Published in final edited form as:

Psychiatr Rehabil J. 2009 ; 32(4): 309–312. doi:10.2975/32.4.2009.309.312.

Case Managers' Perspectives On What They Need To Do Their Job

Shaun M. Eack^{1,2,4}, Catherine G. Greeno^{1,2}, Stephen Christian-Michaels³, Amy Dennis³, and Carol M. Anderson²

¹School of Social Work, University of Pittsburgh

²Department of Psychiatry, University of Pittsburgh School of Medicine

³Family Services of Western Pennsylvania, Pittsburgh, PA

Abstract

Objective—To identify the perceived training needs of case managers working on community support teams in a community mental health center serving a semi-rural/suburban area.

Methods—Semi-structured interviews were conducted with 18 case managers and 3 supervisors to inquire about areas of training need in case management. Interviews were coded and analyzed for common themes regarding training needs and methods of training improvement.

Results—Identified training needs called for a hands-on, back to basics approach that included education on the symptoms of severe mental illness, co-morbid substance use problems, and methods of engaging consumers. A mentoring model was proposed as a potential vehicle for disseminating knowledge in these domains.

Conclusions—Case managers identify significant training needs that would address their basic understanding of severe mental illness. Programs targeting these needs may result in improved outcomes for case managers and the individuals with psychiatric disabilities.

The development of the behavioral health workforce is central to the provision of high quality services to individuals with severe mental illness (SMI). Since the introduction of deinstitutionalization, community support teams and case managers have become the pivotal providers of behavioral health services for individuals with SMI. It has been recognized that current methods of training front-line workers are not adequate to meet the needs and support the recovery of persons with mental disabilities, particularly those with SMI (Coursey et al., 2000). To date no empirical studies have assessed case managers' perceptions of their training experiences and needs.

In most systems, case managers are responsible for providing basic clinical services as well as the coordination of resources. The prerequisites for case management are usually bachelor's, or occasionally even high-school preparation, without restrictions on the major field of study. Surveys of case management teams in Iowa, Illinois and Indiana show that over 80% of case managers possess only bachelor-level degrees, 50% of which are in fields unrelated to mental health, although case managers in some specific regions, including New York and Oregon, appear more likely to have postgraduate training (Rohland et al., 1998; Gellis et al., 2004; Hromco et al., 1997). Thus, few case managers begin their work with any substantial training to prepare them specifically for the clinical or resource coordination

⁴Address correspondence to: Shaun M. Eack, M.S.W., School of Social Work, University of Pittsburgh, 2117 Cathedral of Learning, Pittsburgh, PA 15260. sme12@pitt.edu.

aspects of their jobs. Given these findings, it seems likely that bachelor's-level case managers may indicate needs for field-specific training.

Method

Participants and procedure

Case managers and their supervisors at a rural community mental health center in Western Pennsylvania were recruited to participate in an interview study of their training experiences and needs. The case management division of this agency serves approximately 400 new clients a year, most (83%) of whom are Caucasian. Consumers receiving services experience a variety of psychiatric disabilities, the majority of which include depressive and bipolar (48%), behavior (16%), psychotic (13%), or substance use (10%) disorders. All eighteen case managers and all three supervisors working in the case management division of this agency agreed to participate in this study. Participants were all Caucasian, predominantly female ($n = 16$), and ranged in age from 22 to 58 years ($M = 34.67$, $SD = 10.97$). Tenure at the agency ranged from 3 to 180 months ($M = 50.35$, $SD = 51.29$). All but two case managers had completed a four year college degree, half ($n = 10$) of which were in a human service field. Two of the three supervisors had completed postgraduate training in a human service field.

Measures

A semi-structured interview was used to investigate case managers' perceptions of training. The interview opened by asking case managers to describe current successes and problems they were experiencing with clients, and then went on to focus on their training experiences and needs. All interviews were audio-recorded, coded in ATLAS.ti 5.0, and analyzed for recurrent themes surrounding each of the interview probes. By the time the final participant was interviewed, all themes had reached saturation. After specific themes were identified two focus groups with case managers and their supervisors were conducted, which verified the accuracy of the identified themes. No new themes regarding training emerged from these focus groups. This research was approved by the University of Pittsburgh Institutional Review Board.

Results

Current Training Is Not Relevant or Helpful

In general, case managers viewed the training already available to them as not sufficiently relevant or helpful to their work. Participants indicated that agency trainings were heavily focused on administration and meeting licensure requirements, and that few training opportunities were offered that provided skills relevant to working with consumers. As one case manager said, "trainings are offered, but none [are] real useful. I find them not real specific to what I need." When clinically-oriented training was provided, case managers cited a "treatment of the month" phenomenon, and questioned their relevance. For example, one case manager said,

A lot of times they [the agency] will want us to go to these trainings and a lot of times they are just a waste of time. They just don't pertain to what we do ... the trainings that I have been to delve more into the therapy side of things. Case managers are not therapists.

The Need for Basic Information on Mental Illness, Substance Use, and Consumer Engagement

Case managers identified a real need for basic information regarding SMI. One case manager said, "I know when I came here I did not know what it meant to be schizophrenic." Another case manager noted a need for "Sort of like a 'Diagnosis for Dummies' kind of thing." In a similar vein, a third case manager stated:

Maybe a general overview of schizophrenia and 'here are some signs of someone who is decompensating', and something along those lines for depressives-they are doing well when they are doing this and they are not doing well when they are exhibiting these symptoms.

