FAMILY TECHNIQUES FOR THE CASE MANAGER

Patricia Grace

Kaplan University

References

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Case Study

- Mary and Tom brought in their son John for counseling. Mary did most of the talking but Tom interjected when he thought the story was wrong. According to Mary, John their 21 year old who is living at home is being irresponsible, drinking, not working, and just a bum.

- As Mary was talking John was singing to himself and playing with an object that he thought was on the wall. When I asked John what was happening he told me there was music playing and he liked to sing. When asked what he was doing with his hand on the wall he stated that the child wanted to play with him.

- Tom and Mary at this point stated that this is the way he has been since the age of 17. They want him to shape up or get out.

Case Study

- Upon further observation of John's behavior, difficulty with speech, and totally detached from everyone in the room it was obvious that John suffered with early-onset of schizophrenia.
- Since John was an adult but not functioning well I asked him if I could talk with him and his parents about what I thought was going on. He said yes and listened intently.
- Mary and Tom on the other hand were very upset and stated that they could not accept this diagnosis. They wanted testing done. With John's permission he agreed to the tests as long as they did not hurt.

Case Study

- An appointment was scheduled for John to come in for a battery of psychological tests.
- The day of the tests I thought John had been drinking. His mother brought him in for the appointment and told me that he went out and got drunk. She also informed me that he was lazy and these tests would be a waste.
- John agreed to come back in and promised he would not drink the night before.
- Mary agreed to bring him back one time but if I could not change him that was the end.

Case Study

- John kept his promise. When he came back for the testing. I really saw a whole new person. John wanted to know about the tests, what they would show about him and would there be help so he could make friends.
- Test results showed that John did suffer with early onset of schizophrenia and a secondary diagnosis of alcohol abuse.
- Mary and Tom did come in with John to hear the findings of the test results with John's permission. Both parents were silent as I explained the results and the case management of services that John would need to be able to learn the skills to function again.

Case Management for John

- When one lives in a small community a professional wears many hats. Now as John's family therapist/case manager the plan had to be put in place immediately.
- John was referred the same day to the Psychiatrist for medication evaluation and monitoring.
- John needed individual therapy/AODA services along with family therapy to live at home until he was stable. A referral to a male therapist who specialized in early onset of schizophrenia was made.
- John was sent to his physician for a physical along with testing for the medication he was prescribed.

Case Management for John

- Since John had a dual diagnosis it was feared that he would end up homeless or in jail. Mary and Tom really did not want to accept what was happening to their son or did his sibling.
- The only therapeutic approach that was going to work for John was in-home services so I could obtain an extensive family history, work with John and the family, along with maintaining all the same health professionals for him.
- Based on research, the in-home family therapy was found to be the best approach in working with a dual diagnosed client living at home. Knowing that John was already a part of a dysfunctional system a systems approach would be used.

Concept of Systems

- What is a system?

  "The concept of system denotes a number of parts that are organized so that a change in one or more of the parts is accompanied by change in the other part of the system." (Barnard, 1980)

When working with a person we tend to see them as an individual rather than a part of a system whether the system was functional or dysfunctional.

Concept of Systems

- The sociocultural system is a complex set of elements that directly or indirectly affect the individual.
- Position in a social structure contains roles that are learned or given to others.
- So a role in the family comes with expectations and is attached to the social structure.
- Example: John's father Tom had the expected role of marrying after he graduated from high school and providing for his family. This same expectation was placed on John which was not fulfilled.

- It is through this system that John developed his identity.
- It was during the informative years his self-concept was developed along with how he connected to other members of the family.
- Belongingness and separateness develop at this time.

  John wants to belong to the family but still want to be viewed as a unique individual who is autonomous.

Using the last example of John's father, John did not learn his role as a male along with a connectedness to members of the family.

Concept of Systems

Concept of Systems

- As a child grows and moves through all life stages up to adulthood, the child experiences changes in the family.
- If the family is unable to cope with the changes, there are consequences for everyone who is a member of the family.
- Healthy systems will adjust to the change and survive. Unhealthy systems will not adjust and will use dysfunctional ways to cope rather than re-structure the system.

Concept of Systems

- If we accept that a family is a sociocultural system with defined roles, expectations, and development of self-concept, then we can start to understand how the family works to maintain stability or becomes maladaptive.
- This is where the case manager will need skills to not only work with the individual but the family.
- Today we are using in-home case management programs for teens, young adults, and their families. This is a solution focused approach which puts the case manager in a new position of working not only with the adult/child but the whole family.

Past Generations of Family

- Intergenerational focus or family of origin tend to hold the “Ghost” that the case manager/individual need to confront.
- Clients have a history that affects both their physical and mental health. Most have a dual diagnosis which continues to affect their ability to function without proper treatment.
- Using a developmental focus can help the Case Manager start from today and work to find all the patterns learned in the family which play an important part as to who the client is today mentally and physically.

