

Finding the whole: While doing our part.

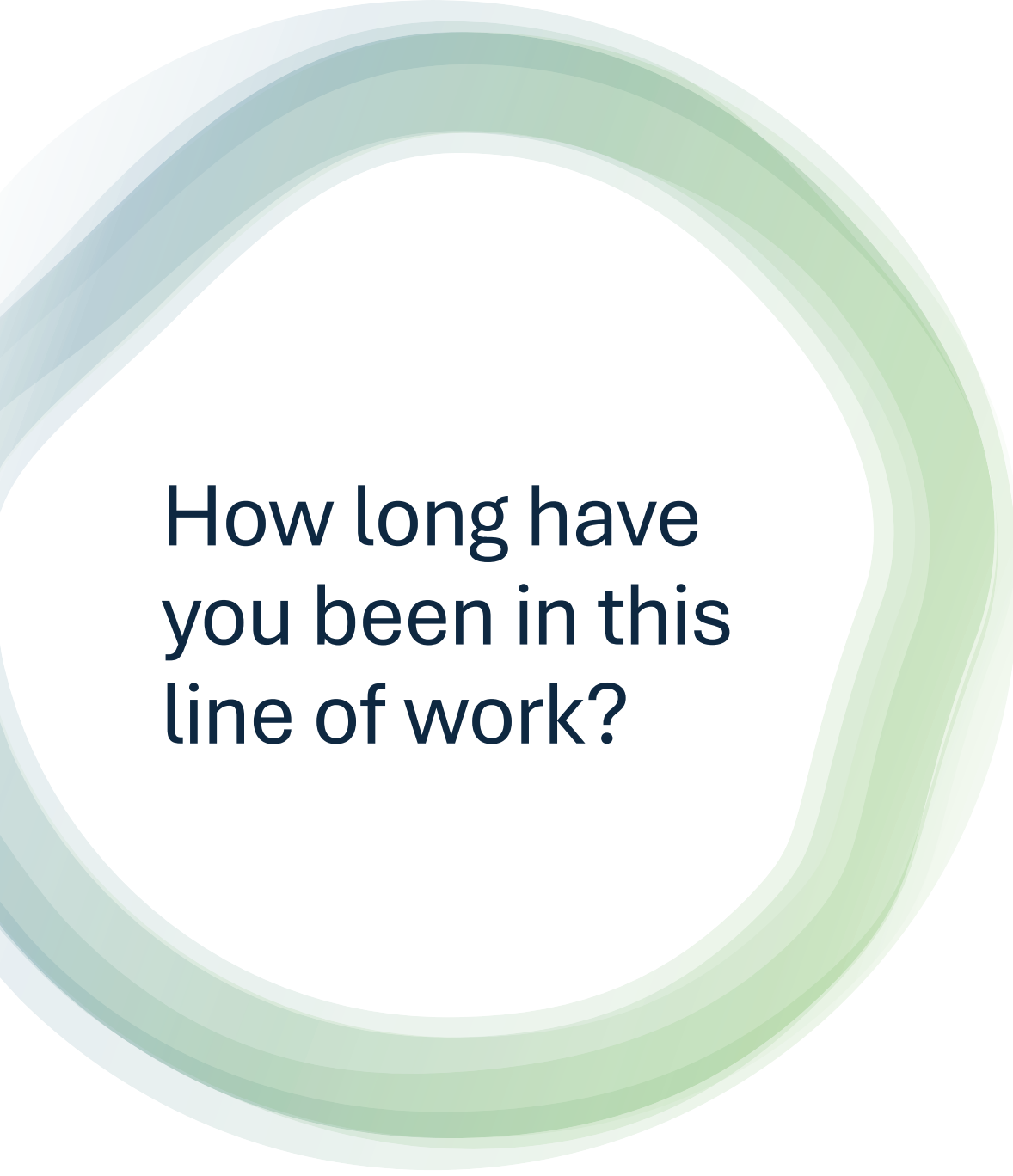
An Occupational Therapists perspective on
disability case management

Objectives:

1. Start a dialogue about how an occupational therapy perspective fits into your practice as a case manager.
2. A series of questions to consider while navigating disability case management work with clients.
3. Creating space to be intentional about what each of us brings to this role.
4. Opportunity to pay attention to your thought of these ideas without (or with) judgement, there might be learning there.

