

Case Management Models

Name

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Introduction

Ever since the nineteenth century, case management has evolved into a set of complex practices that are adopted in social work, healthcare, and a whole lot of fields. Typically, case management is a collaborative process that plans, assesses, coordinates, implements, evaluates and monitors the options and services necessary to meet the needs and health of clients. Different approaches to case management are triggered by a difference in context. The three case management models that will be discussed in this paper include strength-based model, brokerage model, and clinical model. The discussion will entail their description and uses, strengths, and limitations.

Strength-based Model

The strength-based model argues that the case manager's ultimate goal should be way beyond accessing services. Instead, the manager should pay attention to empowering clients as well as their entire families. The client should have the opportunity or subject to growth opportunity, skill development, and above all education. Strength-based model is applicable in the case of substance abuse (Vanderplasschen, Wolf, Rapp, & Broekaert, 2007).

It is believed that the strength-based model improves social connection, improve retention in treatment programs, help children and families, and have a positive psychological impact and at the same time enhance well-being. It encourages the client to identify their personal needs, take the lead in looking for resources as well as services suitable to address the needs. The clients are forced to view the community as a resource and not a barrier to their success (Brace College, 2017).

However, the use of the strength-based model is not easy. For instance, the case managers require support especially that of a case management system so that it can capture services that are highly individualized as well as metrics, and complex data. At this point, the case manager has to be familiar with such systems (Brace College, 2017).

The Brokerage Model

This model is brief and entails case workers aim to assist clients to recognize their needs as well as broker supportive services in one or two contacts. The model assumes that the client will voluntarily use needed services the moment they realize that the needs are available and can access them easily. Typically, the brokerage model is essential when the client faces the challenge of accessing services compared to their availability. In this case, there will be very little direct service to the client by the social worker. Therefore, the work of the social worker, in this case, is to serve as a link between the community services and the client (Brace College, 2017). For instance, this model has been successful whereby case managers in the large metropolitan area have managed to connect clients living with HIV with at least two referrals. Also, it can be applied to clients who are addicted to substance abuse by linking them up with funds so that they can seek better treatment.

A potential advantage that gives this model an upper hand is the fact that it gives case managers an opportunity to deliver first hand or immediate results to the client. On the negative side, the brokerage model is said to be having a very brief intervention hence end up being evaluated negatively especially among the psychiatrist patients. Also, it requires financially stable individuals with sufficient resources (Brace College, 2017).

The clinical case management model

The case manager, in this case, is the clinician (a clinical care provider). In most cases, a counselor or a therapist may also happen to be the case manager. In this case, the case manager directly counsels the individual's concerns of clients. Counseling might be in the form of health services, treatment for serious illnesses such as the chronic diseases, and addiction recovery support. Typically, this approach combines resource acquisition which is referred to as case study and clinical activities such as therapy. This approach is commonly used in cases of substance abuse treatment programs (Vanderplasschen, Wolf, Rapp & Broekaert, 2007)

With the clinical model, there are greater chances of connecting with the informal resources such as family and friends. Typically, it assists clients to address mental, emotional, and social barriers to services. Also, the model is linked to improvements in alcohol and substance abuse. The only limitation under this category is that there is limited evidence supporting its effectiveness (Vanderplasschen, Wolf, Rapp & Broekaert, 2007).

Conclusion

Besides having a clear understanding of the differences between the three models, it is clear that most of them are successful when dealing with substance abuse. However, there is the need to understand what case managers need ranging from tools to infrastructure for better execution of their services.

Reference

Brace College. (2017, January 20). 4 Case Management Models | Grace College. Retrieved from

<https://online.grace.edu/news/human-services/case-management-models/>

Vanderplasschen, W., Wolf, J., Rapp, R. C., & Broekaert, E. (2007). Effectiveness of different models of case management for substance-abusing populations. *Journal of psychoactive drugs*, 39(1), 81-95.