

# Care-Coordination and Multi-Disciplinary Teams

San Jose City College TIP 27: Comprehensive Case Management for Substance Abuse Treatment (samhsa.gov)

1

---

---

---

---

---

---

---

---

## Learning Objectives

- Describe elements of case management service and delivery during
  - Pre-treatment
  - Primary treatment
  - Aftercare phases of service delivery.
- Develop increased documentation language for Case management documentation
- Identify the five elements associated with becoming a culturally competent case manager

2

---

---

---


---

---

---

---

---



Lets start with Introductions:

- I would like to know:
  - Your name
  - Your Agency
  - Your Role in the agency
  - Whether or not you carry a caseload
  - One random fact about you
- I will start -
  - I'm Demetria Iacocca, LAADC
  - I have a private practice and teach at SJCC in the ADS Dept.
  - I work full time but hold to 17 full time clients
  - Random Fact....

3

---

---

---

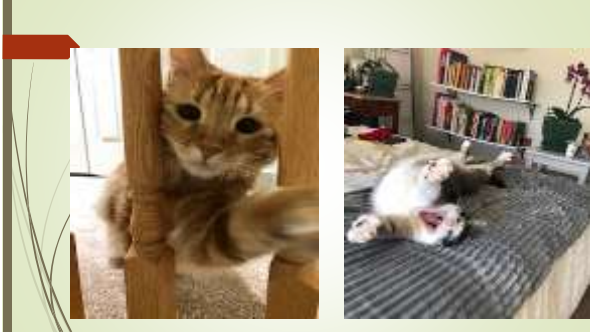
---

---

---

---

---



4

---

---

---

---

---

---

---

---

### Co-Occurring Disorders (COD)

- 9.5 million people 18 or older have BOTH a substance use disorder and a mental illness diagnosis
- Only 12.7% of people with co-occurring serious mental illness and substance use disorders received any treatment for both conditions
- COD should be expected in all behavioral health settings (not the exception)
  - Most of these clients will present with significant clinical, functional, social, and economic challenges

5

---

---

---

---

---

---

---

---

- Substance abusers also have a higher incidence of mental health disorders than the general population.
- It's estimated that 70% of individuals treated for substance abuse have a lifetime history of depression.
- Between 23% and 56% of individuals with diagnosable Axis I mental disorders also have a substance abuse or dependence disorder
- [samhsa.gov data and surveys regarding drug and other health concerns](#)

6

---

---

---

---

---

---

---

---

### Case management is critical to co-occurring treatment

- Case managers have often been seen as support staff or as an entry level position – but they have to possess an extensive body of knowledge and have an array of skills in order to be effective for their clients.
  - Good customer service skills
  - Professionalism – both interagency and community partnering
  - Ability to relate to clients
  - Ability to assess, triage, manage crisis
  - Negotiation skills
  - Advocacy skills
  - Research skills

7

---

---

---

---

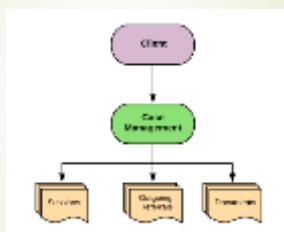
---

---

---

---

### What is Case Management



8

---

---

---

---

---

---

---

---

### How our clients utilize Case Management

- Housing – Regardless of the level of care our clients are in they will need safe and supportive housing upon discharge. In our community we have Private and Subsidized Recovery Residences or Sober Living Environments.
  - Even if a client has a safe supportive home to return to it is the care coordinators job to offer alternatives or help the client assess whether or not the home will have what they need.
- Legal issues – Care coordinators or case managers often have to help clients navigate the legal system.
  - This is more than just writing Client Status Reports (CSRs) or submitting UA tests
    - It includes working with clients to meet the requirements of Probation or Parole
    - Enrolling in classes for DUI court or Social Services
    - Figuring out options for transportation to get to these appointments
    - Advocating for clients to extend requirements so that they can fit everything in in a manageable timeframe