Past Generations of Family

- The case manager needs to be aware of the family members that may not be helping the client to function on their own.
- When families continue to use the same dynamics with the client as they have through life the dysfunction is greater.
- Many times the child/adult is the scapegoat for the family dysfunction. (If only they were not Bi-Polar life would have been fine.)

Case Management and the Family

- Today we use many models of case management in the field. Many are community based using appropriate resources for all client.
- Many facilities are not prepared to deal with the dual diagnosed client and their family. Most times only one of the problems is identified.
- Many times an individual will be diagnosed with schizophrenia but alcohol, prescription drugs and other drugs of choice are missed.
- The individual may use drugs without the family being aware. When this happens the family wants the person out.

Case Management and the Family

- The involvement of family is important with the dual diagnosed client.
- It is widely accepted that addiction and other mental health disorders develop in the family context.
- The substance abuser we know stays connected to the family system through the age of 30 and beyond. Many continue to live with their families and receive services through the Case Manager today. (Stanton, 1979)
- In this situation one will find that the roles are not balanced. One person will over-compensate for the Identified Patient (IP).

Case Management and the Family

- In families where there is schizophrenia and alcoholism one parent will have unrealistic expectations with other family members towards the person who they see as ill.
- Communication is one of mixed messages along with others speaking for each other in the family. It is common to see the IP allow others to talk for them.
- This is one of the hardest families to treat due to the sociopathic behavior, anger, communication and need for support and education with the Case Manager.

Case Management and the Family

- Today with the advancement in pharmaceutical treatment of schizophrenia along with deinstitutionalization people are returning to the community after short hospital stays.
- Early onset of schizophrenia tends to respond positively with medications and family treatment.
- Today when working with the IP and family the family is no longer implicated as the etiology of the illness which helps in teaching the family to deal with they symptoms of the disorder and the alcoholism.

Case Manager

- The Case Manager's role of provide continuity of care for the client in the mental health system and addressing psychosocial problems such as housing, transportation, application and attainment of entitlements, attainment of food, activities of daily living (ADLs), is also including working with the family as the caretaker for the individual.

- The Case Manager today is also doing family work when the individual resides with their family of origin.

- The coordination of services as you know uses a team approach but when it comes to the family needing their own therapy, education in understanding symptoms, how to manage them, how the family may unconsciously influence treatment for the client this is where the family case manager can help the client and the family together.

- Studies focusing on family intervention with schizophrenia focus on relapse for the individual as one of the major outcomes.
- The stress and levels of burden in the family to care for the IP will likely reflect a primary and secondary impairment.
- When the family and the individual are working together with the Family Case Manager for treatment adherence the results are good. If the family and the individual do not working together the dual diagnosed client suffers.

Back to John

Back to John

- When working with John and his family we found that there was lack of adherence to plans set up for John and the family by Dad. Dad continued to use alcohol even knowing that he was the role model for John.
- As we worked with the family history we found the pattern of alcoholism two generations back on Tom's side of the family.
- There was a family history of odd behavior and alcoholism one generation back with males in Mary's family of origin.
- This combination told the team that both a mental health and substance abuse approach with family interventions would need to be used.

Back to John

- An integrated approach addressing both issues was used by the team weekly. All members of the team other than the psychiatrist were present for weekly sessions in the family home. All members of the family were present.
- The family oriented substance abuse program was very confrontational with Tom and John. This allowed for expressed emotion by all members of the family to come forth with feelings they had stuffing for years.
- For John we knew this approach could produce more anxiety and lead to acting out behaviors. Specific boundaries were set up so if the case manager saw the anxiety increasing for John the team would back off and the family case manager would focus on coping skills with John.

- Although this limited the treatment approach with John we found that as John's anxiety grew Tom worked harder to deal with his own abuse of alcohol.
- The family supported Tom (Dad) for these were the needs of the family to become more functional for everyone.
- Psycho-social education benefited the family as a way to keep them focused on how to understand the effects of alcohol and alcohol and schizophrenia.
- As Mom and John's sibling learned more about both they were encouraged by the team to use the new approaches learned when John or Tom were out of control and noncompliant with the program.

Back to John

- The new skills empowered the rest of the family to no longer enable John with his mental illness and drinking and also Tom.
- After an extended period of time working with the family, Tom stopped drinking and realized the dysfunction from alcohol in the family. He made changes to become compliant with the program not only for himself but for John.
- As John's mental health disorder was under control through medication and individual therapy, family therapy helped John to see that Dad had changed and John was willing to contract to call the crisis line when he wanted to drink.

Back to John

- The families treatment was approached in stages.
- The team knew that to be effective with John and his family this would be a long term community based process with possible relapse with John.
- The program worked for John and his family since it was comprehensive and an integrated approach.
- There are always complications with any case and this approach does not work with all families. Despite this we do know this approach makes good sense in addressing all issues for the IP and family. (Hein, 1993).

Back to John