring Nonverbal Communication. Retrieved May 16, 2003. http://zzyx.ucsc.edu/~archer/intro.html

this is often referred to as “body language.” “Nonverbal communication includes facial expressions, tones of voice, gestures, eye contact, spatial arrangements, patterns of touch, expressive movement, cultural differences, and other ‘nonverbal’ acts.”[6][6]

Body Language - Having a basic knowledge of body language can give case managers more insight into the nonverbal information they send and receive. It should be noted, however, that the validity of messages sent through body language needs to be questioned and interpreted. For instance, a person who sits with his or her arms crossed may be conveying a defensive posture or they may just be feeling cold! In supplemental materials for a course titled “Organizational Communication” offered at the University of San Francisco, the following information was collected regarding body language. This handout titled “Verbal and Nonverbal Communication” will serve as the primary resource for the following discussion about body language.

> **Ambulation – “**We associate different meanings to different ways people carry their bodies from one place to another. How one carries his or her body (whether they glide, stride, stomp, etc.) tells a great deal about who the person is and how they are experiencing their environment.
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> **Touching** is perhaps the most powerful nonverbal communication form. The skin is the body's largest organ, and through the skin we take in a variety of stimuli. We can communicate anger, interest, trust, tenderness, warmth, and a variety of other emotions very potently through touching. People differ, however, in their willingness to touch and be touched. Some people give out nonverbal body signals that say that they do not want to be touched, and there are other people who describe themselves and are described by others as ‘touchy feely’. There are many taboos associated with this form of communication.
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> **Eye contact** - We tend to size each other up in terms of trustworthiness through reactions to each other's eye contact. Try a little experiment with yourself. Remember the last time you were driving down the road and passed a hitchhiker. The odds are very high that you did not look him in the eye if you passed him up.”[7][7]

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[6][6]Archer, Dane, Professor at the University of California at Santa Cruz, web page producer. Exploring Nonverbal Communication. Retrieved May 16, 2003. http://zzyx.ucsc.edu/~archer/intro.html

[7][7]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of

Sincerity or insincerity, acceptance or avoidance can be powerfully communicated through our eyes.

It is not uncommon to feel uncomfortable about looking someone in the eye when talking with them and it is possible to have too much eye contact with someone. When eye contact becomes starring, it actually produces anxiety and may cause someone to lose their train of thought. Eye contact should be sufficient enough to convey an honest interest in the other person, but not make them feel uncomfortable.

"The case manager should also be sensitive to the fact that there is cultural difference in how eye contact is perceived. For instance, in some cultures it is considered to be disrespectful to maintain eye contact with someone who is in a position of authority."[8][8]

Posturing – "How one postures the body when seated or standing constitutes a set of potential signals that may communicate how one is experiencing his environment. A person who folds his arms and legs, leans away or has a rigid posture is often said to be defensive"[9][9] or closed. A slumped posture may indicate that the person has low spirits, is fatigued or feels inferior, whereas, an erect posture may show high spirits, high energy and confidence. Leaning forward with a relaxed posture may imply openness, interest and a willingness to listen.

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Tics – "The involuntary nervous spasms of the body can be a key to one's being threatened. A number of people stammer or jerk when they are being threatened, but these mannerisms, like other forms of body language, can be easily misinterpreted...

Sub-vocals - We say uh, uh, uh, when we are trying to find a word. We say a lot of non-word things in order to carry meaning to another person; we stammer, we hum, we grunt, we groan and so

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Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[8][8]Tate, Denise M. 10 Tips for Effective Communication. *Nursing Spectrum Career Fitness Online*. Retrieved May 16, 2003 from http://nsweb.nursingspectrum.com/cfforms/GuestLecture/tipsforeffectivecommunication.cfm

[9][9]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

on. These sub-vocal noises are not words, but they may carry meaning."[10][10]

Distancing - Each person is said to have a psychological space around them. If a person perceives that their personal space has been invaded, they tend to become tense or nervous and may back away. "We tend to place distance between ourselves and others according to the kinds of relationships that we have and what our motives are toward each other."[11][11] Individuals who have a close relationship require less personal space with one another than individuals who are new acquaintances or who have a adversarial relationship.

