

PROFESSIONAL COUNSELORS AND CASE MANAGEMENT

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ABSTRACT

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The purpose of this study was to describe the role that case management had in the work of professional counselors and to inquire into their needs as related to training and preparation to provide case management services. I used a descriptive phenomenological approach and followed Giorgi's five step model to analyze data. I collected data using survey which consisted of 10 open ended questions and received 21 completed surveys.

The primary result of the analysis of the survey participant responses was a definition of case management. Five overall themes emerged to include Role of case management in counseling practice, Importance of Maslow's theory for counseling process, Elements of case management, Learning about case management, and Need for inclusion of case management in counseling curriculum. Two subthemes emerged under Role of case management in counseling practice which included Important role and Basic case management interventions. The overall themes indicated that professional counselors found value and utility of case management in their practice but noted lack of training and preparation to provide case management services. Further research with geographically larger number of participants is recommended to validate results of this study and expand upon these findings.

KEY WORDS: Case management; Professional counselors; Maslow's Theory; Counseling curriculum

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CHAPTER I

Introduction

Case management gained prominence during the 1970s after thousands of patients with serious mental health disorders were moved from institutions into communities, which were ill prepared to deal with the influx of people who required continuation of comprehensive services that were often fragmented and hard to reach (Miller, 1983). In order to address the complexity of the delivery system and improve coordination among various service providers, mental health professionals used elements of case management such as linkage, advocacy, brokerage, referral, and service or care coordination (Short et al., 2019). Miller (1983) noted that social workers, vocational rehabilitation counselors, nurses, and families of mentally ill individuals engaged in various activities that belonged to the realm of case management. Furthermore, he added:

Case management is recognized as one of the most essential services, if not the essential service, in community programs. It is viewed as a means of overcoming the complexity and fragmentation of our service system and of reaching the inadequately served chronically and severely disabled population. (p. 5)

Case Management and Mental Health Professionals

Current demand for case managers reaffirms the importance of case management services to individuals with disabilities. Partnership between the Commission for Case Management Certification (CCMC) and the National Association of Social Workers (NASW) seeks to expand the opportunities for social workers in the field of case management and to fulfill the growing need for provision of “holistic services to individuals, particularly during crucial episodes along the care continuum” (Demoratz,

2018, p. 228). Holistic approach that includes, among other aspects, knowledge of mental health issues, treatment modalities, and case management strategies is necessary for the successful outcomes because it “brings together the mental and physical aspects of health” (Carter et al., 2015, p. 140). Social workers who use clinical case management interventions such as linking with community services, consulting with families, maintaining and expanding social networks, collaborating with other relevant entities, advocacy, and monitoring, acknowledge “the importance of biological and psychological factors” and address “the overall function and maintenance of the person’s physical and social environment” to achieve the optimal treatment results by intervening “with both the client’s inner and outer worlds”. (Kanter, 2016, p. 341).

Other mental health professionals subscribe to the holistic approach and use case management activities to meet the complex needs of their clients. Rehabilitation counselors identified rehabilitation case management, personal counseling, and vocational counseling as the most important factors as related to their skills and knowledge areas (Matthews et al., 2010). Findings of another study, which identified job tasks, functions, and knowledge domains that vocational rehabilitation counselors in Germany and Australia used effectively, indicated that vocational counseling, rehabilitation case management, and workplace disability case management were among the most important factors that contributed to the successful outcomes (Matthews et al., 2015). Universities and colleges are beginning to provide case management for students with serious mental health problems and rehabilitation counselors are often recommended to assume the role of case manager because they have skills and knowledge of case management tasks such as coordination of services, collaboration with external and

internal agencies and organizations, community outreach, and referrals (Koch et al., 2016).

Addiction's counselors are expected to provide case management to clients who need help locating additional resources, securing housing, finding work, handling finances, and coordinating fragmented services (Lassiter & VanderGast, 2016). Older adults with addiction problems have unique needs and rehabilitation counselors use referrals, advocacy, linking with supportive social groups, and community outreach programs to optimize the quality of life and meet the complex needs of this segment of population (Kettaneh, 2015). Rural addiction counselors face additional challenges because complimentary services are not easily accessible to their clients, thus requiring addictions counselors to collaborate and communicate with other providers and monitor to ensure the care continuity (Pullen & Oser, 2014).

Like the addiction's counselors, rural school counselors perform duties that are outside of the traditional scope of school counseling. They engage in community coalition building which requires them to work collaboratively with teachers, parents, other mental health professionals, and staff from different community agencies (Hann-Morrison, 2011). Elementary school counselors coordinate services for students with disabilities, which is the case management task they are provided training for by the Office of Specialized Services (Franklin, 2010).

Licensed professional counselors who provide case management prior to engaging clients in therapeutic work understand that clients' basic needs of food and shelter, as well as the safety needs, must be met to enable clients to work on other problems. This approach to counseling became even more important during the

pandemic caused by the novel coronavirus, which brought unprecedented hardship on large number of individuals who lost jobs, minorities, and other economically vulnerable groups (Aranez- Litam & Hipolito-Delgado, 2020). Counselors who were working with individuals who had limited access to well-paying jobs, adequate health care and educational opportunities even before the pandemic, as noted by Aranez-Litam and Hipolito-Delgado, would need to address the issue of loss of income and sense of safety and predictability prior to engaging in counseling. Additionally, the authors reiterated several times that posttraumatic growth would be difficult to achieve unless clients' physiological and safety needs were met. Likewise, Pullen and Oser (2014) contended that hierarchy of needs reflected accurately which needs individuals who experienced food insecurity and unstable environment considered essential, making it a must for counselor to help their clients meet those basic need first.

Rural mental health counselors assume multiple roles, to include the role of case manager. Participants in the study conducted by Imig (2014) recognized that "an essential part of being a rural counselor entailed wearing many hats" (p. 407). Case management is one of the major activities, in particular care coordination with different service providers, which licensed professional counselor employ when addressing the complex needs of youth with mental health problems (Zoffness et al., 2009). Similarly, licensed professional counselors who work with older adults must collaborate and communicate with other professionals to treat their clients holistically (Goldsmith & Robinson Kurpius, 2015).

Purpose of the Study

The purpose of my study is to describe the role that case management has in the work of professional counselors as well as needs professional counselors have as related to training and preparation to provide case management services. Clients who seek mental health treatment often need assistance in maintaining their physical and social environment (Chiu et al., 2014). Counselors must recognize various needs of their clients and utilize appropriate interventions, including case management, to help clients meet those needs (Goldsmith & Robinson Kurpius, 2015). Giving voice to the experiences of licensed professional counselors will provide greater understanding of the complexity of the counselor's role in today's society and changing demands on the scope of services they provide in the community. Counselors will be given the opportunity to redefine counseling areas of responsibility and reexamine core functions of the counseling profession, which may include case management as an important factor.

Significance of the Study

The United States has been experiencing significant demographic changes over several decades and new projections reveal that the society will continue to become even more racially and ethnically diverse in coming years (Vespa et al., 2020). These demographic changes indicate that needs of the diverse population are changing and that traditional roles assumed by professional counselors might not satisfy these increased needs. Case management interventions are becoming necessary to adequately respond to multifaceted needs of diverse clients (Shelesky et al., 2016). I have found a handful of studies in the current counseling literature that address the issue of diversification of client needs as related to the professional counseling practice. My study is significant

because it is the first study that will investigate the role that case management has in the work of professional counselors. Additionally, my study will explore how new demands on counseling profession might be satisfied using case management strategies.

Furthermore, my study will highlight training needs of professional counselors in case management techniques and interventions which can guide counselor educators in preparation of the curriculum for the new generation of professional counselors. No current literature offers comprehensive responses to these issues. Recent natural disasters and the current pandemic has prompted researchers to examine the practicality of counseling interventions with population that could not meet the basic needs to conclude that the scope of counseling practice needed to be broadened to include case management interventions (Smith, 2005; Aranez-Litam & Hipolito-Delgado, 2020).

Definition of Terms

The following terms are defined to help the reader understand how I used these terms for the purpose of my study. Professional counselor, professional counseling, and case management are the terms that I referred to on multiple occasions in my study.

Professional Counselor

Professional counselor is a mental health professional who enhances human development through life span, honors diversity, promotes social justice, safeguard the integrity of counselor-client relationship, and practices in a competent and ethical manner (ACA Code of Ethics, 2014).

Professional Counseling

The 20/20 vision of the American Counseling Association (ACA) offers this definition of professional counseling: “Professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” Furthermore, readers can find additional explanation of the professional counseling on the ACA website:

Counseling is a collaborative effort between the counselor and client. Professional counselors help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health.

Case Management

Commission for Case Management Certification (CCMC) (2020) provided the following definition of case management:

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

The National Association of Social Workers (NASW) defined case management in the Standards for Social Work Case Management (2013) as “a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client (p. 13).

Case management in addiction counseling was defined as “activities which bring services, agencies, resources, or people together, within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts” (Kulewicz, 1993, p. 57).

For the purpose of this study, I have defined case management as a collaborative process that enables counselors to facilitate clients’ optimal functioning in their physical and social environment through coordination of services, advocacy, and monitoring of progress.

Theoretical Framework

Maslow’s Theory of Motivation

I used Abraham Maslow’s theory to provide a rationale for my study. In his earlier works on his theory of human motivation Maslow (1943, 1948, 1954) identified five hierarchical categories of needs and those needs were physiological, safety, love and belonging, esteem and self-actualization. According to Maslow (1943), lower-level needs must be satisfied to a great extent before a person can fully engage in activities that would satisfy his/her higher-level needs. At the bottom of Maslow’s original hierarchy of human needs are the physiological needs that are essential for survival. When a person cannot satisfy the basic needs for oxygen, water, food, and sleep, all other needs come second. The safety needs emerge once the physiological needs become satisfied. Higher needs, which include belongingness and love needs, need for esteem, and self-actualization, come to the forefront once the physiological and safety needs are satisfied. Maslow (1948) stated:

Higher needs have less ability to dominate, organize, and press into service the

autonomic reactions and other capacities of the organism, e.g., it is easier to be single minded, monomaniac, and desperate about safety than about respect.

Deprivation of higher needs does not produce as desperate a defense and emergency reaction as is produced by lower deprivations. Respect is a dispensable luxury when compared with food or safety. (p. 434)

Many textbooks outlined the original hierarchy of needs but failed to include another construct that Maslow developed in his later work, which was his last construct at the top of the pyramid, identified by Maslow as self-transcendence. This construct went beyond self-actualization and represented a major shift in how human personality was conceptualized (Koltko-Rivera, 2006). The individual who reached the level of self-actualization was primarily concerned with his/her own potential, as explained by Koltko-Rivera, but the individual at the level of self-transcendence was more concerned with how to provide services to others or devote self to a cause than satisfy his/her own needs. Koltko-Rivera described the individual at the level of self-actualization as the one who “seeks fulfilment of personal potential” and the person who reached the level of self-transcendence as the one who “seeks to further a cause beyond self and to experience a communion beyond the boundaries of the self through the peak experiences” (p. 303). Additionally, he explained that the peak experiences might involve a variety of transpersonal experiences or aesthetic, mystical, or experiences with nature.

Taormina and Gao (2013) explained that Maslow’s theory was not without controversy because it was criticized as culture centered and gender biased by some critics who did not agree with others who found this theory relevant in diverse cultures and to both genders. They developed operational definition for each of the five needs and

created a questionnaire to empirically test the motivation hierarchy by assessing satisfaction of the needs, their correlations, and the extent to which the satisfaction of lower-level needs can predict the satisfaction of subsequent needs. The findings of their study offered strong support for the hierarchy of needs because satisfaction of each need predicted satisfaction of the need that followed immediately after. Additionally, they discovered that satisfaction of all higher-level needs could have been predicted based on how well the physiological needs had been satisfied.

D'Souza and Gurin (2016) developed a need-based activity chart that could serve as a guide to individuals who were interested in promoting own personal growth and functioning at the level of self-transcendence that entailed selflessness and altruism. Their chart, which divided the lifecycle into four stages, demonstrated how actions and behaviors of the individual who was striving for self-actualization and self-transcendence would change gradually with increased maturity and years of personal growth. Additionally, they posited that time spent on satisfying deficient needs (physiological, safety, love and belonging, and esteem) decreased as the individual matured and focused more on altruism and social causes, thus dedicating a significant amount of time to satisfying being needs (self-actualization and self-transcendence).

Maslow's Theory as a Framework for Other Approaches

Maslow's hierarchy of needs generated numerous discussions and garnered significant support and some criticism; thus, one should not be surprised to learn that Maslow was named the 10th most eminent psychologist in a survey conducted by Haggbloom et al., 2002. Furthermore, the authors of the same study investigated how often eminent psychologist were cited in introductory psychology textbooks and they

found that Maslow's name was among the most cited psychologist, ranking 14th on that list. The following examples, which illustrated the more recent application of Maslow's theory of human motivation for different purpose, serve as a reminder of Maslow's standing and viability.

Maslow's hierarchy of needs served as a basis that enabled Alborz (2017) to define the scope of her theoretical model of the nature of Quality of Life. She explained that she conceptualized her model with no specific group in mind unlike other models that focus on people with intellectual disabilities because all people should have the opportunity to aspire to and achieve desired quality of life. Additionally, she noted that she agreed with Maslow in that the hierarchy of needs did not have to strictly follow a fixed order, but that majority of people would be motivated to fulfill their basic needs before attempting to satisfy higher level needs. Furthermore, she argued that the person who was successful in fulfilling his/her basic and subsequently higher needs "would gain an improvement in their quality of life" (p. 20).

Another example of use of Maslow's theory of motivation was demonstrated by Zalenski and Raspa (2006) who adapted hierarchy of needs to palliative care with the aim of helping hospice patients achieve the highest human potential at the end-of-life. They argued that it was possible for hospice staff to help their patients significantly reduce distressing symptoms and fears of physical safety, which were considered basic needs by the authors. Additionally, they contended that Maslow's approach in the palliative care also encompassed love and acceptance, esteem and respect, as well as self-actualization and transcendence, all of which were believed to be higher level needs that offered opportunity to achieve human fulfillment at the end-of-life journey.

