

March 29, 2010

SERVING CLIENTS AND FAMILIES FROM PLAN OF CARE DEVELOPMENT TO RE- ASSESSMENT

A Toolkit for HIV/AIDS Case Management

Objectives



- 1) Develop a Plan of Care which is;
 - 1) Free of Ambiguity
 - 2) Identifies Client's Needs
 - 3) Identifies Resources
- 2) Identify Strategies for Implementing Proper Monitoring and Re-assessments by;
 - 1) Providing On-going Communication with Clients
 - 2) Focusing on Core Documentation Standards
 - 3) Identifying Services
 - 4) Developing Sound Re-assessment Strategies

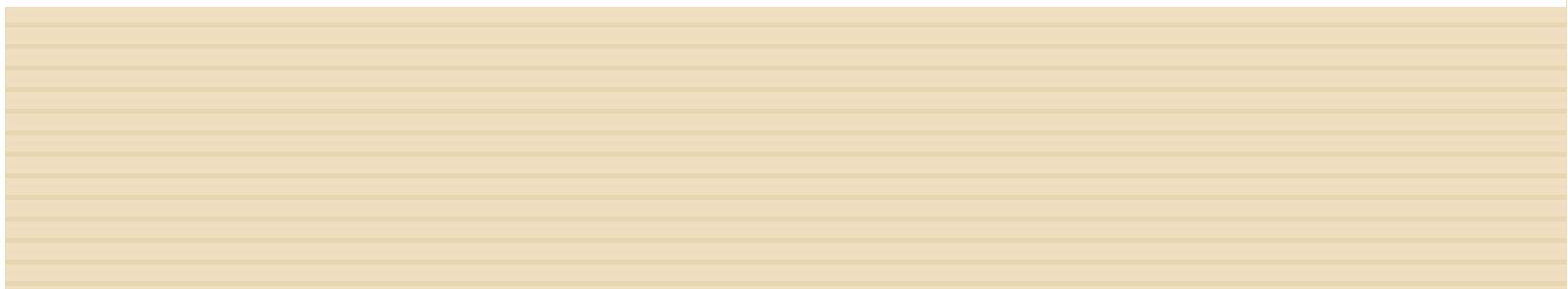
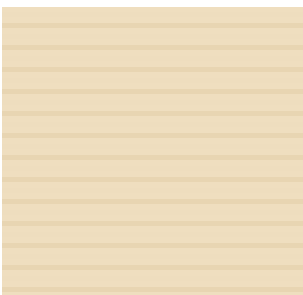


Case Study of a Care Plan

How the Care Plan Serves the Client and the
Case Worker



Chris-



His Story



Case Worker may have identified:

housing, alcohol, smoking, not taking meds, risky sexual behaviors, and lack of an income as the problems

Chris identified:

Feeling sick as the problem

Skills of the Case Worker



- Client Centered-using client wording
- Quickly changed from a deficit approach to a strengths/solutions approach
- “Miracle Question” to identify the client’s priority

Goal Setting



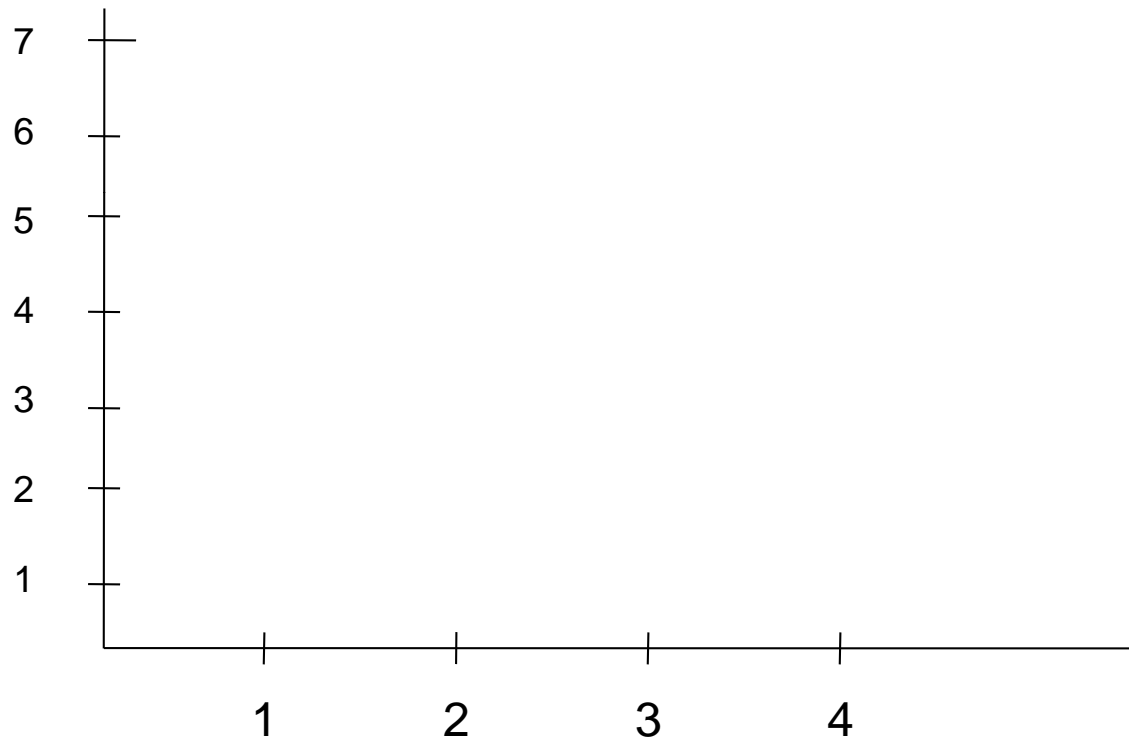
- Describe the purpose of the Care Plan to the client asking if they are willing to participate
- Generate a goal that is the “presence of something rather than the absence”
- Write the goal in the client’s terms