Gesturing – "We carry a great deal of meaning between each other through the use of gestures, but gestures do not mean the same thing to all people. Sometimes people attach a different emphasis or meaning to the hand signals that we give out. For example, the A-OK sign, a circle formed by the thumb and the first forefinger, or the 'We're number one signal' are considered obscene in some countries. We give emphasis to our words and we attempt to clarify our meaning through the use of gestures."[12][12]

Vocalism or inflection - Vocalization and inflection refer to the way words are expressed. Variations in intonation and pitch of the voice can change the meaning of words. Take the sentence, "I love my children." The meaning of that sentence changes depending on the inflection used when they are spoken. "For example, if the emphasis is on the first word, '**I** love my children,' the implication is somebody else doesn't. If the emphasis is on the second word, 'I **love** my children,' a different implication is given, perhaps that

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[10][10]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[11][11]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[12][12]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

> some of their behavior gets on my nerves. If the emphasis is placed on the third word, 'I love **my** children,' the implication is that someone else's children do not receive the same affection. If the emphasis is placed on the final word, 'I love my **children**,' a fourth implication may be drawn, that is, that there are other people whom I do not love. So the way we carry our words vocally often determines the meaning that another person is likely to infer from our message."[13][13]

In the current age, communication with clients and referral sources is not limited to verbal and nonverbal communication only. Case managers also communicate in written form (letters, emails, authorizations) and by telephone and may do so more than meeting with others face-to-face. Each type of communication has its own set of suggestions to make the communication more effective and sensitive to the others involved in that exchange of information. One major difference in telephone and in-person conversations is the loss of body language to help get the intended message across and to help interpret the recipient's feedback. When words are written in letters or emails, the communication becomes one-way instead of two-way and the value of voice inflection is lost, as well. Case managers would be wise to keep these differences in mind and to learn more about making these methods of communication the most effective.

Listening

Actively listening means listening to words, tone of voice, expressions used and listening to what is not said. Often the things that the person does not say can be very important in relating their sensitivity about that information. "We must make an active attempt to understand the other person, respecting his or her uniqueness and frame of reference. Part of this understanding can only occur when we listen. Listening is an art, but by achieving good listening skills we can inspire openness and trust with those with whom we seek to communicate."[14][14]

"Here are three generally accepted rules for effective listening:

Rule One: Listen with the intent to understand. Put aside your own paradigms and listen with an open mind. Don't just wait for the moment in the conversation that you can reply, 'I know exactly how you feel. I had the same thing happen to me.'

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[13][13]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

[14][14]Zagury, Carolyn. The Art of Listening. *Nursing Spectrum Career Fitness Online.* Retrieved May 16, 2003 from http://nsweb.nursingspectrum.com/cfforms/GuestLecture/listening.cfm

Rule Two: Recognize your use of the primary levels of listening that each of us practices __

1) Ignoring: not listening,

2) Pretending to listen: responding with phrases such as, "Yes. Right."

3) Selective listening: hearing only some parts of the communication,

4) Listening attentively to the specific words: but not necessarily listening to the message.

Rule Three: Develop the skill of empathic listening. Take time to understand the other person's frame of reference (their values and beliefs) and actively listen for the feeling they are conveying so you can define the true meaning of the message."[15][15]

"The implications are clear. For communication to occur there must be a two-way interchange of feelings, ideals and values. One-way communication is highly inefficient in that there is no way to determine whether what is heard is what is intended. The office memo is a form of one-way communication which is perhaps the least effective medium for transmitting meaning. A second implication is that for true communication to be experienced, it is necessary that there be a feedback process inherent in the communication effort. There needs to be a continuous flow back and forth among the people attempting to communicate, sharing what they heard from each other. The third implication is that the individual person needs to become acutely aware of the range of signals which (s)he is emitting at any given moment. (S)He can learn that by soliciting feedback from the people with whom (s)he is attempting to share meaning." [16][16]

3. Teaching Skills:

The case manager can play a vital role in helping clients build skills necessary to be more independent and take greater charge of their lives. The case manager may actually do some of the teaching or may link clients to resources that can assist them with building needed skills. Teaching may include helping people

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[15][15]Zagury, Carolyn. The Art of Listening. *Nursing Spectrum Career Fitness Online*. Retrieved May 16, 2003 from http://nsweb.nursingspectrum.com/cfforms/GuestLecture/listening.cfm

