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CLINICAL SOCIAL WORK PERSPECTIVE ON CASE MANAGEMENT IN MENTAL HEALTH

IN-DEPTH PSYCHOSOCIAL ANALYSIS AND INTERVENTION IN A SINGLE CASE

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Over the past three decades, case management has become a ubiquitous intervention approach in mental health. The study examines the core features of clinical case management and discusses a case to provide an illustration of the process. It attempts to give an in depth understanding and holistic psychosocial perspective of the life of a mentally ill woman who was deserted by her family in a psychiatric hospital, in India. Further, it is also describes the clinical social work intervention undertaken to provide psychosocial care for the client. The study validated the effectiveness of clinical case management approach in improving psychosocial wellbeing of a woman with mental illness.

Key words: Single case study, psychosocial analysis, case management, clinical social work

Clinical social work is the professional application of social work theory and methods to the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders (Barker, 2003). Over the past 30 years, case management has become a standard approach throughout mental health,

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and particularly in clinical social work (Kanter 2010). Clinical case management approach is defined as a modality of social work practice, that, acknowledges the importance of biological and psychological factors, addresses the overall function and maintenance of the person's physical and social environment towards the goals of facilitating physical survival, health and mental health, personal growth, and community functioning (Kanter, 1989). Kanter describes thirteen components for clinical case management under four domains, which includes ***initial phase*** (engagement, assessment and planning) ***Environmental focus*** (Linking with community resources, Consulting with families and caregivers, Maintaining and expanding social networks, collaborating with physicians, social agencies, mental health, and health care facilities and advocacy) ***client focus*** **(**Intermittent individual psychotherapy, Teaching independent living skills, Psychoeducation about psychiatric and medical disorders) ***Client-environmental focus*** (crisis intervention & monitoring)

The study aims to provide a practical illustration of case management intervention with a case of mentally ill woman who was deserted by her family in a mental hospital in India.

Initial Phase

Case illustration

Mrs. V, 35 year old divorced female, educated up to 9th standard, unemployed, belonging to Hindu religious background, from a middle socio-economic status and hailing from an urban background of Bangalore district, Karnataka, India

Reason for referral to clinical social worker

The client was a known case of bipolar affective disorder with poor drug compliance and multiple hospitalizations. In the current admission, the client was abandoned by her family. The family members neither visited nor provide support to the client for one year. Further, a lot of negative symptoms were observed due to prolonged hospitalization. The case was referred for clinical social worker, for comprehensive psychosocial assessment and management.

Brief clinical history

The client presented to NIMHANS in 2009 with past history of four episodes of mania (1990, 1991, 1998 and 2007) and one episode of depression (1996). She was not adequately treated because of reasons like poor drug adherence, insufficient medication supervision and management, lack of insight and poor primary and secondary support systems.

She was previously treated in a private hospital at Tamil Nadu state. She was treated as in-patient and out-patient for six months. The client was treated with various mood stabilizers, antipsychotic drugs and with Electro convulsive Therapy (ECT). The current episode was characterized by increased talk, inflated self esteem, abusive and assaultive behaviour, elated mood and grandiose delusions. At NIMHANS, she was clinically diagnosed as Bipolar Affective Disorder- Current episode mania with psychotic symptoms.

Current assessment in the ward on her functionality showed a lot of negative symptoms such as lack of interest in self care and inadequate communication with inmates.

Family Composition

Father: He was the primary caregiver who was a graduate and had been working as a lottery agent and later as a film distributor. He had a brief depressive episode at the age of 35 due to loss in his business. He got divorced at the age of 44 and married another lady. He had a son in his second union. He died of heart attack at 55 years.

Mother: She is 60 years old and educated up to SSLC. She is reported to be short tempered and had frequent interpersonal issues with husband and children. Now she is with her family of origin at Madurai in Tamil Nadu. She failed to maintain a healthy relationship with the client.

Stepmother: She is forty years old and working in a private firm.

Siblings

First sibling: He is a forty-two years old graduate, working as a lottery agent. He was brought up in a residential school since childhood. He got married and staying at Bangalore. He is providing minimal support to the client and he brought the client to the hospital.