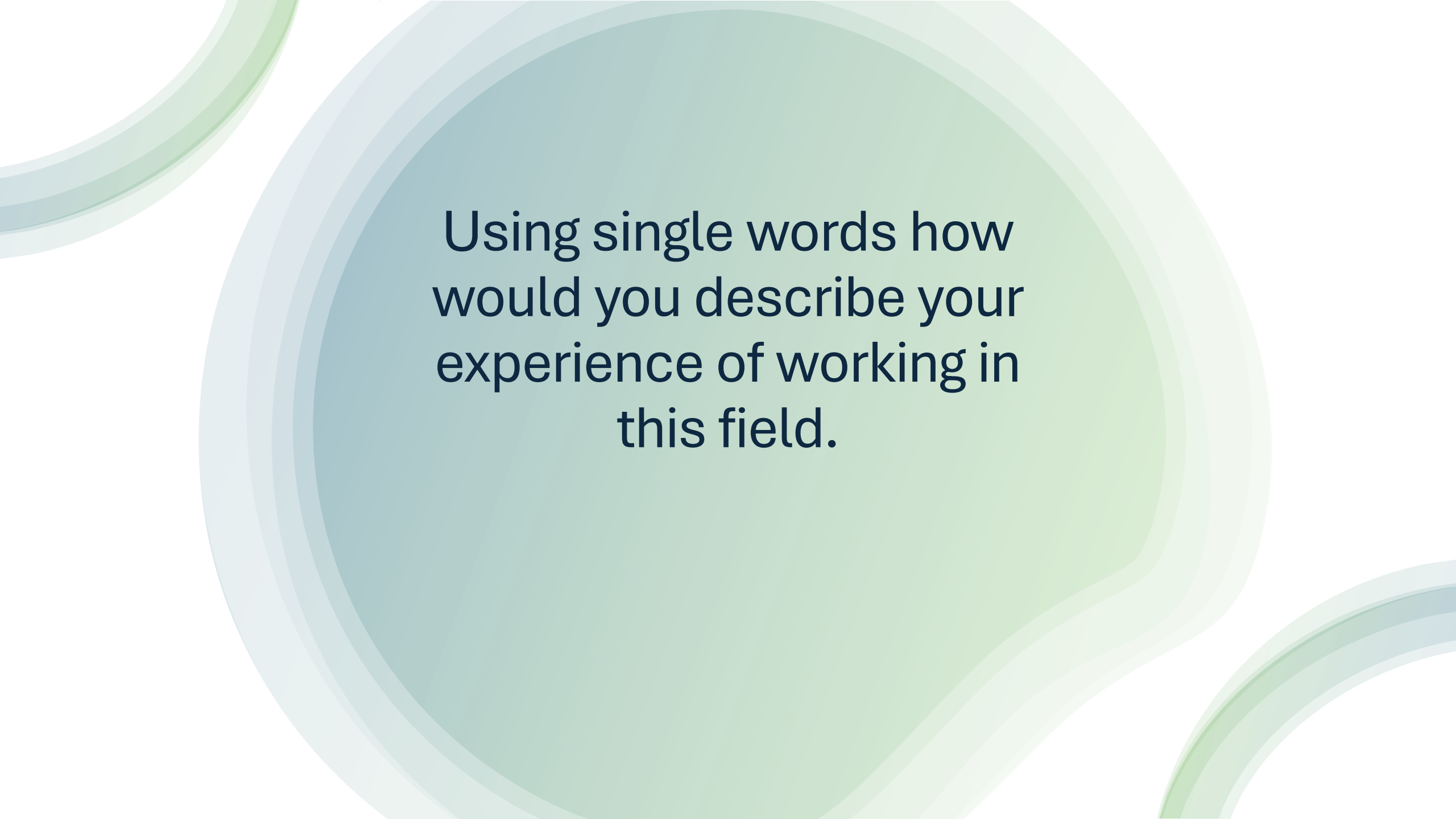
Who are we?

1. Disability case manager for the insurers
2. Disability case managers for the employer
3. Human resources
4. Clinician
5. Union representative
6. Position of leadership
7. Other




How long have
you been in this
line of work?

1. Less than 5 years.
2. 5- 9 years.
3. 10-14 years.
4. 15-20 years.
5. Greater than 20 years.



Using single words how
would you describe your
experience of working in
this field.



What skills do you
think have served
you the best in your
work?