[16][16]Organizational Communication - OB 321-Supplementary material-Verbal and Nonverbal Communication, p 1. Retrieved May 15, 2003 from USF College of Professional Studies, Organizational Behavior Web Site: http://www.cps.usfca.edu/ob/studenthandbooks/321handbook/verbal.htm

learn some of the instrumental activities of daily living such as managing monthly income, using public transportation, or using communication devices. It also may include helping them learn to manage routine household chores, to enhance their parenting skills, or to develop some marketable job skills. A participant who learns to research and negotiate the social service system is empowered to be more independent.

Learning principles are important to consider when teaching clients information or assisting them in "skill building".

1. Learning is facilitated when the person is actively involved.
2. Since the brain files new information into memory by tying it to existing knowledge, building on the person's experiences facilitates learning.
3. Using as many different senses, i.e., affective, cognitive, psychomotor, as possible facilitates learning. Learning styles differ. One person may learn best using affective senses while another may be a cognitive learner.
4. Most people will retain no more than three points long enough to shift it into long term memory. Therefore, information giving should be brief and to the point. [17][17]
5. Teaching must be done at a pace that is comfortable for the person.
6. Asking the person to demonstrate learned skills can help check their comprehension, create an opportunity to clarify instructions, and allow for positive feedback.

4. Critical Thinking[18][18]

Critical thinking is the process of reasoning, organizing and analyzing information so that problems are accurately understood and solutions are outcome-oriented and purposeful. Frequently the case manager will have a vast amount of information from which they will need to determine what is relevant to understanding the person's needs. With an accurate understanding of the problem, critical thinking is utilized to formulate with the person achievable plans for implementation and to evaluate the results of the action. Critical thinking occurs continuously as the case manager processes interaction with both clients and referral sources.

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[17][17]Ivey, Saundra (10/7/99). *Using PT + 3: Pregnancy Prevention Counseling Protocol Trainer's Manual*, p. 6. Developed for Alabama Medicaid

[18][18]Additional in depth information regarding critical thinking may be accessed through this web site http://www.criticalthinking.org - Primary and Secondary, Resources, The Strategy List: 35 Dimensions of Critical Thinking.

In an article titled, "Evaluating Critical Thinking: How Do You Read Minds?," author Rosalinda Alfaro-LeFevre lists some characteristics that are demonstrated by critical thinkers. Those are as follows:

- **Self-Confident:** Expresses ability to think through problems and find solutions
- **Curious and Inquisitive:** Seeks reasons and explanations; works to learn more
- **Honest:** Speaks and seeks the truth, even if the truth sheds unwanted light
- **Context Alert:** Looks for changes in circumstances that may warrant a need to modify thinking or approaches
- **Open and Fair-Minded:** Shows tolerance for different viewpoints; questions whether own viewpoints are influencing thinking
- **Analytical and Insightful:** Identifies relationships; relates deep understanding
- **Logical**: Uses intuition as a guide; seeks facts to support conclusions; uses deductive reasoning ("if this is so, then it follows that...")
- **Reflective and Self-Corrective:** Carefully considers meaning of data and interpersonal interactions; corrects own thinking; watchful for potential errors.[19][19]

5. Negotiation and Collaboration

Facilitating the person's receipt of service is a fundamental task of the case manager. To perform this function, the case manager must establish cooperative relationships with both formal and informal resources within their community. Case managers are expected to collaborate with multi-disciplinary providers and develop care plans that address all relevant problems. The words "negotiation" and "collaboration" refer to the skills needed by a case manager to get individuals and organizations to work jointly with a client to meet their needs.

To be successful, the processes of negotiation and collaboration require that consensus be reached about what needs to be done and who will be responsible for doing it. Differing expectations about what needs to be done and what the outcome of the process should be can make the negotiation process difficult at times. Ideally, the parties involved should walk away from the negotiation process with a feeling that they have not given away too much and have taken away something positive. Case managers have to be adept at facilitating the development of win-win solutions and realistic plans for action. Negotiation and collaboration are skills that are often used to work with a person and care

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[19][19]Alfaro-LeFevre, Rosalinda (2003). Evaluating Critical Thinking: How Do You Read Minds? *Nursing Spectrum Career Fitness Online.* Retrieved May 16,2003 from http://nsweb.nursingspectrum.com/cfforms/GuestLecture/EvaluatingCritical.cfm

providers to develop a realistic and individualized plan of care and to access and coordinate the services included in that plan.

