



STRENGTHENING CASE MANAGEMENT: THE VALUE OF THE THERAPEUTIC DIMENSION

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WORKSHOP SUMMARY

- This workshop is designed to offer service providers practical ways to introduce a therapeutic dimension into torture treatment case management. Utilizing a psychosocial perspective, participants will learn select therapeutic concepts designed to address survivor needs at interpsychic, interpersonal, and community levels.

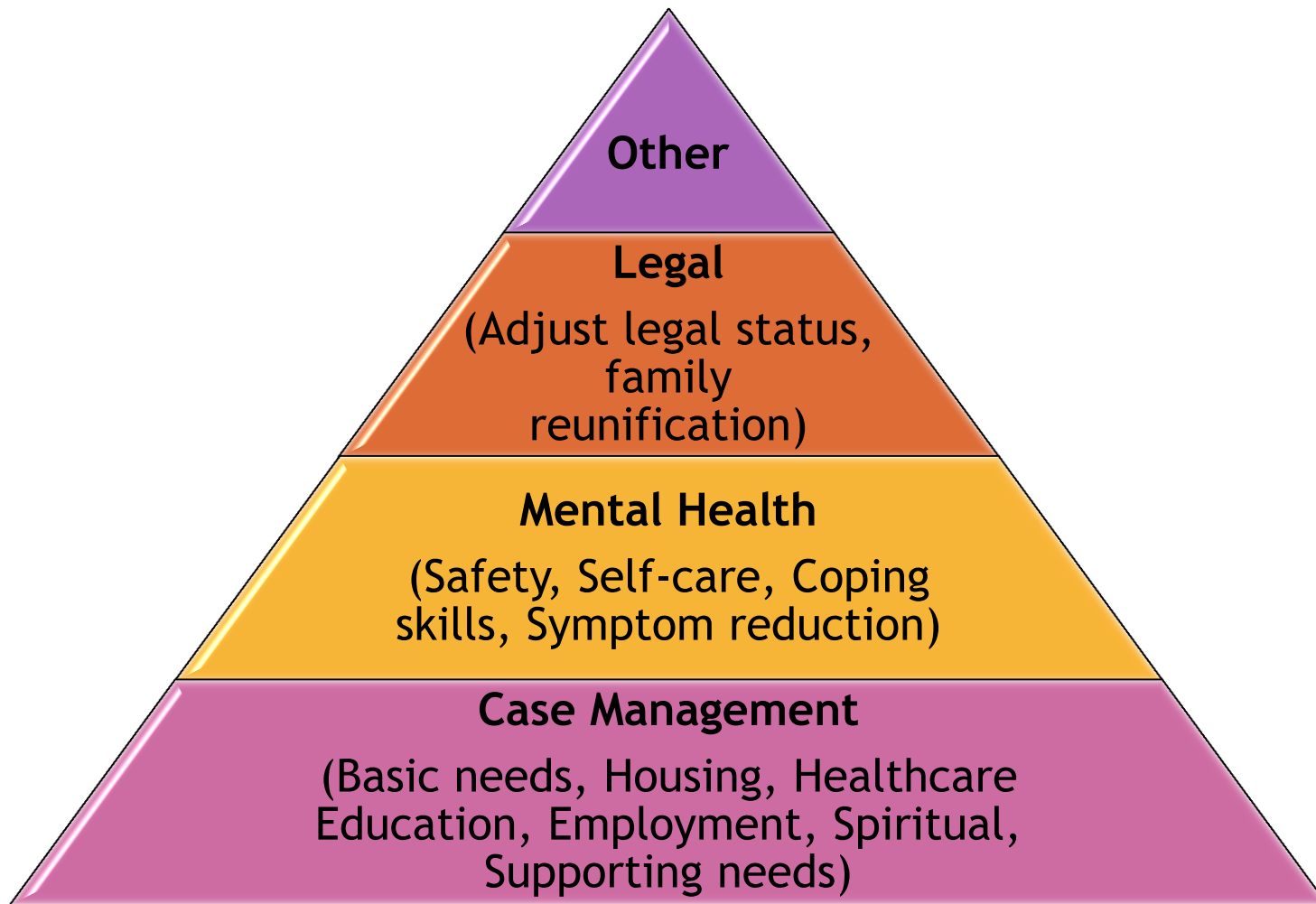
WORKSHOP OBJECTIVES

- Discuss the role of case management as part of torture treatment services
- Define the terms: therapeutic, therapeutic dimension
- Review Object Relations Theory
- Adapt select therapeutic concepts
 - Holding
 - Containing
 - Re-storying
- Understand the limitations of the therapeutic dimension

WHAT IS CASE MANAGEMENT?

- “Case Management (CM) is a process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive needs through communication and available resources to promote quality cost effective outcomes.”

TORTURE TREATMENT SERVICES



CM WITHIN TREATMENT SETTING

- ◉ Forms the foundation of holistic treatment services.
- ◉ Functions as a form of triage.
- ◉ Creates expectations regarding the delivery and reception of additional torture treatment services.
- ◉ Rarely isolated to just one dimension.
- ◉ Oftentimes, the therapeutic relationship begins and ends with CM.

