The Psychology of Case Management Podcast   **Transcript**

Episode 5: Top tips for managing care teams, with guest Dr Stavros Orfanos, PsychWorks Associates psychologist

Intro 0:05

Welcome to the psychology of case management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

Shabnam 0:20

Okay, thank you for joining us. For today's podcast episode, today, we are going to be thinking a little bit around care teams, and the challenges that care teams present, at times, to us as case managers. We all know the… we've all been there, I'm sure, in terms of the difficulty that managing people is, particularly in the care world, particularly in medico-legal work, when we are trying to maximize those outcomes for our clients in the best possible way. And we have to rely hugely on the right care team, and ensuring that that care team is thriving and able to function… optimally, if you like, so that our clients end up achieving the goals that they need to achieve for their rehabilitation, and certainly in terms of settlements, and all the legal processes. So it just feels like it's a really important topic for us. And I know we've got various mechanisms that we try and use, and we know the importance of communication and supervision, and things like that. But for me, I will often wonder about kind of breaking that down a little bit, and what makes a good care team? What is it about the sort of interactions or the dynamics between people that effectively contributes to a thriving care team? It isn't just something that immediately is formed. And as good as our recruitment might be, and as much as, you know, people are still in their jobs, it doesn't mean that we're getting the best out of everyone. And there's nothing worse than having a really tricky care team for our clients. I mean, to live with that with with a care team that isn't, you know, enjoyable or it's not enjoyable being with them, is a real… I wouldn't want to live with that. And I certainly wouldn't want that for our clients. So in thinking around dynamics, and thinking about our case-managed care teams, perhaps we need to think about how to improve these outcomes for our clients, by unpicking what we actually mean by the sort of underlying psychology, if you will. And who better to ask about this phenomenon, than our very own Dr Stavros Orfanos? Dr Stavros is a an Associate at PsychWorks Associates and is a clinical psychologist, and interestingly, a PhD graduate, who happens to have done a bit of research in this field. So here we have Dr Orfanos joining us today. Welcome!

Stavros 3:01

Thanks for having me, Shabnam.

Shabnam 3:03

Yeah, great! It's brilliant to have you here. It's not usual to have a PhD graduate and a clinical psychology doctorate graduate to talk to, so maybe that's the best place to start: with the PhD. It's the thing that you did first, before your training. And so I imagine it's something that you have an interest in. And I think I am right in understanding that you looked at how people interacted in a group setting – in a therapy group setting – and how that impacted on therapy outcomes. Is that roughly right? Maybe you should tell us!

Stavros 3:39

Yes, thanks for the introduction, and yeah, definitely. So yeah, I did a PhD, prior to my clinical training, my clinical doctorate in psychology, in clinical psychology, and the focus of my PhD was very much on

identifying and linking group interactions and group experiences with outcomes. So I was very interested in measuring the stuff that happens between people, and specifically in therapy groups, and seeing if that stuff – that relational component, those interactions between people – if they are associated with outcomes. So if we can identify those interactions, does that mean can we predict how helpful the outcome of that group is going to be? And I was really interested in that question. And, yeah, that was research interest that kind of carried through to the research component of my doctorate in clinical psychology. And it's what I like to think about and do now, even in my sort of clinical work. I enjoy running groups.

Shabnam 4:50

Yeah, okay. Because there's mass application, and we could talk till the cows come home about how we do that, certainly in a psychology setting. But for the purposes of this podcast: you talk about group processes. Now, to me and you, that probably means something very different to our audience who are largely case managers and Personal Injury solicitors, who may not have a psychology training or background. So would it be all right to bring you back to the basics? What do you mean by group processes? And what are they? And can you help us think a little bit about what that would look like, in an everyday sense, perhaps, so we can kind of think about that, because to me it's a very 'intellectual' term.

Stavros 5:37

'Group interactions' is essentially how I would… the phrase I would use to define what group dynamics are, what group processes are – often those terms are used interchangeably. So yeah, it's literally what happens between people, really: the stuff that happens between people. And when I ask people to think about group process, I literally just ask them: "When was the last time you were in a group setting?" Was that… I don't know, were you doing a group sports team? Were you in a classroom, in training, in a team meeting? Any sort of group setting where there are interactions between people.

Shabnam 6:19

So basically, it's something that happens between anyone, any group of people that immediately come together, and I suppose there's cohesion - or not, as the case may be? And it may be something to do with identity as well, then… or not, as the case may be! Is there a link with identity at all?