Roslyn H. Chernesky and Beth Grube researched the HIV/AIDS case management process and made the following observations about the importance of case managers learning to work together cooperatively with service providers.

> "Each case management program has its own clearly established and bounded network of service providers that is mobilized as needed. Both case managers and clients are generally knowledgeable about the available resources and services and use the network extensively. The network defines and limits the service package available to client being served by any one program. The case manager develops and maintains the services network that is crucial to effective services delivery, which then can be accessed by the case manager or clients. In crises, case managers use the network on behalf of clients. Care manager-provider relationships determine whether their phone calls are returned, whether urgent requests are responded to swiftly, or whether resources are activated before formal clearance, eligibility checks, or completion of required paperwork. Although the availability of crucial resources and services is a major influence on case management, case managers indicated that the cooperation of agency providers and workers was also a key influence on their work." [20][20]

Case conferences are often used by case managers to facilitate collaboration and negotiation among family members, multi-disciplinary groups, and/or various providers of service with the person present and contributing whenever possible. When several individuals or agencies provide services to a person, much care plan coordination will be required to ensure that some services are not duplicated while other needs go unmet. The case conference can assist with this task by allowing the person's needs to be presented and providing the opportunity for the case manager to encourage providers to work cooperatively to meet those needs. Creative solutions to meet the person's needs are often identified during case conferences. Additionally, providers and caregivers are given the chance to explain what they can and cannot contribute to the person's care so that it is better understood by all involved. "Turf battles" between providers are often minimized when providers are brought together face-to-face and given the charge of helping a person to meet his or her goals. The case conference can be a powerful tool to unite service providers with a common goal of meeting the person's needs.

Building a person's strengths so that they may eventually function independently of the case manager requires negotiating and collaborating with them to develop a Plan of Care where they perform activities within their ability to meet their own needs. With the assistance of the case manager and others who can be mobilized to assist, the person can develop the awareness, knowledge, skills and ability to direct their own lives.

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[20][20]Chernesky, Roslyn H., and Grube, Beth. Examining the HIV/AIDS Case Management Process (Electronic version). *Health and Social Work*, Nov 2000, Vol. 25, Issue 4, p 243, 11 p.

6. Advocacy

"Linking clients to resources often involves a mix of advocacy and mediation. These activities can be demanding and require case managers to intervene between the client and providers with whom the client is already linked, presenting and arguing their clients' cases to postpone or halt actions, or to revise or reestablish the conditions for ongoing linkage."[21][21] The skill of advocating for the needs and rights of people permeates the entire case management process. Advocacy very simply stated involves representation of the needs and interests of people to whom the case manager is providing services. Very often advocacy will involve obtaining needed services, assuring fair and reasonable accommodations for any special needs, assuring accessibility to medical appointments, and in some cases promoting opportunities for maximum independence in the community.

It is essential that case managers be knowledgeable about referral sources and supportive groups and individuals with whom services may be coordinated. This allows the case manager to be a rock-solid advocate on behalf of each person they serve.

Some tips for becoming a good advocate are as follows:

- Have knowledge of admission and acceptance criteria for various programs, services, and resources
- Be aware of relevant laws, rules, and regulations that may influence eligibility or entitlement to services
- Demonstrate problem solving and negotiation skills to gain support
- Use productive strategies for persuading gatekeepers and resource holders to provide assistance

Case managers often identify shortcomings or gaps in service delivery systems. When trying to meet a person' need, the case manager may invest many hours negotiating the social service network and still not be able to completely meet their needs. When such gaps are identified, the case manager can advocate for the removal of barriers that make it difficult to access services or the development of new resources to meet needs.

