

## Research Note

# Implementation and evaluation of case management for substance abusers with complex and multiple problems

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### Introduction

Substance abuse is increasingly recognised as a multi-faceted, complex and chronic problem that requires a comprehensive approach and ongoing support services (Brindis & Theidon, 1997). However, few treatment programmes are equipped to provide an expanded array of services and continuing care to meet clients' diverse and changing needs (McLellan, 2002).

Case management is a form of social work practice with a long-standing tradition in mental health care. Since the 1990s, this intervention has also been applied in the United States to help substance abusers, i.e. to improve accessibility, accountability, efficacy, coordination and continuity of care (Willenbring, 1996). However, little information is available about the implementation and effectiveness of this intervention and its applicability in a European context (Vanderplasschen *et al.*, 2004).

### Aims and methods

The aim of this research was to examine to what extent treatment programmes in a clear-cut region in Belgium (Ghent) provide coordination and continuity of care and to assess whether the quality of care and delivery of services could be improved by the implementation of case management (Vanderplasschen, 2004).

First, the organisation of substance abuse treatment and indicators of coordination and continuity of care were assessed, based on interviews with caregivers and a study of client files.

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Second, we looked at available evidence for the effectiveness of different models of case management by a review of studies published in peer-reviewed journals. Crucial elements concerning implementation were identified based on a comparative review of the development and implementation of this intervention in the United States and Europe.

The implementation of a model of case management for substance abusers with complex and multiple problems was assessed in several treatment agencies in a small-scale study ( $n=24$ ). Based on the results of this exploratory study, the effectiveness of intensive case management for frequent and multiple service users has been evaluated in an (ongoing) randomised and controlled study.

Finally, we assessed how coordination and continuity of care could be improved at interagency level. Prerequisites and incentives for the integration of different treatment modalities into a network of services emerged from focus group discussions with practitioners, directors, policymakers and researchers.

## **Results**

Overall, a lack of systematic and joint thought and action appeared from the interviews with caregivers and study of client files, including no (formalised) coordination of care and lack of follow-up after treatment. Still, a trend toward more cooperation, coordination and communication between agencies was observed, but these were merely 'ad hoc'-initiatives.

Although several studies have shown positive effects of case management concerning client outcomes, service utilisation, treatment access and retention, quality of life, clients' satisfaction and cost savings, no compelling evidence of effectiveness could be demonstrated. The size of effects varies depending on the model and target-population, but longer length of participation and retention in case management is associated with positive outcomes.

Deliberate conceptualisation and implementation are powerful determinants of successful case management practice. Particularly, programme fidelity, robustness of implementation, use of manuals and protocols, training and supervision, a team approach, focus on clients' strengths and treatment planning have been identified as crucial aspects of implementation. Still, little evidence is available about what case management-model is most suitable for specific populations or objectives.

Both empirical studies have shown that case management clearly contributed to more individualised and comprehensive support and to better coordination and continuity of service provision for substance abusers with multiple problems. Case management further contributed to participation and retention in (residential) treatment. The impact on clients' functioning was moderate and led in most cases to a stabilisation or improvement of clients' drug, family and employment situations.

At interagency level, a common language, a concerted approach and an inventory of available services, addressing duplicated work and missing links are regarded as important prerequisites for integrating various treatment modalities. Moreover, such

reorganisation should start from clients' treatment needs and respect for the uniqueness of each modality. Case management may help to coordinate and follow up clients' trajectory in such a network of services.

### **Conclusion**

Although case management has been applied in substance abuse treatment for more than 15 years, its implementation in Europe is still in its infancy. It appeared that case management is a promising approach for delivering coordinated and continuous care to substance abusers in need of several services over a longer period of time. In particular, its role in enhancing treatment participation and retention and in coordinating service utilisation is an important addition to existing services. Although case management may seem a radical intervention relative to clients' situations, appreciation by clients is consistently high. Still, this intervention is no panacea and deliberate implementation and integration in the network of available services are prerequisites for successful outcomes.

Further research should, among other things, focus on longitudinal effects and cost-effectiveness, identification of elements that make this intervention work and the role of mediating factors such as motivation or coercion.

### **References**

- Brindis, C. D. & Theidon, K. S. (1997) 'The role of case management in substance abuse treatment services for women and their children', *Journal of Psychoactive Drugs*, vol. 29, no. 1, pp. 79–88.
- McLellan, A. T. (2002) 'Have we evaluated addiction treatment correctly? Implications from a chronic care perspective', *Addiction*, vol. 97, no. 3, pp. 249–252.
- Vanderplasschen, W. (2004) *Implementation and Evaluation of Case Management for Substance Abusers with Complex and Multiple Problems*, Academia Press, Gent.
- Vanderplasschen, W., Rapp, R. C., Wolf, J. & Broekaert, E. (2004) 'Comparative review of the development and implementation of case management for substance use disorders in North America and Europe', *Psychiatric Services*, vol. 55, no. 8, pp. 913–922.
- Willenbring, M. (1996) 'Case management applications in substance use disorders', in *Case Management and Substance Abuse Treatment: Practice and Experience*, eds H. Siegal & R. C. Rapp, Springer Publishing Company, New York.