Reminder:

Your role and work is so important:

- Meet with people at a very difficult point in their life and time of great transition.
- What you say matters.
- The decisions you make matter.
- Skilled case management is good work, hard work and requires something of you.
- We all have our own skills to bring to the table, this perspective may or may not resonate with you.

Occupational Therapy Perspective



Client Centered



Occupation driven (what someone wants or needs to do in their day)



Function focused



Collaborative



Goal oriented



Evidence Based



Reflective

Person-Environment-Occupation Performance (PEOP) model

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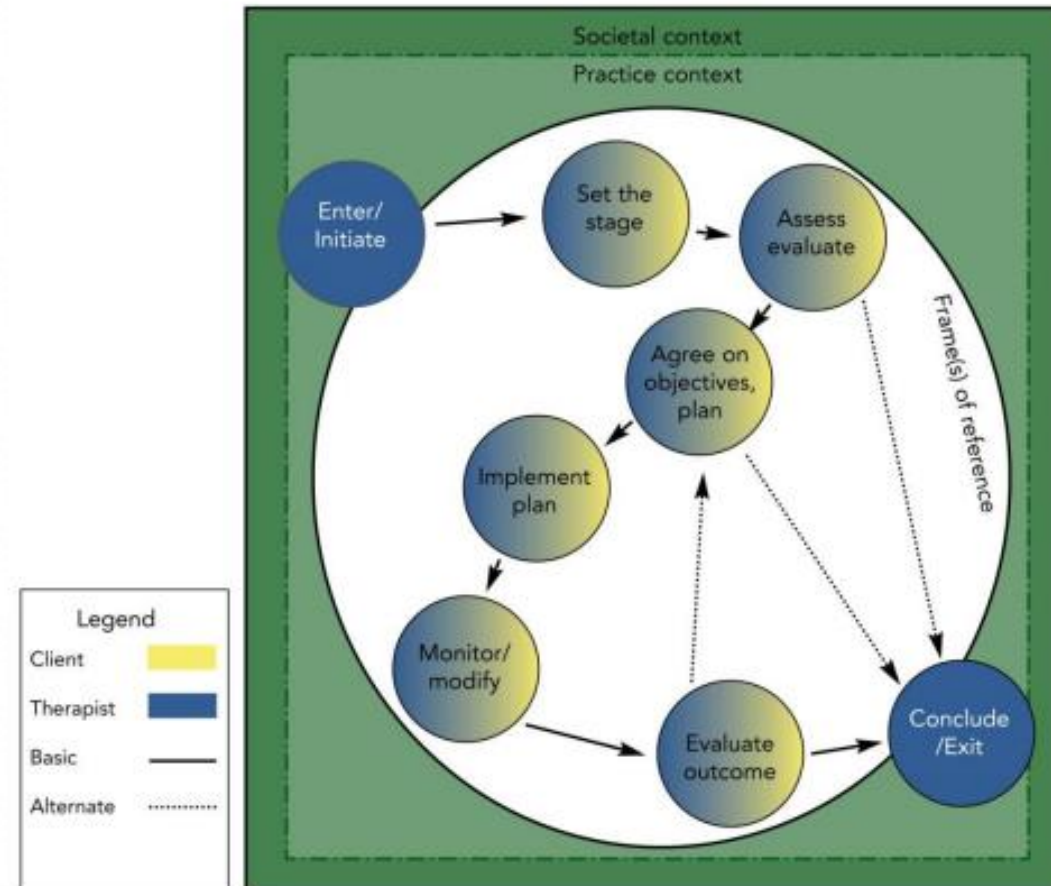