Representing the rights and needs of people may be an activity that is needed not just with referral sources outside the agency but often is needed within the agency the case manager represents. The case manager should work within the established supervisory and administrative channels to advocate for the needs of

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[21][21]Chernesky, Roslyn H., and Grube, Beth. Examining the HIV/AIDS Case Management Process (Electronic version). *Health and Social Work*, Nov 2000, Vol. 25, Issue 4, p 243, 11 p.

people they serve and to express concerns about agency policies and practices. There may be changes that could be made in these areas, but there also may be reasons that would prevent the agency from changing a particular policy. Being a client advocate in one's own agency requires thoughtful communication as well as skillful negotiation and collaboration.

Advocacy may also include interpretation of a person's needs to providers, consultation and technical assistance in reducing and eliminating barriers, and assertive efforts to assure adaptations and accommodations. In some instances, advocacy must be directed toward pressuring a system, resource or service provider.

Teaching self-advocacy skills is part of the process of empowerment. Whenever possible, case managers should afford clients the opportunity to speak for themselves and to convey first-hand information about their personal successes and struggles. People who learn to advocate on their own behalf help overcome stereotypes that may devalue those who are disadvantaged. People receiving case management should *not* be excluded from making decisions about things that affect their lives and should see self advocacy as essential to their well-being.

7. Termination

Termination of the case manager/client relationship is the final step of the case management process. The Alabama Medicaid Agency and each agency or program in which the case manager works will have specific policies and procedures that must be followed to correctly carry out the process of discharge or termination of services. When a provider takes action to terminate services against the wishes of a client, fails to give the client proper notice about the termination, and leaves the client with unmet needs, termination of services may be considered abandonment. Client abandonment is a serious offense that can precipitate malpractice litigation. Agency policies and procedures generally support client rights and help to protect the case manager and his/her employer from liability due to inappropriate termination of services.

Termination of case management services is appropriate on many occasions and may occur for a variety of reasons. In addition to procedures to insure a client's due process rights, the case manager will use an assortment of skills to help the client successfully separate from the relationship.

It is common for both the case manager and the client to respond emotionally to termination of the case management relationship. How each responds to the termination is influenced by experiences of the past, the intensity of the client/case management relationship, and the circumstances which precipitate termination. Case managers need to examine their personal responses to separation and loss so

that they can be aware of how those feelings may impact decisions to terminate case management services.

When the case manager discusses termination of services, the client may experience a sense of abandonment, rejection, betrayal, or loss. When the client fears termination of services, the case manager may observe a decline in the client's progress toward established objectives or may observe some avoidance behaviors on the part of the client. Other clients may have no observable response because they have insulated themselves from such emotions due to hurtful separations of the past. The case manager will need to assess each client to determine his or her reaction to the termination of services and make an effort to deal with the negative emotions or reactions of the client.

The ideal condition for discharge occurs when the client has met his or her desired outcomes and the case manager and client mutually agree that there is no longer a need for case management services. In this instance, discharge may be viewed as the client's "graduation" to a more independent way of life. At other times, circumstances that result in termination of case management services may be less than ideal. For example, the client may lose eligibility for the service before reaching desired outcomes or the case manager may be unable to continue the relationship due to client non-compliance, lack of progress towards established goals, or health and safety concerns.

The purpose of the program in which the case manager works often has a lot to do with the duration of the client/case management relationship and the degree of difficulty the client may have with separation. Some programs offer case management services on a short-term basis or for a specified period of time. Especially in programs with a prescribed time component, it is helpful for the case manager to begin the relationship by talking with the client regarding the parameters of the program, discussing what they will do to help, how they will do it and how long they will provide the service. Case management services provided while the client was in a residential setting would be an example of this type case management relationship.

Other programs may begin a relationship with a client knowing that some degree of intervention will be required on a long-term, open-ended basis. Intervention may be needed due to the physical, mental, or emotional condition of the client or may be related to the client's circumstances such as poverty, abusive relationships, or capacity. Clients in these programs may require on-going intervention throughout their lives, but at differing levels of intensity. An example would be case management services offered to a person who is diagnosed with AIDS. The client may function quite independently except at various crisis points during which the case manager may need to provide fairly intensive services. Whether a person is discharged from case management when the case manager is not actively working with the client will depend on programmatic guidelines.