9

---

---

---

---

---

---

---

---

- Medical - During active drug use and untreated bouts of mental health, taking care of physical issues get pushed to the back burner.
  - Chronic issues are often ignored and treatment avoided because of their addiction
  - Care coordinators help clients navigate these issues, set up appointments, get appropriate health insurance and finding specialists to provide education and treatment of the health issues
  - Provide resources for transportation to get to appointments and support clients as they follow through.
- Employment and/or Education- Many of our clients need help with filling in gaps in education and employment
  - Care coordinators can help enroll students in GED, HS Diploma programs and college
  - They can help them with training programs
  - They can help them navigate the internet to learn how to write a resume or sign up for classes.
  - They can also help advocate for them with their human resource department or EAP to help them take leave or initiate the FMLA

10

---

---

---

---

---

---

---

---

- Life skills development- most of our clients are overwhelmed with the prospect of living life on life's terms - and even more so, meeting societies expectations
  - Helping a client obtain a driver's license, Social security card or ID card
  - Helping with budgeting and developing the necessary skills to open a bank account or pay fines or debt appropriately
  - Learning to navigate public transportation
  - Basic skills for cooking, cleaning, living in shared housing
  - For clients who have been incarcerated they may need basic instructions on how to navigate a smart phone, or the internet
- It is not outside or our scope of practice to help clients identify resources to develop skills that will help them navigate life successfully.
- Data suggest that substance abusers who receive professional attention for these additional problems will see improvements in occupational and family functioning, and a lessening of psychiatric symptoms.

11

---

---

---

---

---

---

---

---

**5 ways to Practice Self-Care in Recovery**

- 4,103 views Mar 28, 2022 [#addictionrecovery](#) [#selfcare](#) [#mentalhealtheducation](#)
- What does "self-care" really mean? Especially in recovery? In this video, you are going to learn 5 different ways to improve upon your self-care. The term "self-care" can mean so many things in different scenarios, so to help avoid any confusion, these ways you are about to learn will be easy to apply, starting today.



12

---

---

---

---

---

---

---

---

### Importance of Trauma-Informed Care

- Failure to identify and address trauma may lead to:
  - Withdrawal from services
  - Inadequate or inappropriate services can re-traumatization and prove the client
- Not being able to connect with case managers can continue triggering social traumas
  - Many substance abuse clients have alienated their families and friends or have peer affiliations only with other substance abusers.
- Being able to recognize that many addicted people put themselves in dangerous situations in order to get the drugs they need
  - Individuals often live with or are dependent on their abusers
  - People will do illegal things in order to get drugs
  - Domestic Violence and sexual abuse

13

---

---

---

---

---

---

---

---

### What is Trauma Informed Care?



14

---

---

---

---

---

---

---

---

### 6 principles of trauma informed care

- **Safety:** Ensure the physical and emotional safety of clients and staff
- **Trustworthiness and Transparency:** Provide clear information about what the client may expect in the program; ensure consistency in practice and maintain boundaries
- **Peer Support:** Provide peer support from people with lived experiences of trauma to establish safety and hope and build trust
- **Collaboration and Mutuality:** Maximize collaboration and sharing of power with consumers to level power differences between staff and clients
- **Empowerment, Voice, and Control:** Empower clients and staff to have a voice and share in decision-making and goal setting to cultivate self-advocacy
- **Cultural, Historical, and Gender Issues:** As an organization, move past cultural stereotypes and biases, offer gender and culturally responsive services, and recognize and address historical trauma

15

---

---

---

---

---

---

---

---

### ASAM Assessment Criteria

- When we are working with clients it is imperative that we look at the whole person. ASAM criteria allows us to look at all the bio-psycho-social aspects of the persons life. Being trained in providing a thorough assessment with compassion will help the client open up, trust and accept support.
- Dimension 1 – Acute Intoxication and withdrawal potential
- Dimension 2 – Biomedical conditions and complications
- Dimension 3 – Emotional, Behavioral and Cognitive conditions and complications
- Dimension 4 – Readiness to Change
- Dimension 5 – Relapse, Continued Use or Continued problem potential
- Dimension 6 – Recovering/ Living Environment

