

Alternative Case Consultation Format –Courtesy of Dr. Cline April 09

Integrated Strength Based Recovery-oriented Case Conferencing

Why do this?

This exercise is a departure from the traditional case presentation format. It is intended to demonstrate a repositioning from talking with each other about people we care for in a problem-oriented and often reactive way to a more hopeful and proactive way, the end result of which is a much better understanding of the human being, his or her wants, needs and desires, and how we can be helpful.

Format

This is a group format. The group is comprised of a “team” of care providers who have different perspectives, skills, and experiences from and agency or ideally partner agencies. One person is selected prior to the team meeting to “present”. The presentation should be written if possible and the oral presentation should be about 20 minutes. This is followed by conversation by the team about problem solving and sharing perspectives, as well as discussing what was learned by using the alternative format.

Intro to case-based learning

One of the most important learning opportunities we all have is to sit together and problem-solve with each other using the real stories of people we care for. A beginning place in our conversations is to consider **how** we talk about people in relationship to values such as being welcoming empathic and hopeful, person-centered, strength-based and recovery oriented, to name a few. It is in our orientation around these values that we can then discuss with each other how to be most helpful to the person and to organize the next steps of any proposed interventions, how they are applied to be most helpful, and where the interventions best takes place.

Starting Places

Welcoming, empathy and hope:

Describe to the team who the person is, what it is that brought him or her to you and what it is that the person wishes for in their life to be happy. Describe what you related to about the person and his or her goals and how you positioned yourself as a partner with the person.

Story-based

Frame your presentation to the team as if you are telling the story of the person's life, very much as if he or she were the main character in a novel. The point of story-based presentations is to help the listeners feel as if they know the human being, not just the problems and conditions they present with.

Most recent stable baseline

Begin the story based presentation with a period of recent stability. Find a time in the near past where the person did relatively well, and be descriptive—where did he or she live, who with, how did he or she support him or herself, what helped maintain the stability, any treatment, how did it work, why or why not, what was the support network like, what skills did he or she use, what were the signs and symptoms of the various conditions like during this timeframe. This is a powerfully informative process. Beginning with a period of stability helps the listeners get a picture of the person at baseline, they can see what worked in the past, and the information is integrated as it is in the person's real life. This period of recent stability is also diagnostically rich. You have access to the interplay between symptoms of multiple conditions. Further you can begin to describe the early features that contributed to the loss of stability that may be opportunities for further skill building or support building. During this period, describe how the person perceived their issues—this gives you insight into stages of change and phases of recovery. Work your way from this period to the current day, being descriptive of events and the person's perspective.

Immediate Risk Survey

Present to the listener's any immediate risk issues:

- A. Is there indication of immediate risk of self-harm?
- B. Is there indication of immediate risk of violence?
- C. Is there a significant alteration in mental status?
- D. Is there indication of immediate inability to provide for self-care (age-appropriate)?
- E. Is there indication of severe mental health symptoms that are associated with out of control behavior or inability to participate in the assessment effectively
- F. Is there indication of severe substance use associated with inability to communicate adequately, or with possible risk of withdrawal.
- G. Is there indication of immediate risk of harm or abuse/neglect from a person in the environment?
- H. Is there indication of immediate risk of homelessness?
- I. Is there indication of immediate risk of criminal activity that will result in incarceration, or immediate risk of incarceration?
- J. Is there indication of any immediate medical danger?

Current Life Domain Survey

Present to the listener's issues the person has in the major life domains:

1. Medical
2. Mental Health
3. Substance Use/Gambling
4. Trauma/Victimization
5. Cognitive/Learning/Developmental Disability
6. Independent Living Skills
7. Housing Stability
8. Criminal Justice involvement
9. Financial, Employment, and Disability issues
10. Family/Social/Parenting or Custody Issues

Fill in the life story

Go back in time and put together for the listeners the picture of what the person's life was like during key historical periods—early childhood, school years, work, marriage, kids, major episodes of care and treatment, and other key episodes of the person's life. Be selective and be descriptive. Remember to illustrate how the person perceives him or herself and look for the evolution of problem areas in the person's life and how the person responded to these issues. For example, does the person respond to being at risk by asking for help or does he or she try to do it all by him or herself.

This is a beginning framework. You will not have covered every detail and the team may want to ask questions of you. This is fine, but your goal in this exercise is simply to see if you can convey to the team of listeners who the person is by telling his or her story, specifically telling his or her story in such a way that the team relates to the person first, then the issues he or she faces, then how to be most helpful to that individual to foster recovery of the person to gain or regain pride, self-worth, hope and dignity.

Enjoy!!