Maslow's theory of motivation was relevant to individuals in the late stage of life, as evident by the preceding examples, but the same theory was used to develop successful models that focused on children and youth. Maslow's theory was used as a model to develop strategies to help students and teachers achieve academic goals at a floundering rural elementary school plagued by surrounding societal poverty (Fisher & Crawford, 2020). The authors of this study described steps that the new principal implemented to make significant changes in lives of students and school staff with the first step consisted of meeting basic physiological needs such as food and supplies for students and resources for teacher, followed by addressing the safety needs through parental and community engagement. Additionally, they explained that students were working on fulfilling esteem needs at the time the authors conducted their study, but the principal contended that gains in esteem would have not been feasible without him addressing two basic needs from the bottom of the Maslow's hierarchy.

Trauma-recovery model, according to Evans et al. (2020), was developed with the aim of creating developmentally appropriate interventions for children and youth who experienced childhood trauma and committed various offenses against the law. The authors described six levels of this hierarchical model with the first two levels based on Maslow's theory of motivation. They explained that physical needs and basic safety were essential for children to begin to understand and make sense of the past experiences and to trust adults to guide them through therapeutic process based on cognitive interventions. Additionally, they noted that enhanced case management was at the core of this model.

Case Management and Maslow's Hierarchy of Needs

Case management is utilized to help clients meet psychological and safety needs. These basic needs, as defined in Abraham Maslow's hierarchy of needs, must be addressed before clients can focus on the higher needs of belonging and self-esteem according to Henwood et al. (2015). The results of their study, which compared effectiveness of different homeless programs, indicated that majority of participants believed that limited resources and unmet basic (deficiency) severely hindered their ability to set and accomplish goals related to self-actualization. Additionally, the authors noted that "being needs were often embedded within a discussion about deficiency needs" but self-actualization goals were identified less frequently by participants than their appreciation of stable housing and food security (p. 225).

Like the above-mentioned study, Cohen et al., (2019) conducted their study after hurricane Sandy and found that individuals who lost resources after a natural disaster experienced the most severe symptoms of post-traumatic disorder. They noted persistence of the same symptoms among individuals who continued to experience the same stressor as related to income and housing deficiency, thus case management interventions to secure employment and stable residence for those individuals were of the highest importance early in the recovery process.

Students from low-income families who participated in the study conducted by Bush and Bergen (2010) showed noticeable improvements in their academic performance after their deficiency needs consisted of physiological and safety needs were met. The authors explained that the county program which encompassed more than forty schools

was implemented successfully using case management strategies to secure resources and locate services for families in need, which enabled students to focus on schoolwork.

Another school district located in an impoverished rural area used Maslow's theory to guide their approach in helping students overcome challenging life events (Tichy, 2017). The results of the survey administered by Tichy indicated that schools in the district met students' basic needs by providing meals and safe environment, and offering different resources which, in turn, enhanced student's ability to focus on their academic goals.

Counseling and Maslow's Hierarchy of Needs

Counselors often work with children who face challenging conditions that do not allow for the lowest levels of needs to be satisfied. Harper et al. (2003) contended that children living in poverty and fear for their safety might not develop to their fullest ability and experience personal growth like their well-off peers. With this in mind, counselors could make the biggest impact by focusing on "helping children to meet their basic needs within their culture and, thus, to move up Maslow's need hierarchy toward self-actualization" (p. 23).

Effective mental health interventions, according to Mitschke et al. (2017) among another group of economically stressed individuals, refugees, should include timely interventions that address practical issues of housing, employment and access to other basic services. Participants in their study revealed that fulfilling the most basic needs was the priority and that other issues, including any mental health issues, were important but nevertheless secondary to psychological and safety needs.

Lonn and Dantlzer (2017) suggested that counselors use Maslow's hierarchy when working with refugees because:

This framework allows counselors to attend to multiple levels of intervention surrounding the primary mental health concern which may result in increased advocacy and extend the network of complimentary and wrap-around services while delivering culturally responsive counseling interventions and treatment strategies (p. 66)

Research Questions

The following research questions will be used to determine the themes that allow for the description of the experiences of licensed professional counselors as related to case management:

1. What are the experiences of licensed professional counselors as related to case management?
2. What role does case management play in the work of licensed professional counselors?
3. What elements of case management should be included in counselor training programs?

Limitations

My study was limited to licensed professional counselors in the state of Texas. Counselors from other states might have had different experiences. Participants also had to have a minimum of five years' experience that included the experience needed for full licensure. This meant that the perceptions and experiences of less experienced counselors were included in this study. I used descriptive phenomenological methodology that focuses on the experiences of the fully licensed professional counselors who responded to

the survey; therefore, data might have not been representative of all licensed professional counselors. Furthermore, my study was limited to self-report of participants.

Delimitations

My study was delimited to licensed professional counselors; thus, my participants did not represent the experiences of other mental health professions.

Assumptions

For the purpose of my study, I assumed that the participants would be honest in their responses and that they could understand the purpose of the study and language contained in the survey. Furthermore, I assumed that the descriptive phenomenological methodology was a reliable method of qualitative inquiry.

Organization of the Study

This dissertation is organized in five chapters. Chapter I includes the background of the study, statement of the problem, purpose of the study, significance of the study, definition of terms, theoretical framework, research questions, limitations, delimitations, and the assumptions. Chapter II contains a review of the pertinent literature. The literature review includes a discussion of the history of case management and its importance in social work practice, rehabilitation counseling, addictions counseling, and school counseling, as well as the role it has in the professional counseling. Chapter III describes the descriptive phenomenological methodology used for the purposes of this dissertation, and includes the research design, selection of participants, instrumentation, data collection, data analysis, and trustworthiness. Chapter IV includes demographics, the results of the data analysis, and the themes that emerged from the survey responses. Chapter V serves as a conclusion of my dissertation and includes a summary of my study,

discussion of the research findings, implications of the findings for theory and practice, recommendations for future research, and conclusions.

CHAPTER II

Literature Review

Literature regarding case management is substantial but majority of it is associated with social work field. Social workers are expected to provide case management (Geld et al., 2018) and they employ different case management strategies such as collaboration, referrals, linking, monitoring, and advocacy (Kantor, 2016). Some research investigated the importance of case management for rehabilitation (Stebnicki & Marini, 2016) and addiction (Siegal, 2005) counselors, to conclude that case management is essential for successful outcomes of multifaceted therapy methods. After exhaustive research of current literature using numerous databases to include but not limited to the following databases: Psych ARTICLES, PsycINFO, Education Source, Academic Search Complete, Psychology and Behavioral Science Collection, eBook Academic Collection (EBSCO host), ERIC, and Google Scholar. I found very limited number of articles that mentioned case management in relation to professional counseling. These few articles focused on case management utilization during times when clients were adversely impacted by external factors such as natural disasters or because of lack of resources in their rural communities. Nevertheless, this literature review allowed me to provide a foundation for my study to focus on perceptions of licensed professional counselors and their use of case management activities. I began the review of the current literature with a brief overview of case management in general and clinical case management. Next, I discussed case management as related to the work of social workers, rehabilitation counselors, addiction counselors, school, and college counselors. In the next section I provided an overview of a scarce literature about case management in community

counseling. Lastly, I discussed ethical perspective on case management as it appeared in different Codes of Ethics for mental health professionals and in Texas Law pertaining License Professional Counselor (LPC) accreditation.

Case Management

Case management has a long history in the United States, but it rose to prominence during the 1970's when many societal changes occurred (Sanborn, 1983). Chechak (2015) noted that psychiatric patients who had spent years languishing in the mental hospitals were gradually released back into their communities in the 1950's and 1960's as a result of deinstitutionalization, which required a new mode of service delivery. He explained that case management became the preferred approach of care delivery because it offered guidance and strategies to mental health professionals to efficiently assess clients' needs, develop and implement subsequent treatment plan, monitor and evaluate progress, and successfully coordinate community services during the entire process. In recent years, mental health service delivery relied heavily on case management to meet numerous needs of individuals suffering from mental disorders and case management strategies permeated all segments of the treatment continuum (Treiger, & Fink-Samnack, 2015). Rehabilitation and care of individuals diagnosed with various chronic mental illnesses require use of case management interventions as a primary component of delivery of comprehensive and non-fragmented services (Mas-Exposito et al., 2014). Chechak (2015) noted that case management demonstrated its clinical value in the mental health field, and it was considered as one of the most important methods of the care delivery. A holistic approach to mental health, according to Carter et al. (2015) should be embraced by all case managers who need to gain greater understanding of

symptoms of most common mental health disorders and learn how to use basic diagnostic tools in addition to case management. Traditional case management tasks, as described by Mas-Exposito, et al. (2014), include establishment of therapeutic alliance, needs assessment, advocacy, development and monitoring of the care plan, supportive counseling, coordination of service delivery, referral and linking, monitoring, and evaluating the effectiveness of service provision, and modifying of service provision. Mishra (2015) explained that the following criteria must be met to ensure the optimal outcomes of case management interventions: goal oriented, focused on the beneficiary, accountable, comprehensive, integrated, coordinated, evidence based, flexible, cost-effective, and sustained.

Clinical Case Management

Kanter (2010) stated that holistic approach to case management focused on both the client's physical and social environment was at the core of clinical case management model. He argued that five components identified in the earlier models, which included assessment, planning, linking, monitoring, and advocacy, did not encompass many intervention strategies employed by professionals who used updated clinical case management model. Furthermore, he explained that collaborative relationship between the provider and the client, and crisis intervention should not be overlooked. Therefore, he identified the following components of the clinical case management model to describe the broad and diverse range of case management practice: engagement, assessment, and planning within the initial phase; linking, consultation, expansion of social networks, collaboration, and advocacy within the environmental focus phase;

individual psychotherapy, skills training, and psychoeducation within the client focus phase; crisis intervention and monitoring in the last-client-environmental focus phase.

Case Management in Social Work

Case management has been an integral part of the social work since the late 19th century when the social work profession emerged as a discipline that helped “people adjust and readjust to external and internal factors that affect their ability to be successful and manage their own chronic conditions” (Geld et al. 2018). The social work leadership in development and advancement of case management was not always fully recognized. Johnson and Rubin (1983) explained that, at the time they wrote their article, several professions such as nursing, social work, and vocational rehabilitation, attempted to claim case management as their domain. They argued that social workers were the most competent professionals in brokerage, political skills, community work, clinical skills, and rehabilitation, which were areas that are included within the comprehensive case management. Several years later, Leukefeld (1990) noted the discrepancy between the view of case management as a social work tradition and lack of recognition for numerous case management activities and innovations that were developed and implemented by social workers.

Since the turn of this century, with case management becoming more specialized and gaining its importance in a variety of practice settings, social work profession assumed the leadership position and revised its standards of practice to reflect the recent changes and respond effectively to the needs of diverse clients (Herman, 2013). *NASW Standards for Social Work Case Management* (2013) include the following guiding principles: “person-centered services, primacy of client-social worker relationship,

person-in-environment framework, strengths perspective, collaborative teamwork, and intervention at micro, mezzo, and macro levels” (p. 17-18). Furthermore, the primary goal of social work case management is stated in the standards and this goal is “to optimize client functioning and well-being by providing and coordinating high-quality services, in the most effective and efficient manner possible, to individuals with multiple complex needs” (p. 17). The following strategies suggested in the standards as means to achieve the above-mentioned goal can be applied in different practice settings and used to enhance the effectiveness of services provided by other mental health professionals: strengthening the developmental, problem-solving, and coping capacities of clients; enhancing clients’ ability to interact with and participate in their communities, with respect for each client’s values and goals; linking people with systems that provide them with resources, services, and opportunities; and contributing to the development and improvement of social policy (NASW, 2013).

Whitaker et al. (2006) conducted a national study of licensed social workers. Their findings indicated that majority of social workers spent more than half of their time on the following tasks: “individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%)” (p. 19). Raffaele Vitelli, NASW director of professional and workforce development, acknowledged the importance of case management within the social work practice by stating that “the nature of the work is similar. We believe social workers have been doing case management for many years. It’s the core of their work” (Canady, 2016). This could be one of the reasons for the newly established collaboration between the NASW and the Commission for Case

Manager Certification, which provides additional opportunities to social workers whose skills are deemed transferable to case managers functions (Canady, 2016, p. 5).

The issue of the appropriateness of the provision of case management in the clinical social work practice cannot be relegated to the past. According to Kanter (2016), who noted that divide between the “psychotherapeutic perspective” and the need to acknowledge the physical and social environments as factors that facilitate the client’s optimal functioning is still a subject of discussion among clinical social workers. He further explained that clinical case management incorporates many tasks that belong to the realm of case management including linking with community resources, consulting with families and caregivers, collaborating with various agencies and health care providers, advocacy, and monitoring. Using a case study of a homeless woman as an example, he argued that conventional psychotherapy would not sufficiently meet the numerous basic needs of the client that included housing, financial support, paid employment, coordination with child welfare agency, and possible government disability benefits.

Rehabilitation Case Management

Case management is considered the most important job function of a rehabilitation counselors who serve as a liaison between their clients and the community (Akande, 2017). Stebnicki and Marini (2016) noted that many rehabilitation counselors used case management as a primary method of service delivery with emphasis on identification and provision of resource and referral needs, coordination of services and progress monitoring. Rehabilitation counselors who responded to the Commission of Rehabilitation Counselor Certification study on counselor’s perceptions of their

profession identified the need to improve their “creativity in resource acquisition and coordination” which are case management skills (Barros-Bailey et al., 2009, p. 112).

Case management was found in the Delphi study conducted by Mamboleo et al. (2018) to be one of the most important job functions for rehabilitation counselors working with military veterans. Additionally, they found that rehabilitation counselors were expected to have advanced knowledge about available vocational services for veterans, appropriate resources, benefits and healthcare. Spomer (2012) summed up core responsibilities of rehabilitation counselors who work with veterans to include “case finding, service coordination, referral to, and utilization of other disciplines, and client advocacy” (p. 16).

