

BEST PRACTICES FOR CASE MANAGEMENT & CLIENT INTERACTION

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INTRODUCTION

15-MINUTE PERSONALITY TEST: PIG PERSONALITY PROFILE

- You will need a pen or pencil and a piece of paper
- On your blank piece of paper, **draw a pig.**
 - The Pig is of the animal variety.
 - **DO NOT** look at your neighbor's pig.
 - **That's all of the instructions!**

PERSONALITY PROFILE RESULTS

- If the pig is drawn toward the top of the paper you are a **positive and optimistic person**.
- If the pig is drawn towards the middle of the page you are a **realist**.
- If the pig is drawn towards the bottom of the page, you are a **pessimist** and have a **tendency to behave negatively**.
- If the pig is facing left, you **believe in tradition**, are **friendly**, and **remember dates and birthdays**.

RESULTS (CONT'D)

- If the picture is facing forward (towards you) you are **direct**, enjoy playing *the devil's advocate*, and **neither fear nor avoid discussion**.
- If the pig is facing right, you are **innovative and active**, but have **neither a sense of family, nor remember dates**.
- If the pig is drawn with many details, you are **analytical, cautious, and distrustful**.
- If the pig is drawn with few details, you are **emotional, naïve, care little for detail and takes risks**.

RESULTS (CONT'D)

- If the pig is drawn with four legs showing, you are **secure, stubborn, and stick to your ideals**.
- If the pig is drawn with less than four legs showing, you are **insecure**, or are **living through a period of major change**.
- The larger the pig's ears you have drawn, the **better listener you are**.
- And last but not least.....

RESULTS (CONT'D)

- The longer the pig's tail you have drawn, *the more satisfied you are with the quality of your sex life.*

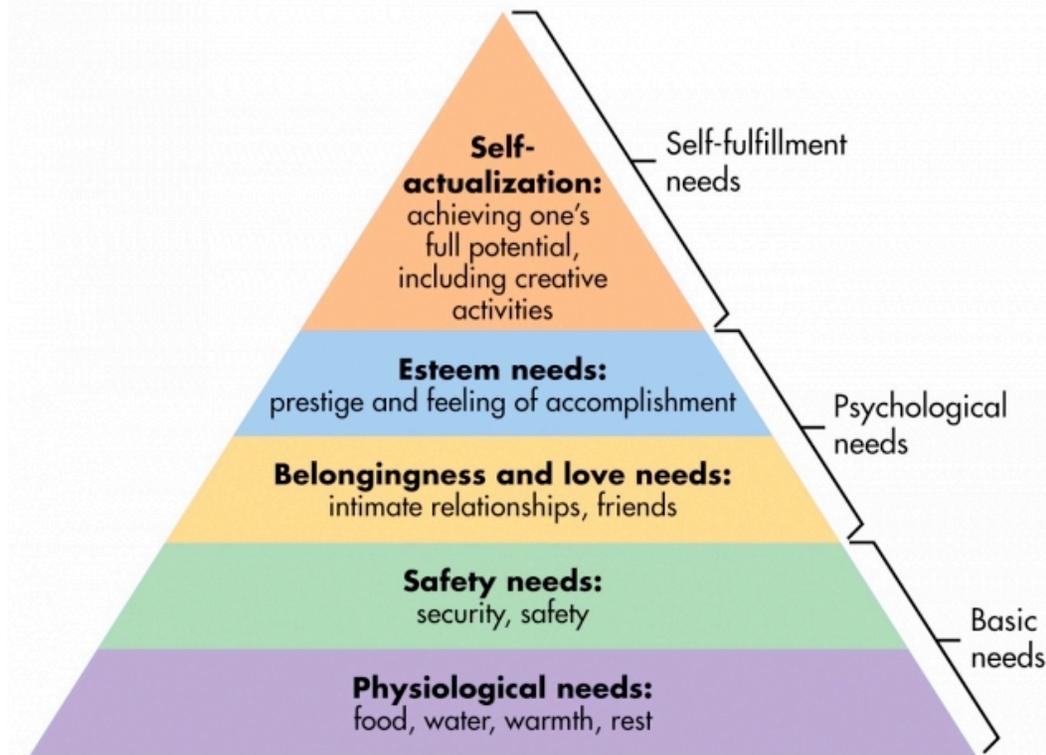


CRAIG SWANSON © WWW.PERSPICUITY.COM

TIME IS PRECIOUS... WE'VE ONLY GOT 1 HOUR

- There is so many ways to break down innovative techniques.....
- What are techniques that are innovative?
- What if we learned ways to adapt how we think about our client interactions that helped INSULATE us from burnout and shortened our burnout recovery time?
- What is our default setting?

