



Republic of the Philippines
Department of Social Welfare and Development

IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City 1126

Telephone Nos. (632)931-8101 to 07; Telefax (632)931-8191

e-mail: osec@dswd.gov.ph

Website: <http://www.dswd.gov.ph/>

Memorandum Circular No. 02
Series of 2008

**SUBJECT : REVITALIZING THE ROLE OF THE PSYCHOLOGIST IN
THE CASE MANAGEMENT SYSTEM IN DSWD CENTERS
AND RESIDENTIAL CARE FACILITIES**

I. RATIONALE

The DSWD envisions a society where the poor and vulnerable individuals, groups and communities are empowered for an improved quality of life. One of the major organizational competencies of the Department that responds well to this vision is its capacity to deliver services directly to its constituents through its centers' and institutions' various programs and services such as provision of temporary care and shelter, building and enhancing capacities, and providing opportunities for healing, self development as well as empowerment.

For the past two years (CY 2005-2006), the Department's centers and institutions have served an average annual number of 14,500 clients, while its community-based protective and rehabilitative services served an average of 65,300 clients annually. In addition to this, DSWD's crisis intervention units served an average of 289,111 individual clients and 26,677 families annually. This presents the variety of social protection services delivered as well as the bulk of clients that went thru the DSWD case management system.

The DSWD's case management system adopts a multi-disciplinary team approach which recognizes and utilizes the most effective interventions that evidence-based practice has to offer. Thus, social work technology blends with the most current learning that the fields of psychology, psychiatry, education, medicine, science and other allied fields have to offer, based on researches and best practices.

In 2006, the Department received a generous one-time endowment from the family of DSWD's former Secretary and the Philippines' first clinical psychologist, the Hon. Dr. Estefania Aldaba-Lim, to enhance the competencies of its psychologists as critical components in the case management system. In close consultation with Dr. Aldaba-Lim herself, prior to her death, the Department developed, and started implementing, a five-module Comprehensive Continuing Education Program (CCEP) for Psychologists. This effort was aimed at a) institutionalizing a quality assurance program which will ensure that the identified needs of DSWD clientele are adequately met, and that (b) DSWD psychologists continue to be competent in delivering the range of services expected of them as practitioners, within the context of the Department's case management system. Along this line, the department created a composite team that will define the role of DSWD psychologists in the case management process.

With this scenario and to facilitate, as well as to systematize, the operationalization of the role of the DSWD psychologist in the DSWD Case Management System, the following guidelines are hereby issued for the guidance of all concerned.

II. OBJECTIVES

These Guidelines have been developed to achieve the following objectives:

- a. To enhance the DSWD's case management system's effectivity, with focus on the multidisciplinary approach in general and to psychological services and interventions in particular;
- b. To ensure that DSWD's clients receive the best possible interventions to address their needs, particularly in the areas of behavioral and emotional dysfunction;
- c. To identify and gain deeper appreciation for the contributions of the psychologist as an integral part of the DSWD's case management system;
- d. To enhance the DSWD's delivery of psychosocial rehabilitation services;
- e. To contribute to the development of best-practice models of psychosocial interventions.

As part of the case management system, the psychologists are expected to:

- a. Assist the case manager (social worker) in the assessment of the client's overall functioning (strengths, external resources, and needs).
- b. Assist the case manager in the identification of priority areas for case management,
- c. Formulate and implement relevant clinical intervention plans that are consistent with DSWD standards in coordination with the case manager,
- d. Assist the case manager in strengthening DSWD's advocacy role on the type of clients being served,
- e. Assist the case manager in the re-assessment of client's overall functioning to determine suitability for termination, referral or continuation of DSWD intervention.

III. OPERATIONAL DEFINITION:

- **Case Management Team (CMT)** – refers to the members of the rehabilitation team/multi-disciplinary team headed by the case manager/social worker. It is composed of social workers, psychologists, psychiatrists, physicians/doctors, nurses and other allied professionals committed to work together to help individuals regain, maintain and enhance their social functioning.
- **Case management-** refers to the interactive process in which the client and the workers consciously work together toward a reasonable resolution of the client's problem(s).
- **Case Manager** – refers to the social worker identified by the team members to facilitate and oversee the case management process in accordance with DSWD's

established standards, policies and procedures. She/he leads and directs the members of the CMT and the client in the helping process.

- **Psychologist** – refers to a B.S. Psychology graduate who is competent in psychological clinical assessment and intervention. She/he is responsible for providing appropriate psychological services to client/s in coordination and collaboration with his/her family and members of the case management team.
- **Psychological Services** – refers to activities to include but not limited to: administration of psychological tests, evaluation and interpretation of results, report writing, conduct counseling and therapy sessions.
- **Activity therapy** – refers to activities to include but not limited to, counseling, play therapy, art therapy, occupational therapy and psychotherapy. Activity therapy is defined to differentiate it from medical therapy, which is a non activity therapy intervention and an exclusive domain of medical doctors/ psychiatrist.