Rehabilitation counselors believe that their knowledge of the community-based resources and their ability to access various services in the area they serve play a significant role in the amount of progress clients make, and these aspects of case management are considered an important function of rehabilitation counselors (Leahy et al., 1997). One quality of exemplary rehabilitation counselors who understand the importance of finding appropriate services that will best assist their clients is their ability to accurately assess the need for additional services to resolve the client’s emotional, behavioral, or medical difficulties (Chapin & Leahy, 1999). Furthermore, these rehabilitation counselors recognize that their job is to “open doors and opportunities for clients and eliminate barriers” but that it is the client’s responsibility to decide “what to do with these opportunities” (p. 24).

Koch et al. (2016) argued that rehabilitation counselors are the best candidates for case manager’s positions in university or college counseling centers because they have

extensive knowledge of case management approaches and interventions. They explained that college students with complex mental health issues further benefit from additional services that are provided by rehabilitation case managers whose functions include collaboration with disability service providers and student advocacy agencies, referrals to treatment programs that are not available on the campus, development of a plan for continuation of services, coordination of all the student's service needs, involvement of family members in treatment, and providing support to students to ensure students' access to different resources in the community.

Investigating the knowledge areas essential for case management practices, Leahy et al. (1997) found that rehabilitation counselors were not well prepared in some critical areas of case management. Counselors reported lack of preparation to be the main reason they were experiencing difficulties in finding ways to access community resources and services. They indicated their desire to gain better knowledge about community-based services, health-care services, vocational services, independent living services, and cost-containment skills that can address frequent changes in managed care.

Shaw et al. (1997) surveyed Rehabilitation Counseling Education (RCE) programs on their practices regarding different aspects of case management. Based on the results of their study, they suggested that RCE programs varied significantly in their approach for infusing core curriculum with case management principles and practices. None of the programs surveyed had a major devoted to case management. Additionally, thirteen programs had more than one case management course, but 54% of the respondents expressed interest in developing a specialized track in case management. Research related to case management was almost non-existent with only 14% of the

programs reporting some scholarly activity in this area. Results of the study indicated that students in the programs surveyed had very limited opportunity to access comprehensive information and clinical experience regarding case management. To adequately prepare graduates to meet increased demands for expertise in case management, Shaw et al. (1997) recommended restructuring existing courses to include case management principles and procedures or designing new ones to address various case management content areas. They also suggested development of partnership with other mental health professionals and various organizations, as well inclusion of case management issues in the future rehabilitation research.

Case management was found to be the most important job function for effective rehabilitation practice in a study that examined six knowledge domains and seven job functions (Leahy et al., 2003). Case management function consisted of 19 job-task items and the major knowledge domain consisted of eight knowledge items related to case management. The mean perceived importance rating for case management function was 3.07 (SD=.74) (based on a five-point Likert scale, with four indicating essential), and 3.10 (SD=.66) for knowledge domains. Items that were rated as the most important included writing case notes and reports (M=3.45), collaboration with other providers so that services are coordinated, appropriate, and timely (M=3.15), and developing rapport/network with physicians and other rehabilitation professionals (M=3.14). Other mental health professionals would benefit from a study, which would examine their work roles and knowledge requirements, to include case management specific competencies and skills.

Vocational rehabilitation counselors aim to address multiple issues in the client's life using case management strategies, which require extensive knowledge in different "components of case management including psychosocial, environmental, financial, spiritual, family, and learning factors" (Choppa et al., 1996, p. 48). Dunlap and Russell (2014) explained that challenges that vocational rehabilitation counselors who serve individuals with disabilities involved in gang activity are often amplified by the social stigma surrounding persons with criminal history. Furthermore, they noted that this segment of population, which is affiliated with violent gangs, often has difficulties securing employment due to the ambiguous work history, low self-esteem, poor social skills, low education levels, and lack of understanding of workforce values. Additionally, they recommended that vocational rehabilitation counselors facilitate collaboration between various agencies, locate available resources and make appropriate referrals to broaden the range of services. Collaboration is the key element of the successful delivery of integrated services, thus vocational rehabilitation counselor must develop innovative collaboration approaches in their interactions with other professionals from different domains (Harley et al., 2003).

Addiction Case Management

Case management, according to the Center for Abuse Treatment (1998), contributed significantly to successful treatment outcomes among substance abusers who suffer from mental health disorders in higher numbers in comparison to general population and represent over half of incarcerated population within the criminal justice system. Clients with addictions require comprehensive services at different care levels and support system that would allow them to successfully integrate in the society and

function substance-free in their communities, thus case management strategies must be employed to unify fragmented and poorly coordinated services that are often scarce and inadequate to meet extensive needs of substance abusing segment of population.

Additionally, it is noted in this book that case management and counseling are not mutually exclusive but complement each other to a degree that makes mental health professionals responsible for implementing case management strategies with addictions counseling to achieve optimal therapeutic outcomes.

Substance abuse counselors are expected to demonstrate considerable case management knowledge and skills because timely coordination of services and activities is essential for positive treatment outcomes (Herdman, 2001). Consultations and referrals alone do not adequately define case management, which Herdman (2001) described as the “comprehensive coordination of all aspects of the client’s treatment plan (p. 57). He stated that many agencies expect substance abuse counselors to undertake the function of case management and explain to their clients the rationale for referrals, requests for transfer of confidential information, coordination of different services, and the process of case management. All case management activities must be planned to allow for delivery of the right services at the optimal time, which can significantly diminish any hindrances to the success of the ongoing treatment. Lassiter and VanderGast (2017) echoed this approach to case management tasks by recommending that substance abuse counselors, in the aftermath of a natural disaster, assist their clients with fulfilling their basic needs such as securing safe shelter or housing; finding employment, transportation and childcare; and managing finances. Individuals with substance abuse who receive case management

in addition to counseling are more motivated to remain in treatment, experience better psychosocial functioning and reduction in number of relapses (Bhatia et al., 2017).

Siegal (2005) noted that addictions counselors understand that counseling by itself was not enough for substance abusers who experienced numerous challenges such as chemical dependency, comorbid psychiatric disorders, poverty and homelessness, and criminal history. He explained that case management was frequently needed to mobilize various resources which could facilitate recovery and engage clients to actively participate in the treatment process. Additionally, he suggested a novel way of understanding case management: “As treatment professional, think of case management as your client’s “on ramp”, or way into human service delivery system and perhaps the coordinating of fine-tuning mechanism-once your client is receiving therapeutic and perhaps other rehabilitative services” (p. 382). Furthermore, he grouped case management practice activities into three broad domains: assessment and planning; referral; service coordination and documentation and noted that counselors already had skills and knowledge to perform tasks within those domains.

Rural substance abuse counselors often encounter difficulties finding complimentary services for their clients due to the limited number of agencies that serve a considerable geographical area (Pullen & Oser, 2014). Lack of public transportation in rural areas and considerable distance between the facilities that are required for the treatment add to the list of obstacles that rural addictions counselors encounter daily, in addition to other barriers such as lack of funding, bureaucratic challenges, and the absence of interagency cooperation (Pullen & Oser, 2014). Conversely, urban addictions counselors have easier task of locating appropriate resources for their clients, but they

must establish and maintain a collaborative relationship with coordinators of different programs and agencies in the local community (Astramovich & Hoskins, 2013).

Addiction's counselors who work with the geriatric population have additional challenges and must connect their clients with "supportive social groups" and use numerous resources to meet unique needs of this population (Kettaneh, 2015, p. 16).

School Case Management

School counselors in rural areas must be willing to participate actively within the community and work collaboratively with other institutions to compensate for the lack of basic services. Rural communities do not have the breadth of services that are easily found in majority of urban centers. Han-Morrison (2011) noted that 80% of rural children who had one or more diagnosable mental health problems lived in the counties without community mental health clinics. He explained that community coalition building, parent education, and home visits are among many tasks that school counselors performed outside of the traditional work hours, and those tasks were frequently associated with the case management practice.

Franklin (2010) interviewed six elementary school counselors from Chicago public schools to inquire about counselors' perception of their role as case managers. She found that counselors' primary task in the role of a case manager was to coordinate services for students with disabilities, provide referrals, monitor the implementation of Individualized Educational Program, and evaluate the effectiveness of the program. She further inquired into the counselors' preparedness to provide case management and the findings indicated that counselors considered themselves well prepared because they attended monthly meetings organized by the Office of Specialized Services where they

learned how to perform case manager's tasks. Additionally, all counselors stated that their counseling programs did not teach them any case management strategies.

College Case Management

University counseling centers in the U. S., according to Heitzmann (2011), are experiencing significant increase in demands on their services stemming from students who present themselves with serious mental disturbances that cannot be fully met by brief therapy or limited psychiatric services. Heitzmann argued that case management should be used to ensure that comprehensive care of students with various levels of mental health difficulties was facilitated timely and adequate services provided for longer treatment on and off campus. College counselors from the urban areas have more options as related to off-campus referrals and community resources available to students, unlike college counselors working in the rural environments who often need additional skills and knowledge to meet the needs of their clients (Rakow & Eells, 2019).

Counseling centers at many colleges and universities are urged to provide case management to growing number of students with serious psychiatric diagnosis whose needs require integrated treatment care, continuous monitoring, and collaboration among all service providers (Koch et al., 2017). Graduate students with serious mental health disturbances face significant challenges due to additional life responsibilities and appropriate resources and referrals for services that are accessible to adult graduate students during non-traditional hours should be readily provided (Benshoff et al., 2015).

International Association of Counseling Services (IACS) (2011) defined several standards for university and college counseling centers as an obligatory expectation and it included one core case management responsibility – referral resources:

Counseling services must provide referral resources within the institution and the local community to meet the needs of students whose problems are outside the scope of services or resources of the counseling center. Referral resources should be evaluated for availability and affordability (p. 169)

Shelesky et al. (2016) noted that many colleges have case managers on staff to assess student's needs, coordinate treatment, and locate additional resources on and off campus. Based on the results of their study of case management in a college setting, they concluded that case managers should be graduates of advanced clinical programs due to the likelihood of serving students experiencing crisis or present themselves with higher levels of distress. Additionally, they suggested professionals who perform case management duties should visit potential service providers prior to adding their names to the referral resources.

Case Management for Community Counselors

After exhaustive research of the existing literature, I found very few articles that addressed the role of case management in the work of professional counselors. Existing research in this area appears to be seminal as the majority of research regarding case management in the counseling practice was done in the 1980s and early 1990s. Case management practices that were addressed in the previous literature are not necessarily relevant in the current counseling practice due to numerous societal changes witnessed in the last two decades.

Kulewicz (1993) viewed case management as an essential component of the treatment process and listed case management as one of the twelve core functions of a counselor. Counselors who work in agencies that have multidisciplinary teams or employ case managers as members of the treatment staff do not find knowledge and skills related

to case management of a great importance for effectiveness of the counseling process, but they need to become familiar with the protocols and procedures of different members of the team (Kulewicz, 1993). Counselors' understanding of functions and limitations of other team members would be helpful when developing comprehensive treatment plans which might include activities not necessarily associated with the counseling processes and protocols, and interactions and communication with other professionals whose services could advance the well-being of clients. One essential component of case management, counselor's progress notes, are necessary for case analysis and productive discussion among team members who can provide valuable insight and assist counselor in determining the effectiveness of the current treatment strategies (Kulewicz, 1993). It is counselor's responsibility to provide clients with relevant information about other services or agencies or make necessary contacts on behalf of the client. Another essential ingredient of case management pertains to proper forms required for disclosure of information (Kulewicz, 1993). Counselors' inability to demonstrate competency in this area can significantly influence the success of the treatment process and deny client timely access to much needed services.

Herdman (2001) stated that case management did not consist of consultation or referral only and it did not exist in vacuum. He explained that case management was not time-limited within the treatment process, and it should be done from the beginning to the end of the treatment, as well as during the follow up and aftercare. Rationale for different referrals, written permissions for the release of confidential information, treatment plans, and case management in general should be explained to clients who often do not fully understand all case management functions and the processes. Success of the treatment

could be negatively influenced if the right services are not provided to the client at the right time, and counselors need to plan specific activities to ensure their effectiveness. Positive outcomes of any treatment were achieved only when all aspects of the client's treatment plan were well coordinated and timely executed (Herdman, 2001).

Counselors must develop realistic treatment plans to help clients manage their basic physiological needs before they can address issues of safety, belonging, and esteem (Best, et al., 2008). One of the counselors who participated in a study conducted by Pullen and Oser (2014) stated, "It is hard to think about your mental or emotional health when you have nothing, you don't know where you are going to sleep, ...it's the hierarchy of needs" (p. 897). When clients cannot satisfy their basic needs, such as in the case of hurricane victims, the focus of counseling changes to help clients manage day-to-day problems of finding shelter, clothing, medicine, and other necessities (Smith, 2005). Counselors who work with homeless children and youth encounter similar challenges. They must prioritize their intervention strategies to address physiological and safety needs of their young clients (Daniels, 1992). Lazzar (2011) explained that meeting basic needs of the homeless youth is critical and comprehensive assistance is needed to address their immediate and long-term needs.

Some of the counseling strategies recommended by Harper et al. (2003), belong to the realm of case management, which include procurement of social services and resources, referrals to private and government agencies, consultation with families aimed at need fulfillment, and assistance in securing employment or financial support. Counselors who focused on helping clients meet their basic needs first, empowered and motivated their clients to move up Maslow's need hierarchy, and those clients

experienced growth and development to higher level (Harper et al., 2003). Counselors who work independently often perform activities that are deemed functions of case management. They identify needed auxiliary services, make referrals to related services, perform fee management, and maintain adequate recordings of counseling sessions. Cottone (1991) placed those activities within the traditional counselor responsibilities, but he advocated for a more inclusive counseling worldview, which broadened the scope of counselors' role to include engaging positive family and community relationships and rerouting negative ones. Counselors must assume an active role, learn about a wide range of resources within the community, study community culture and subculture, and provide accounts of activities that reflect relational problem formulation and community-based interventions in addition to individual conversations and office-bound activities (Cottone, 1991).