When no ending date or event for services is predetermined by program function, the case manager needs to periodically review the purpose of continuing the case management relationship with the client. The decision to discharge a client from care needs to be carefully considered depending on the client's level of dependence on the case manager. The case manager may need to gradually decrease the level of contact with the client functioning more and more independently. The gradual decrease in contact may not be necessary if the client's stability is not be grounded in the relationship with case manager. The case manager must use their professional judgment to determine the appropriate movement toward termination.

In some programs the client may also lose access to other helpful services and resources once the case management relationship is terminated. This is true with case management services provided through a home and community based waiver programs, for example. When the loss of services is involuntary and will leave the client with on-going needs, the process of termination may require some additional consideration. Case conferences that include the client, caregivers, service providers, and legal counsel may be needed to insure that the client is not being abandoned. The case manager has a responsibility to help the client successfully locate alternative ways to meet their needs when current services are lost. In some situations, referrals to protective service organizations will be warranted if the client's unmet needs will place the in need of protection.

The case management relationship with a client may end due to changes in the case manager's situation. For instance, a case manager who resigns from his or her job assignments may need to address the client's emotional response to the loss. The case manager will also need to help the client get reassigned and connected to another case manager to insure the continuity of care.

8. Choice and Self-Determination

A belief that people should have the option of making their own choices regarding life decisions is a basic value of the case management model. People have the right to participate in decisions that affect their lives, make choices between available options, and to direct the helping process to the extent possible. In fact, the quality of care is often measured by how well a provider seeks out and honors a person's preferences.

Not only is honoring a person's freedom of choice a case management value, but there are several secondary benefits for both the client and the case manager when client autonomy is promoted.

- The client-case management relationship is strengthened and greater trust is built.
- The qualities of care planning and client satisfaction with services are greatly enhanced.

- Clients are empowered to exercise choice and assume more control over life decisions.
- The client's self-esteem and dignity receive a boost.
- Clients learn to be more independent with managing life decisions and service plans and ultimately, the need for ongoing intervention by the case manager is minimized.

Some clients will be able to participate in decision-making more than others. The participation of some may be limited by physical, mental, social, or emotional challenges. Client involvement should still be sought and honored to the extent possible. When the client's ability to participate in decision-making is compromised, the case manager should seek participation from others who have been formally or informally designated by the client to help make decisions on behalf of the client. Some clients may have a person who has been legally appointed to manage their affairs. In such situations, this person should be involved in the development of the client's plan of care.

Ideally, people make choices that minimize risks to their health and safety. Such choices are easily supported by care providers, family members, and case managers and conflict regarding those decisions is minimized. What can the case manager do to help ensure that the people they serve make the best choices?

The chance that a person will make wise decisions is greatly enhanced when the case manager assists the client to identify all the options available to them. The person may identify some options independently and the case manager may present some additional options about which they were unaware. Out of the discussion with the person about options, new options may come to light that neither they nor the case manager previously identified. In addition to helping the client identify his or her options, the case manager has a role in assisting the person to evaluate the positive and negative consequences that are likely with each option. Helping them to examine the reason behind the choices they make can also help the client to make decisions, which are in the best interest of themselves, their families, and the community in general.

Inherent in the principle of freedom of choice is the client's freedom to make choices that, in the opinion of others, may not be in their "best interest". People sometimes make choices or take actions which actually increase their risk of harm and may trouble family members and care providers. There can be any number of reasons why a person may justify such choices. For instance, an adult with physical disabilities may choose to stay in a home environment that is substandard to retain a higher degree of personal freedom and independence. A teenager may choose to engage in risky behaviors in pursuit of social acceptance. A young adult may delay paying routine bills to make purchases that bring instant gratification. Out of a sense of duty and obligation, an elderly mother may choose to put herself at risk by allowing a child involved in illegal behaviors to stay in her home. Such choices can often produce conflict both internally for the client

and with others involved in the client's life. They may even cause others to question the "competency" of the person.