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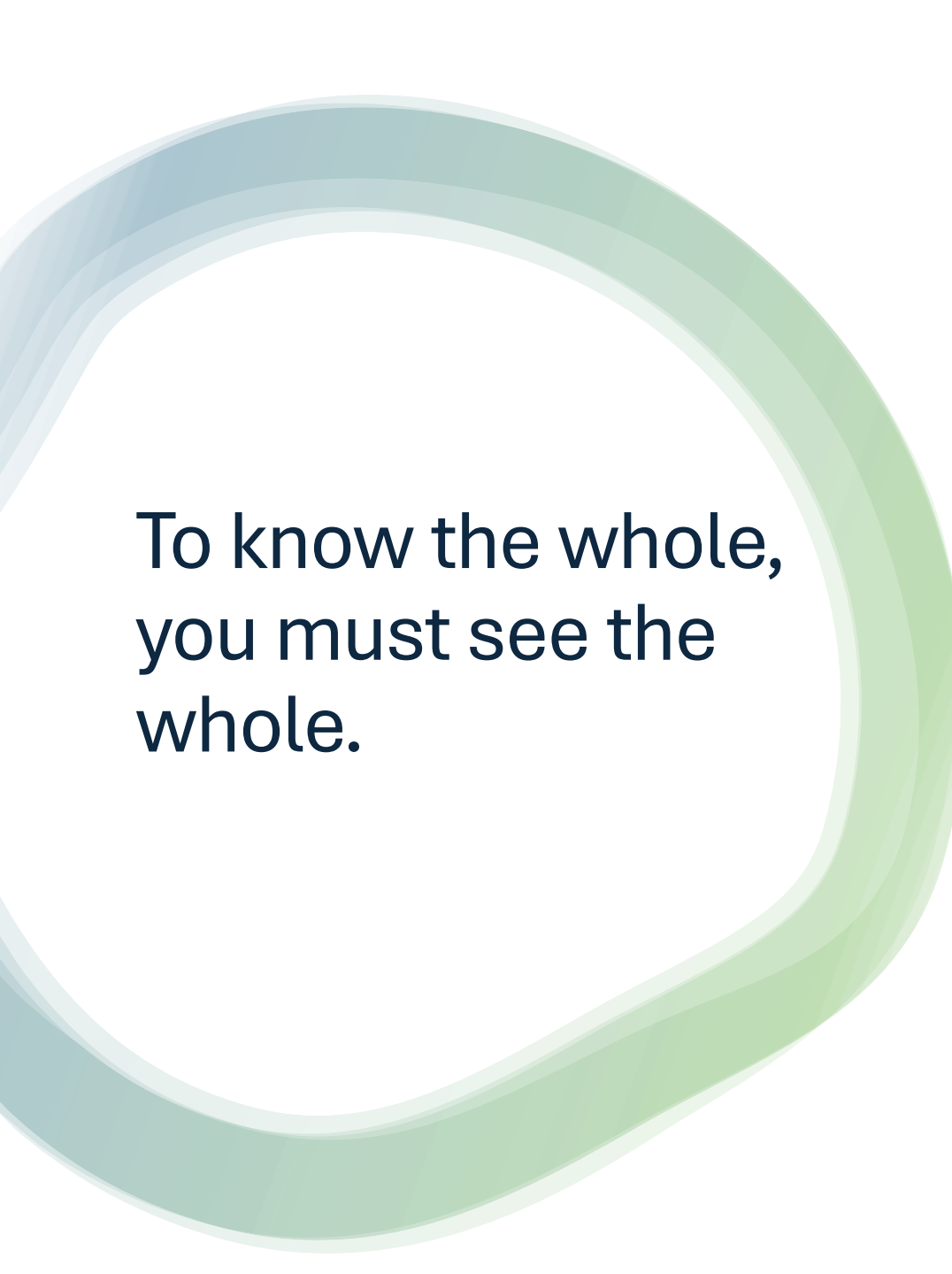
Clinical Practice Process

Figure 9.1 Canadian Practice Process Framework (CPPF)



Polatajko, H. J., Craik, J., Davis, J., & Townsend, E. A. (2007). Canadian Practice Process Framework. In E. A. Townsend and H. J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. p. 233 Ottawa, ON: CAOT Publications ACE.

(Polatajko, Craik, Davis, & Townsend, 2007. Used with permission.)



To know the whole,
you must see the
whole.

Disability case management is a complex and complicated role to work within.