Mental health counselors who work with chronically mentally ill clients face numerous challenges that require counselors to blend their traditional role of a clinician with a role of an administrator (Marlowe et al., 1983). Counselors who embrace the case manager function to meet diverse needs of their clients must engage in various tasks, which belong to the realm of case management, to include planning, linking, monitoring, and advocating. Marlowe et al. explained that planning incorporates development of an individualized service plan, while linking refers to steps that counselors take to ensure that their clients are receiving needed services. Monitoring requires counselors to use their planning and problem-solving skills to monitor and revise individualized service plans. Advocacy means continuous efforts counselors undertake to ensure that clients receive proper benefits. Marlowe et al. cautioned that working with systems in which

needed services are not available, or must be acquired from different sources, could be arduous and frustrating.

Case management activities are frequently utilized in usual care psychotherapy with children and youth with serious emotional or behavioral problems, as indicated by the findings of the study conducted by Zoffness et al., (2009). The researchers examined the extent of use of 27 therapeutic strategies with youth with disruptive behavior problems to determine that case management was the most prevalent strategy observed in 71% of sessions. Case management was an essential part of usual care, and it was particularly utilized to interact with other sectors that provided necessary care for children and youth with severe emotional and behavioral problems. Counselors had to focus on the school and broader community to find resources that benefited the child and the family, and not solely on a child or youth whose academic and social functioning was impaired. Emphasis was often placed on communication and collaboration with other agencies to achieve positive outcomes for the child and his/her family (Zoffness et al., 2009)

Counselors who work with the aging population must cross professional borders and embrace cooperation and partnership with other professionals to deliver coordinated, comprehensive services to older adults with comorbid health and mental and health conditions (Harley et al., 2003). Collaborative approach to delivery of needed services, case management, linkage, and advocacy are crucial for coordinated delivery of services and effective treatment of another vulnerable group include battered women (Grigsby & Hartman, 1997). Counselors were well prepared to help victims of any type of interpersonal trauma work through emotional problems, argued Grigsby and Hartman

(1997), but they were not trained to expand their role beyond traditional definition and engage in case management activities.

Rural mental health counselors have unique needs and often face challenges that are not experienced by their counterparts in more populated areas with well-developed social and economic infrastructure. Bushy (1997) proposed that rural counselors needed to obtain knowledge of client systems in rural areas, as well as knowledge of formal and informal resources to be able to coordinate services for their clients.

Imig (2014) conducted a phenomenological study to explore the experiences of rural counselors. She interviewed four counselors who practiced in Nebraska and South Dakota and identified five themes: “need for flexibility, resource availability, isolation, ethical dilemmas, and finding meaning in one’s work” (p. 406). The theme titled *need for flexibility* highlighted the requirement of the rural counselors to assume multiple roles, to include the role of case manager, and work “in the variety of untraditional settings” such as schools, churches, libraries, and funeral homes (p. 407). Within the theme *resources*, counselors explained that they compensated for the lack of adequate resources through staff meetings, contacts with other professionals in the area, or use of technology but “the lack of professionally qualified staff” in other agencies was an issue that worried all counselors (p. 408). Furthermore, rural counselors acknowledged that they were not adequately trained to deal with the unique issues in rural communities.

Henriksen et al. (2019) sought to discover perspectives of counselor educators as related to inclusion of case management components in the counselor education programs. They used online survey to inquire about the role that case management has in the work of professional counselor, elements of case management that counselor

educators teach or should be teaching, materials used to teach about case management, and the relevance of Maslow's hierarchy of needs in counseling. The researchers identified several themes after they analyzed data obtained from fifty-five completed surveys. They discovered that less than half of the participants could define case management and that sixteen participants confused typical counseling responsibilities with case management duties. They further discovered that all participants, but two, acknowledged that case management had an important and necessary role in the counseling practice and that majority of participants performed the following case management tasks: referrals, resources, collaboration, and coordination. Participants' responses indicated that their teaching of case management was limited in scope and that they had no case management textbooks or other materials that addressed the needs of professional counselors regarding relevant case management strategies.

Consistent with the above-mentioned study where the researchers identified lack of clear understanding of case management among counselor educators, the findings of the study conducted by Armstrong et al. (2019) indicated that counseling students had similar difficulties when attempting to define case management. Out of ten participants who were interviewed by the researchers, one participant provided a comprehensive definition of case management. Several participants included just referrals and resources in their definition of case management while the rest of participants defined case management in terms of typical counseling responsibilities. The researchers reported that all participants recognized the primacy of case management to counseling interventions because the client's basic needs had to be met before any meaningful counseling can take place. Additionally, the researchers noted that participants acknowledged the importance

of case management in counseling practice but used limited number of case management strategies. Two participants described use of comprehensive case management interventions in practice and additional four participants reported that their use of case management consisted of referrals and resources. All participants in this study stated that they acquired case management skills at their internship sites through consultation with their supervisors and other site personnel or discussion with colleagues and peers.

Counselor Educators and Case Management

I researched all CACREP accredited Counselor Education Programs in Texas to inquire about case management as a component of the program curriculum. I was able to find one case management course offered at the Texas Tech University. This course was titled *Treatment Planning and Case Management*. No other university that had their curriculum published on their website listed case management course within the counseling coursework. Additionally, some case management strategies were mentioned in several counseling programs. For example, program objective two at St. Mary's University counseling program referred to collaboration and advocacy as essential components of a systemic approach to counseling. Another case management intervention, referral, was cited as a component of several courses in Texas State University counseling program. Students who were interested in rehabilitation counseling at University of North Texas were informed that case management was part of the core curriculum. *Professional and Ethical Issues in Rehabilitation Counseling* is the title of one of courses offered within this program. Furthermore, Rehabilitation Counseling Programs at The University of Texas Rio Grande Valley and University of Texas at El Paso included case management in their program mission statements. Likewise, students

in rehabilitation Counseling Program at Stephen F. Austin University could expect, according to the program website, to learn case management skills such as referral, consultation, and service coordination.

Accreditation and Ethics and Case Management

Case managers who are certified by Commission for Case Management Certification (CCMC) are required to abide by the Rules of Conduct and the Standards for Professional Conduct delineated in the Code of Professional Conduct for Case Managers (CCMC, 2015). In this code autonomy, beneficence, nonmaleficence, justice, and fidelity are listed as ethical principles that case management is based on as related to any ethical issues. Additionally, it is noted that Board-Certified Case Managers must consult “the professional code of ethics for their specific professional discipline” (p. 4) when attempting to resolve ethical dilemmas in addition to following eight Principles described in the Code.

Social workers provide numerous specialized services to meet various needs of their clients to include case management activities, with some of them, referrals, collaboration, and consultation mentioned in the NASW Code of Ethics (2017). Referrals, according to this code, should be made after social workers engage in ethical decision-making processes and determine that expertise of other professionals would be beneficial to their clients. Additionally, it is an ethical obligation for social workers to actively participate in interdisciplinary collaboration and to seek consultation from other professionals who demonstrated competence in the area related to a need of the client.

Case management is one of modalities used in rehabilitation counseling as mentioned in the Code of Professional Ethics for Rehabilitation Counselors (2017).

Referrals and service coordination are noted as important strategies in this code. Additionally, rehabilitation counselors are ethically obliged to advocate for their clients to ensure that additional services are provided in a fair and adequate manner. Furthermore, rehabilitation counselors are expected to follow up on their referrals to other professionals to facilitate uninterrupted transition of services and continuous care. Advocacy, according to this code, is one of the primary values that rehabilitation counselors engage in to demonstrate their commitment to ethical principles. Section C of the code is dedicated to advocacy and accessibility to ensure that clients are encouraged to self-advocate and make informed decisions in addition to efforts made by their counselors who advocate on client's behalf at various organizational levels.

Like guidelines delineated in the above-mentioned codes of ethics, ASCA Ethical Standards for School Counselors (2016) have incorporated recommendations to school counselors as related to referrals, collaboration, and advocacy. These recommendations direct school counselors to maintain and update a list of current community resources to provide students with multiple options for necessary alternative services. Additionally, school counselors are expected to maintain a collaborative relationship with external service providers and remain knowledgeable of the scope of expertise of local and regional providers to ensure that students receive the most appropriate referrals and subsequent care.

Professional counselors can consult the ACA Code of Ethics for guidance on how to resolve various ethical dilemmas related to different aspects of counseling practice, but case management has a very limited representation in this code with a brief mention of referrals to other practitioners and recommendation that professional counselors establish

and maintain an “open communication with both clients and practitioners” (p. 6). Additionally, in section D of this code, which discusses relationships with other professionals, professional counselors are encouraged to establish and maintain a collaborative relationship with service providers outside the counseling profession to assist clients in achieving the best possible outcomes.

Texas LPC Ethics and Case Management

Texas counselors can consult several ethical codes when in doubt about what constitute a professional and ethical behavior. Texas Board of Examiners of Professional Counselors has aligned its Code of Ethics with Texas Law. Within the Texas Administrative Code Chapter 681 (2020) general ethical requirements for professional counselors are delineated with no mention of case management. Contrary to this Code, Occupations Code Chapter 503 (2019) included one case management activity, referral, within the definition of “practice of professional counseling.” According to the definition of referral in this Code, counselors must identify evaluate the need for additional services and identify and contact the qualified provider prior to making a referral.

Summary

Literature has confirmed what many mental health professionals recognized many years ago: case management must be included in many treatment plans for the most effective outcomes. Coombs (2005) stated that all core functions of case management must be employed to advance clients to the next level. Additionally, he focused on two case management functions, linkage, and advocacy, as the most salient components of case management. Furthermore, Borden (2010) expressed similar belief by noting that social workers must use case management activities to ensure that clients receive

adequate care through appropriate services. Like social workers, rehabilitation counselors are expected to use case management interventions to arrange for additional services and to advocate for marginalized or underprivileged individuals (Liu & Toporek, 2012). Addiction counselors rely extensively on their knowledge of case management techniques to help clients locate resources that are instrumental in substance abuse recovery. Siegal (2005) suggested that referrals be made after counselor identify contacts to make for less intimidating and more personal transition of services. Referrals are found to be of the utmost importance in provision of external clinical care for students who are in need of services that are beyond the scope of care offered by college counselors (Shelesky et al., 2016). Professional counselors are often perplexed as to how to best serve clients who have a myriad of basic needs that must be met prior to any meaningful work regarding clients psychosocial functioning. Case management activities are often overlooked by counselors who subscribe to various approaches which do not consider case management to be an important aspect of counseling practice (Henwood et al., 2015; Lassiter & VanderGast, 2017). Some clients have limited awareness of potential sources of help or have limited capabilities to reach out to different agencies (Goldsmith & Robinson Kurpius, 2015). Counselors can provide valuable information and bridge gaps when there is a significant fragmentation of services (Harley et al., 2003). For individuals who live in less developed areas, a counselor might be the only resource available because rural communities lack other resources that facilitate ease in service provision (Han-Morrison, 2011).

Case management is well documented as one of the core functions of professional counselors (Cottone, 1991). Kulewicz (1993) considered case management an essential

component of the treatment process and listed case management as one of the twelve core functions of a counselor. Counselors who have private practice, fulfill multiple roles in small agencies, or work in rural areas find their case management knowledge and skills critical for implementation of effective treatments (Imig, 2014). Counselor education programs acknowledge the importance of case management, but do not incorporate case management coursework in the curriculum (Henriksen et al., 2019). Counseling students do not receive adequate training in case management and use consultation and discussion at their internship sites to fill the void in case management knowledge and skills (Armstrong et al., 2019). Furthermore, mental health professionals from different arenas can find some guidance regarding ethical use of case management interventions. Referrals, collaboration, and advocacy are functions that are noted in most codes of ethics.

CHAPTER III

Methodology

For this study, I used the descriptive phenomenological method of Giorgi (1985, 2012) to explore lived experiences of licensed professional counselors as related to case management. I sought to give licensed professional counselors the opportunity to voice their perspectives concerning the role of case management in professional counseling and its current utilization in professional counseling practice, which provided the foundation for the need to include case management in counselor preparation programs. This was consistent with the results of the study conducted by Henriksen et al. (2019). The aim of this study is to answer the following research question: What are the lived experiences of licensed professional counselors as related to case management?

In chapter II I provided an overview of literature comprised of journal articles, books, and dissertations I found through my exhaustive search of the literature. Specific topics that I researched included case management and its use in social work, rehabilitation counseling, addictions counseling, and school counseling. The last topic in my literature review was counseling profession and case management. The current chapter describes the methodology that I utilized to conduct my study and it includes the following chapter headings: (a) research design, (b) selection of participants, (b) instrumentation, (c) trustworthiness, (d) data collection, (e) data analysis, and (f) summary.

Research Design

I explored licensed professional counselors' perceptions of the relevance of case management to counseling practice using the phenomenological approach to qualitative inquiry of a phenomena or a concept (Creswell & Poth, 2018). I conducted an exhaustive literature review to find very little about case management as it related to professional counseling practice. This scarceness of literature in this arena warranted an exploratory research study to inquire into stories of professional counselors' experiences with case management. Creswell and Poth (2018) explained that when we have an issue that is not sufficiently explored, or when we are researching variables that are not easily quantifiable qualitative research study is an appropriate choice. Additionally, they noted that qualitative research allows us to better understand processes behind the lived experiences and provide comprehensive description of the phenomena as experienced. My focus was not on generating quantitative data because it would not allow me to capture "a composite description of the essence of the experience" (Creswell & Poth, 2018, p. 75), for all participants in my study. Quantitative research study rendered an in-depth and detailed description of lived experiences of phenomena of my study as told in words of the participants. Additionally, my study gave voice to a group of professionals who often rely on case management strategies to help their clients but are nevertheless poorly represented in current literature about case management.

Phenomenological researchers aim to identify a phenomenon through discovery of the common meaning or "the universal essence" (Creswell & Poth, 2018, p. 75) from the meanings that participants ascribe to that phenomenon as they experience it.