Setting Measurable Objectives



- Objectives are steps to reaching larger goals
- They should and can be measured
- Chris's objectives:
 - ▣ Chris will discuss his sickness, caused by medications, with his doctor by March 12, 2010
 - ▣ Chris will take his medications everyday, when his mother reminds him to by next case management meeting

Measuring Chris's Objective



Measuring Chris's Objectives

Week 1

Date	Meds Yes or No	Comments

Measuring Chris's Goal



Worst

1

*In the hospital
*Dying

2

3

*Sick at Stomach
*Diarrhea
*Not wanting to leave the house

4

5

6

Best

7

*Not Sick
*Working
*Not thinking about the illness

Important



- One major goal is addressed at a time
 - ▣ You may have more than one per Care Plan

- The agency may have it's own goals in mind but those should be worked into the client's goals if possible (collaborative but client centered)

- Prioritizing goals is dependent on
 - ▣ 1) Is there imminent threat to life or safety
 - ▣ 2) What the client wants
 - ▣ 3) What the agency wants

Standards for Collaborative Selection of Goals:



Identify the problem that is:

- One the client prefers to start with
- The client has the greatest concern with
- Has the greatest likelihood of being changed
- Is relatively concrete and specific
- Can be readily worked on given the available resources
- Has the greatest chance of producing the most negative consequences if not handled
- Will result in tangible observable changes for those involved

Sample Goals



- To feel better
- To reduce my level of stress
- To find housing
- To get a job
- To practice safe sex
- To take more responsibility over my health

Practice- Case Study



- Set Long Term Goals

- “Use Tips for Identifying A Collaborative Goal”
 - ▣ Remember Short Term Goals are part of Long Term Goals
 - ▣ Focus on the Long Term Goals

- Use the “Miracle Question”

Developing Objectives



- Set Measureable Objectives:

- Answer the following questions
 - ▣ Who? Will do what? To what extent?
 - ▣ Under what conditions? By when?

Factors for Developing Measureable Objectives

- ❑ Objectives are steps to reaching long term goals
- ❑ Realistic and attainable
- ❑ Are observable and measureable
- ❑ Stated in positive terms that emphasize outcomes
- ❑ Acceptable to both clients and workers
- ❑ Commensurate with the knowledge and skill of practitioner
- ❑ Consistent with the functions of the agency

Sample Measureable Objectives



- I (*who*) will take my medication (*what*) 75% of the time (*to what extent*) at 5:00pm daily (*under what conditions*) by April 30, 2010 (*by when*).
- I (*who*) will discuss condom use with my partner(*what*) at dinner when he is relaxed (*under what conditions*) by April 15, 2010 (*when*).

More Samples



- I (*who*) will assert my right to use a condom (*what*) 50% of the time (*to what extent*) that I have sex for money (*under what conditions*) by May 1, 2010 (*when*).
- I (*who*) will apply for 2 jobs (*what*) even if I don't think they will hire me (*under what conditions*) by next case management meeting (*when*).

Practice- Case Study



- Develop measurable objectives
- Use Who? Will do what? To what extent? Under what conditions? By when?