DEFINING TERMS

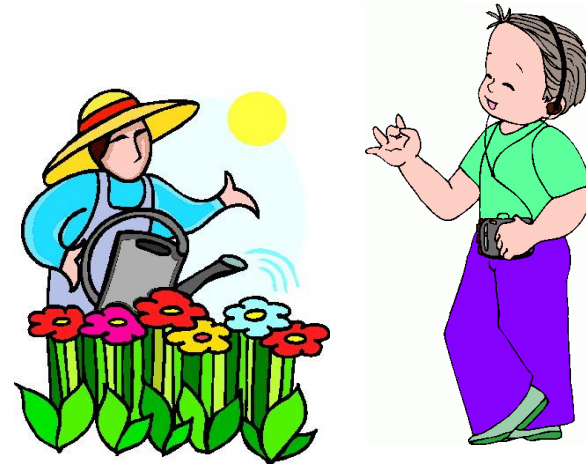
Therapeutic

- Refers to “relating to the treatment of disease or disorders by remedial agents or methods” or “providing or assisting in a cure” (Merriam-Webster Dictionary).
 - Applied for reasons of health
 - Having a good effect on the body or mind
 - Contributing to a positive sense of well-being

How do you define “therapeutic?”



vs.



“...And when did you first become aware of your intense hatred of children?”

DEFINING TERMS

Therapeutic Dimension

- Refers to a “focused and committed interest” on the part of the listener to work with the client to create “a shared meaning” of the client’s problem.
 - Create an empathetic connection
 - Provide a safe space for reflection
 - Create teaching and learning opportunities
 - Client driven

OBJECT RELATIONS THEORY

- ◉ Refers to an offshoot of psychoanalytic theory.
- ◉ Emphasizes interpersonal relations, primarily in the family and especially between the mother and child.
- ◉ Proposes the self-structure we internalize in early childhood functions as a blueprint for establishing and maintaining future relationships.

What do these pictures have in common?



UNDERSTANDING 'HOLDING'

- Rooted in the physical and emotional relationship between the mother and her infant.
 - Physically, the infant feels secure in the mother's arms, presumably an extension of the womb.
 - Emotionally, the mother holds the infant in her mind, instinctively responding to the infant's needs.
 - As the infant feels safety in being 'held,' the infant can begin to separate itself from the mother to discover itself and the world around it.

‘HOLDING’ → SAFETY

- Holding refers to CMs’ ability to present themselves as a secure base.
- Holding is felt when CMs:
 - Work to ensure a client’s safety and stability
 - Respond to client needs in a timely manner
 - Encourage client supporting needs
 - Anticipate situational changes
 - Tailor CM services and delivery
- Without an anchor, clients may drift.

CLIENT EXAMPLE: FATIMA



Stock photo courtesy of Barbara Schneider

UNDERSTANDING 'CONTAINING'

- Containing is based on the idea that the infant projects feelings of pain, fear, and hurt into its mother.
 - The mother experiences these feelings herself but does not act on them.
 - Instead, the mother contains these feelings and returns them to the infant in a modified and controlled form.
 - Overtime, the infant will model this behavior as he/she develops the capacity to think.

'CONTAINING' → PLANNING

- ◉ Negative feelings are often projected onto CMs when clients become overwhelmed.
- ◉ CMs can support clients by compartmentalizing and prioritizing needs.
- ◉ Containing is also communicated by:
 - Providing cultural orientation
 - Dismissing rumors and misinformation
 - Supporting clients in their decision making
 - Reinforcing individual progress

CLIENT EXAMPLE: ALI



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NARRATIVE THERAPY

- An approach to counseling and social work community work.
- Grounded in the idea that storytelling comes from our need to experience, communicate, and understand the world around us.
- Reasons that “because our lives are shaped by our stories, then individuals also have the power to change their lives by changing their stories” (White & Epston, 1990).

UNDERSTANDING RE-STORYING

- Re-storying is a concept from narrative therapy referring to an individual's self-story.
- A person's self-story is:
 - Formed as life events are selected and linked together.
 - Defines one's identity
 - Provides cultural context
 - Told to oneself and others
 - May shift and change over time
- Self-stories provide us with the context that shapes a person's life.

How have these characters re-storied themselves?

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"It might help Skippy's feelings if you said he needed improvement instead of calling him a bad dog."



"I dunno, I guess I just don't believe in myself anymore."

RE-STORYING → CONTEXT

- Listening for a client's self-story, CMs can:
 - Examine client problems
 - Assign meaning to experiences
 - Reshape and expand contexts
 - Broaden the pool of potential outcomes
- By re-storying clients, CMs can help client reframe their lives by considering different contexts.

CLIENT EXAMPLE: MICHAEL



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LIMITATIONS

- ◉ Clients do not seek CM services to access therapy.
- ◉ A therapeutic dimension does not replace action.
- ◉ Client verbal and non-verbal cues need to be recognized and respected.
- ◉ Professionals need to know when to stop.
- ◉ Trauma, illness, separation, and death are not stories. They are facts. CMs must respect the realities of our clients.

CONCLUSION

- By introducing a therapeutic dimension into one's work, service providers can:
 - Encourage safety and stability
 - Build a trusting relationship
 - Challenge pre-existing concepts
 - Promote learning opportunities
 - Identify and re-story the contexts by which a client chooses to define him/herself
- CMs are not therapists and must exercise caution when addressing real life problems.

RESOURCES AND REFERENCES

- ◉ Papadopoulos, R. (2002) “Therapeutic Care for Refugees: No Place Like Home.” London: Karnac Books.
- ◉ White, M. & Epston, D. (1990) “Narrative Means to Therapeutic Ends.” New York: W.W. Norton & Co.
- ◉ Launer, Michael. (2002) “Narrative-Based Primary Care: A Practical Guide.” Oxford: Radcliff Medical Press.

Q&A

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