---

---

---

---

---

---

---

---

16

### Biopsychosocial Treatment - Overview: 5 M's

- **Motivate** - Dimension 4 issues; engagement and alliance building
- **Manage** - the family, significant others, work/school, legal
- **Medication** - withdrawal management; Medication Assisted Treatment (MAT Services)
- **Meetings** - AA, NA, Al-Anon, SMART Recovery, Dual Recovery Anonymous, Recovery Dharma, Faith Based, etc.
- **Monitor** - continuity of care; relapse prevention; family and significant other

---

---

---

---

---

---

---

---

17

### Co-Occurring Disorders and Case Planning

- When we are looking at developing a case plan for a client with COD it's important that all members of the treatment team know and understand the following:
  - Understand the diagnoses,
  - level of care,
  - and additional treatment plan(s)
  - Address social, economic, motivational, or other issues
  - Engage the Collaborative Team— medical professionals, legal professionals, MH/AOD team, family and friends
  - Immediately be able to Resolve conflicting treatment messages

---

---

---

---

---

---

---

---

18

### Helping Alliance

- To put it simply, the therapeutic alliance is the measure of collaboration and partnership between the therapist and client. It has been characterized by three features:
  - Mutually developed treatment goals.
  - Alignment on treatment tasks.
  - The emotional bond between the therapist and client
- Clinicians who develop a "helping alliance" with substance abusers have been shown to produce better treatment outcomes than those who do not.

19

---

---

---

---

---

---

---

---



20

---

---

---

---

---

---

---

---

### Case Management Practice - Knowledge, Skills, and Attitudes

- The basic prerequisites of effective case management practice includes:
  - Ability to establish rapport quickly
  - an awareness of how to maintain appropriate boundaries
  - willingness to be nonjudgmental toward clients
  - Understanding a variety of models and theories of addiction and co-occurring disorders
    - Ability to explain the philosophies, policies and possible outcomes to clients
  - Understanding modalities of treatment - recovery, relapse and continuing care
  - Understanding of the importance of external support - groups, professionals, family and friends

21

---

---

---

---

---

---

---

---

### Examples of competencies include

- Of course we can't always know every aspect of a resource but we do need to be able to navigate the systems (including the internet) to help the client get the best care you can find.
- Understanding the variety of insurance and health maintenance options and knowing how to help the client access those benefits
- Understanding diverse cultures and incorporating their relevant needs
- Understanding the value of an interdisciplinary approach to addiction treatment

---

---

---

---

---

---

---

---

22

### Core Competencies

- We will go over each of these in more detail in the following slides but in order to identify how the case manager works with the client and track progress we must be competent in the following areas.
- Documentation
- Referral
- Implementation of Treatment Plan
- Consultation
- Support and Advocacy
- Aftercare

---

---

---

---

---

---

---

---

23




---

---

---

---

---

---

---

---

24



### Documentation

- Documentation serves to promote patient safety, minimize error, improve the quality of patient care, as well as ensure regulatory and reimbursement compliance
- Accurate recording procedures provide clear evidence of what takes place in sessions. Clear and accurate documentation allows us to evaluate the sessions effectiveness because it is a record of what took place.
- Adequate records can ensure appropriate intervention and continuity of care
- We use documentation when we are completing case notes, when we are writing status reports for team coordination and when we are creating collaborative treatment goals

25

---

---

---

---

---

---

---

---

### Documentation

- The time we take to collaborate on treatment goals is imperative to our clients. When we provide accurate documentation it spells out what the steps and expectations are for the client.
- To make sure that this type of documentation is most effective we must
  - make sure your goals are clear and reachable, each one should be SMART:
    - Specific (simple, sensible, significant).
    - Measurable (meaningful, motivating).
    - Achievable (agreed, attainable).
    - Relevant (reasonable, realistic and resourced, results-based).
    - Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

26

---

---

---

---

---

---

---

---

### Lets take a deeper look into each of these documentation principles

- Be Specific: Your goal should be clear and simple, When we as care coordinators are working with clients on developing their goals its important that we help them answer the five "W" questions
  - What do I want to accomplish?
  - Why is this goal important?
  - Who is involved?
  - Where is it located?
  - Which resources or limits are involved?