Second Sibling: A forty year old Diploma holder in Mechanical Engineering and working as an engineer in a private firm. He got married and settled at Bangalore, but hardly supports the client.

Third Sibling: A thirty year old B.Com graduate, working as a lottery agent with his elder brother. He also deserted his sister.

Fourth Sibling (step-brother): A twenty-three in year old male born to step-mother. He has in degree in Science but he is still hunting for a job.

Psycho-social analysis

A comprehensive psycho-social analysis shows the following significant findings in her life. She was born third of four children in a non-consanguineous marriage. The client's childhood was quite stressful because of frequent quarrel between parents and further divorce, inconsistent and inadequate parenting, criticality and hostility of step mother, residential schooling with less interaction of parents and siblings. Institutional upbringing caused emotional detachment and loss of love relationship with her siblings and parents.. It further led to lack of interaction, poor communication and poor bonding between client and other family members. The client was not co-operative with family members and her colleagues due to poor attachment. Probably, this detachment or quality of relationship might have led the client to be away from the family. Probably the same feelings must have been carried by the other family members.

The early loss of her father was possibly the most important precipitating factor for her mental illness, which further led to family disorganization and rejection of client by her family. The prevailing social attitude and stigma towards mental illness would also have contributed for the rejection.

The client's adulthood also had events such as a pre-marital affair and pregnancy, abortion before marriage, sadistic-alcoholic and abusive husband, marriage which ended in divorce. All her hopes were in vain, and she found it difficult to rear her child adequately. Assessment on client's pre- morbid personality shows that she has poor coping skills and excessive use of unhealthy defense mechanism especially projection and withdrawal.

Poor social support, separation from her child, the fact of being abandoned by her family, prolonged hospitalization and negative symptoms caused severe psycho-social stressors and further, it would have led to poor treatment outcome, frequent relapses and maintaining factors in her illness

Diagnosis (ICD-10 Z Category)

Z60 Problems related to social environment

Z60.4 Social exclusion and rejection

Z61 Problems related to negative life events in childhood

Z61.0 Loss of love relationship in childhood

Z61.1 Removal from home from childhood

Z61.2 Altered Pattern of family relationships in childhood

Z62 Other problems related to upbringing

Z62.0 Inadequate parental supervision and control

Z62.2 Institutional upbringing

Z62.4 Emotional neglect of child

Z63 Other problems related to primary support group, including family circumstances

Z63.2 Inadequate family support

Z63.4 Death of a family member

Z63.5 Disruption of family by separation and divorce

Z64 Problems related to certain psychosocial circumstances

Z64.0 Problems related to unwanted pregnancy

Goal setting and intervention planning

A comprehensive and multipronged psycho-social intervention was planned based on her history and further assessment. The intervention had components targeting both the client as well as her environment

Client focus: (Targeted goals): improve communication, functional skills and provide better insight into her problems.

Strategies used: activity scheduling and behavioral reinforcement, psycho-education, group- therapy and individual counseling.

Environmental focus: (Targeted goals); Improve social support system and psychosocial rehabilitation

Strategies used: family-focused interventions, agency visit and social networking

Client and environment focus: monitoring and follow- up

Description of intervention

Client focus

Initial sessions with client were focused on establishing therapeutic - relationship. The case manager visited her in the ward frequently and had individual sessions with the client. The case manager listened her problems and concerns through reflective listening techniques. She was very hostile towards family members and treating team because of prolonged admission in the psychiatric ward. The client also had difficulty in initiating a trusting relationship, probably because of her illness as well as past experiences in such relationship. In the session, ventilation of negative emotions was discharged. However, the case manager avoided confrontation and demonstrated positive regard, genuineness and empathy. Repeated visits and individual sessions led to some improvement in the therapeutic - relationship. Subsequent sessions were targeted to improve her functional skills. In this phase, an activity schedule was prepared in discussion with the client. It offered activities of her daily living (daily brushing, bathing, grooming

and wearing washed clothes etc) as well as interpersonal and social components (interaction and communication with inmates). The initial schedule offered very light activities and subsequent modification was made in accordance with her improvement. During this period, case manager offered regular supervision and positive behavioral reinforcement in terms of appreciating the client for her initiation and effort for following the schedule.