MASLOW HIERARCHY OF NEEDS



START WHERE THE CLIENT IS

- The client's viewpoint is the only one they've got
- If where they are is not where they want to be, then the case manager's job is to help them get there, within the guidelines of the program in which they are working.

A CLIENT-CENTERED APPROACH

An Introduction To Carl Rogers

- Rogers's basic assumptions are that **people are essentially trustworthy**, that they **have a vast potential for understanding themselves and resolving their own problems without direct intervention** on the therapist's part, and that they are **capable of self-directed growth** if they are involved in a specific kind of therapeutic relationship (Corey, 2009).

ROGERS (CONT'D)

- This belief in the client's capacity for self healing is in contrast with many theories that view that therapist techniques is the most powerful agents that lead to change (Tallman & Bohart, 1999).

CLIENT-CENTERED APPROACH

- This vision of tapping the client's potential is captured by the metaphor of how an acorn, if provided with the appropriate conditions, will “automatically” grow in positive ways, pushing naturally toward its actualization as an oak (Corey, 2009).

CLIENT-CENTERED APPROACH

- Rogers rejects the idea that the client cannot be trusted and instead needs to be directed, motivated, instructed, punished, rewarded, controlled and managed (manipulated) by others who are in a superior and “expert” position.
- The client centered approach focuses on the constructive side of human nature, what is right with the person, and on the assets the individual brings with them.

CLIENT-CENTERED APPROACH

- The client centered approach aims toward the client achieving a greater degree of independence and integration.
- This mindset is a good match for many of the programs we are involved in which seek to maximize client self-determination and independence while minimizing client dependency upon service providers.

SO WHAT IS THE “SPECIFIC KIND OF THERAPEUTIC RELATIONSHIP”?

It involves three attributes of the case manager:

1. **Congruence**
2. **Accurate Empathic Understanding**
3. **Unconditional Positive Regard**

BREAKING DOWN ROGERS'S 3 FACTORS

○ 1. Congruence

- A case manager who is genuine, integrated, and authentically present to the client. They express genuine care, emotion, and communication with the client.
- They are without a false front or a mask. While professional, a congruent case manager doesn't hide their true self behind a veil of professionalism.
- A case manager can serve as a model of a human being struggling toward greater realness or wholeness.

2. ACCURATE EMPATHIC UNDERSTANDING

- **Empathy is part of sharing the journey with the client.** Empathy is *not* sympathy, or feeling sorry for a client. Case managers are able to share in the clients world by tuning into their own feelings that are like the client's feelings.
- This empathic response validates the clients experience and can help increase their confidence in making choices and pursuing a course of action.
- Healthy boundaries must be maintained.

3. UNCONDITIONAL POSITIVE REGARD

- May be the most important factor for the work we do
- It is the communication of a deep and genuine caring for the client as a person
- it is non-possessive and is not contaminated by evaluation or judgment of the clients feelings, thoughts, and behavior as good or bad.
- It is not an attitude of “I’ll accept you when” but one of “I’ll accept you as you are.”

UNCONDITIONAL POSITIVE REGARD (CONT'D)

- This acceptance of the client is the recognition of their right to have their own beliefs and feelings; it is not the approval of all behavior (Corey 2009).
- Rogers's makes it clear that it is not possible to genuinely feel unconditional caring for clients at all times.