Phenomenological approach was appropriate for my study because it allowed me to

investigate the phenomenon by employing reflective examination and interpretation to provide a comprehensive description of the licensed professional counselors' experiences (Moustakas, 1994). Giorgi (2012) explained that "in description there is an acknowledgement that there is 'given' that needs to be described precisely as it appears, and nothing is to be added to it nor subtracted from it" (p. 6). In my study, the given is the licensed professional counselors' experiences with case management, which was described according to the meanings that participants ascribe to this given.

The Descriptive Phenomenological Method

I have determined that phenomenological research method offered the best support and structure for the present study. Phenomenology appeared first in the works of Edmund Husserl who introduced a new way of investigating the phenomenon and structures of consciousness (Giorgi, 2009). Moustakas (1994) stated that "phenomenology is the first method of knowledge because it begins with 'things themselves'; it is also the final court of appeal" (p. 41). Both Moustakas and Amedeo Giorgi modified Husserlian approach to develop the transcendental phenomenological method and the descriptive pre-transcendental phenomenological method, respectively. Giorgi et al. (2017) explained that these methods allow researchers to describe the lived experiences and then analyze collected data using phenomenological reduction. Additionally, they stated that the most difficult analysis is a transcendental reduction "whereby one starts with a purified consciousness and then follows the establishment of psychological consciousness via the transcendental level before proceeding to the analysis of the concrete psychological phenomena" (p. 180). Giorgi (2009) stated that pure, essential consciousness is not a real or human consciousness, and that empirical research should be based on the

phenomenological psychological reduction which does not reach entirely purified, essential consciousness of the transcendental reduction but aims for a real human consciousness. Furthermore, he clarified the principal meaning of the phenomenological psychological reduction by stating that:

“The first primary meaning of reduction is that the object presented to consciousness must be understood as something that is present to consciousness exactly as experienced and one does not claim that it exists exactly the way it is experienced” (p. 90). I used phenomenological reduction to “derive a textural description and essences of the phenomena” (Moustakas, 1994, p. 35). I ensured that my description of phenomena did not diverge from the exact lived experiences of the study participants by using the language and words of the participants. Furthermore, this approach gave participants the opportunity to have their voices heard.

Bracketing

Another factor that Giorgi (2009) found of the utmost importance when conducting data analysis within the perspective of phenomenological reduction was bracketing. He explained that researchers must set aside (bracket) all of their knowledge, experiences, and preconceived notions about the phenomenon under study and take as the phenomenon whatever it is that is described by participants as participants’ lived experiences of that phenomenon. In order to fully immerse myself into the data which illuminated lived experiences of participants I had to reflect upon my own experiences and judgments and bracket them promptly to prevent them from hampering my focus on participants experiences. My positionality is described further in this text, as well as

strategies I used to evaluate and bracket any influences that might have surfaced from my own experiences.

To begin process of bracketing, I needed to reflect upon my professional experiences. Currently, I work as a college mental health counselor at a very diverse public university with a large population of first-generation students and students who come from less affluent homes. With this demographic information in mind, one can correctly assume that I often must use numerous case management interventions to help students meet basic needs, through linking, referrals, collaboration, and advocacy. Some students need simple referral for an additional service, while others with more complex needs require personal involvement with multiple service providers and timely follow up to ensure that students are provided comprehensive care. Furthermore, I provided counseling services on a voluntary basis at a homeless shelter for extended periods of time over a span of four years. Readers of this manuscript might suspect that majority of clients at the shelter had multitude needs that warranted case management interventions, and it is true that very few individuals could have been helped with traditional counseling alone.

In lieu of my experiences that identify case management as daily occurrence in my workload, I engaged in bracketing them from the very first time I read participants responses. It is my understanding that my experiences of the phenomenon are irrelevant for my study, and my beliefs, thoughts, and feelings must not impact my ability to fully understand and describe as presented experiences of participants. I documented my own experiences as I immersed myself in data and reflected upon them. Additionally, I solicited help from the committee members to ensure that I did not impose my beliefs,

values, or judgments on participants' experiences. Furthermore, I worked with the committee members, through ongoing reflection and discussion, to identify and correct any instances of attributing my meaning to the meaning actually represented in the participants' lived experiences.

Selection of Participants

I submitted an application to conduct my research to the Institutional Review Board (IRB) at Sam Houston State University. Following the IRB approval, I recruited participants using criterion and snowball sampling. Criterion sampling is used to select participants that meet criteria necessary for inclusion in the study (Creswell & Poth, 2018). Furthermore, this type of sampling was purposeful because I was looking for participants who experienced the phenomena and could tell a story of their experiences with that phenomenon. This intentionality of participant selection allowed me to obtain the most pertinent responses to the study questions. In my study, the two criteria were that participants were licensed professional counselors in the state of Texas and that they were members of Texas Counseling Association (TCA). Texas, according to the U.S. Census data, is economically, racially, ethnically, and geographically very diverse state, which allowed me to collect data that would ensure adequate representation of diverse population. TCA offers their members access to new trends in counseling and allows for many opportunities to broaden knowledge and improve practice, thus their counselors might be more familiar with interventions that are not necessarily in the realm of counseling. Furthermore, TCA has a membership directory that allowed me to randomly select participants. Additionally, I used snowball sampling to allow for surplus of responses that provided rich data for analysis. Snowball sampling "identifies cases of

interest from people who know people who know cases are information-rich” (Creswell & Poth, 2018). When I asked participants to identify other counselors who might be interested in the phenomena being studied and willing to provide responses to the survey questions, I used snowball sampling.

Instrumentation

I used the tailored design survey research method (Dillman, 2007) to conduct my study. This method is appropriate for my study because it encourages participants to provide comprehensive description of their experiences and generates “respondent trust and perceptions of increased rewards and reduced costs for being a respondent” (Dillman, 2007, p. 27). Dillman’s tailored design method guided me during the process of developing survey questions and creating the demographic questionnaire. I referred to this model before I began to implement the survey and collect survey data via Qualtrics.

Demographic Questionnaire

I developed a demographic questionnaire with the aim of collecting data that adequately described the participants of my study. Furthermore, demographic data allowed for better overall understanding of participants experiences of the phenomena by providing contextual factors that might have influenced participants’ responses as related to case management utilization. The following questions constituted my Demographic Questionnaire: (a) age, (b) racial/ethnic identity, (c) gender identity, (d) years of counseling experience, (e) type of counseling practice participants are working in, (f) urbanized area, urbanized cluster, or rural, (g) use of case management at work location, (h) master’s degree specialization, (i) CACREP or non-CACREP program.

Survey Questions

Following the collection of data that were used to describe the participants, I collected more comprehensive information using survey questions. Those questions were developed based on the review of literature and their appropriateness to professional counseling.

The key instrumentation that I utilized to answer the research question was the survey comprised of 10 open ended prompts. In order to develop sound survey questions, I conducted an extensive literature review to serve as a basis for the majority of the survey questions. My personal experiences as related to case management were used to increase the depth and scope of the survey questions. All survey questions were worded carefully to avoid ambiguity that could lead participants to interpret these questions in a different manner. Furthermore, the survey questions were created in a way that motivated participants to provide answers to all questions and the requested demographic information (Dillman, 2007). To ensure relevance and clarity of my questions, my dissertation chair reviewed and made suggestions during the process of developing survey questions.

The survey questions that have been chosen are as follows:

1. How would you define case management for counselors?
2. Describe the community where you provide counseling services. I will use this question to gain better understanding of the impact of geographical location and population size on the work of professional counselors, as well as availability of resources that allow for basic needs to be met without causing undue hardship.

3. Describe the type of other mental health professionals available in your area.
Professional counselors who practice in urban areas have numerous resources available to their clients who are in need of additional services, but counselors in urban clusters and in particular in rural areas encounter significant difficulties when attempting to connect their clients with different service providers (Bushy, 1997, Imig, 2014).
4. Describe the role of case management in your work as a counselor. I will ask this question to inquire about the role of case management in the participants' work with diverse clients as I could find no literature that focused on this topic.
Contrary to the lack of research on case management and professional counseling, it is well documented in the literature that social workers, rehabilitation counselors, addictions counselors and school counselors often utilized case management interventions to help their clients improve life circumstances and meet various needs (Geld et al., 2018; Hann-Morrison, D., 2011; Dunlap & Russell, 2014).
5. Explain your understanding of Maslow's Hierarchy of Needs and how it might have impacted your work with your clients. Many clients who report mental health distress also report that their basic needs are poorly met, which makes it a priority for professional counselors to address the most important needs first to enable clients to engage in therapeutic counseling work (Lonn & Dantzler, 2017, Best et al., 2008). By asking this question, I will gain better understanding of how participants view relationship between fulfillment of basic human needs and effectiveness of counseling work.

6. Describe your experiences in providing services post disaster or during crisis.

Numerous natural disasters, environmental and social crisis prompted professional counselors to reevaluate how they approached clients who were in the midst of hardships that required comprehensive responses to ensure that various services were provided in a timely manner (Lassiter 2017). I will ask this question in order to understand how crisis situations impact work of professional counselors.

7. Describe other interventions that you have used in your work outside of the traditional counseling responsibilities which consist of assessment, treatment planning, counseling interventions, case notes, and termination notes. Counselors reported utilizing some case management interventions to help their clients overcome issues that traditional counseling interventions could not sufficiently address, and the most frequently used case management strategies were referrals, coordination of services, collaboration, and advocacy (Winburn et al., 2018; Dunlap & Russel, 2014). Social workers were expected to provide case management in its entirety, but other mental health professionals reported referrals, collaboration, and coordination as the most frequently used case management interventions (Zoffness et al., 2009; Kettaneh, 2015; Pullen & Oser, 2014). Participants' answers to this question will allow me to better understand what case management strategies are important in the work of professional counselors.

8. Describe how your program prepared you to provide case management.

Rehabilitation counselors reported gaining significant knowledge about case

management in their programs, which prepared them to provide a wide range of services. (Leahy et al., 1997; Matthews, et al., 2010). There is no study that focused on counselor preparation in case management techniques and this question will fill that void.

9. Describe how you gained knowledge about case management and what materials you used to learn about case management. Numerous books were published pertaining case management, but I found no case management book for professional counselors. Additional literature search yielded no material that specifically addresses use of case management in professional counseling.
10. What elements of case management should be included in a counseling curriculum? Several studies focused on training needs of students in rehabilitation counseling programs to highlight areas that students deemed inadequately informed about (Leahy et al., 2003). Professional counselor can offer a valuable insight into needs of professional counselor pertaining case management training as they answer this question.

Trustworthiness

Lincoln and Guba (1985) noted that researchers who wish to conduct an ethical, qualitative research need to address the issue of trustworthiness of data collection and data analysis. Furthermore, they explained that good validity is a key element of what makes a qualitative study trustworthy. Creswell and Poth (2018) stated that they use term validation to convey their stance on the issue of validity in the qualitative research. They added that they “consider ‘validation’ in qualitative research to be an attempt to assess the ‘accuracy’ of the findings, as best described by the researcher, the participants, and

the readers (or reviewers)” (p. 259). In order to minimize threats to validity they recommended researchers to employ the following validation strategies: triangulation of multiple data resources, discovery of negative case analysis or disconfirming evidence, clarification of researcher bias, member checking, prolonged involvement, collaboration with participants, external audits, providing rich and thick data, and peer review. Some of these methods might not be applicable to each qualitative study. I utilized survey to generate study data, thus any validation strategies that involved personal contact with participants were not relevant to my study. I used several methods recommended by Poth and Creswell (2018) that are similar to procedures recommended by Maxwell (2018) to ensure that the information in my dissertation depicted true understanding of the participants’ experiences and the meaning they ascribed to the phenomenon explored in this study. Collection of rich data, inclusion of discrepant evidence in the manuscript, and use of quasi-statistics increased the trustworthiness of my study.

Open-ended survey questions and a question that requires participants to provide definition of case management in their own language allowed me to collect data that was detailed (thick), lengthy and rich with relevant information. Abundance of detailed descriptions provided a comprehensive picture of what participants attempted to express. This helped me determine if themes derived from the rich description were generalizable and conveyed general sense of what was described in the participants’ statements.

Another method that I used to increase validity was analysis of discrepant evidence and negative case analysis. Maxwell (2018) stated that identification of discrepant data was very important for the validity of the qualitative research. He

cautioned researchers not to ignore any data that did not fit with their conclusion or explanation because that data could illuminate any misinterpretations.

Additionally, I used quasi-statistics to highlight and support any findings that could be expressed numerically. Maxwell (2018) explained that researchers should use numbers and that can provide additional support to their claims as well as help them “assess the amount of evidence in your data that bears on a particular conclusion or threat” (p.128). This quantitative component of my study should by no means be interpreted as my attempt to make my study quantitative but as another way to support my explanations and conclusions.

Furthermore, I inquired into the perspectives of all members of my committee and employ peer-debriefing to ensure that my biases did not permeate the research and that I accurately described the true meaning behind the participants’ statements. Additionally, I solicited input from one of my peers in the doctoral program who is familiar with my research. By examining the accuracy of the meaning through the multiple perspectives, I was able to minimize a threat to the validity of my qualitative research.

Data Collection

After I received a receipt of approval from Sam Houston State University’s IRB, I contacted potential participants via email. Within the email I included the purpose of the study, brief description of the process, consent form and my contact information. I am a member of Texas Counseling Association, and I utilized membership directory to randomly select potential participants.

Over two thousand counselors have their contact information posted on the website. I contacted 250 randomly selected counselors. Additionally, I asked each

potential participant to forward my email to any of their colleagues who they believed might have been interested in participating in my study. Licensed professional counselors who expressed interest in my study were able to follow the link included in the invitation email. This link guided them to Qualtrics to acknowledge the informed consent, answer demographic questionnaire, and complete survey questions. I provided participants in this study with my contact information and contact information of SHSU's IRB.

Additionally, I provided detailed information about participant's confidentiality and the voluntary nature of their participation, which they were able to terminate at any point during the process of responding to the survey.

