

TIME-LIMITED FOCUSED INTERVENTION

INTRODUCTION

This framework to case management/service delivery has grown out of our current reality of working in a system where caseloads and waiting lists continue to grow at an alarming rate while the number of workers, at best, remains constant.

Not only are clients being left without service on waiting lists but the demands being placed on workers are unreasonable, leading to low morale and worker burnout.

One of the major reasons that workloads are so heavy is that, once a case is assigned to a specific worker, that worker becomes responsible for all aspects of that case. This means that, even when a case is inactive, it remains a potential crisis "waiting to happen." Should this crisis take place, it has to be dealt with by the assigned worker, no matter how busy he or she is at that time. This "waiting for something to happen" is extremely stressful and contributes to worker burnout.

I am presenting this framework at this time knowing full well that it is very incomplete and more of an outline of a model than anything else.

AN ALTERNATIVE APPROACH

The Abuse Treatment Team has been discussing the development of an approach that will provide a broader range of services to our clients and, at the same time, place more realistic expectations on workers. The approach is also designed to reduce the time a client remains on our waiting list (to less than one month) and to place the responsibility for change back where it belongs - with the client.

In this approach interventions, not cases, are assigned to specific workers and these interventions are clearly defined, focused, goal directed and time limited. These assignments are made based mainly on the availability of workers to take on additional work at a given moment in time. When a worker completes his/her assigned intervention then his work on that case is completed, unless he is assigned another intervention on the same case.

We hope that at least some of these interventions will be able to be done in mini-groups where one or two workers can work with four or five clients at the same time.

INTERVENTIONS

Although I do not wish to define specific interventions at this point in the development of the approach, I will list the major interventions that come to mind and discuss in more detail the primary intervention which, in effect, assigns a case manager to the case.

Following is an incomplete list (it needs further development) of interventions which can be assigned on a case:

- **liaison intervention**
- **assessment intervention**
- **pre-crisis intervention**
- **crisis intervention**
- **support intervention**
- **treatment intervention**
- **investigation intervention**
- **supervision intervention**

PRIMARY INTERVENTION

The primary intervention is the liaison intervention. This intervention is assigned within a month of the team's receiving a case, and it mandates the assigned worker to act as case manager on a specific case. For administrative purposes, the worker becomes the "assigned worker," but his mandate is limited to the following activities:

- a) to act as a liaison between the client, the agency and other systems;**
- b) to act as case manager and coordinate all other interventions on the case;**
- c) to maintain the client dossier and perform all other administrative activities on the case;**
- d) to attend appropriate meetings, conferences, etc., related to the case.**

The assignment of the liaison intervention is a time-limited assignment and usually will not last longer than one year at the most. At the end of the assignment, the case can be assigned to another worker or remain with the current worker or be closed.

BEING FOCUSED - TWO HEADS ARE BETTER THAN ONE

Maintaining focus on specific goals is an important concept in this framework and we have found that often having two workers interview a family, especially while involved in an assessment or investigation intervention, helps us maintain our focus. (If one worker “gets off track” the other can pull him back.)

I estimate that two workers can accomplish in one interview what would take one worker three or four interviews to accomplish. The use of two

workers, therefore, not only helps maintain focus but is economical as well.

WORKING AS A TEAM

Obviously, this approach demands a high level of teamwork, and we have developed our team to the point where cooperation and working together come easily. Assignment of interventions is as much a team process as it is a supervisory function, and a worker's right to say "I can't take on any more work right now" is respected because there is a high degree of mutual trust between team members.

It is not logical, nor does it make good clinical sense, that if one worker on a team is extremely busy at a certain moment in time while another worker's caseload is relatively quiet, the overloaded worker should have to deal with an additional intervention (usually a crisis intervention) simply because it happens to be "his" case. This approach allows each intervention to be assigned to the worker on the team who is best able to deal with it at a given moment in time. The clients benefit by getting a worker who can better focus on their problem because he or she is not trying to do a million things at the same time, while the workers benefit by knowing that there is a limit on what is expected from them.

THE RESPONSIBILITY FOR CHANGE

This approach places the responsibility for changing squarely onto the shoulders of the client. Either the client wants to change or he doesn't. In a Youth Protection situation, if a client chooses not to change then he has to accept the consequences of this decision. We will provide a supervision intervention in this type of case, but we have to give priority to those

clients who accept that they have a problem and are willing to work with us on doing something specific about it.

WORKER-CLIENT RELATIONSHIP

It is possible that some might claim that this approach does not recognize the importance of the worker-client relationship, as it is very possible that two or three workers will be working with a specific client at the same time.

I believe that the social work profession has overemphasized the importance of the one-to-one helping relationship, and our experience has been that our clients feel very comfortable relating to more than one worker at the same time. Most of our clients appreciate the fact that if they can't speak to worker 'A' then they can speak to worker 'B' whom they also know.

Of course, when you are dealing with a client in an intense therapeutic relationship, it is extremely important to recognize the importance of this relationship and this approach allows for this either through an individual or group therapeutic intervention.

SUMMARY

In summary, I will simply list the major goals this approach attempts to accomplish:

- 1) Develop a more focused, goal-directed approach to casework.**
- 2) Provide a more efficient service delivery model by providing interventions only where and when needed.**

- 3) Provide the client with a broader range of services running from D.Y.P. supervision to individual/group treatment programs.**
- 4) Place the responsibility for changing back where it belongs -with the client.**
- 5) Reduce the time that a client remains on the .waiting list to, at the longest, one month.**
- 6) Provide workers with clearly defined time-limited mandates on the case on which they are working, and reduce the stress workers feel when they are responsible for all aspects of a case.**

CONCLUSION

It is important to recognize that this approach is quite unique as far as service delivery frameworks in social service centers go.

This means that our conceptual framework for looking at the relationship between the helping system and the client system has to change quite dramatically.