The role of the case manager is sometimes questioned when a person they serve makes decisions that have negative consequences for them, their family, and/or the community. If the case manager continues to support the person, they may be seen as enabling them to continue behaviors that put them and others at risk. If the case manager abandons the person and allows them to suffer the consequences of their decisions, they may be seen as neglectful. If the case manager takes action to intervene in spite of a person's choice, the case manager may be perceived as overstepping their authority. "Particularly in instances in which a client decision is both competent and authentic, a heavy burden of justification for interventions against and compromises in client autonomy lies with the case manager."[22][22] In the name of autonomy, there are instances in which active involvement and even intervention in client choices is appropriate for the case manager.[23][23]

There are some limits on autonomy when a person's ability to make decisions is compromised or they demonstrate a need for protection. In a letter dated June 25, 1997, Shirley K. Richardson, Director, Center for Medicaid and State Operations, stated, "Individuals have the right to assume risk, commensurate with that person's ability and willingness to assume responsibility for the consequences of that risk. This, of course, does not abrogate a State's statutory duty to ensure the health and welfare of individuals..." [24][24] When case managers must take actions to minimize risks against the wishes of a client, solutions that are the least restrictive and the least intrusive for the client should be sought. In situations in which the case manager questions his or her role, the case manager should seek consultation with his or her supervisor to determine further actions based on the rights of the client, program regulations, and agency policy. When the client's situation indicates a need for protection, the case manager should take action to make a report to the Alabama Department of Human Resources for protective services intervention as required by law.

Phrases such as "freedom of choice" and "self-directed-care" or "consumer-directed care" are related to client choice and are frequently heard when Medicaid programs are discussed. "The Medicaid "freedom of choice" principle establishes

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[22][22]Kane, Rosalie A., and Caplan, Arthur L., (Ed) (1993). *Ethical Conflicts in the Management of Home Care*, page 44. New York: Springer Publishing Company

[23][23]Kane, Rosalie A., and Caplan, Arthur L., (Ed) (1993) *Ethical Conflicts in the Management of Home Care*, page 37-38. New York: Springer Publishing Company

[24][24]Richardsonk S. K. (1997, June 25). Letter to State Medicaid Director. Centers for Medicare & Medicaid Services. Retrieved May 16, 2003 from http://cms.hhs.gov/states/letters/smd62597.asp

that individuals can select the provider(s) of the services for which they are eligible. This principle applies to all Medicaid-funded services...The Medicaid freedom of choice principle extends only to "qualified" providers, however."[25][25] "Self-direction...embraces the principle that individuals should have the authority to select, direct, and manage their services."[26][26] "The principle of consumer direction encompasses the goal of affording consumers the authority and tools to craft their own services plans, with the freedom to use both traditional and nontraditional providers and to direct and manage their services and supports."[27][27] "Consumer direction may also be called 'self-determination' or 'independent living.'[28][28]

9. Cultural Diversity

"Culture is defined as an integrated pattern of human behavior which includes thought, communication, language, beliefs, values, practices, customs, courtesies, rituals, manners of interaction, roles, relationships, and expected behaviors of a racial, ethnic, religious or social group; the ability to transmit the above to succeeding generations."[29][29]

The person's cultural identification is a powerful factor that must be considered in all aspects of interaction and intervention. Understanding the people we serve requires that the case manager be knowledgeable of their culture. Mistakes are often made in assuming that all Hispanic persons are alike. One example of this is that if the person speaks Spanish, it does not necessarily follow that a Spanish-speaking interpreter will be able to assist the worker in understanding the patient's communication. In reality, there are many different Spanish dialects. An

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[25][25]Smith, G., O'Keefe, J., Carpenter, L., Doty, P., Kennedy, G. (Oct.2000). Understanding medicaid home and community services: a primer, pages 121-122. Washington, DC: HHS

[26][26]Smith, G., O'Keefe, J., Carpenter, L., Doty, P., Kennedy, G. (Oct.2000). Understanding medicaid home and community services: a primer, page 117. Washington, DC: HHS

[27][27]Smith, G., O'Keefe, J., Carpenter, L., Doty, P., Kennedy, G. (Oct.2000). Understanding medicaid home and community services: a primer, page 116. Washington, DC: HHS

[28][28]Bezanson, L., Gianopoulos, C., Roth, H., Shedd., G, Dize, V., O'Connor, D., et. al. Consumer direction tool , page 3. Collaborative project between the National Assoc. of State Units on Aging and the Home and Community-Based Services Resource Network

[29][29] Developed by the National Center for Cultural Competence, 2002. Presented by Tawara D. Goode, National Center for Cultural Competence, April 9, 2002.

interpreter from Mexico may have great difficulty accurately communicating with a person from Puerto Rico since the same words in one culture may have a vastly different meaning in the other culture.[30][30] In some Southeast Asian cultures, there is no terminology that equals the "English medical/health terminology" of "cancer" and "cancer is not mentioned as a disease in Chinese medical texts".[31][31] Helping a person born in China who speaks little or no English to understand the meaning of their cancer diagnosis could present a formidable challenge.