UNCONDITIONAL POSITIVE REGARD (CONT'D)

- Christian Tradition:
 - Faith, Hope, and Love (Agape Love)
- Buddhist Tradition:
 - Love, Compassion, Wisdom
- Clinical Perspective:
 - Unconditional Positive Regard

CLIENT-CENTERED SUMMARY

- The client perceives that the case manager is genuine, accepting, and understanding
- Client is encouraged to use their relationship with the case manager to unleash their growth potential and become more of the person they choose to become.
- By being congruent, accurately empathic, and exercising unconditional positive regard, the case manager minimizes resistance and maximizes client cooperation and collaboration

CLIENT-CENTERED SUMMARY (CONT'D)

- This approach is consistent with HUD goals of greater client self-determination and independence
- Reflects the reality that the client must do the work
- Remind us that all the goals set within the program framework must be client driven
- Reminds us that we can lead a horse to water but.....

WE CAN LEAD A HORSE TO WATER BUT...

Well, sometimes we can't get the client to the water trough, can we?



BUT THE HORSE HAS TO DECIDE TO DRINK

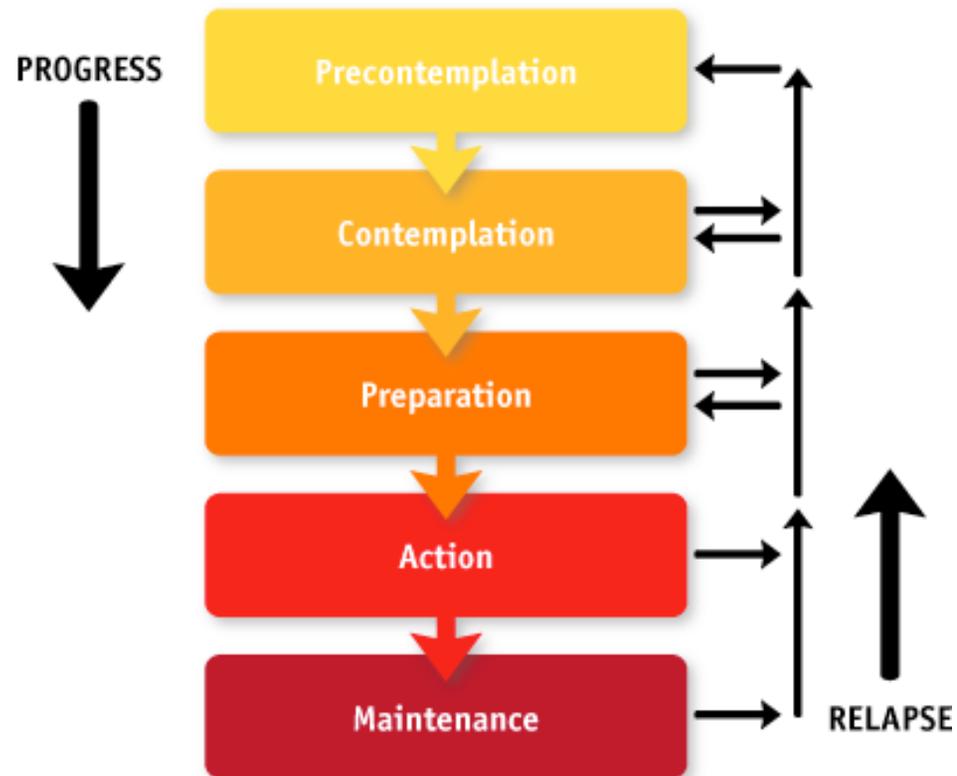


**WOULDN'T IT BE NICE TO HAVE AN EASY
BUTTON?**



TRANS-THEORETICAL MODEL

By Prochaska and DiClemente



PRECONTEMPLATION

Trans-Theoretical Model

- People in this stage are often uninformed or underinformed about the consequences of their behavior
- They may have tried to change in the past but have no intention of trying again in the next six months or so
- They are often characterized as resistant or unmotivated clients
- They are often labeled “hard to reach”

CONTEMPLATION

Trans-Theoretical Model

- Clients in this stage intend to change within the next six months or so
- They are more aware of the benefits of change but also are acutely aware of the cons of change
- This balance between benefits and cost creates ambivalence
- Clients in this stage are not appropriate for programs that expect immediate action