IV. OPERATIONAL GUIDELINES:

As member of the case management team, the psychologist is expected to actively take part in the case management process and complement the other members of the team and ensure that the client is given the appropriate intervention. It is also the psychologist's role to communicate to the case management team on the progress on the psychological intervention on the client (or lack thereof) as necessary. Please refer to Annex 1 on the Role Delineation Between the Social Worker and the Psychologist in the DSWD Case Management Process.

The specialized clinical training of the psychologist puts him/her in a unique position to serve as the CMT's resource in the evaluation of psychological clinical intervention programs for clients. The psychologist is expected to maintain a roster of external professional resources that might be tapped for referrals. In recognition of the specialized competencies that a psychologist possess, as the DSWD requires its Field Offices to maintain a psychologist or a number of psychologists to cater to clients in centers/institutions and those in the community needing psychological intervention..

A. Role of the Psychologist in the Case Management Process

The role of the Psychologist in the case management team is important as it provides the psychological perspective in understanding the situation of the client. The tasks of the psychologist are as follows: conducts clinical interview, behavioral observation, test administration and interpretation, intervention planning, case recording and report writing, crisis intervention and assessment of violent behavior towards oneself and others, conduct of counseling and therapy sessions, attend case conferences and team meetings, conflict resolution, stress debriefing, as well as monitoring and evaluation of the psychological intervention on the case.

1. **Assessment of the Problem.** The case manager/social worker shall determine the need for an initial psychological assessment of the case. She/he shall make the referral to the DSWD psychologist. The psychologist shall conduct the following:

1.1. **Problem Identification.** Verifies the presenting psychological problem based on the information gathered by the social worker during the intake interview, inputs/observation/initial impressions and diagnosis by other members of the case management team. The psychologist coordinates with other members in the case management team as she/he analyzes pertinent data in determining:

- Significance of the psychological problem
- Psychosocial functioning
- Causes, onset and precipitating factors of the problem
- Frequency, intensity and duration of the problem
- Efforts to cope with the difficulties and current level of social functioning

The psychologist shall participate in the pre admission conference by sharing her initial assessment of the client.

1.2. **Data Gathering.** The case manager upon recommendation during the pre-admission conference may refer the case to the psychologist to gather more information regarding client's feelings, behaviors, personality problems or clinical disorder (if any), interpersonal skills, adjustment difficulties, potentials, limitations, stressors, inner resources, and barriers to the desired change through the following:

- Interviews with client and significant others
- Review of case file
- Psychological tests
- Behavioral observations
- Other appropriate approaches as the case may require.

The psychologist may use a variety of assessment methods such as, but not limited to interviews, questionnaires, testing (oral and written), psychosocial and multi-modal techniques. For purposes of these Guidelines, a psychologist is deemed competent if she/he has successfully completed the required education and specialized training to administer specific assessment protocols and/or conduct specific therapeutic approaches.

1.3. **Diagnostic Assessment.** The psychologist shall utilize the data gathered by the case management team in preparation for the writing up of a diagnostic statement indicating cognitive capacity and style (e.g., recall and discrimination, concrete and abstract thinking), ability to adapt past learning to new situation, motivating factors, relational style, emotional resources and coping mechanisms. The diagnosis shall include judgment about the seriousness of or urgency of the problem (using frequency, intensity, duration and situation of the behavior; or the diagnostic classification of the

client into categories, depending on the results of the testing, informal assessment, and other clinical data).

The DSWD psychologist shall communicate the assessment results to the Case Management team. As the case may require, the psychologist shall present the assessment results, during case conferences.

In the case of clients who are victims of abuse (physical, emotional, or sexual) or trauma, the psychologist shall conduct a crisis assessment and implement an appropriate crisis intervention.

Should the psychologist determine that the case requires further testing/ intervention that is beyond his/her professional capacity, the case shall be referred to a testing facility or a more expert psychologist or psychiatrist, in coordination with the case manager.

2. **Intervention planning.** This is a participatory process which involves the client (and/or his legal representative) and the case management team. The psychologist shall recommend to the CMT appropriate intervention strategies through the entire cycle of the helping process in which the client is involved (e.g., residential, vocational, school). The psychologist shall also develop a rehabilitation plan, incorporating objectives and therapeutic activities or intervention modalities, and a monitoring process for concurrence of the client (and/or his legal representative). This shall be integrated in the treatment plan of the case management team.

The psychologist is expected to be guided by the ethical guidelines followed by social work, psychology, and other helping professions.