Culturally competent practice requires the case manager to be aware of their own cultural/ethnic background and how this may affect the person's interaction with them. For instance, when talking with the same white professional the response of an elderly African American client who has experienced a long history of denied services may be quite different from the response of an elderly white client who was president of a major company. Cultural differences must be recognized, understood, accepted and incorporated in all aspects of the case management process.

Besides the challenge of meeting the needs of people from culturally diverse backgrounds, the worker must be careful not to generalize attributes to them because of their ethnic background. The effective case manager, while keenly aware of their client's ethnicity, race, gender and age, must maintain sensitivity that the client being served is their own unique person.

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[30][30]A primer for cultural proficiency: towards quality health services for Hispanics, page 16. Estrella Press. Retrieved May 16, 2003 from http://hispanichealth.org - resources, publications, cultural proficiency. Can be downloaded through Acrobat Reader.

[31][31]Asian Americans, factors affecting the health of women of color, women of color health data book. The National Women't Health Information Center, HHS, Office of Women's Health. Retrieved May 16, 2003 from http://www.4woman.gov/owh/pub/woc/toc.htm

10. QUALITY OF LIFE

The act of caring for a client in a manner and in an environment that promotes maintenance or enhancement of each individual's quality of life.[32[1]]

To ensure that a client receives the care that promotes quality of life, the following basic elements are necessary:

Dignity – A health care professional must promote care for a client in a manner and in an environment that maintains or enhances each client's dignity and respect in full recognition of his or her individuality.

Self-determination – A client has the right to make choices about aspects of his or her life and to interact with members of the family and/or community. In addition, a client has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care.

Participation – A client has the right to participate in social, religious, and community activities that do not interfere with the rights of others.

Activities – The Health Service provider should make the client aware of ongoing activities/programs designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of the client.

Social Services – The client should be made aware of social services within the community as well as medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the client.

Environment – Ensuring that the client is in a safe, clean, and comfortable environment/surrounding.

PLEASE NOTE: Depending on the services provided, there may be other elements that support and promote Quality of Life. Case Managers should refer to the policies of their employing agency as they relate to Quality of Life.

[32[1]] 42 CFR Ch. IV (10-1-01 Edition) §483.15, pg. 520

11. QUALITY OF CARE

The act of ensuring that an individual receives and is provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.[33[2]]

Quality care implies a commitment that respects the rights of the client and demands accountability on the part of human service professionals. The watchwords are *effective* and *efficient* care; both are key considerations in service delivery. Quality assurance is a component of case management; the term signifies professional excellence, high standards of care, and continuous improvement (Sullivan, Wolk, & Hartmann, 1992).

Janelle Stueck, a program manager at the Private Industry Council in Knoxville, Tennessee, made these observations on the subject:

> The difference between the traditional case manager approach, which has to do with coordinating resources, and what we try to do here… is… guiding, mentoring, leading, big-brothering or -sistering, as the case may be, the kind of role that goes significantly beyond the relationship of the case manager and client. The ability to simply know what the rules are with regard to what is out there and how to assemble things so that you put the best package together. For the client I think it is that extra dimension that makes it worth doing. (Personal communication, August 1993)

Effective means getting results and producing outcomes. In this age of scarce resources, it is important that the available resources are used wisely - that is, efficiently, by service delivery, the productive use of resources involves making a determination of the outcomes desired and developing a plan to reach those outcomes. *Efficiency* is measured in terms of the resources required, time expended, the costs of services, and the outcomes achieved. The plan is constantly monitored, necessary adjustments are made, and appropriate justification is presented when additional resources are needed.

The case manager must maintain efficiency because of the complexity of many of the problems he or she faces. It is essential that professionals work together to deliver quality services in an efficient manner.

[33[2]] 42 CFR Ch. IV (10-1-01-Edition) §483.25, pg. 524