

BOOK REVIEW

SOCIAL WORK CASE MANAGEMENT: CASE STUDIES FROM THE FRONTLINES

Author: Holosko, M. J. (2018)

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Michael J. Holosko, Ph.D., MSW, holds an endowed chair as the Pauline M. Berger Professor of Family and Family and Child Welfare at the University of Georgia, School of Social Work. He is also currently a Visiting Professor at the City University of Hong Kong. He has taught across the undergraduate curriculum in schools of social work, nursing, medicine, public administration, and applied social science in Canada, the United States, Hong Kong, Sweden, Australia, and the U.S. Virgin Islands. He has been a consultant to a variety of large and small health and human service organizations and industry in the areas of program evaluation, outcomes, accreditation, organizational development, communication, leadership, visioning, organizational alignment, and stress management. He has published numerous monographs, chapters, articles, and texts in the areas of evaluation, health care, social work practice, curricula, administration, technology, gerontology, family, child welfare, etc. In my view, he is a very talented writer in both theory and practice. In the writing of this book, I have deepened my understanding of social work case management (SWCMG). Another charm is that the author has an analytical and synthesized case study approach, which illustrates the many aspects of social work and case management, as well as allows the reader to see the direction or trend of this profession in

the future. This book is divided into 3 parts as follows:

Part 1 contains content about trends, history, the social work case management model, and practice competencies. The Summary Part I presents the context and conceptual scaffolding to understand the main issues of SWCMG in North America today.

Chapter 1 presents an overview of the various trends shaping the external world that social work case managers (SWCMs) practice. The authors present 10 changing trends that SWCMs must fully embrace to adapt—those trends that lead to case management practice and other areas of work such as health and mental health.

Chapter 2 presents an extensive history of SWCMG from a variety of perspectives, including its practice history and social policy changes over the years. Readers get to know the history of social work case management from the past to the present. The author explains clearly using tables starting from 1908–2012, divided into issues such as mental health law, child welfare, child protection, improvement of laws, and social welfare law background, as well as the development of social work and social welfare.

Chapter 3 presents the empirically grounded SWCMG model contemporized from the work of William Reid (1972). The Step in Reid's Task-Centered Social Work Case Management

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(TCCMG) Model describes the process of managing social work on a case-by-case basis from the initial stage to the final: 1) Outreach 2) Eligibility Intake 3) Assessment Evaluation 4) Planning 5) Implementation 6) Monitor Review 7) Reassessment Evaluation 8) Termination Follow up. This model visualizes the workflow and also reveals the workload associated with core anchoring values, person-in-care in environment, essential paradigm approaches, accountability and transparency, inter- and multi-disciplinary care related to case management.

Chapter 4 examines SWCMG's current practice realities from the standpoints of its assumptions, certification, and credibility. The institutions present standards for social work case managers to provide a clear picture of what qualifications and abilities SWCMs, must have in order to obtain a professional license.

Part 2: Social work case management in selected North American and Chinese settings: the frontlines of practice. This part (Chapter 5-26) presents the 22 SWs who were employed in the role of SWCMs who described their clientele, practice roles and responsibilities, role development potential, adequacy of their education and training, and a case example. Collectively, these SWCMs were highly compassionate, caring, and effective social workers practicing in a wide range of health and human service settings. This is despite the fact that they received 90% of their training and education to do such work post-graduation or on-the-job. Looking across the unique and illustrative 22 case examples, accounts of client demographics, practice roles and responsibilities, and the job descriptions of these social work case managers (SWCMs), we can summarize them in the table below.

Nature of work	Education	Focus of work
1. SWCM is practiced by social workers in a wide variety of health, health-related, and social service settings in North America.	1. BSWs and MSWs both practice Case Manager (CMG) effectively.	1. All of these SWCMs were patient-centered (or client-centered) foremost, followed by support systems and community service centered. These three domains formed the triangle for all of their CMG work.
2. Almost all of these SWCMs worked in a setting that offered minimal or limited supervision.	2. Almost all of these SWCMs clearly stated that they were inadequately prepared educationally to do CMG after graduating with their BSWs or MSWs.	2. Over half of these SWCMs noted emphatically the need for more self-care information, and the need for more time to personally practice more self-care.
3. Consistent with the literature in this area, all of these SWCMs learned how to do their work "on-the-job"	3. Over half of these SWCMs stressed the importance of continuing and ongoing professional education and post-degree training to do their work more effectively.	3. In thinking about the continuum of care of services offered by these SWCMs, almost all of them emphasized the critical importance of conducting thorough assessments foremost. They deemed that this was "the first domino" of care in the ensuing chain of dominoes of