PREPARATION

Trans-Theoretical Model

- Clients in this stage intend to take action in the immediate future, usually defined as within the next month
- They have typically taken some behavioral steps towards change in the past year
- These clients have a plan of action such as starting a money management program, talking to a counselor, buying a self-help book
- These client should be recruited for action oriented programs

ACTION

Trans-Theoretical Model

- These clients have already made specific overt modifications in their lifestyles within the past six months
- Since action is observable, behavior change is often equated with action
- But in the trans-theoretical model, action is only one of the six stages

MAINTENANCE

Trans-Theoretical Model

- Clients in this stage strive to prevent relapse but do not apply change processes as frequently as do people in action
- They are less tempted to revert to old behavior and patterns than those in the action stage
- The time period of this stage is considered six months to about five years

TERMINATION

Trans-Theoretical Model

- In this stage clients no longer succumb to temptation and have total self efficacy.
- If they get depressed, anxious, bored, lonely, angry, or stress, they are sure they will not return to old maladaptive coping skills

RELAPSE

Trans-Theoretical Model

- The trans-theoretical model incorporates relapse into its understanding of how humans change behavior
- Relapse can be an opportunity for learning
- Relapse can lead to greater self-awareness
- Relapse may often include a recommitment to action
- A Teachable Moment

REDUCING FRUSTRATION

- Encountering client resistance increases our frustration levels and risk of burnout
- Client resistance is met when we attempt to move clients through the stages against their will
- Precontemplation clients must enter into contemplation and preparation before they are ready for action
- the key is helping clients move to the next immediate stage of change

PROCESSES OF CHANGE

- Consciousness-raising
- Dramatic relief
- Self reevaluation
- Environmental reevaluation
- Self liberation
- Helping relationships
- Counter-conditioning
- Contingency management
- Stimulus control
- Social liberation

MOTIVATIONAL INTERVIEWING

- “A therapeutic style intended to help clinicians work with patients to address the patient’s fluctuation between opposing behaviors and thoughts.”

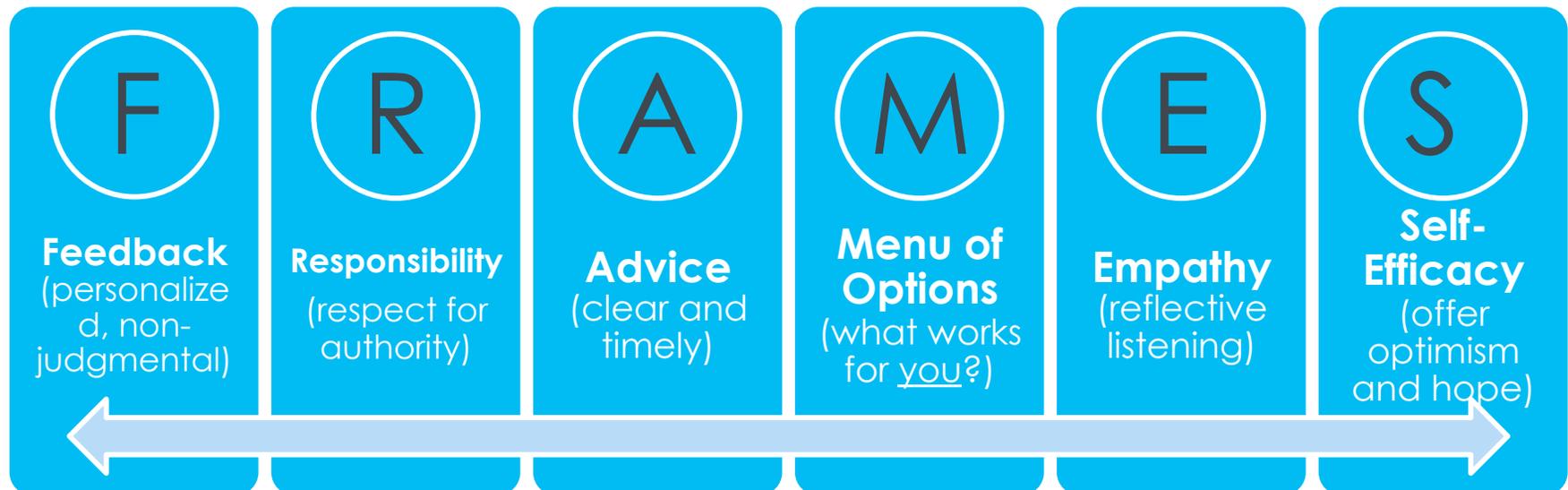
○ Source: Miller and Rollnick, *Motivational Interviewing*. 1991.