27

---

---

---


---

---

---

---

---



- **Measurable:** It's important to have measurable goals, so that you and the client can track their progress and stay motivated.
- A measurable goal should address questions such as:
  - How much?
  - How many?
  - How will I know when it is accomplished?

28

---

---

---


---

---

---

---

---



- **Achievable:** The goal also needs to be realistic and attainable to be successful. In other words, it should stretch your abilities but still remain possible.
- An achievable goal will usually answer questions such as:
  - How can I accomplish this goal?
  - How realistic is the goal, based on other constraints, such as financial factors?

29

---

---

---


---

---

---

---

---



- **Relevant:** It is important to make sure that the goal matters to the client. Often we as professionals can see goals that are beyond what the clients feels is necessary.
  - Very important for care coordinators to make sure that the client feels the goal is relevant in their lives.
  - It must also align with the other treatment goals
- A relevant goal can answer "yes" to these questions:
  - Does this seem worthwhile?
  - Is this the right time?
  - Does this match our other efforts/needs?
  - Am I the right person to reach this goal?
  - Is it applicable in the current socio-economic environment?

30

---

---

---

---

---

---

---

---

- Time-bound: Every goal needs to work on a timeframe. Clients need to have a clear deadline broken down into manageable steps.
- A time-bound goal will usually answer these questions:
  - When should I have it started by?
  - When should I evaluate progress?
  - When should it be completed by?

31

---

---

---

---

---

---

---

---

### Referral and service coordination

- Referral and service coordination are essential to advocating for our clients.
- As care coordinators it is important that we establish and maintain relationships with civic groups, agencies, other professionals, governmental entities, and the community at large to ensure appropriate referral sources.
- Continuously assess and evaluate referral resources to determine their appropriateness for each individual client.
- Identify which resources the client can self-refer and those in which counselor referral is required

32

---

---

---

---

---

---

---

---

### Referral

- It is essential to be able to explain to the client in clear and specific language the rationale for utilizing a referral source.
- Helping the client understand how the referral will help them reach their goals
- Being transparent with the client about what information will be passed on and how it can help them
- Remind them about confidentiality and help them understand releases of information
- Help them identify the steps they need to take in order to utilize the resource effectively.
- Follow up to see how the client felt about the services that were offered.

33

---

---

---

---

---

---

---

---

### Implementation of the treatment plan

- Case Coordinators create a type of treatment plan which is different than the one provided by the counselor.
- The Coordinating care plan utilizes the screening and assessment tools to identify what the client is going to need help navigating.
- The Coordinators job is to :
  - confirm that the client is eligible for services at the referral source.
  - Identify the client's readiness/ willingness to accept the service
  - Identify that the service aligns with the client's goals
- Establish realistic treatment and recovery expectations with the client and involved significant others

---

---

---

---

---

---

---

---

34

### Consultation

- One of the problems with working in human services with insurance companies is the immense amount of expected paperwork fill up the majority of our time. Consultation is often done in short bursts, during short group supervision and through emails with other professionals.
- Better consultations would reduce the possibility of misdiagnosis and also improve patient outcomes, patient experience, patient safety and staff satisfaction.
  - During consultation It is important to summarize the clients personal and cultural background, their individualized treatment plan, their recovery progress and problems interfering with the progress
  - Consultation ensures that the clinician and case manager is able to ensure quality care, gain feedback and plan for changes in the course of treatment
  - Apply confidentiality regulations appropriately (42CFR/HIPPA)
  - Provide nonjudgmental attitudes toward clients in all contacts with community professionals and agencies