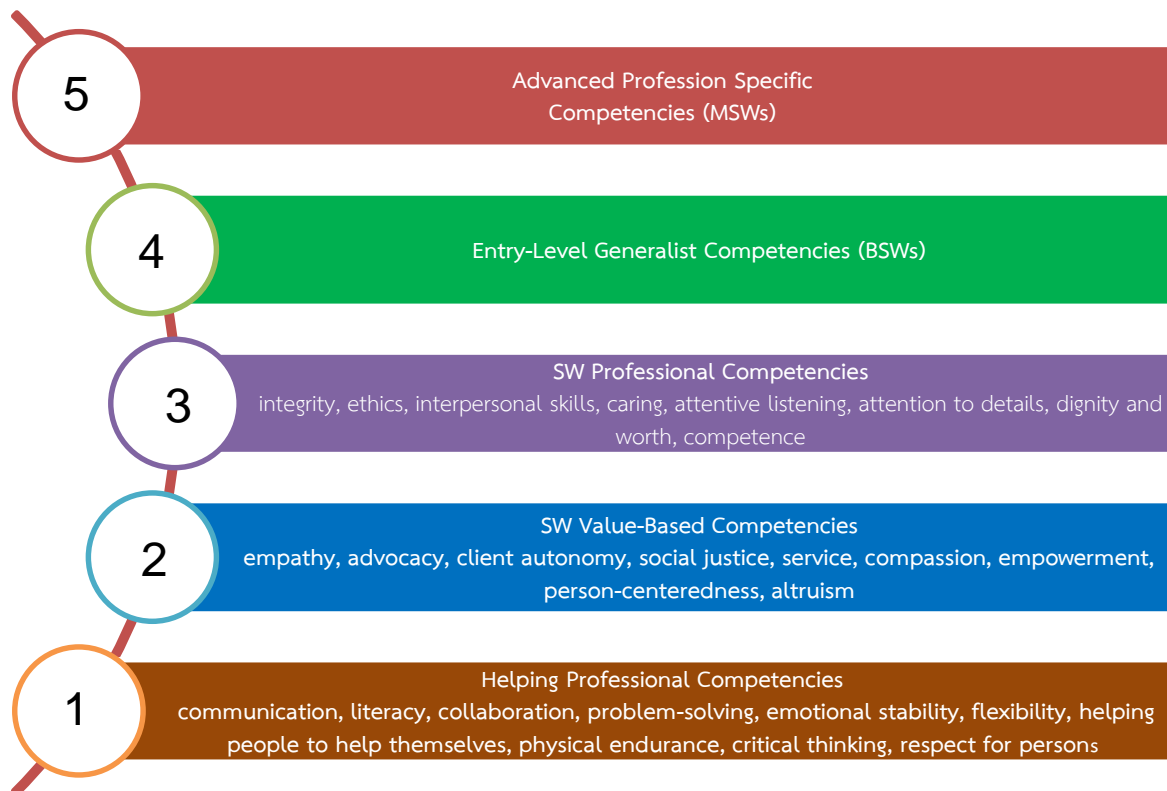
Nature of work	Education	Focus of work
		CMG for their patients and families ergo its importance.
<p>4. Like other professions doing CMG, such as nursing, counseling, psychology, rehabilitation, etc., these SWCMs stated that they possessed the necessary knowledge, values, and skill sets that enable them to do CMG work, defined as a collaborative process that minimally includes: assessment, planning, implementing interventions, coordinating, monitoring, and evaluating various treatment options and services, to meet individual and family health care needs.</p>	<p>4. Although SWCM is normally framed as clinical social work practice in the literature, these SWCMs clearly revealed the necessity for competence in responsibilities that took them up and down the micro-mezzo-macro ladder, which clearly resonates with more of an advanced generalist practice approach to CMG, not solely clinical or macro work, deemed by some as a “false dichotomy” of their present social work education and training.</p>	<p>4. Many of these SWCMs emphasized the importance of using varying degrees of flexibility and perseverance in order for them to do their work effectively.</p>
<p>5. All of these SWCMs frequently worked and collaborated with other helping disciplines in order to do their jobs effectively.</p>		<p>5. Although historically social work’s primary role in hospital settings was primarily tied to the tasks and responsibilities of discharge planning, today SWCM is practiced in a variety of hospital team units, specialty and disease, and illness areas, departments, and different health-related settings.</p>
<p>6. All of these SWCMs worked with multi-systems and multi-agencies- each with their own organizational nuances, paperwork, regulations, timelines, and protocols.</p>		<p>6. Almost all of these SWCMs clearly identified the necessity and importance of being grounded in their social work values, which anchored them to conduct the variety of roles and responsibilities noted in their various job descriptions, Four that were frequently echoed were the following: person-centeredness, empathy, ensuring client autonomy, and advocacy.</p>