***Tasks are different from Objectives

They are activities to reach objectives

Tasks



- What each person needs to do to reach an objective

 - For example
 - ▣ Social Worker will call and reschedule appt.
 - ▣ Client will contact transportation to go to appt.
- ***Not intervention dependent***

Practice- Case Study



- Set Tasks for your objectives

What Monitoring Can Do for You



Monitoring Techniques/Tools

- Purpose-

- So you and your client can “see” that case management is working
- So you can change your game plan if you need to

- Don't be afraid to rewrite your objectives or even goals if you find
 - They are not being accomplished
 - The client is not really invested

- Monitoring is an ongoing process, it happens at every client contact

- Your Care Plan can and should be changed if needed before your 3 or 6 month reassessment

Monitoring Techniques



Traditional:

- Phone Calls
- Office Visits
- Only what is documented

Monitoring Techniques/Tools



New Skills

- Putting objectives to work for you
- Client Logs (behaviors, thoughts)
- Self Rating Scales/ General Rating Scales
- Graphing
- Goal Attainment Scales

Client Logs



- The client takes ownership of the behavior
- Decreases distortions and misperceptions about occurrence of problems
- Easily constructed columns
 - ▣ Minimal- Whether a behavior occurred, when it occurred, how the client responded



When might you use a client behavior log?

Rating Scales

- Individualized
- Collaborate measure
- Self Anchored- defined by client
- Generally Anchored- more ambiguous
- Measures a specific concern
- Linked to feelings, thoughts, satisfaction, events

Rating Scales



- Between 5 and 10 points, never more than 10.
- 7 points are ideal
- Measures only one aspect of the target
- Worded in a way that the client is working toward something, not from something

Sample General Rating Scale



Least

Middle

Most

1

2

3

4

5

6

7

Useful for measuring:

-Satisfaction

-Success

-Anxiety

-Loneliness

-Other general, typically one word,
concerns

Sample Self Anchored Rating Scale



Success in job search

1

Don't
find a job
and
continue
living in
the
shelter

2

3

4

Have at
least 2
interviews

5

6

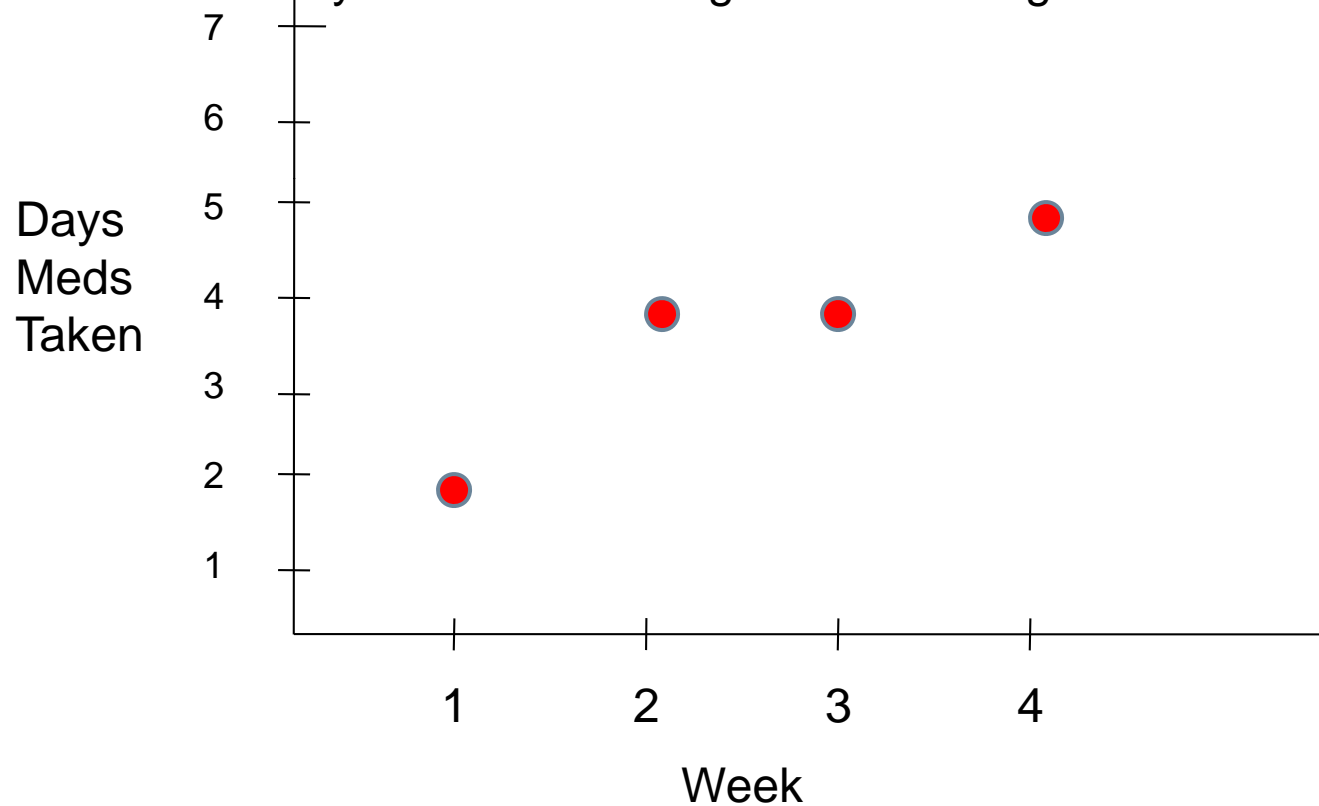
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Find a
fulltime job
that pays
all the bills