The second phase of the intervention with client was focused on facilitating insight into her current problems. Psycho-educational approach was used for this. The intervention target was the problem behavior rather than illness. In the session, she used to blame other inmates and family members for their negligence. For facilitating cognitive change in client, the case manager used open ended questions such as, why do you think so? What evidence you have to support your belief? What change you would like to make from your side? What change you would like to bring in your existing relationship? During therapy she was understood the need for changing her negative cognition and communication pattern and problem behavior for getting positive feed-back from other people. The case manager efforts were also targeted to educate her about transactional nature of communication (how you are behaving to them and how their response is?). In this phase genuine feed-back was given to her.

The third phase of the intervention with client was focused on improving her social skills. The client was encouraged to participate in weekly group therapy activities which were conducted by the trained nurses in the ward. The major theme of these group therapy sessions were social skill training. The following activities were included in sessions;

- Conversation Skills (five skills areas were covered) : verbal and nonverbal communication behavior, starting a friendly conversation, keeping a friendly conversation going, ending a conversation pleasantly, and putting them together. The "Verbal and Nonverbal Communication Behavior" skill focused on the recognition and use of verbal and nonverbal communication behaviors, and the observation of other people's verbal cues. The "Starting a Friendly Conversation" skill section introduces places where there are people to talk to, people who are willing to talk, and topics to start a friendly

conversation. The "Keeping a Friendly Conversation Going" skill includes the use of verbal active-listening behaviors, asking open-ended and closed-ended questions, identifying topics of conversation, and making appropriate self-disclosing statements. The "Ending a Conversation Pleasantly" skill teaches how to end conversations pleasantly. The "Putting it all Together" section integrates all the skills into the practice of friendly conversations.

- Conflict Management Skills. Compromise and negotiation/ Disagreeing with another's opinion without arguing/Responding to untrue accusations/Leaving stressful situations

- Assertiveness Skills. Making requests/Refusing requests/Making complaints/Responding to complaints/ Asking for information/Making apologies

- Friendship Skills. Expressing positive feelings/Giving compliments/ Accepting compliments/Finding common interests/ Expressing affection

- Affiliative skills : Expressing affection to family and friends and using self- disclosure judiciously

- Medication Management Skills: self medication as per prescription and regular follow up

The methodologies of social skill training were included; role plays, behavioural modeling, and group interactions. The case manager visited the ward during sessions and also discussed with the nurses regarding the client's level of participation in the activities. There was significant improvement in her social skills in the follow – up assessments.

Environmental Focus

One of the significant findings from the social analysis was the poor support system, which in turn stemmed from a poor bonding between

siblings in the childhood. The case manager contacted two of her brothers for planning for the future. The young brother did not show any interest and neglected the call from the case manager. However, with repeated telephonic conversation, the elder brother was convinced to visit the client in hospital. During his visits, joint sessions were planned for both client and brother and facilitated interaction as a means of strengthening cohesiveness and bond. After four to five visits of her elder brother and further interactions made remarkable changes.

His suggestion to find a rehabilitation centre for her rather than to accommodate in his house became a major problem. After discussion with the case manager, they compromised with conditions. The decision included 1) client would stay in rehabilitation home for six months and after-that she will be taken home 2) Brother will provide 3,500 Rupees per month for meeting the expenses. 3) Brother should visit her monthly with her child.

Agency visit: Case manager visited a rehabilitation centre in Bangalore for discussing her rehabilitation placement. The case manager was satisfied with existing therapeutic environment and facilities. The agency agreed to provide service in accordance with their rules and regulations. This was further discussed with the client and elder brother, and patient was transferred to the rehabilitation centre.

Client and environment focus

Monitoring and follow- up: The case manager made periodic telephonic contacts with client's brother as well as agency supervisor. They have reported significant improvement in clients functioning. Further, a follow-up visit was made after two months of her placement in rehabilitation centre. She was found to be improved functionally, socially, and satisfied with her present living conditions.

Conclusion

The case management approach was useful in improving client's psychosocial functioning. This was confirmed by the improvement in personal

care, activities of daily living interpersonal relation and drug compliance . Throughout the process, the attachment with her brother was improving and they developed mutual trust and he was willing to take her home and to help in further rehabilitation of patient.

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