---

---

---

---

---

---

---

---

35

### What to consider during Consultation

- All information provided to and from outside resources should be discussed with the client
- The care coordinator should be the clients advocate - not to manipulate but to help the client actually get what they need to move forward in their recovery
- Confidentiality and dignity of the client should be maintained.
- The entire care team should consider updated information regularly

---

---

---

---

---

---

---

---

36

### Difference Between Case Management and the Treatment Counselor

- Case Managers are essential to the treatment team but they are not the counselor – as we mentioned each member of the treatment team has its own role and when they work together they
  - Treatment counselors focus on activities that help client's recognize the extent of their substance abuse and mental health problems
  - Case managers focus on assisting the client in acquiring needed resources in order to participate in those activities
- Together the team helps the client acquire and use the motivation and tools to stay sober
- Case management functions mirror the stages of treatment and recovery.

37

---

---

---

---

---

---

---

---

### Engagement case finding and pre-treatment

- In Client Centered treatment, engagement during the pretreatment phase is about being proactive.
- We need to begin finding nontraditional ways to reach out the the client
  - We no longer force the client to reach out to us and wait for us to be available – we now need to provide them with a helping hand each step of the way.
- Engagement is not just meeting clients and telling them that a particular resource exists. Engagement activities are intended to identify and fulfill the client's immediate needs,
  - Immediate needs may include setting up appointments, finding clothing, getting transportation, etc.

38

---

---

---

---

---

---

---

---

- At the initial stage of engagement we need to identify the clients expectations – making sure they are realistic and being transparent about the resources that may be available.
- Its necessary for all professionals working with clients to recognize that substances users often minimize how addiction is manifesting in their lives.
  - They need to be empathetic when they are dealing with clients missing appointments, making excuses, lack of progress
  - They need to stop using terms like unwilling, unmotivated or resistant
    - Instead working with the client to identify barriers.

39

---

---

---

---

---

---

---

---

➤ One of the main goals of care coordination is to reduce barriers that have stopped the client from making progress. These barriers could be:

- Issues that impede admission to treatment
- Problems getting to appointments on time
- Client reluctance to participating in services because of lack of knowledge

➤ Case managers can reduce these barriers by engaging in:

- Motivational interviewing approaches
- Having education that spans co-occurring disorders and symptoms
- Helping clients remember what has worked and didn't work in the past
- Identifying what options the client has realistically
- Identifying consequences and developing plans for avoiding them

40

---

---

---

---

---

---

---

---

**Orientation**

➤ Once a client has been able to commit to treatment care coordinators are there to help the client understand the parameters of what the treatment center or resource can offer and what expectations there are of the client.

➤ The person responsible for delivering case management to a particular client is in a unique position to assist in the match between individual and resources.

- Become the client's links with the outside world
- Assisting the client to resolve immediate concerns that may make engagement more difficult.
- The client may not be ready for complete abstinence - the case manager needs to be able to help the client where they are at while also explaining why the resources may not be available

41

---

---

---

---

---

---

---

---

**Engagement During primary treatment**

➤ During treatment the case manager or care coordinator must work directly with the program and the client.

- continue to motivate the client to remain engaged and to progress in treatment
- organize the timing and application of services to facilitate client success;
- provide support during transitions
- intervene to avoid or respond to crises
- promote independence
- and develop external support structures to facilitate sustained community integration.

42

---

---

---

---

---

---

---

---

**Assessment**

- While the treatment counselor/therapist will conduct a thorough bio-psycho-social assessment
- The case manager will focus on the 4<sup>th</sup> and 6<sup>th</sup> dimensions. What is the motivation for treatment/recovery and what does external support look like.
  - Identifying barriers for engagement
  - Identify strengths and weaknesses holding the client back
  - Identify basic support needs
  - Identify appropriate community resources
  - Developing the support plan individualized to each client