ASSESSING A CLIENT'S READINESS FOR CHANGE

- The Brief Negotiated Interview
 - Establish Rapport
 - Raise Subject
 - Explore Pros & Cons
 - Explore discrepancies between actual state & goals
 - Assess readiness to enter treatment



ENHANCING MOTIVATION FOR CHANGE: FRAMES *PLUS*



- **Develop discrepancies:** explore
 - Pros & Cons
 - Present (current practice) vs. Desired State (goals)
- **Assess readiness** to change

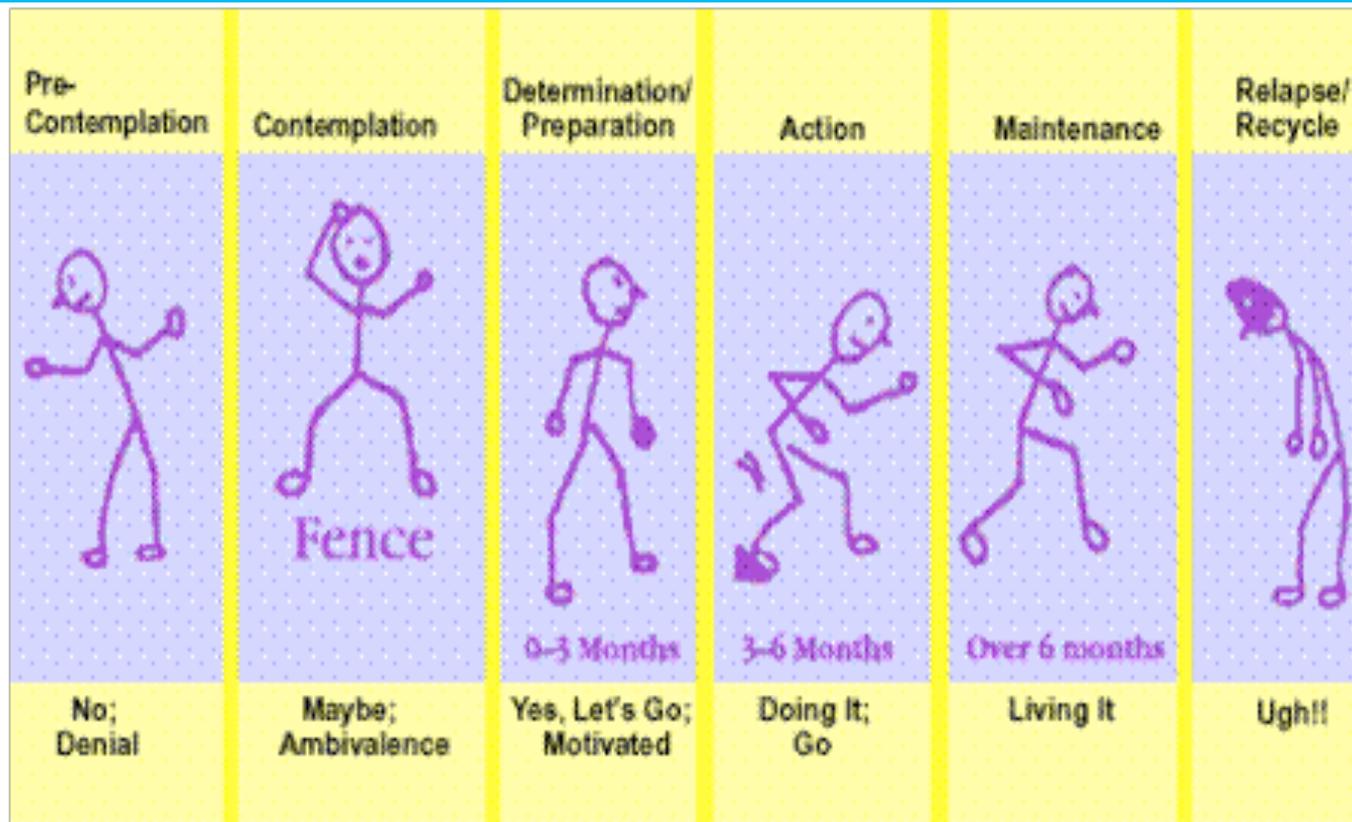
STAGES OF CHANGE MODEL

Trans-Theoretical Model



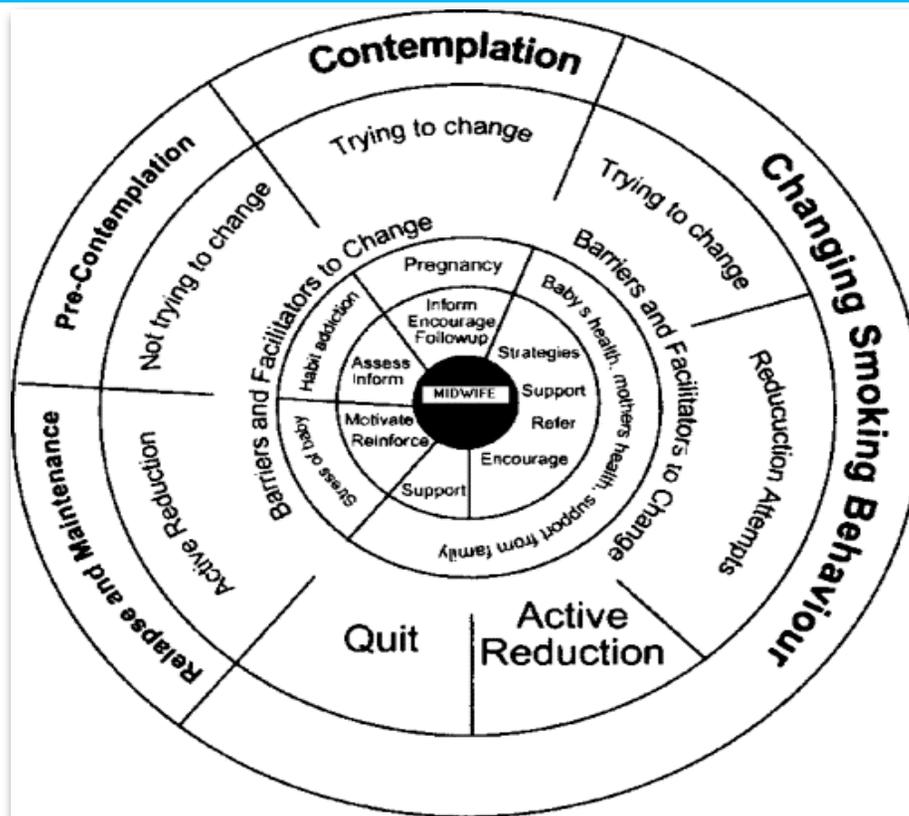
VISUAL IMAGES

Trans-Theoretical Model



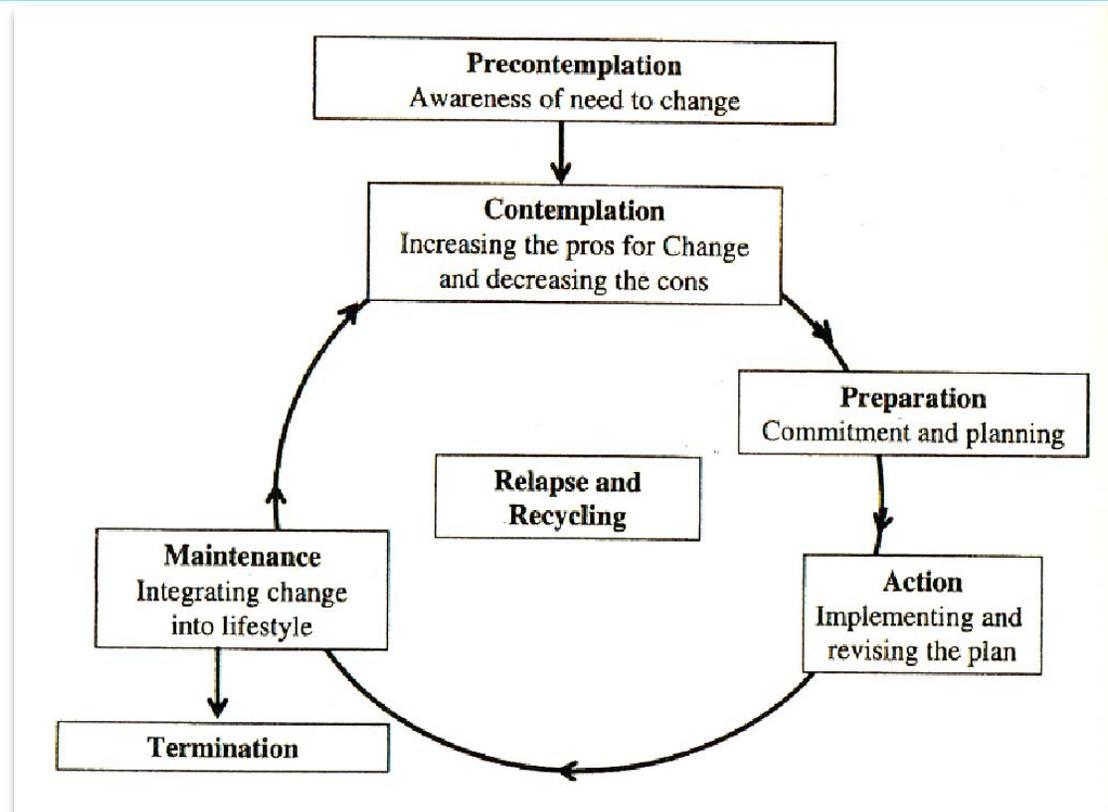
VISUAL IMAGES

Trans-Theoretical Model



ONE MORE VISUAL IMAGE

Trans-Theoretical Model



CHANGING OUR DEFAULT

- Sometimes we join coworkers and organizations that tend towards negativity and client blaming
- So negativity becomes the default