Data Analysis

I chose the descriptive phenomenological method of data analysis developed by Giorgi (2009) who modified Husserl's philosophical method to place emphasis on human consciousness and its relatedness to the human world. Giorgi (2012) noted that his method is pre-transcendental because it is more descriptive than interpretative and deals with human consciousness instead of the completely purified consciousness that phenomenological philosophers are interested in. Furthermore, he explained that researchers aim to assume an attitude of the scientific phenomenological reduction and "concentrate on the given as a phenomenon and everything that is said about the phenomenon is based upon what is given" (p. 5). Phenomenological reduction allowed me to describe the phenomena in a manner that captured the lived reality of participants and their lived experiences of that phenomena with no influence of my prior knowledge and experiences with that phenomenon. The exact words of participants I included whenever appropriate provided the most accurate description of the phenomena as

experienced by participants. Once I assumed the attitude of the scientific phenomenological reduction, I proceeded with the data analysis following four steps suggested by Giorgi (2009).

First, I read all answers to each question to understand the data in a holistic manner. Giorgi (2009) explained that one must be familiar with all parts of the description because no part on its own can adequately provide a general sense of what collected data is about. Furthermore, he stated that analysis of parts of the description without of the awareness of the rest of it will render incomplete results because “meanings within a description can have forward and backwards references” (p. 128). With this in mind, I read answers to all questions from all participants without any attempt to make any clarifications or gain anything more but the global sense of what was in the participants’ answers.

Second, I reread all answer to the first question to immerse myself in the data. Next, I completed all steps of the analysis process for the first question before I used the same steps to analyze each subsequent question. As I reread the answers and experience transitions in meaning, I identified meaning units of the participants’ experiences. Giorgi (2017) cautioned researchers to be mindful of any possible interrogation of the sense of meaning as they read the description. He explained that this step requires them to just note any shift in meaning and mark the place where the difference is perceived. Furthermore, he noted that these units of meaning do not exist in vacuum and that they are all interrelated despite noticeable differences. This step is experiential in nature because the attitude of the researcher determines how he/she account for units of meaning. Giorgi (2009) pointed out that this step is of a practical value because it renders

the entire description more manageable, but it is the transformation of these units of meaning and their reintegration in the general structure that matters the most, which is done in the subsequent steps.

Third step is, according to Giorgi (2012), “the heart of the method” (p. 6). I used free imaginative variation to transform the data from the words of the participants into expressions that highlight the meanings lived by the participants. Imaginative variation implies searching for all possible meanings of the description analyzed, “through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from different perspectives, different positions, roles, or functions (Moustakas, 1984, p. 97). With this transformation of the meanings, I changed how participants expressed their lived experiences but not what they experienced. By making these changes, I was able to generalize the meanings and allow for integration with other descriptions that might initially appear very different (Giorgi, 2017). Giorgi (2009) explained that during the psychological analysis of the description the researcher must pay close attention to the psychological dimension, which has to be “detected, drawn out, and elaborated” (p. 131). Additionally, he stated that through the utilization of free imaginative variation, the researcher will be able to ascertain sufficient level of invariance within the new psychological meanings that were derived from the concrete description. Furthermore, through this process of transformation of the original data, my data was more generalized to allow me to integrate it into structure even when the facts described by participants differ significantly in the original expression but not in the psychological meaning.

Once I identified many themes, I combined the most representative participants' statements with each theme to illuminate and support these themes. Additionally, I connected, related, or separated the meaning units to reduce the number of different themes to create the essential structure of the experience. By doing this, I was able to present each theme based on the entirety of the participants' responses. I repeated this process for each study question.

Lastly, in the fourth step, I reviewed all transformations, which were the pillars of the general structure of the participants lived experiences from all study questions. Furthermore, I correlated, reduced, and varied themes from all study questions to determine the essential themes and to reorganize them into the structural description to help interpret and clarify the data. Additionally, the integrated themes allowed me to best describe the meaning of lived experiences of the participants as related to the phenomenon explored in this study.

Summary

In the current chapter, I described methodology that I employed in my research study. I conducted a qualitative inquiry using descriptive phenomenological methodology to explore the lived experiences of licensed professional counselors as related to case management. Criterion and random purposeful sampling were utilized to select a sample of 250 participants. I utilized online survey to obtain an in-depth depiction of the participants' experience with case management (CM). Data collection began following approval from the Sam Houston State University IRB. I obtained written informed consent and participants completed demographic questionnaire, wrote in a definition of CM, and answered nine survey questions. Data analysis included four steps of the

Giorgi's descriptive phenomenological method of analysis. To ensure the trustworthiness of my study, I employed the methods of clarifying researcher bias, negative case analysis, providing rich, thick descriptions, and using quasi-statistics (Maxwell, 2013).

CHAPTER IV

Results

The purpose of my study was to describe the role that case management had in the work of professional counselors as well as needs which professional counselors had as related to training and preparation in the provision of case management services. I inquired into counselors' knowledge of the definition of case management and their use of case management interventions in their counseling practices. Additionally, I sought to answer the research question that focused on my exploration of counselors' understanding of Maslow's theory and its relevance to the work of professional counselors. Another question that I asked focused on the description of counselors' experiences as related to the provision of counseling services post-disaster or during crisis situations. Lastly, I inquired into ways counselors gained knowledge about case management and solicited their opinions about the need to include case management in the counselor education curriculum. Twenty-one participants completed surveys, which allowed me to conduct an analysis of their responses that rendered a definition of case management and highlighted elements of case management most relevant to the work of professional counselors. Data analysis of the participants responses also led to the identification of several overall categories, which I constructed from numerous themes that emerged during the analysis of the responses to each survey question.

Participants

The participants of my study were licensed professional counselors who practiced in the state of Texas and were members of Texas Counseling Association. Thirty-nine participants responded to the survey, but eighteen of them completed only demographic

questioner, thus rendering twenty-one survey responses appropriate for data analysis. The following are descriptions of participants who completed both demographic questionnaire and survey questions.

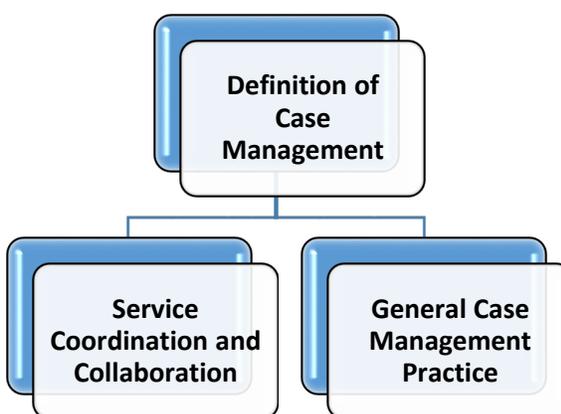
Participants' average age was 50, with the age range from the early 30s to late 60s. Racial/ethnic identities were self-reported as the following: African American (4), Black (2), Caucasian/White (14) and Hispanic (1). Self-reported gender identification included Female (14), Male (4), Cisgender Female (1), Cisgender Male (1), and Female Lesbian (1). Years of counseling experience ranged from 4 to 40 years. The average was calculated to be 15 years. Thirteen participants reported working in private practice, four in university counseling centers, and two in non-profit agencies. One participant included both private practice and university counseling center. Community mental health and federal government were the types of counseling practice reported independently by the remaining two participants. Twelve participants declared the location of their practice to be in the urban area, and nine participants stated that their practice was situated in the urban cluster. The participants responses to the question which asked if they were expected to use case management were as follows: definitely yes (7), probably yes (1), might or might not (2), probably not (6), and definitely not (5). Fourteen participants graduated from Clinical Mental Health Programs, two from Community Counseling Programs, one from Marriage and Family Program, and three held degrees in Psychology. One participant wrote in Professional Counseling without any further clarification. Ten participants reported graduating from a CACREP accredited program, while eleven participant obtained degrees from programs that were not CACREP accredited.

Definition of Case Management

The primary result of the analysis of the survey participant responses was a definition of case management. Eighteen of the 21 study participants provided a definition of case management. The remaining three participants described roles and responsibilities of a case manager, which demonstrated their basic knowledge about case management, but they failed to articulate it in the required form. One of those three participants answered the question that asked for a definition of case management by stating that “Case managers assist clients in navigating systems and locating the necessary resources.” The following two themes emerged as a result of the analysis of 18 participants’ responses to the question asking them to provide a definition of case management: *service coordination and collaboration* and *general case management practice*.

Figure 1

Definition of Case Management



Service Coordination and Collaboration

Fourteen participants provided a definition of case management which was focused on interventions. Participants provided a limited number of case management interventions to include referrals, resources, coordination, and collaboration as the foundation of their definition of case management. The following response is representative of the participants' rudimentary understanding of case management: "Case management includes providing resources and referrals, as well as providing support in connecting clients to those resources." Another participant defined case management as "The coordination of services on behalf of a client." Yet another participant's response focused on basic case management strategies by stating that case management consisted of "Providing referrals and a coordination of service amongst the resources available to clients in their community". These responses led to identification of the second categorical definition: general case management practice.

General Case Management Practice

Four participants demonstrated an in-depth knowledge of case management in their responses. They included a wider range of case management functions, and the following response is representative of their more comprehensive view of case management, which was described as "Efforts made to act as liaison, advocate, and coordinate on behalf of the client's mental health needs. CM also serves to teach clients the skills of self-advocacy through modeling." Another participant summed up case management by it as "Intake, assessment, planning, monitoring, referrals, client advocacy."

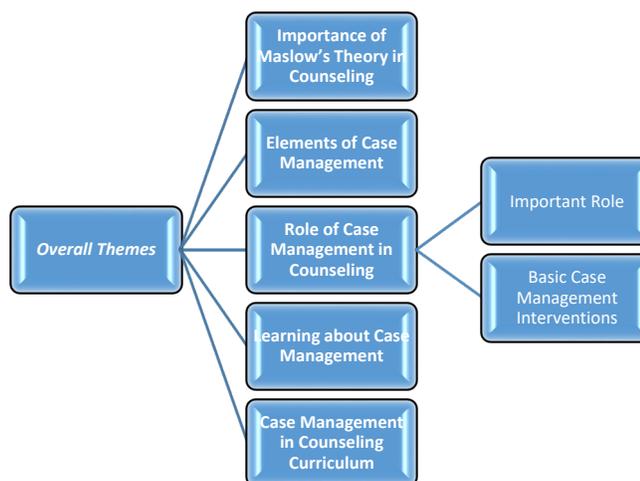
Gaining knowledge of the basics of a definition of case management by the participants led to the identification of the primary themes found in the analysis of the participants' responses. The identification of the overall themes allowed for a closer look at the perspectives held by currently licensed professional counselors as it related to their involvement with case management.

Overall Themes

Participants responded to ten survey questions and their answers allowed for a data analysis that led to the identification of several themes. Rather than focusing on all questions individually and any identified themes within those questions, the focus shifted to the emergence of overall categories or themes. The following themes highlighted issues that were of great importance according to participants' responses: *role of case management in counseling practice, importance of Maslow's theory for counseling process, elements of case management, learning about case management, and the need for inclusion of case management in counseling curriculum.*

Figure 2

Overall Themes and Subthemes



Role of Case Management in Counseling Practice

Fifteen out of 21 survey responses included responses indicating that case management had varying levels of significance in the work of professional counselors. One participant explained that even working as a counselor, the counselor's primary role was that of a case manager. Additionally, two participants provided responses that were not relevant to the survey question. Three participants stated that they did not use case management interventions due to the educational nature of their job requirements, availability of a case manager on site or a general lack of need for case management in a particular private practice setting. Additionally, eight participants described case management services as crucial when responding to crisis situations or in post-disaster relief efforts. The following subthemes were identified in this theme: *important role and basic case management interventions*.

Important Role. Four survey participants viewed case management as an instrumental aspect of their work, and the following response was representative of this view: "It is essential, but most of my focus is on 'doing the healing work' with the client. The case management provides a sturdy foundation and makes sure you are being thorough in all facets of the client's mental health journey." Another participant stated that case management was "Critical to organizing and focusing the therapeutic process; lends to efficiency."

Four survey participants who provided their services to displaced victims of a hurricane disaster deemed case management to be a necessity, which was illustrated in the following description of a counselor's experiences post-disaster:

In helping provide mental health services at local Red Cross shelters following Hurricanes Katrina & Rita I found that clients were not so prepared to talk about their mental health, as to ask questions and seek out how to get their most basic needs met.

Another survey participant, who counseled refugees, found case management to be essential, which was evident in the following response: “I have also provided supportive services and trauma counseling to refugees escaping persecution. These services focused on grounding and allowing the client to process. It was more listening and providing case management assistance to help obtain basic needs.”

Basic Case Management Interventions. Eleven survey participants indicated that case management strategies they used in their practice were limited in scope. Referrals and resources were the two most utilized interventions. This response was representative of the view that basic case management has its utility in counseling: “I use it sporadically, but I will take a hands-on approach when clients could benefit from additional assistance, such as treatment or support letters, referrals, and community resources.” Another participant demonstrated knowledge of other case management activities in the following statement: “I usually make referrals to clients for particular services, but generally do not arrange or provide oversight for the services they receive.”

Importance of Maslow’s Theory in Counseling

All survey participants demonstrated good understanding of Maslow’s theory and its relevance for the counseling process. Participants’ answers were exhaustive and focused on the premise that basic needs must be met before clients can fully engage in any meaningful counseling work. One participant’s answer embodied this perspective:

Maslow's Hierarchy of Needs is instrumental in my work with clients. It is part of my assessment and informs my role. If a client is worried about basic needs, I understand that our "counseling" work will be overshadowed by their needs, thus, I will take an active role in assisting with having basic needs. I understand my limitations with knowing about community resources because I am not as informed in community resources, thus I may refer clients to a more experienced case manager. Fortunately, the agency I work for has a case management department.

Importance of Maslow's theory for the successful therapy outcome was manifested in the words of yet another participant who stated: "Maslow is always in the background of my mind. Many of our clients struggle with food insecurity, housing insecurity, domestic violence, and fundamental lack of safety. These must be addressed before traditional counseling can begin."

