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## Residential Case Management; Advanced Interprofessional Collaboration

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Residential Case Management; Advanced Interprofessional Collaboration

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**Method of Practice**

In the field of social work case management is an integrative process used by a social worker to meet a client's complex needs by arranging for a client to get access to multiple services. Social workers in this role assess, make arrangements, coordinate, evaluate, collaborate, and advocate to ensure clients specific needs are met. A professional social work is the primary provider in the role of social work case management (National Association of Social Workers, 2005, p. 22). This method addresses a clients' individual biopsychosocial needs as well as the social systems within their life. Social work case management participates in micro, mezzo, and macro realms. Case management serves as an essential component of competent professional social work practice. Social workers in this role serve as members on an interprofessional team and may service a variety of settings such as hospitals, schools, healthcare facilities, shelters or residential setting, or even in private practice capacity (Case Management Standards Work Group, 2006).

**Residential Setting**

When victims come into shelter whether it is for homelessness, domestic violence, sexual abuse, substance abuse, etc. they are each seeking some form of healing and personal growth. They are coming from a state of crisis in some capacity and need help navigating that. It is important that shelters have a case management program that equipped to meet this need. Having a safe space of healing is essential, and having access to case management while in the process of that healing is as well. As part of their role, case managers can provide advocacy, emotional support, guidance, care coordination, and treatment plans.

**Case Study A.**

A lady came into shelter as a victim of domestic violence; he has three young children with her. She has her own transportation but it is not reliable, she is hard of hearing and works night shift as a hospital sitter for elderly patients. We completed an intake psychosocial assessment and determined immediate needs for her and her children. One need she had was to obtain hearing aids. Her hearing loss had progressively worsened and she was struggling with daily tasks like work as well as supervision of the kids. The social worker doing case management was able to make connections with the local hearing and speech foundation to gather information on cost, processes, etc. The social worker acknowledges that this client is unable to afford the hearing aids, therefore begins advocating on the clients behalf by contacting resources that have been known to help with such cost. Once payment was configured, an appointment had to be made and transportation had to be put in place. In the meantime, the social worker also had to ensure that the childcare was established. One of the children is school aged so there was communication with the school's point of contact to get the child enrolled. The middle child was enrolled into a head start program within walking distance from the shelter. A state childcare voucher was obtained for the youngest child so that the cost of a childcare center would be covered. These needs were determined by the social work case manager and client working together; each step was coordinated through the social worker.

Throughout this clients time in shelter the social work case manager also assisted in her being able to get her car fixed after breaking down by reaching out to a local shop willing to donate their service. The worker helped her in filing for disability which was later obtained. She was enrolled and put on several waiting list for housing. The social worker searched for appro-

priate therapy services for the children which the eldest was able to begin participating in. Together the client and worker studied the clients' finances and created a budget that would be most helpful for her and her family. They looked in to divorce options, support groups, local churches to meet spiritual needs, family dynamics and supports.

This client and her children successfully discharged shelter and moved into their new apartment. The agency was able to provide food, new clothing, mattresses, and some furniture. The children will continue in the school/childcare they were enrolled into, as well as continue with the therapy they began. The client will continue with virtual support group and has a plan for their new beginning.

### **Advocacy in Case Management**

Advocacy is a core responsibility in social work and case management is an exceptional way of demonstrating that. To some capacity, case management addresses micro, macro and sometimes even mezzo work as one collaborates directly with the client, local resources and agencies, and may navigate through policies. The professional social workers should engage in assessment with clients to identify needs, desires, strengths, and barriers. On the basis of these assessments the social worker works with the client to develop a individualized treatment plan. Throughout their residential stay the client will be reassessed routinely. When doing case management with a client they are empowered to be the author of their own story. It is more than just providing a list or agenda for the client to complete. The social worker will work collaboratively with the client, other professionals within the agency, and professionals outside of the agency and advocate on the client's behalf in a way that best meets their needs. This may look like making phone calls with the client, providing transportation to appointments and offering to accom-

pany, being a voice in the dreaded court rooms, assisting in difficult conversations with children, teaching new life skills, and being their solid object when all else in their life feels shattered.