Stavros 6:42

Yeah, so there are different levels to look at the group process: you can look at more of a societal level, or you can look at a smaller level, where you're looking at groups of, say, between 6 and 10 people. And I think that's the area, or the literature, which I think applies to care teams, and/or that's most relevant to case managers. And there is a really interesting literature on the types of interactions that happen between those sorts of smaller groups, like the size of group you'd have with a care team. And the group environment can often be defined as 'engagement' – the degree to which members of the group are participating or engaged with each other; 'conflict' – that's the degree to which there's friction, or anger between group members; or 'avoidance' – and that's the degree to which members are focused on a group leader or one person in a group, rather than participating in the group, or as a group as a whole. So yeah, those are kind of three components of smaller groups, the sort of group size that you'd have in a care team.

Shabnam 7:57

And that's really interesting, because that really resonates with me – the kind of engagement… I can think of a couple of examples where engagements are quite varied where sometimes you can have people who are massively engaged, and also almost dominating, and those who are less engaged. So you get variations, obviously, and how that then changes how the team presents, or how the group presents. It's an

opportunity for their particular personalities to come through on that, which is… which makes it quite difficult to think about how to work with such variation. That yeah, the idea of personality differences coming into this.

Stavros 8:40

It's interesting you say that. The makeup of the group can be chiselled down to five things: you've got the structure of the group – how often a group is meeting or at what level, through what medium they're communicating. And you've got the leader of a group, someone who's coordinating the group; you've got characteristics of people within the group – for example, personality traits, like you say; you've got what the group is focused on – so, if it's a care team, then maybe you're thinking about the client at the centre of the care team; and then you've got the group process, which is the interactions between people. And what I'm really interested in is: of those five components, what is it about the interactions between people that matters? And I think that there's a lot of scope for case managers to optimize those group interactions to make sure that, ultimately, the person at the centre of the care team – the client – has the best experience, or has the best outcomes for them.

Shabnam 9:45

Yeah, no, I can see that. And so effectively what you're saying is that group processes, group interactions, have a massive relevance for us in case management, for our care teams. That it's not just something that happens to groups 'over there', but very much so, under our very noses when we have care teams involved in our clients, of course. That having an understanding of group processes helps us understand our team's behaviour and decision-making, perhaps.

Stavros 10:16

Yes, definitely.

Shabnam 10:17

Interesting, very interesting. I guess I'm thinking, then, in terms of managing care teams, which a lot of our audience members will be doing... I know you've talked about what we can gain, a little bit, but I'm wondering what can we… what do we lose, then, by not thinking about all care teams in this way?

Stavros 10:38

I think that's a really good question. I think, in any sort of group situation, the opportunity to optimize what you know. So in this case, in terms of the case manager, the opportunity to optimize the experience of the client could potentially be missed. And I think, if I was to sort of flip that question its side, so you said what could be lost? I think there are practical things that case managers or any leader in a group could do to ensure the optimal outcomes of a group. So would it be helpful if I answered the question in that way?

Shabnam 11:17

Yeah, go for it! Absolutely.

Stavros 11:19

Okay. So I think what's really important is that case managers pay attention and really monitor the interactions between group members. And it can be hard to do that. And I think there could be time

pressures, financial pressures, where you might not want to focus on what's happening between members of the care team. But actually, the research suggests that if you invest the time, and invest attention on what's happening between members, then you're going to benefit most in terms of whatever the focus of that group is. So in this case, focusing on the care needs of the client. And I think there's three components of monitoring and identifying group process. The first component is ensuring that members of the group are engaged with each other: what are the members doing? Or what are the members saying that gives an indication that they like each other, that they know each other? And what can case managers do to draw out some of those commonalities, to promote opportunities for members of the group, to understand that what they're doing is the shared identity, for the shared goal of supporting the client? And that can sometimes get missed, if there aren't opportunities for members within the care team to do that. But again, if you're identifying, you're monitoring that group engagement, yeah, it's really important to give members of the care team the opportunity to do that.

Shabnam 12:48

How might you do that? How might you get the care team to kind of be aware of, like, improve that awareness or develop that awareness? Would supervision be a method… a mechanism?

Stavros 12:59

100%. I think supervision, that's a really… I think team meetings, and even within supervision, within team meetings, you're naming and you're labelling it. And sometimes as the case manager, you could even draw out some of those commonalities. So one person might say, right, well, this is one component of what I'm doing in my care. Another member of the team might be saying, this is what I'm doing as my component of my care package – and highlighting those shared components. So people feeling like they're doing work as a silo, could then be sort of foundations, or cracks, for an unhelpful group process. So supervision, team meetings, checking in, regular points of contact to highlight what members are doing. It's all this shared identity of looking after the client at the centre of it.

Shabnam 13:48

Yeah, brilliant. Thank you.