Elements of Case Management

Survey responses indicated that twenty participants were making referrals and locating resources for their clients. References to referrals and resources were found in 20 participants' responses and the following response was representative of other responses in which interventions other than counseling interventions were described: "referral services, as well as providing information and supports to my clients and families that can help with basic resources or extra support."

Additionally, coordination and consultation were the other two case management activities that survey participants found useful in their work. The following participant's statement supported this view:

My number one tool is coordination with mental health and social service professionals in the area. This is vital so that I can get my clients the help that they need quickly. I spend much time during the week talking with and helping colleagues from other local organizations to share information and build good will.

Furthermore, inclusion of traditional counseling responsibilities as well as other interventions in eight participants' responses suggested that some participants confused traditional counseling responsibilities with case management activities. This confusion was evident in the words one participant used to describe interventions other than counseling: "Assessments, terminations, staffing, and progress notes."

Learning about Case Management

All but one participant recognized the lack of preparation in their respective programs regarding case management as they described ways they had learned about case management. Some participants explained that they were provided training through the agencies that employed them, while others described their learning as a hands-on approach. The following response was representative of all responses: "I gained knowledge through direct work experience prior to becoming a licensed professional counselor. It was more direct experience and learning from co-workers." Yet another participant not only shared how knowledge was gained about case management, but clarified why case management was vital for the most optimal client care:

Through jobs I held in group homes, schools, and through different county and state departments I learned that looking at the client and the family as a whole entity and realizing I was only one piece, gave me insight in what I could

additionally provide or refer them to, so they had wrap around support from all areas.

Case Management in Counseling Curriculum

While five participants were unsure of what elements of case management should be included in counselor education programs, the rest of the participants' responses indicated that counseling students would benefit from classroom learning about case management. Some participants believed students should be taught basic case management strategies, which was echoed in the following response:

I wish that I had learned more about where to find information about services in the community that I could offer my clients. I believe that learning about a model of "wrap-around care" would be helpful for all mental health professionals. For instance, it would be beneficial for counseling students to visit and interview sites and agencies to learn about what is available in the community. It is important to have experiences in order to gain familiarity before referring a client to that agency or resource.

Other participants recommended that students be provided with an overview of case management, and the following participant's answer is representative of this viewpoint: "Define what case management is; how it works; the benefits for the client. Also, how to work with case manager to connect to serve the whole person and their needs." Yet other participants explained why gaining knowledge about case management is important for counselors and how to determine what aspects of case management should be thought in counseling programs: "Often jobs ask for social workers and will not look at what counselors can provide. I think looking into the classes that are provided

for students in social work may give insight to what types of case management curriculum can be provided.”

Summary

In chapter IV, I included a definition of case management as it emerged from the participant’s responses. Additionally, I identified five overall themes. One of the overarching themes was validated and strengthened by two subthemes. Furthermore, I included direct quotations from all survey participants to ensure that all themes and subthemes were supported with the most representative responses.

Chapter V concluded my dissertation. In this chapter, I included the result of my study and compared them to the literature findings which I described in chapter II. Furthermore, I included implications for counselors, implications for counselor educators and suggestions for the future research based on findings of my study.

CHAPTER V

Discussion

The purpose of my study was to describe the role that case management had in the work of professional counselors and to inquire into their needs as related to training and preparation to provide case management services. I employed a descriptive qualitative research approach to answer the following research questions; What are the experiences of licensed professional counselors as related to case management? What role does case management play in the work of licensed professional counselors? and What elements of case management should be included in counselor training programs? I used Giorgi's descriptive phenomenological method of data analysis to identify the most salient elements of participants' description of their lived experiences, which allowed me to develop the essence of those experiences and shared meaning (Giorgi, 2012). Furthermore, I was able to gain a better understanding of the importance that Maslow's theory had in the work of professional counselors who, overwhelmingly, supported Maslow's notion that clients' higher-level needs could be efficiently addressed in counseling sessions only after their basic needs were met (Maslow, 1954). Additionally, participants' responses highlighted the need for inclusion of case management in the counseling curriculum, with all participants but one citing lack of training and preparation to provide case management interventions in their respective counseling programs.

Guiding Theory

Maslow's theory of human needs provided a theoretical framework for my study. Maslow (1948, 1954) proposed a five-stage hierarchical model of human needs, which he modified later in his career by adding another stage as the last level of hierarchy. The lower-level needs, or deficiency needs, encompassed the very basic human needs of physiological and safety needs. The higher levels of needs, known as growth needs, included love and belonging needs, esteem needs, and self-actualization needs. The transcendence as the final need of the pyramid was introduced later by Maslow to expand the needs that were solely personal by nature to the needs that had social and altruistic underpinnings (Koltko-Rivera, 2006).

All (21) participants in my study demonstrated good understanding of Maslow's theory. One of the participants offered a brief explanation of her understanding of Maslow's theory and explained how it affected her approach to counseling:

Basically, Maslow described the concept that clients are generally unable to engage in meeting their higher-level needs, until more basic needs are met first. Utilizing that concept, I generally assist clients in meeting those basic needs first (usually shelter, food, and clothing - but can include basic psychological functioning as well), and then engaging in therapeutic approaches to address higher level needs later.

This approach echoed not only previous research findings (Harper et al., 2003; Taormina and Gao, 2013), but also rose to prominence during the last two years, which were marked by numerous impediments that the world population encountered as a result of the coronavirus pandemic. Benjamin, et al. (2020) urged policy makers around the

world to integrate Maslow's theoretical framework into current policies and recovery strategies to ensure that the worldwide COVID-19 response addressed the issue of compromised safety needs, food and resource shortages, and decreased employment opportunities. Additionally, Benjamin et al. warned that poor understanding of Maslow's hierarchy of needs could result in basic needs being overlooked and unmet thus leaving some members of population, in particular the younger ones, less motivated to pursue and achieve the higher-level needs. Furthermore, Benjamin et al. issued a stark warning to policy makers to do everything to avert societal instability likely to happen when people reach the tipping point and "this tipping point will be when they see their current needs as unmet and their opportunity for future growth and potential disappear" (p. 625).

Similar to the previous statement, Aranez-Litam and Hipolito-Delgado (2020) suggested that counselors assess their clients concerns and mental wellbeing based on Maslow's hierarchy of needs because of negative effects of the ongoing pandemic. They explained that various threats their clients might have been exposed when attempting to fulfill their essential needs such as housing, food, safety, and security within the last two years might have not been reported initially but discovered once the causes of mental health difficulties or even crisis were carefully evaluated. Additionally, they recommended counselors become clients' advocates to eliminate barriers to meeting financial and safety needs in addition to providing mental health support. Survey responses of participants in my study supported this view which was evident in the following participant's statement:

It can be helpful to recognize that clients won't or can't focus on the goals they

reported for themselves, if they have a need to meet more basic needs in their life. Therefore, we might set aside their expressed goals to work on meeting those needs first.

Interestingly, one of the participants stated that some of her clients were more interested in fulfilling higher-level needs despite being unable to fully meet their basic needs:

My understanding is that we have to meet the needs at the bottom of the hierarchy before we can meet the needs higher up in the hierarchy. I think it has impacted my work with my clients in that they may have other pressing needs they want to meet (food, shelter, safety) before beginning traditional therapy. However, in working with clients experiencing homelessness, I also found that not everyone's hierarchy is the same and some clients valued lower levels less than others, so they were able to meet "higher" needs without having "lower" needs met.

This participant did not elaborate on the living conditions of the homeless clients, who could have been temporarily residing in homeless shelters where their basic needs for food, shelter, and safety were met at the time the client attended counseling sessions. Nevertheless, Middleton (2016) noted that personal growth and self-actualization could occur after significant suffering or trauma, even in instances when other basic needs were not entirely fulfilled. Additionally, he casted doubt on the effectiveness of “an economic model built around services and products designed to provide easy access to sources of immediate gratification” (p. 133). While this might be true for some experiencing immense

suffering, others might benefit from an approach that is rooted in Maslow's hierarchy, the approach that the following survey response supported: "If the client does not have shelter or food or just basic needs as water to bathe these issues then are more apparent to the client or family and have to be considered first."

General Findings

Case management is often used as a primary service modality for individuals with complex mental health illnesses and case management strategies are the most beneficial when integrated with "trauma-informed, culturally sensitive application of evidence-supported psychotherapy principles" (Ravitz, et al., 2019, p. 855). Similarly, professional counselors who incorporate case management interventions, such as referrals, resources, collaboration, and advocacy in their practice effectively eliminate barriers to meaningful therapy by first addressing the needs that are the most salient to their clients (Aranez-Litam & Hipolito-Delgado, 2020). Participants in my study demonstrated awareness of the current trends that emphasize the need for broadening of strategies and techniques used to treat clients suffering from mental health illnesses. The following response embodied this understanding: "

Therapists/counselors should be encouraged to take on different roles, including advocacy, case management, career counselors, etc. By helping therapists feel comfortable with taking on different roles, the place that case management plays within the therapeutic relationship is likely to increase.

Despite demonstrating good understanding of Maslow's hierarchy of needs and the role of case management in facilitating progress towards meeting those basic needs,

all (21) participants in my study indicated that their utilization of case management services was limited. Survey participants cited several case management interventions they used occasionally, with referrals and resources mentioned most frequently, which was evident in the following response: “I don’t do very much. But when I do it involves psychiatric and social work referrals as well as career and academic resources.” This is consistent with the previous literature, or lack of it, as related to case management in counseling. Apart from a handful of studies (Best, et al., 2008; Herdman, 2001; Pullen and Oser, 2014), in which some case management strategies were introduced as viable for client’s progress, counseling literature remained focused on traditional counseling strategies. Infrequency and scarcity of case management utilization by participants in my study could account for the abundance of other mental health professionals in the vicinity of participants’ practices or availability of case managers at their place of work. Eighteen participants cited several types of mental health professionals in their respective areas and only one participant revealed the struggle with locating additional service providers for the general population:

Options are abundant for qualified veterans: the Department of Veterans Affairs has several large clinics in the valley and outpatient referrals are available.

Options are not so abundant for the civilian population. Finding resources for family members of veterans who need mental health services is difficult, especially those at low cost or no cost and that are available primarily in Spanish language. Social services are less than ideal in the area, as local systems seem stressed by overwhelming local need.

Additionally, only one survey participant described the community were

the participant provided counseling services as rural, while another participant stated that counseling was conducted in an urban area “surrounded by rural disparate areas” with “93% of Latino population that is chronically underserved.” Other participants described their communities as urban or suburban, with the greater availability of different mental health service providers.

Furthermore, findings of my study as related to counselors’ training and preparation to provide case management yielded results like results which I found after the exhaustive literature review and examination of CACREP counseling programs in the state of Texas. Except for rehabilitation counseling programs, no case management class was offered to counseling students, nor case management as a separate subject was mentioned in the counseling literature beyond literature discussing rehabilitation counseling practice (Choppa et al., 1996; Dunlap and Russell, 2014; Koch et al., 2016). This was consistent with the survey responses in my study, which indicated that participants did not gain knowledge about case management in the classroom, but learned about case management on the job, through consultation with other mental health professionals and personal inquiry. Participants who worked for non-profit organizations found case management to be a necessity, which was echoed in one of the survey responses: “I worked for a non-profit organization during the internship and right after graduation and had to do it to help the clients I served.” This was even more salient when providing mental health services to members of racial-ethnic minority groups whose complex needs were best met through collaborative care, psychoeducation, and case management (Lee-Tuler, et al., 2018). When different modalities and strategies were used

concurrently, counselors were likely to address problems in a holistic manner, which appeared to be of a great importance to one survey participant who stated:

Through jobs I held in group homes, schools, and through different county and state departments I learned that looking at the client and the family as a whole entity and realizing I was only one piece, gave me insight in what I could additionally provide or refer them to, so they had wrap around support from all areas.

Overall Themes

The following themes emerged because of my study: *role of case management in counseling practice, importance of Maslow's theory for counseling process, elements of case management, learning about case management, and case management in counseling curriculum*. In my summary of these themes in the previous chapter, it was evident that these themes were supported by the majority of survey participants with each theme supported by fifteen or more survey responses. I have included supportive literature for each theme below.

Role of Case Management in Counseling Practice

Fifteen participants recognized case management as an important aspect of their practice. Frequency and scope of case management utilization varied by each participant, but they all agreed that case management interventions, such as referrals and resources, were necessary to address issues that traditional counseling was not designed to resolve. Additionally, survey responses indicated that participants used case management strategies while working for nonprofit and governmental agencies. This should be no surprise to anyone who is familiar with the rapidly increasing demand for community

mental health services, as noted by Arya (2020), who also proposed that mental health clinicians utilize case management strategies more often and engage in care coordination to meet the needs of their clients. Additionally, Arya described the benefits of clinicians assuming additional roles:

It is really important that people with high mental health needs who are struggling to cope with symptoms and other psychosocial demands to get higher level of input through case management or care coordination, whereas those progressing well towards recovery still get the benefit of key worker support. (p. 4)

This approach validated arguments made in favor of counselors providing additional services to strengthen therapeutic relationship and move clients toward achieving personal growth and life goals (Rakow & Eells, 2019; Siegal, 2005).

Importance of Maslow's Theory in Counseling

Participants in my study provided the most extensive and detailed responses to the question which inquired into their understanding of Maslow's hierarchy of needs and its impact on their work as professional counselors. All of them stated that it was difficult for clients to focus on higher level needs when their basic needs were not sufficiently met. Five participants noted that the pandemic posed additional threat to clients overall functioning with one participant explaining that "our systems were overwhelmed during the COVID-19 crisis, as social services were largely unavailable", which further reiterated the importance of Maslow's theory. This is consistent with the most recent literature findings regarding the wide-ranging impact of the current pandemic on the physical and mental wellbeing of all individuals who experienced various levels of hardship due to COVID-19. This was particularly true of the individuals who became ill

and suffered financial and/or employment losses, which significantly altered their priorities and brought to the forefront the need to secure food, shelter, and restore the sense of safety (Galehdar, et al., 2021). Furthermore, children and teens experienced not only educational adverse effects, but their self-esteem and sense of self-worth diminished when their lower-level needs were not satisfied (Ansorger, 2021). Students from an impoverished and underserved area managed to succeed academically and improved self-esteem when the school administrators succeeded in helping students meet their basic needs first and then addressed higher-level needs, such was the case in Fairway Elementary School in the United States (Fisher & Crawford, 2020). These findings support the statement made by one of the survey participants: “We must serve basic needs first, before we can begin counseling services.”