43

---

---

---

---

---

---

---

---

- Effective care coordinators need to have a strong knowledge of and experience in the field of substance abuse.
- The greater the number of problems the case manager can help the client identify and manage during primary treatment, the fewer problems the client must address during aftercare and ongoing recovery, and the greater the chances for treatment success
- A case management assessment should include a review of the following functional areas:
- **Services Procurement Skills:**
  - Assist clients in accessing social service resources.
  - Helping them navigate the system and teaching them how to use it on their own.
  - These services may include; housing, legal, transportation, parenting, additional MH and AOD treatment

44

---

---

---

---

---

---

---

---

**Prevocational and Vocation related Skills**

- In order to reach the ultimate goal of independence, clients must also have vocational skills and should therefore be assessed for strengths and weaknesses in:
  - Basic reading and writing skills
  - Skills in following instructions
  - Transportation skills
  - Manner of dealing with supervisors
  - Timeliness, punctuality
  - Telephone skills
- Again it is essential to be non-judgmental when helping a client in this area

45

---

---

---

---

---

---

---

---

### Planning, Goal-setting, and Implementation

- A deliberate, carefully considered approach to identifying client goals offers benefits that go beyond setting up appointments. Clients benefit by
  - Learning a process for systematically setting realistic and achievable goals
  - Understanding how to achieve desired goals through the accomplishment of smaller objectives
  - Gaining mastery of themselves and their environment through brainstorming ways around possible barriers to a particular goal and developing a plan to work through them.
- These and other individually centered outcomes make the planning and goal-setting process as important as the final outcome in some cases.
- This is the action stage of case management, when the client participates in many new or foreign activities and may have multiple requirements imposed by multiple programs or systems.

46

---

---

---

---

---

---

---

---

### Linking, monitoring and connecting

- When a person gets to a point of "hopelessness" or as recovery language says, "ready to surrender" they are full of hope.
- But as we know - hope loses power very quickly. Hope and desire are often true to the heart. All the promises made by the clients in early in recovery are the desires. But following through is not the easiest
- Helping the client find the resource, stay in touch with them so that they feel supported and help reconnect when motivation starts to fade.

47

---

---

---

---

---

---

---

---

- Monitoring may reveal that the case manager needs to take additional steps on the client's behalf. Sometimes, despite a clients best attempts they need support and advocacy:
  - Some of these barriers include:
    - A client being refused resources because of discrimination
    - The program doesn't understand the nature of addiction
    - A client being discharged from services for reasons outside the rules or guidelines of that service
    - A client being refused services because they were previously accessed but not utilized
    - The case manager's belief that a service can be broadened to include a client's needs without compromising the basic nature of the service

48

---

---

---

---

---

---

---

---



- Sometimes case managers are required to help advocate for a client at higher levels. This requires being able to professionally and tactfully point out discrepancies and ways that the program should be able to support the client.
- Three guidelines for advocating on behalf of a client are:
  - Getting at least three “No’s” before escalating the advocacy effort
  - Understanding the point of view of the organization that is withholding service (and helping the client understand as well)
  - Consulting with supervisory personnel regularly before moving to the next level of advocacy

49

---

---

---

---

---

---

---

---

### Aftercare

- While in treatment, most of a client’s time is spent dealing with substance use. Although discharge plans may have been considered, it is not until discharge that the day-to-day realities of living are addressed.
- The case manager’s extensive knowledge of the client’s real world needs can help the client who is no longer using.
- Clients in aftercare have an array of needs, including:
  - housing, a safe and drug-free home environment,
  - a source of income, marketable skills,
  - support system.
- Many have postponed medical or dental care; in recovery, they may seek it for the first time in years. (which also needs to be addressed in recovery)

50

---

---

---

---

---

---

---

---

- During aftercare, an assessment may reveal new, recurring, or unresolved problems
- the client must deal with crisis issues as they come up and before they interfere with recovery.
- The potential for relapse is a particularly significant challenge, and the client must be able to identify personal relapse triggers and learn how to cope with them.
- Because case managers are familiar with the community, clients, and substance abuse treatment issues, they can spot such triggers and intervene appropriately.