### **Intensive Case Management**

In my practicum I have become very familiar with this role. At the micro level, a professional social workers in case management may partake in what we refer to as *intensive case management*. A comprehensive approach to treatment that views the client as a whole person, rather than just the issue they describe or identify. It is comprised of a series of complex topics and provides a format for intensive case management meetings. During these meetings the client and social worker interact in person one on one and discuss what the client is committed to working on. The topics include: coping skills, psycho-ed related to DV, grounding and relaxation, recovery in shelter, asking for help, self care, compassion, red and green flags, creating meaning, setting boundaries, discovery, respecting your time, healthy relationships, self nurturing, healing from anger, and departure planning. The goal is for the client to become empowered in their own healing and to take the skills gained and utilize them in a way that helps them flourish in their daily lives.

### **Interprofessional Collaboration**

It is essential for social workers to practice in accordance with NASW ethics and principles, and also be able to work effectively with other professionals and agencies. Effective professional collaboration maximizes ones abilities to serve clients. As stated by Iachini et al (2018) “in high-quality collaboration, professionals and other team members value and maximize each other’s specific expertise and make referrals that are appropriate (p. 23). Building relationships with partners and agencies is key to being knowledgeable about roles, areas of focus, and making ap-

appropriate referrals. Collaborative work implies, “conscious interaction between the parties to achieve a common goal” (Meads & Ashcroft, 2005). Some professionals that residential social workers in a case management role may collaborate with are those in the medical field, school/educational providers, department of children/family services, local law enforcement and court personnel, other shelters, food banks, coalitions, and various advocates. Best practice entails the social worker will make these connections with the clients involvement. Whether the client is present for the connections, or has signed an ROI (release of information) permitting the social worker to speak on their behalf disclosing pertinent information. Interprofessional collaborative practice widens our own culture within the workplace. Working with other agencies and individuals who may differ in culture than that of our own naturally enables us to become more culturally competent and responsive. “There is a great need for people to be aware of their own values, beliefs, behaviors and the understanding that it has an impact on every situation in which they are involved” (Brown, 2012, p. 68). Interprofessional relationships help us to expand on this awareness. It is our belief that the more partnerships we have, the more resources we are able to provide for our clients, diversity and all. Collaborative practices allows us to utilize resources that can help our clients overcome barriers that they may face due to race, gender, or socioeconomic status that they otherwise may not have been able to overcome.

### **Evaluation**

For each concern, need and desire the treatment plan will have a goal that can be measured by the expected outcome. The social work case manager will work along side the client to ensure that progress is being made. The social worker will also work collaboratively with family, partners, co-workers, and other agencies to evaluate progress. Evaluation will also be measured

in visual behavior form. Is the client engaged during meetings? Is body language open and inviting or passive and shut down? Is the client excited about the treatment plan and eager to make progress, or unwilling and overwhelmed? How is communication? These are cues that the social work case manager should be aware of and attentive to. Survey's should be a part of the termination/discharge plan as an additional method of evaluation. Upon a client's departure from residential care they will complete a survey regarding the services they received, including that of case management. This will help the social work case manager to understand the magnitude of the services and treatment plan they were able to provide. The worker should also work with the client a final time to establish an exit treatment plan displaying the progress that has been made and the effective skills that the client resonates with and will be able to utilize in their daily life.

### **Conclusion**

The foundation of Social Work stand in these core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Professional Case Management embodies each of these values in some capacity. It is important that this role be incorporated in residential settings as clients lives have been disarrayed in some form therefore they are more vulnerable and will greatly benefit from having a social worker advocate for and guide them. Case management allows that client to embrace self determination, make connection with others, feel empowered in their journey, build skills, improve physical, emotional and mental wellbeing, and evolve individually. The social work case manager is responsible for giving their clients space to heal, support in navigating trials, and encouragement to progress forward. It is a role of advocacy and empowerment, respectful professional collaboration, growth and evaluation.



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