Case managers also indicated a need for information regarding substance use problems, which are frequently co-morbid with SMI, saying, for example, "... if we are going to be expected to work with people with severe drug and alcohol issues there needs to be more training on that," and "... a training on people [who] have schizophrenia and drug and alcohol issues [would be helpful]. For me that is the big one." Another case manager also signified the importance of learning how to connect with consumers with such problems, saying:

I don't know if there is a training on "Not Being Frustrated", because I would like to take that one. The adults with mental illness or with substance abuse issues ... I can't, I don't get through to them.

The notion of learning basic engagement skills for supporting the recovery of people with SMI was also generally highlighted as important. For example, one case manager stated: "I think sometimes we want it more than they do and that is always a problem." Another case manager indicated that:

[Something] that would help would be ways to engage-different ways to engage clients. Engaging clients that are difficult to engage. Things like that. Sometimes you have ones that don't really want you that much.

The Need for Mentoring

Both new and experienced case managers noted that when new people come to the job they are "thrown into it" and forced to "learn as you go." Most of the case managers indicated that training experiences should start as soon as possible, and be delivered "up front" before new case managers acquire a full caseload. Case managers indicated that they learned the most about how to do their work through an informal process of mentoring. As one said, "the way we do things is we go to one another." A new case manager reported, "there is the informal [mentoring] that people have been doing with me which is as important if not more [important than the formal training], which I think is really, really helpful."

However, the informal nature of this training was noted as problematic. Senior staff indicated that they received little recognition for the additional work that mentoring new case managers requires. New staff reported that they often like "a pest" for asking so many questions of senior staff, and at also reported that at times they refrained from asking questions when critical information was needed. One case manager even indicated that she was planned to attempt to address this situation, stating:

I am going to try to organize a mentoring program. I think when staff are new, they do not have a clue. I was talking to one of our new staff members and he was like, "I have been for three months and I don't know what I am doing." I know that is a problem and I think that it affects how the clients are served as well. I am going to try to start a mentoring thing where a senior staff member is assigned to a new staff

member and they can work together to figure out what that staff member needs ... I think [this] will work out really well for the new staff because then they won't be floundering around like everybody has been doing when they start.

Discussion

This research investigated the training needs of case managers at a rural community mental health center. Case managers indicated concerns with the relevance, format, and timing of trainings offered to them. Interestingly, case managers, who often assume the lion's share of responsibility for caring for persons with SMI, frankly admitted their need for training in information basic to the current understanding of SMI, including basic diagnostic categories and treatment approaches, as well as basic clinical skills, such as engagement. Many of these needs could be met by employing master's-level case managers trained in clinical case management (Kanter, 1989), although current funding structures often deter such professionals from becoming or remaining case managers.

Even if didactic training becomes more available and relevant, case managers will need to learn important skills on the job. This group noted the importance of mentoring provided by senior case managers. A limitation of this activity was that mentors received little recognition or compensation for training that was not their responsibility, and mentees reported refraining from asking advice out of concern for overloading the mentors with work. Formalizing the existing informal mentoring component might be an effective way for both providing new case managers with reliable hands-on experience and training. It could also create a career ladder within the case management system that would recognize the important contributions of senior mentors. The available literature on the training of adult professionals suggests that these elements of practical, hands-on training directed by individuals invested in mentoring may be particularly effective for training case managers (Fixsen, Naoom, Blase, Friedman, Wallace, 1995).

In summary, hands-on, "back-to-basics" approaches to training seem needed and relevant for case managers. If these needs are confirmed among larger and more representative groups of case managers, it would be reasonable to begin to work towards addressing these important training needs in this critical sector of the behavioral health workforce.

Acknowledgments

This work was supported by NIMH grant MH 66872 (CMA).

References

- Coursey RD, Curtis L, Marsh DT, Campbell J, Harding C, Spaniol L, Lucksted A, McKenna J, Kelley M, Paulson R, Zahniser J. Competencies for direct service staff members who work with adults with severe mental illnesses: Specific knowledge, attitudes, skills, and bibliography. *Psychiatric Rehabilitation Journal*. 2000; 23(4):378–392.
- Fixsen, DL.; Naoom, SF.; Blase, KA.; Friedman, RM.; Wallace, F. Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231); 1995.
- Gellis ZD, Kim J, Hwang SC. New York State Case Manager Survey: Urban and Rural Differences in Job Activities, Job Stress, and Job Satisfaction. *Journal of Behavioral Health Services & Research*. 2004; 31(4):430–440. [PubMed: 15602143]
- Hromco JG, Lyons JS, Nikkel RE. Styles of case management: The philosophy and practice of case managers. *Community Mental Health Journal*. 1997; 33(5):415–428. [PubMed: 9413668]
- Kanter J. Clinical case management: Definition, principles, components. *Hospital & Community Psychiatry*. 1989; 40(4):361–368. [PubMed: 2714749]

Rohland BM, Rohrer JE, Tzou H. Broker model of case management for persons with serious mental illness in rural areas. *Administration and Policy in Mental Health*. 1998; 25(5):549–553.