51

---

---

---

---

---

---

---

---

### Disengagement

- Disengagement in the case management setting, as with clinical termination, is not an event but a process.
- For both client and case manager, it entails physical as well as emotional separation, set in motion once the client has developed a sense of self-efficacy and is able to function independently.
- To a significant degree, this decision can be based on progress defined by the service plan.
- If the plan has truly been developed with the client's active involvement, there will be a great deal of objective information that will help both the case manager and client decide when disengagement is appropriate

52

---

---

---

---

---

---

---

---

- It is preferable that disengagement be planned and deliberate
  - Its important to remember a lot of clients with co-occurring disorders are not comfortable with good-bye's or dealing with emotions.
- Formal disengagement gives clients the opportunity to explore what they learned about interacting with service providers and about setting and accomplishing goals.
- The case manager has a chance to hear from clients what they considered beneficial—or not beneficial — about the relationship.
- Reviewing and summarizing client progress can be an important aspect of consolidating clients' gains and encouraging their future ability to access resources on their own.

53

---

---

---

---

---

---

---

---

### Culturally competent case management

- Demographic realities in the United States dictate that case managers will be called on to work with individuals of different gender, color, ethnicity, and sexual orientation.
- Case managers must "respond proactively and reactively to discrimination.
- According to Rogers, Cultural competent case managers have the:
  - Ability to be self-aware
  - Ability to identify differences as an issue
  - Ability to accept others
  - Ability to see clients as individuals and not just as members of a group
- Willingness to advocate
- Ability to understand culturally specific responses to problems

54

---

---

---

---

---

---

---

---

**There are five elements associated with becoming culturally competent:**

- valuing diversity,
- making a cultural self-assessment,
- understanding the dynamics when cultures interact,
- incorporating cultural knowledge,
- and adapting practices to the address of diversity

55

---

---

---

---

---

---

---

---

■ It is also crucial for the case manager to be aware of what may inhibit minorities' participation in the substance abuse treatment continuum.

- [Examining Bias and Practicing Cultural Humility - YouTube \[7.36\]](#)
- Culturally competent case managers must:
  - Be sensitive to cultural norms, bias's and beliefs
  - Be aware that a persons status in their own community could be a barrier
  - Understanding social norms and stereotypes that could be strengths and barriers to an individuals recovery

56

---

---

---

---

---

---

---

---

**Other Barriers**

- Examples of the possible issues the case manager may have to address on behalf of a client in programs include the following:
- Bias against substance abusers affects the provision of mental health services
- Many inpatient facilities establish an arbitrary minimum number of days of sobriety for their clients
- Some service providers will not accept clients who have a MH Diagnosis, and are on or not stable on medication

57

---

---

---


---

---

---

---

---



- Conversely, issues in substance abuse treatment programs that might be counterproductive to mental health treatment include:
- Treatment approaches may rely on insight and introspection that some mental health clients are intrinsically incapable of achieving
- The approach used in substance abuse treatment may be too confrontational
- The treatment program and other clients may reject clients taking psychotropic medication

58

---

---

---


---

---

---

---

---



- Aftercare tends to be long-term for clients with mental illness because it's a lifetime endeavor.
- the risk that the client will stop taking medications when they begin to feel more stable is something that the case manager can help monitor.
- illicit drugs as a way to cope with the re-emergent symptoms of mental illness is a choice of many.
- 12-Step programs such as Double Jeopardy, Double Trouble, and Dual Recovery Anonymous designed specifically for people with mental health and substance abuse problems can be valuable sources of support.

59

---

---

---


---

---

---

---

---



**Summary**

- Case Managers help clients navigate the resources that are out there, available and appropriate for them
- Case managers can work directly with an individual client and the resources most appropriate for the same client
- Case Managers are often the "glue" that holds the client team and team member(s) together (i.e., case managers often facilitate conversations among providers, coordinate care, etc.).
- Case Managers often develop a wholistic case management plan (e.g., emotional, mental, physical, occupational, relational, etc.)
- With the help of case managers clients are given resources to help them become responsible for recognizing and managing their own co-occurring disorders.

60

---

---

---

---

---

---

---

---