Nature of work	Education	Focus of work
7. Although all stated that their SWCM work brought them much personal and professional satisfaction, it was also fraught with competing demands for time, accountability, high caseloads, and stress.		
8. These SWCMs worked in very compressed time frames laden with paperwork and numerous forms to complete in order to do their CMG work.		
9. Many described working in rather fragmented and disparate “care systems” with whom they interacted not the idealized “systems of care” often promoted in the CMG literature, in this reality, they perceived of themselves more so as the epicenter of patient care, often proactively linking these different care systems together in their respective communities for patient-effective navigation.		
10. For many of these SWCMs, given their rather abbreviated patient contacts, the idea of establishing a more traditional Rogerian relational approach to patient care was not feasible, or possible at all. However, they all exemplified trying to achieve this practice ideal in various cases.		
11. These SWCMs all indicated, both in describing their practice responsibilities and as indicated in their job descriptions, that on any given day they “wear a number of hats.” These roles included case coordinator, care coordinator, systems navigator, patient navigator, patient and family advocate, educators, capacity and capability		

Nature of work	Education	Focus of work
assessors, client and family engagers, client and family liaisons, fiscal appraisers/assessors, budget managers, networkers, providers of referrals, empowering clients and families, health care helpers, enabling clients and families to make better informed decisions, system negotiators, and caregivers. These findings are consistent with recent literature about how case managers actually perceive their various day-to-day role.		

Part 3: What did our SWCMG tell us? Competencies versus curricula. Chapter 27 is the final part; the author discusses a deeper dive into the nuances of teaching and learning case management in bachelor's and master's degree programs as such courses are currently available in Canada or the United States. In addition, the reader understands the nature of the work on various issues, such as how all of these SWCMs were patient-centered foremost, followed by

support systems and community service-centered. These three domains formed the triangle for all of their CMG work. Over half of these SWCMs noted emphatically the need for more self-care information, and the need for more time to personally practice more self-care, etc. The part that impressed the readers the most is that the author presents the social work competency figure to make it easy to understand as follows:



Source: CCSWR. (2012) Entry-Level Competency Profile for the Social Worker Profession in Canada: Executive Summary. Retrieved at <http://www.ccswr-ccorts.ca/Competency%20Profile%20Executive%20Summary%20ENG.pdf>.

The figure allows the reader to define the degree of professionalism in social work more clearly and to show what competence at each level should be. When we see the ability, we can see the curriculum, teaching what content should be focused on.

After reading this book, I have a suggestion for future curricula that focus on case management in social work and apply this knowledge to practical training. It can be seen that the current education system does not clearly see the effect of implementing case management, but it can be seen from experience and self-improvement from work. Therefore, in order to optimize teaching and learning to be able to become social workers and case managers, there must be in-depth, practical learning together.

In addition, it can be seen that in Chapter 2 there are 22 case studies where we can learn from

diverse target groups and apply these lessons to understand different cultures, traditions, lifestyles, and social contexts. The learner or social worker will understand more about the meaning of the word “human,” which is the basis and principle of learning social work. As for the nature of case management in social work, social workers emphasize patient-centered work, multi-role work, coordination with multi-disciplinary teams or those involved and must be knowledgeable in all aspects; flexibility and focus on assessment or reassessment of the facts are to train the evidence-based analytical process to help the target groups.

This book is highly recommended to read as it allows readers to gain knowledge, skills, and experience from case studies; the history of social work case management; and future work trends as part of implementation or further study of knowledge for further self-improvement.