



FIGURE 2-1 Schematic model of intervention

The functions are not strictly separate and discrete. Often they flow into one another and overlap. Areas having a high degree of overlap or compression are grouped together in the discussion below. A concise definition for each function assists in providing conceptual concreteness. We begin by describing the sequential functions from top to bottom in the center of Figure 2-1. We will then move to the left-hand intermittent function, and then the right-hand intermittent set of functions. The definitions grew out of the field interviews with case managers, supplemented by findings from the research synthesis.

Channeling Clients

1. Access to the agency. The flow of clients into the organization can come through *referrals* of various kinds (agencies, families, community organizations, clergy, police, schools, self-referral, etc.). In that instance, the agency needs to be ready to receive clientele as they approach the system. Many agencies function primarily in this mode. The other access mode is that of *outreach*, in which the agency extends into the community, to both search for and encourage clients to enter its service system. This often involves seeking client groups that are most in need of service and who do not themselves make contact with the agency, such as the homeless and frail elderly. Outreach suggests, in some agency situations, either the absence of a sufficient ongoing natural client flow, or the availability of resources to accommodate a greater number of clients than is currently being served. Generally, the matter of providing access for clients is an agency or system function rather than one falling to the individual practitioner. The practitioner participates in the access function but does not direct it.

For new clients, research suggests it is effective to have a quick turnaround time. An appointment should be set within days, and the worker should make prompt direct contact with the client (Research Synthesis [RS], pp. 17-18).²

Intake, Assessment, and Setting Goals

These three are separate functions, but they also overlap and interact. Often they take place at the same time, allowing the practitioner to move back and forth among them. Sometimes, however, they exist independently.

2. Intake. Intake includes identifying the client's problem and situation. Also, the practitioner will seek to determine if there is an appropriate agency-client match. Eligibility is examined and the financial situation is appraised. The client is given information about agency services, requirements, and limitations. Sometimes this is done on a group basis and referred to as orientation. Some preliminary intervention planning may begin. Intake often is a rather formal process, involving the gathering of designated information, filling out standard administrative forms, and giving routine instructions.

²Citations to specific research studies will be found in the research synthesis, which was expanded in Rothman, 1992. The page numbers are for the 1992 publication.

3. Assessment (Psychological, Social, Medical). Assessment further examines the problem to understand its causes and dynamics. The level of the client's social, psychological, and physical functioning is clarified. For highly vulnerable clients, needs are typically broad and assessment must be inclusive. There is traditional case history development. Outside informants may be relied on, including the family and previous agencies that saw the client.

Because client empowerment is a major goal, clients are encouraged to participate to their maximum potential in assessment and every other phase of the process. Participation is frequently acknowledged by practitioners, but then treated in a off-hand and perfunctory way, serving as a slogan rather than as a protocol of practice. For this reason, we will explore the client input factor throughout this entire book. It is too easy, otherwise, for it to slip away.

Research points to a careful assessment of the family in terms of its potential benefit to the client and its capability to cope with a long-term client. Professionals in the agency, from several disciplines, may need to participate in the assessment. To deal with family and other dynamics, sufficient time needs to be given, and appropriate assessment tools need to be used or developed (RS, pp. 34–37).