Stavros 13:50

So, monitoring engagement is one thing. But beyond that, I think it's really important for case managers or any group leader to monitor where there is conflict. So, noticing: is there a friction, is there an anger between group members? Are there situations where there is communication that's being missed or misunderstood? Do members seem distant or withdrawn from each other? So, in other words, did the members of the care team… are they sort of actively not engaged? You might notice that through an absence of team meetings, an absence of supervision, an absence of opportunities to reflect on the group process. And then I think the third component of the group environment that you want to identify and monitor is avoidance, as well. Are members… are you noticing that members of your group are appearing to do things in… almost autopilot? Are they avoiding looking at important issues going on between themselves? Are they… is there a sense that there isn't necessarily a conflict, or there isn't necessarily an engagement, but members aren't working together? So I think those are three areas for case managers to think about when they're monitoring and identifying the group process and the sort of questions they want to be asking themselves.

Shabnam 15:11

For me, supervision… has to be a reflective process in order to help that idea of engagement, and conflict and avoidance – I think are the three areas! – to really help that become a shared experience, if you like, that… supervision can be expressed in lots of different ways, but I feel like the reflective element will really help develop the idea of an understanding one's role. Not just experiencing the dynamics, or the interactions, or the processes: that actually, you are an active agent within that. And that then helps develop change, I suppose, for the better, and certainly helps a case manager to move forward in a helpful way for the client, ultimately.

Stavros 16:00

Yeah, definitely.

Shabnam 16:01

So, you've been really good about bringing this very theoretical idea into the Case Management realm, and I'm thinking about being practical. I'm thinking about what practicalities, in terms of the ideas that you've shared, case managers can use in their everyday management of the care teams, in terms of the bigger picture, to help… even to think about how their role might be able to include – practically – some of the ideas that you've shared today.

Stavros 16:39

Sure. I think if I was to have one takeaway word, that case managers listening could potentially benefit from, it's 'being proactive' – well, that's two words, but 'proactivity': there you go, one word! Being proactive about identifying and monitoring group process. So, what could someone do, practically, to be proactive around engagement? I guess we discussed how regular team meetings and supervision are just two components. And I also think the second thing they could do, linked to that, is address this *early on*. So that's… practically, what you could do is address it early on. There's a huge literature that suggests that the environment of the group, even in the very first stages of that group – the formation of a care team being put together – that is going to predict the success of that group at the end of the process.

Shabnam 17:37

Even if people don't actually work together in a 'group' way. So, for example, it may not be a care home: a lot of our clients are at home and they've got one-to-one care – would it still apply, in that case, that sense of: there is a team, theoretically, but the practical elements are not necessarily there in everyday working, on the job every day, but it is very much so that identity is still there; we're all working towards each other? There's, of course, elements of being together.

Stavros 18:12

Yeah, I don't think we're not talking about where people are necessarily in the same room at the same time. I think case management… a central part of case management is managing a team of individuals. Yes, there are individuals, but also a *team* of individuals. And ensuring that there is an effective *team component*, I think, is central to case management. And I think that's where all this theoretical stuff around 'process' or 'group dynamic', and around engagement, avoidance or conflict, I think that is where we… case managers can think proactively about what they're doing to enhance the team component, whether that's one member of the care team having one particular role, and then the next day, another member of the care team having another role… everyone needs to be singing from the same hymn sheet. And so there needs to be that sense of engagement, even if it's not necessarily on the same day, but there needs to be a clear flow, and a sense that everyone is working together; a sense that members are looking at important issues for the client; a sense that what they're doing has a sense of importance and an awareness and

participation. And so, yeah, I think a real practical point for case managers is to be proactive in enhancing that. And to do so early on, so to not necessarily wait for problems to come up but, like I say, to implement team meetings… to implement open communication channels. They might not necessarily get used, but what is it that the case manager is doing to ensure that if it needs to be used, then those communication channels *are* used. I think that's what's really important and that's what links with the literature as well.

Shabnam 20:02

Interesting. And it does make sense. I mean, intuitively, I guess I get what you're saying. And it's something about "prevention is better than cure," in a way. You know, in a crisis moment, in terms of care team management, you want to have all the tools available to you… and that people know how to use those tools. Because in a crisis, they need to just pick up those tools and run with them to solve the problem. And to ameliorate whatever crisis is there, they're being faced with, that's kind of how I visualize it in my head. I hope that sort of fits with what you were trying to say. Yeah, so having… communication there, having all these different strategies in place, are there to effectively enhance the experience of being in the team for that identity, for that togetherness, rather than kind of reacting to whatever comes up in a moment of crisis and thinking, "Oh, crap, I've got no tools. I haven't planned this well…"