Elements of Case Management

It should be of no surprise that referrals and resources were cited as the most utilized interventions by the survey participants who indicated that their practices were surrounded by other mental health professionals and other service providers, who were better prepared to assist clients in meeting their basic needs. Previous literature sustained the notion that professional counselors should provide resources and referrals on a regular basis (Benshoff et al., 2015; Best et al., 2008). Interestingly, only three survey participants declared coordination and collaboration to be their choice of additional interventions, which were deemed decidedly valuable in several previous studies (Grigsby & Hartman, 1997; Harley et al., 2003; Lee-Tuler et al., 2018). This discrepancy might be explained by participants confusion about the scope and nature of case management, which was evident in their fragmented definitions of case management.

Learning about Case Management

Participants in my study described their experiences with case management as minimal prior to internship placement or counseling work in different agencies, hospitals, or non-profit organizations. Their survey responses revealed that the majority of their learning about case management happened when the need for interventions outside the scope of traditional counseling would arise, thus prompting survey participants to do personal research, consult other mental health professionals, and create the network they used to address the complex needs of their clients. Hands-on experience and on-the-job training were mentioned by several survey participants, and two survey participants explained that they previously worked as case managers. These findings are consistent with the scarcity of counseling literature regarding use of case management strategies in counseling except for rehabilitation counseling, which placed greater importance on case management techniques than any other counseling program (Akande, 2017; Stebnicki & Marini, 2016). Additionally, no textbook or written material that was used to learn about case management was cited by any participant in my survey, which further underscored the gap in the literature I found after my extensive literature search.

Case Management in Counseling Curriculum

As mentioned above, all survey participants described learning about case management as a hands-on approach once they begun either internship hours while still in the master's program or working in the counseling field as fully licensed counselors. One participant explained it in the following statement: "My academic program included a course on Community and Agency Counseling covering how agencies work and recognizing client's needs in areas beyond counseling, but it didn't include focus on case

management. My learning has otherwise been hands-on.” My research of CACREP accredited programs in the state of Texas confirmed the lack of case management classes in counseling programs. Additionally, I found no counseling books that included case management as a separate chapter topic, which is a gap that, according to the survey responses, must be bridged to help the new generation of counselors skillfully balance multiple roles, with the case management role gaining additional prominence in today’s diverse world.

Implications for Counselors

Implications of my research findings for professional counselors include support for utilization of case management strategies in counseling practice. This becomes even more salient when working with clients whose basic needs of food, shelter, and safety are not met or are at risk of being compromised due to external challenges, such as economic stagnation, pandemic restrictions, illness, or employment loss, to mention just a few of the most frequent adverse factors individuals encounter today. Participants in my study reiterated the importance of Maslow’s theory for counseling profession and validated renewed prominence given to Maslow’s hierarchy of needs due to increased uncertainty and insecurity in many life domains. Professional counselors should strive to explore alternative ways to assist their clients who initially might seek help for mental health issues but present themselves with a myriad of other challenges that diminish their ability to alleviate or resolve psychological impairments. Current literature supports broadening the role that counselors traditionally assume, with case management strategies coming to the forefront during the initial encounter with clients who experience physical or financial hardships (Benjamin et al., 2020; Galehdar et.al., 2021; Lee-Tuler et al., 2018).

Professional counselors should consider incorporating Maslow's theory when working with clients of all ages. Previous literature supported findings of my study regarding use of Maslow's theory of human needs in counseling. Children and teens make significant progress towards achieving their personal and academic goals, once they do not have to worry about how to secure their next meal or find a safe place to shelter in (Ansorger, 2021; Fisher & Crawford, 2020). Young and older adults respond similarly, and experience personal growth when their basic needs are not cause of continuous concern (Arya, 2020). One survey participant explained how Maslow's theory influenced the participant's approach to counseling:

For me the impact is my ability to meet the client at their level of need. If there is a need for medical care the client can't focus on mental health when they are ill. Sometimes it is difficult to focus on mental health when you are homeless. Understanding these needs need to be addressed in order for them to focus on their mental health.

The results of my study also provided the information which indicated that case management provided a tool to bridge the gap between the unmet basic needs and truly meaningful work on the higher-level needs. Participants in my study demonstrated good understanding of limitations of traditional counseling interventions and explained that case management, even in the most basic form, was a necessity at times and valuable addition to the counselor's tool kit. Referrals, resources, coordination of services, and collaboration were interventions mentioned most frequently by survey participants, which is the case with case management interventions cited in the literature. By failing to assess

the basic needs of clients, counselors might unintentionally create additional barriers to successful treatment and encouraging outcomes.

Therefore, to fully understand client's needs and develop sound treatment plans, counselors should become familiar with Maslow's theory and seek additional knowledge of interventions beyond traditional counseling ones, with the emphasis on case management for clients who struggle to satisfy basic needs described within Maslow's hierarchy of human needs.

Implications for Counselor Educators

Results of my study include supportive evidence for the inclusion of case management in current counseling programs. Survey responses varied as to how extensive case management training could be infused in counselor education programs for future counselors, but all participants agreed that there was a need to incorporate some elements of case management into the current counseling programs. Additionally, five survey participants suggested that existing classes could be modified to accommodate case management material, which "could be part of an existing course in counseling curricula" such as "a course on Community Counseling" or Crisis Intervention. Furthermore, counselor educators could require their students to "visit and interview sites and agencies to learn what is available in the community", which was a recommendation made by one of the survey participants. Ignoring the need to teach case management early in counseling programs, according to the study, could create a barrier to provision of the most beneficial and timely treatment modality, and possibly delay clients in reaching their full potential.

Future Research

Future qualitative research is recommended to further explore the role of case management in the work of professional counselors. Findings of my study, which was the first one to explore this topic, indicated that professional counselors understood the importance of case management for effective counseling outcomes. All survey participants utilized case management strategies with a varying degree of depth and frequency to help their clients meet basic needs, which in turn facilitated subsequent work on satisfying higher level needs and resolving mental health concerns. Future research could focus on in-depth inquiry about specific case management strategies and their relevance in counseling practice. Further research would provide additional support for inclusion of case management in the counseling curriculum and could define areas of case management that are the most beneficial for professional counselors. This would enable counselor educators to be more purposeful when creating course content that contains case management interventions relevant to counseling processes.

Furthermore, future research should consider broadening the counseling base for any new research study regarding case management in counseling. My study was limited to professional counselors in one state, and nation-wide research might render different results. Additionally, counselors from rural and underserved areas were underrepresented in my study, thus future research could focus on their perspective and experiences regarding case management.

Finally, future research might consider exploring needs of counselors in training and newly licensed counselors regarding case management. Since all participants in my study described their learning of case management as hands-on approach once they began

their counseling career, it would be useful to gain better understanding of what could be done to prepare future counselors to assume different roles when traditional counseling techniques cannot facilitate desired outcomes.

Conclusion

The purpose of my study was to examine the role that case management had in the work of professional counselors. Additionally, my study intended to inquire into training needs of professional counselors as related to case management. In the first chapter, I provided a rationale for my study, and I briefly addressed gaps in the literature, which further supported the usefulness of my study. In Chapter II, I outlined the results of the extensive literature research I conducted, and the detailed review of literature findings I provided in this chapter corroborated the need for my study. In the third chapter, I described the research method I used to conduct my study and provided references which supported my choice of methodology. In Chapter IV, I delineated findings of this study, which included themes that emerged because of data analysis and direct quotes in support to the overall themes and subthemes. In the last chapter, Chapter V, I described how previous literature findings validated results of my study, identified implications for my study, and made recommendations for the future research.

The findings of my study included definition of case management, five overall themes and two subthemes, which I described in detail in the previous chapters and supported by excerpts from the participants responses. These findings allowed me to deduce that case management has an important role in the work of professional counselors. The results of my study also indicated that there is a lack of training and preparation to provide case management services within counseling programs, despite

case management interventions being recognized as essential in helping clients meet their basic needs. Additionally, these findings prompted me to conclude that further research studies should be conducted to validate findings of my study.

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APPENDIX A



Date: Apr 27, 2021 1:05:26 PM CDT

TO: Dusanka Armstrong Richard Henriksen

FROM: SHSU IRB

PROJECT TITLE: Professional Counselors and Case Management

PROTOCOL #: IRB-2021-106

SUBMISSION TYPE: Initial

ACTION: Exempt

DECISION DATE: April 27, 2021

EXEMPT REVIEW CATEGORY: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

OPPORTUNITY TO PROVIDE FEEDBACK: To access the survey, click [here](#). It only takes 10 minutes of your time and is voluntary. The results will be used internally to make improvements to the IRB application and/or process. Thank you for your time.

REVISED SPECIAL UPDATE RE: COVID-19 CRISIS: The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 [here](#).

Greetings,

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

Since Cayuse IRB does not currently possess the ability to provide a "stamp of approval" on any recruitment or consent documentation, it is the strong recommendation of this office to please include the following approval language in the footer of those recruitment and consent documents: IRB-2021-106/April 27,

2021.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research.

In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D.
Chair, IRB
Hannah R. Gerber, Ph.D.
Co-Chair, IRB

APPENDIX B

Demographic Questionnaire

Please complete the following demographic questions:

Age: _____

Racial/Ethnic Identity: _____

Gender Identity: _____

Years of Counseling Experience: _____

What type of counseling practice are you working at? (ex. non-profit agency, school, community clinic, hospital, private practice):

What area is your counseling practice located in:

Urban (50,000 or more people)

Urban Cluster (2,500 to 50,000 people)

Rural (less than 2,500 people)

Are you expected to use Case Management as part of counseling at your work location?

Yes

No

Type of counseling program you completed:

Clinical Mental Health Counseling

School Counseling

Rehabilitation Counseling

Addiction Counseling

Career Counseling

___ Other: _____

Did you attend a CACREP Accredited counseling program?

___ Yes

___ No

APPENDIX C

Survey Questions

1. Please write your definition of Case Management and base your answers to the remaining questions on this definition.
2. Describe the community where you provide counseling services.
3. Describe the type of other mental health professionals available in your area.
4. Describe the role of case management in your work as a counselor.
5. Explain your understanding of Maslow's Hierarchy of Needs and how it might have impacted your work with your clients.
6. Describe your experiences in providing services post disaster or during crisis.
7. Describe other interventions that you have used in your work outside of the traditional counseling responsibilities which consist of assessment, treatment planning, counseling interventions, case notes, and termination notes.
8. Describe how your program prepared you to provide case management.
9. Describe how you gained knowledge about case management and what materials you used to learn about case management.
10. What elements of case management should be included in a counseling curriculum?

VITA

Curriculum Vita

Dusanka Armstrong, LPC, NCC, M.A.

Educational Background

- Ph.D. in Counselor Education and Supervision - Sam Houston State University, May 2022
- M.A. in Clinical Mental Health Counseling - Sam Houston State University, May 2017
- B.S. in Psychology – Sam Houston State University, May 2013

Licenses and Certificates

- Licensed Professional Counselor, TX
- National Certified Counselor

College Teaching Experience

- Doctoral Teaching Assistant: Sam Houston State University, Department of Counselor Education, 2018 – Present: Taught face-to-face and online undergraduate courses in Career Counseling, Intro to Helping Relationships and Intro to Principles of Counseling.

Professional Experience

- Mental Health Counselor: Sam Houston State University, Student Counseling Center; 2019 – Present: Provided individual, couples, and group therapy, as well as crisis interventions and on-going case management to the university students. Additionally, I provided consultation and outreach to the campus community including students, faculty, and staff.

- Doctoral Clinical Fellow: Sam Houston State University, Department of Counselor Education; 2017 – 2019: I provided counseling services to SHSU students and community members, conducted assessment and intake sessions, and provided individual supervision for students enrolled in Supervised Practicum in Counseling. Additionally, I conducted research with the faculty and as a member of the research team at the Center for Trauma Research.
- Financial Aid Counselor: Sam Houston State University, Financial Aid and Scholarship Office; 2015-2017: I counseled perspective and current students in all areas of financial planning, assisted student in selecting appropriate methods of meeting their educational expenses, and counseled students on academic satisfactory progress.

Professional Organizations

- Texas Counseling Association
- Brazos Valley Counseling Association (Past President)

Honors and Awards

- Doctoral Fellowship Scholarship, Sam Houston State University
- Academic Department of Counselor Education Summer Scholarship, Sam Houston State University
- Beta Kapa Tau (Chi Sigma Iota) Scholarship, Sam Houston State University
- 173rd Airborne Scholarship
- Best Doctoral Supervisor, Sam Houston State University, Department of Counselor Education
- Excellence in Writing, Sam Houston State University, Department of English

Honor Societies

- Chi Sigma Iota, 2016
- Sigma Tau Delta, 2012

Presentations

- Henriksen, R., Porter, K., & Armstrong, D. (2018) Psychopharmacology for Counselors: The Neuropsychology, Adults, and Children. Presented at TCA Annual Professional Growth Conference as a Learning Institute Program, Dallas, TX.
- Henriksen, R., & Armstrong D. (2019). Advanced psychopharmacology and counselors. Presented at TCA Annual Professional Growth Conference as a Learning Institute Program, Dallas, TX.

Guest Speaker

- Armstrong, D. (November 2017) Lecture conducted on suicide assessment and prevention, Huntsville, TX.
- Armstrong, D. (April 2018). Lecture conducted on basic counseling skills, Huntsville, TX
- Armstrong, D. (November 2021) Lecture conducted on Professional Roles and Responsibilities in Counseling, Huntsville, TX.