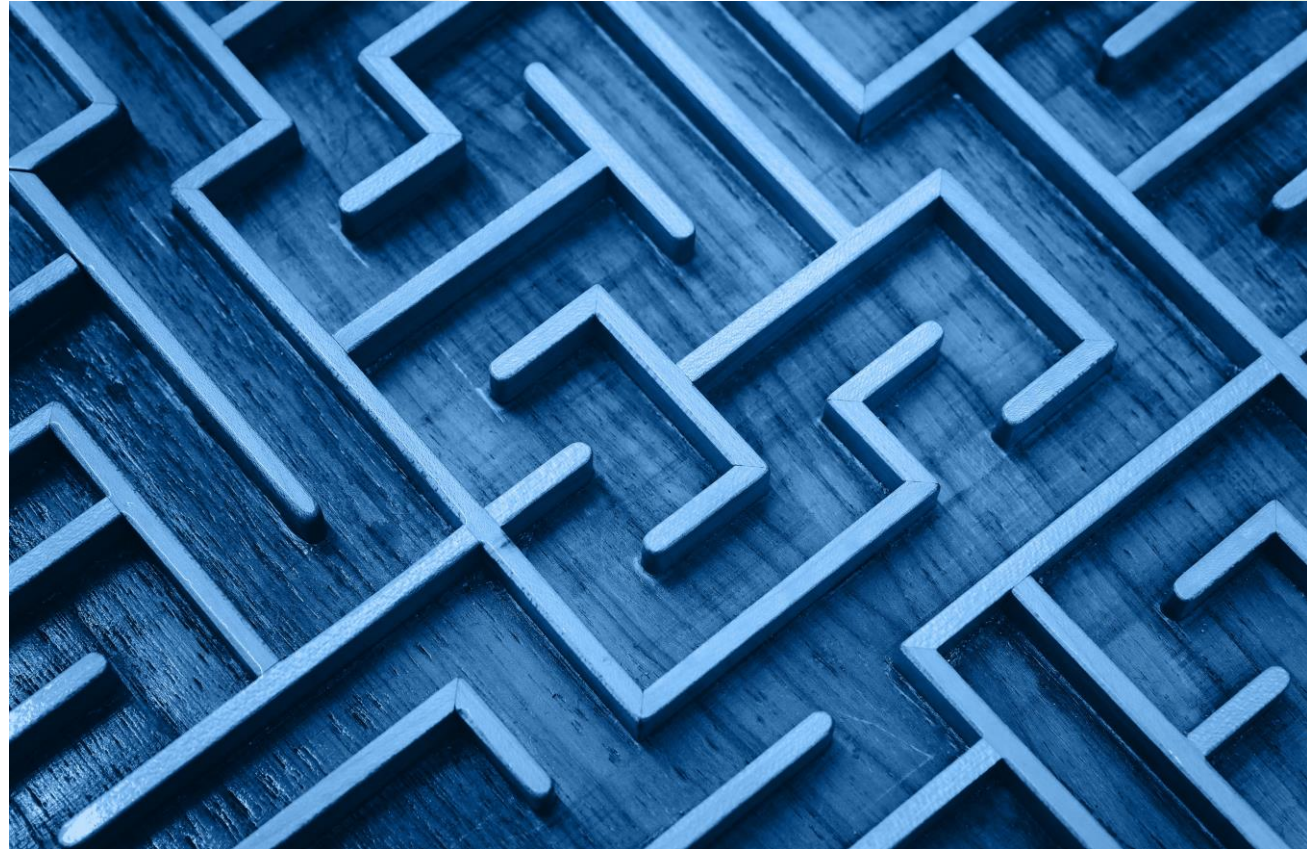
Challenged by:

- missing pieces
- not knowing how pieces fit together
- competing and conflicting agendas/goals

Human conditions:

- high risk of mistaking assumptions/biases for truth
- We forget.

When I get lost, this is what
has brought me back.



Reflecting on Case Management



1

Boundaries and roles



2

Medical and Function



3

Who is your client



4

What is the Goal



5

Personal Reflection

Reflecting on Case Management



1

Boundaries and roles

Legal obligation :

Contract/Plan Text
Legislative requirement
Definition of TD.

What is your employment role?

Who else is at the table ?

If its not your role who could help.
Union, Employer,
Medical team,
consultants.

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Personal Reflection

1. What are our Boundaries and Roles

Boundaries:

- What are the contract requirements?
- What are the legislative requirements?
- What is the definition of Total Disability I am working within?

Roles:

What is my role? Where does my role begin and end?

What are the roles of others involved in the process?

- inside my organization
- outside my organization (employers and unions play critical roles!)

Community resources that might support my client?

If it's not my job and it's a problem who's job is it?