Stavros 21:03

On that note, you said, you know, where, if a case manager does find themselves in a situation where they're being more reactive, which is fair enough, and we were just thinking the ideal scenario is to be proactive. But if you are someone that's listening, and you are responding *reactively*, then that's fine, too. I think what's a practical takeaway tip for case managers is that working through - 'ruptures' is the psychology jargon term - that will lead us to working through where there is friction or a point of conflict. That's okay. And actually, there is a huge amount of evidence that suggests that the most healthy groups, in the end, are the ones that have gone through some conflict or avoidance, who are able to work through it. So I think addressing conflict or addressing a friction is… and as you would do in any sort of appropriate working environment: through, again, supervision, or through reflective practice, or through team meetings, or through recruitment of a psychologist or involving someone else who has an expert in this area. I think that is what's really helpful, as well. So, yeah, not to not to be afraid if there is a reactive response going on. That's also completely fine.

Shabnam 22:20

Yeah, okay. And something you said, that made me think that actually, as a case manager, you are part of that group process, of course, aren't you? You're not an agent on the side. So, sometimes it can be hard to navigate your way through that as a participant of that group, and a manager of that group, when things feel like it's hard to see the wood through the trees. So your suggestion is that sometimes it can be helpful to bring someone in to support what's going on. And to untangle it a little bit.

Stavros 22:52

Definitely, I think. Yeah. Through my PhD, I was interested in identifying measures of group interactions or group process. And so basically it's all about how you can bring something or someone in as a way of checking in how that's going. And you can use things like questionnaires, you can use things like checklists, or yeah, supervision, or bringing in a third party or someone else in. It's really important to be able to implement tools, strategies, or people: that allows you to have some distance.

Shabnam 23:26

Yeah, super important. And I can see the relevance in that, for sure. Okay, so we've talked about an awful lot, and lots of really helpful ideas. So thank you so much! I'm wondering if you had to sort of summarize everything that you've said, into a small, neat package for our audience, what would you say is the take-home message, overall, from our time together?

Stavros 23:51

I would say that the optimal experience of a care team that would of course promote optimal outcomes for both the client, or patient, as well as members in the team – so people would want to stay and be part of the team – is to promote a *healthy group environment*. That means promoting engagement, trying to work through avoidance or conflict, and to be proactive in doing that, in the early stages. So, when a team is being formed, when… you're starting a piece of work.

Shabnam 24:27

Excellent, thank you. I mean, it's been so helpful to hear you talk - and to almost *validate* that it isn't easy, effectively, to manage teams, regardless of whether they're in the care world or not, but particularly in the work that we try and do as case managers, and to not be afraid. I feel like what you're saying is "Don't be afraid of problems when they arise," that this is all part of the learning process of that 'groupness', if you like, because what's at risk, if we don't think about these things in advance, or be proactive about them, but then also use - in a reactive way - things that aren't quite going according to plan, and to use them for the better, or to improve things, is that ultimately the care needs of our clients are at risk, to some degree. Because people aren't going to be working at their best. And we are so reliant on our care teams, a lot of the time, to support our clients, that of course, just like a child growing up, and trying to be the best they can be, they do need a strong foundation, they need a solid parenting foundation and system around them, to appropriately push them and to be focused on them in the way that they need it. It's no different for our clients, ultimately. And I think you've given some really good, helpful ideas. And I guess, maybe a point for me is that it may not be something that a case manager has to juggle alongside everything else that they are juggling, that it may be helpful to pull back a little bit, stand back and ask someone for a bit of support in engaging with this idea of thriving and identity and being able to hold the team together for the benefit of the client. Something for us to bear in mind in terms of litigation, in terms of deputies, and funds. It sounds like there's very much an argument for it. And maybe us as case managers need to think seriously about focusing on the 'how' and 'when' to guide our interactions with our care teams. And not just think about the simplistic model, which is, I guess, team meetings and supervision and kind of thinking that that's enough. Actually, it's far more complex and complicated than that. Brilliant! Dr Stavros Orfanos, I have thoroughly enjoyed our time together. [Thank you very much, Shabnam.] Our pleasure! And thank you, everyone, for listening. And we look forward to having you join us on the next podcast. Cheers for now! Bye-bye!

If you enjoyed the episode today, I'd really appreciate it if you could rate it on whatever platform you're listening on, and 'share' and 'like' on your social media profiles. Word of mouth is the best way for us to grow and to be a continuous resource for all, and if there's any topic you wish for us to cover, please drop us a line on our website. Thank you so much for all your support.

Guest: Dr Stavros Orfanos

Presenter: Dr Shabnam Berry-Khan, Director of PsychWorks Associates

Editor: Emily Crosby Media

Transcribed by https://otter.ai