***Ask the client to define the low, mid, and high points**

Graphing Your Data

Chris's Objective: Chris will take his medication everyday when his mother reminds him to by next case management meeting



Goal Attainment Scales



- Similar to Self Rating Scales
- Differ in that they directly measure the client's goal rather than thoughts, feelings, or behaviors
- Each goal in the helping relationship should be measured
- Too many goals will overwhelm both you and the client

Sample Goal Attainment Scale

Level	Goal 1- To Feel Better	Goal 2- To Obtain Employment
Most Unfavorable Outcome (-2)	I will end up in the hospital and die	I will not apply for a job and I will be homeless
Less than Expected Outcome (-1)	I will stop taking meds altogether and get sicker	I will not even apply for a job and nothing will change
Expected Outcome (0)	I will continue taking my medications irregularly and continue to feel sick	I will apply for two jobs and will not receive a callback
More than Expected Outcome (+1)	I will begin taking my medications regularly and have less sickness	I will have at least one interview but will not be hired
Most Favorable Outcome (+2)	I will begin taking my medications regularly and will not be sick	I will have an interview and be hired

Modified Goal Attainment Scale

Level	Goal 1- To Practice Safe Sex	Goal 2- To Decrease my Alcohol Usage
No Progress(0)	I will never use condoms when working	I will keep drinking daily without going to AA or counseling
Some Progress (1)	I will ask to use a condom 50% of the time	I will keep drinking daily, will not go to counseling, but will go to AA
Moderate Progress (2)	I will ask to use a condom when working 100% of the time	I will keep drinking daily and will go to both AA and counseling
Major Progress (3)	I will not ask but put a condom on the customer 50% of the time	I will decrease my drinking by 1 drink a day and go to both AA and counseling
Optimal Progress (4)	I will not ask but will put a condom on the customer when working	I will decrease my drinking by 3 drinks a day and go to both AA and counseling

Case Study- Practice Developing Monitoring Tools

- Revisit your Objectives
 - ▣ What tools may be useful?
 - Phone calls
 - Office Visits
 - Client Logs
 - Self Rating Scales/ General Rating Scales
 - Graphing
 - Goal Attainment Scales



Your Monitoring Plan must be included on your Care Plan

Examples:

Goal 1- Client and Social Worker will develop a goal attainment scale and evaluate client's progress toward goal every 3 months.

Objective 1- Client will keep a behavior log of condom usage. Social Worker will record behavior log information on a graph. A self rating scale will be used to assess success.