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Medical and Function

- **Objective medical?**
What does this tell us?
Is there a diagnosis
Does it make sense?
- **Treatment Plan.**
What is the treatment plan? Any gaps?
- **Restrictions?**

Medically identified limits?
Permanent or temporary?
- **Objective functional abilities?**

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Personal Reflection

Reviewing the medical:

- What is the diagnosis (if you are entitled)
 - Know the file.
- What is the treatment plan?
- Are there any gaps?
 - Is the treatment whole? Are there still questions?
 - Does the presentation make sense given the diagnosis or might something be missing?
 - Are the issues presenting not related to the medical diagnosis?
 - Psychosocial risk factors
 - Medicalization of social issues

What does the medical say about function?

What are the restrictions/limitations identified ?

- Where they objectively tested?
- Are they permanent or temporary?

Are the restrictions/limitation consistent with how the client reports they are functioning day to day?

Based on the information I have about the clients work, can they do anything in their job within these limitations/restrictions?

Do I need to engage the employer?

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Who is your client

- **Initial Assessment:**
understanding the story from their perspective.
- **Functional abilities**
What are they dealing with day to day
- **Psychosocial situation.**
Who are they responsible for
Who is supporting them
Extra stressors
- **Their barriers/goals**
What are they telling you vs. what are they showing you.

4

What is the Goal

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Personal Reflection

Who is your client?

Completing an initial assessment or interview:

- What is their story in their own words, what was their experience?
- How do they view their medical condition?
- How are they doing life currently?



What are their reported symptoms?

Physical
Emotional
Cognitive



What is their reported level of function?

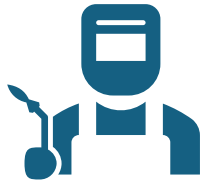
Activities of Daily Living
Instrumental Activities of Daily Living
Leisure and recreation



What is their psychosocial situation like?

Who is supporting them?
Who are they responsible for supporting?
What are their roles and responsibilities outside of work?
What additional stressors are they managing?

- Financial
- Social
- Environmental



What does work mean for them?

How do they describe their job and what do they do functionally in their role?

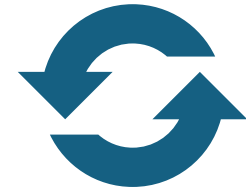
Why is work important for them?

Are their issues in the workplace?



What are their biggest barriers?

What are their enablers?



What stage of change are they at when considering RTW?

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What is the Goal

- **Is it SMART?**
Specific, measurable, achievable, relevant, timely.
- **Function Focused?**
Focused on what you can do not what you can't do.
- **Focused on empowerment?**
Transparent about our goals?
Provided enough information for decision making.
- **Uphold dignity of choice?**
How do we support their decision?

5

Personal Reflection



What is the goal?

- Have I as a case manager been transparent with the goal to the client?
- Is there any conflicting agenda for the client meeting their goal?
- Is the goal SMART?
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Timely
- Is the goal function focused or are we waiting for a solution?
- Has it been created collaboratively and focused on empowerment and personal choice?