- If we set our default more aligned with the Client-Centered approach, we can be compassionate and empathic about the client's brokenness, and help them move towards positive change
- This requires a new vocabulary

“DIRTY” WORDS

7 New “Dirty Words That Case Managers Shouldn’t Use

Source: “The Seven Dirty Words”. Depression Bipolar Support Alliance

7 “DIRTY” WORDS

1. “Compliance”

- We use this word would dogs, not people. The aim of treatment/services is recovery for a person, not the patient/client being a “good dog.”

2. “The client failed the program”

- Sorry, it’s the program that fails the client, not the other way around. If the program didn’t work for the individual, or can’t be tolerated by the individual, it’s not the right program.)

7 “DIRTY” WORDS

3. “The schizophrenic in room three.”

- Person first. If we as professionals don't see the person as an individual, we are not doing our jobs.

4. The treatment team

- Consider the sports analogy: if the professionals are the team, what is the client? The ball? The opposing team?

5. Resistant to treatment

- See Dirty Word #2. Again, if the person doesn't want the treatment, it's not the right treatment for them.

7 “DIRTY” WORDS

6. “Minimal Side Effect Profile”

- Side effects are not minimal to those who are having them, often the remedy seems worse than the cure)

7. “Frontline Staff in the Trenches”

- Do we really want to use a war an analogy?
- And, if it's a war, who is the enemy? The patient?
- If the enemy is homelessness, this language reduces the client to a sideline participant rather than the focus of housing or treatment efforts.

DISCUSSION

- Questions?
- What are the difficulties of this type of client approach?
- What are the benefits of this type of client approach?