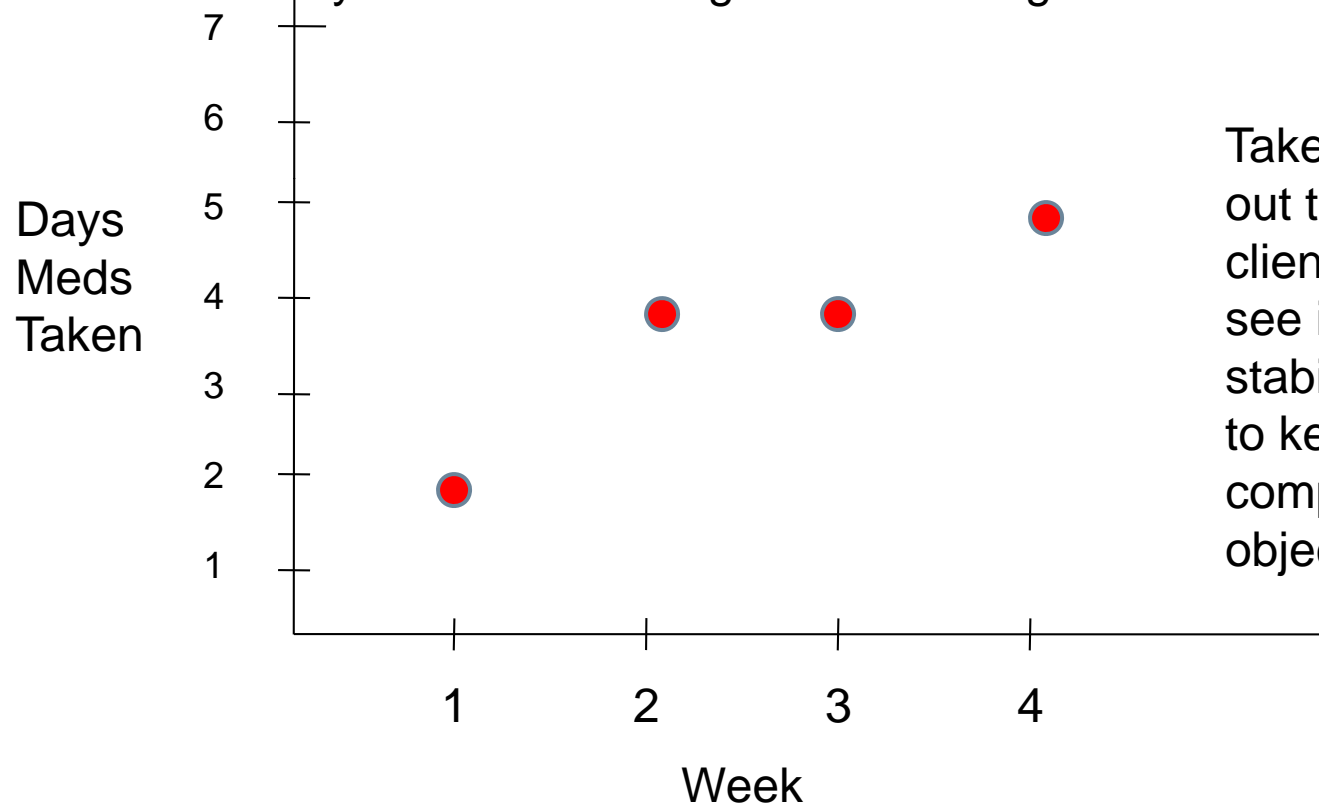
Using Monitoring In Reassessment



- With the client decide:
 - What needs more work?
 - Did the interventions work or are they still working?
 - Do we need to change our interventions?
 - Have we reached our goal?
 - Use all monitoring tools from the previous assessment in planning your next Care Plan

Graphing Your Data

Chris's Objective: Chris will take his medication everyday when his mother reminds him to by next case management meeting



Take this all the way out to 6 months if client continues to see improvement or stability and wants to keep med compliance as an objective

Measuring Chris's Goal

Worst

1

In the
hospital
dying

2

3

*Sick at
Stomach
*Diarrhea
*Not
wanting to
leave the
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*Not Sick
*Working
*Not thinking
about the
Illness

Reassessment

Document the results of your reassessment (see back of sample Care Plan)

Example: At Client's 6 month reassessment, reviewed client's goal- To feel better. Client moved from a 3 to a 5 in 6 months on the goal attainment scale. He has increased his medication compliance from an average of 3 days a week during the first month to an average of 6 days a week in month 6. Client would like to continue working on his goal of feeling better and wishes to modify his objectives.

Case Study

Project how you client will do with the Care Plan goals and objectives

Write a Care Plan Summary based on those results



Examples of how monitoring might be helpful to
you in reassessment

Summary

Care Plans are Tools for Case Managers and Clients

Give you direction

Clarity

Focus

Confidence

Summary

Goals are big picture items, what the client wants to get out of case management

They can be measured with Goal Attainment Scales and Rating Scales

They can be modified based on reassessment findings

You can have too many



Summary

Objectives are short term goals

They are collaborative and client centered

They are measureable

They can change before reassessment



Summary

Monitoring tells you and the client if objectives are being reached

Tells you if objectives or goals need to change

Provides concrete evidence of client's success

Leads into “formal” reassessment

Summary

Reassessment is influenced by the goals, objectives, and monitoring activities of the previous assessment

Reassessment leads to writing a new or modified plan of care