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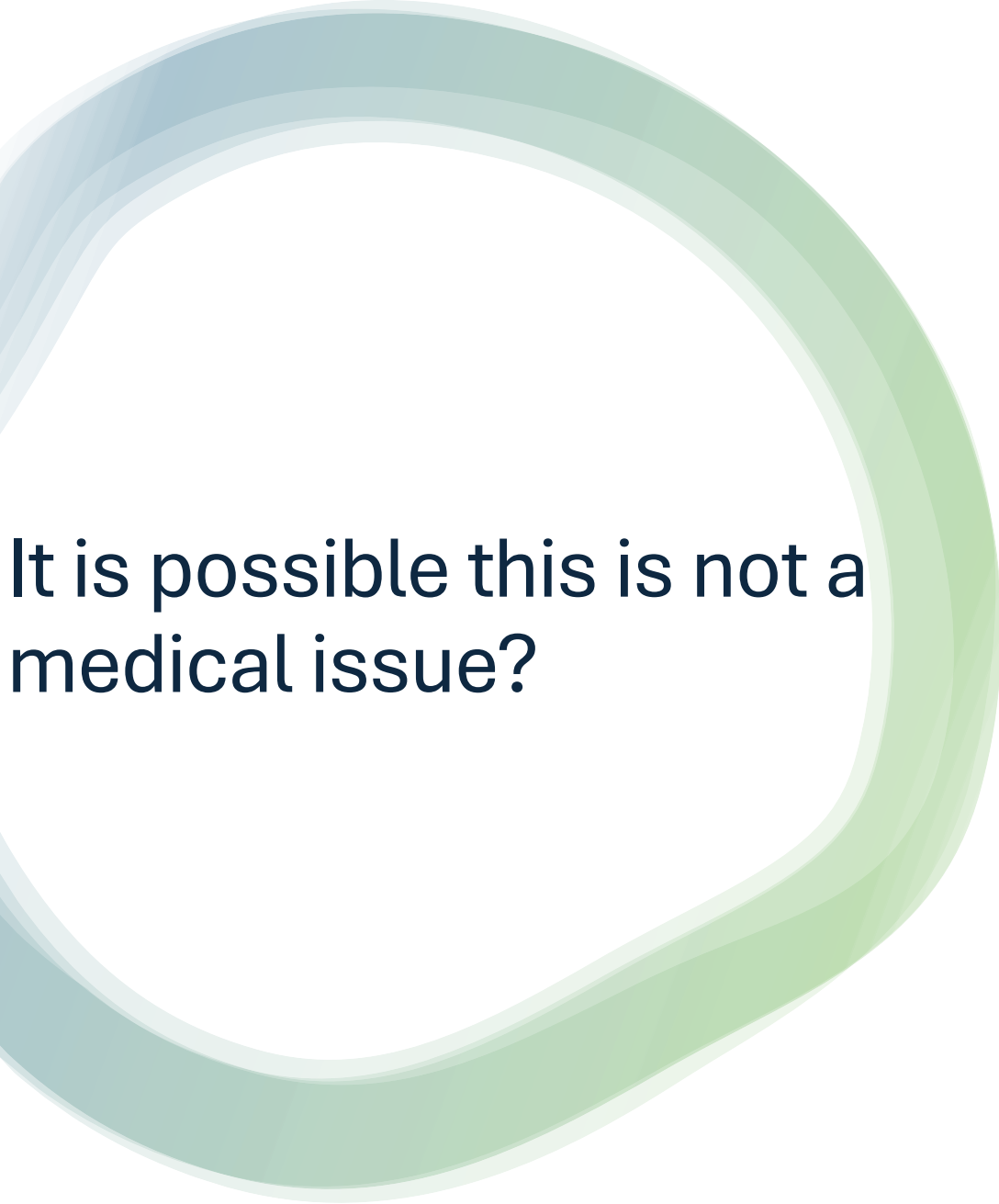
Personal Reflection

- **Being intentional:**
Am I following default or have I considered my client in my approach .
- **Re-assessment:**
Have I re-assessed with any new information?
- **Being reflective:**
Biases
Assumptions
Intersectionality
Systemic oppression
Strength based
Trauma informed
- **Have I done all I can?**

Personal reflection:

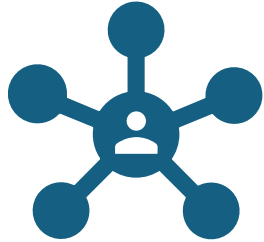
- What are my strengths?
- What is my default process? Am I being intentional about this?
- What are my potential blind spots?
- Am I making assumptions?
- Am I trying to fix or control the situation or empower my client?
- Have I tried a different approach?
- Have I considered my client in the context of the intersections present them?



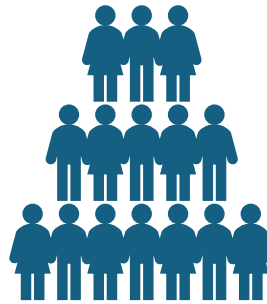


It is possible this is not a medical issue?

- Systemic issue?
- Unclear expectations or parameters of the contract?
- Psychosocial risk factors?
- Interpersonal issues?
- Issues of motivation or confidence for the client?
- Issue or moral distress or values conflicts?
- Concerns related to trauma?



Have I really done everything I can to meet my client where they are at and support them within the boundaries of my role?



Have I involved those around me, employer, union, clinicians to community supports to engage and support where my role ends?



Have I re-assessed the situation with any new information?

Or

Have I sought more information when things needed re-assessing?

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Trauma informed
- **Have I done all I can?**



In conclusion:

This is just a starting point for dialogue or continued reflection.

- What areas are you strongest in? What area's might you need support with?
- Was anything said that you disagreed with, great! Consider taking the next step and unpacking why.
- What resonated with you the strongest?
- When we get lost, we need to go back to the beginning.

The work you do and how you do that work is important!

Don't take my word for it, find what works for you.

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