3. **Plan Implementation:** In all aspects of intervention, the case management team shall always be guided by what is the best interest of the client.
 - 3.1. In the case of clinical intervention, the psychologist shall adopt measures that are appropriate to the client in collaboration with the case manager such as, conduct of individual or group counseling session, play therapy, ventilation and /or debriefing session's systematic desensitization, self management programs, reinforcement modeling, etc.
 - 3.2. The psychologist through the case manager may delegate specific clinical intervention activities to other members of the case management team who have been adequately trained, either by the psychologist himself or by other qualified practitioners.
 - 3.3. On behalf of the client, the psychologist shall advocate for the support of its team members such as, technical and financial support among others.
4. **Monitoring and Evaluation:** The psychologist in coordination with the CMT shall closely monitor the clients' behavioral progress as agreed at the beginning of the intervention process. The psychologist shall maintain an updated

individual case record and adhere with DSWD's case management policies and standards.

The case recordings shall be forwarded to the case manager indicating results of the intervention, assessment and recommendation regarding the client's psychological and mental health status or well being.

5. **Termination.** The Psychologist and members of the CMT reviews the indicators and other documents to assess whether the case is to be terminated or not. S/he may also choose to conduct a re-test of the client's overall functioning. The recommendation is submitted to the case manager and shall form part of the agenda during the pre discharge conference.

Please refer to the Case Management Process Flow starting from the pre-residential phase up to the post-residential phase.

- **Caring for Caregivers**

In the course of the case management process, the CMT members might be affected psychologically and emotionally while dealing with the clients' problems. Thus, the psychologist may be called upon to develop and implement a stress management program for the case management team.

B. Staffing for Psychologist Positions

The position levels of the psychologists' staff complement is a manifestation of the current requirement of the center or institution having enormous bulk of residents. These are as follows:

1. Psychologist I – Shall be based at the center and/or residential facility, and handles at least 25 caseloads; undertake the roles/functions mentioned in Annex 2; report to the case manager and/or center head and if available, to the Psychologist II; and perform other related tasks assigned by the center head.
2. Psychologist II – At least one (1) Psychologist II per region and shall be based at the Field Office; provide technical assistance and act as program monitor to the Psychologist I assigned in centers/residential care facilities; handle cases and act as Psychologist I in case where the center does not have a Psychologist I or if said staff is temporarily unavailable; perform the roles/functions mentioned in Annex 2 and extend her/his expertise as needed within the scope of the region.

She/he is also expected to monitor, and evaluate the quality of psychological services delivered/implemented in center's/residential facilities' in the region and submit a report to the Regional Director on gaps identified and recommended improvements copy furnished the Psychologist III for consolidation, analysis improvements or modifications..

3. The Psychologist III – Shall be based at the Program Management Bureau of the DSWD Central Office; serve as program monitor for the Psychologists I & II;

provide technical assistance (coaching and/or mentoring) to the psychologists assigned at the region, centers and residential care facilities; identify component areas, recommend modifications, and /or develop program framework and design on the nature of psychological service and social service delivery system appropriate to the clients and perform other tasks indicated in annex 2.

4. Psychologist II and III are permanent items. Psychologist I can be employed on a regular or contractual scheme.

C. Qualification/Competency Standards - the following are the minimum qualification requirement of the position.

1. Psychologist I – at least a B. S. Psychology graduate; Civil Service eligible with six (6) months experience.
2. Psychologist II – at least a B.S. Psychology graduate; Civil Service eligible with one (1) year experience.
3. Psychologist III – a B.S. Psychology graduate, Civil Service eligible with 2 years or more experience, and with post graduate units in clinical psychology.

V. EFFECTIVITY

This order takes effect immediately and revokes all previous orders contrary hereto.

Issued in Quezon City, this 12th day of Feb 2008.


ESPERANZA I. CABRAL
Secretary

DSWD - OSEC



0000004380

Annex 1. Role Delineation between Social Worker and Psychologist in the DSWD Case Management Process

Case Management Process	Case Manager / Social Worker's Role	Psychologist's Role
<p>Assessment: 1) Identification of the Problem</p>	<ul style="list-style-type: none"> • Conducts the intake interview determining the needs, problems, and help sought by client vis-à-vis center or residential care facility's services. • Clarifies the background of the problem as well as the difficulty the client faces indicating history and background of the presenting and underlying problems • Writes the initial case study report or process recording or progress journal 	<ul style="list-style-type: none"> • Verifies the presenting problem considering the information gathered by the social worker during the intake interview, inputs/observation/initial impressions and diagnosis by the other members of the case management team. • Coordinates with other members in the case management team as he/she analyzes pertinent data in determining: <ul style="list-style-type: none"> ○ Significance of the problem ○ Behavioral manifestations ○ Causes, onset and precipitating factors ○ Frequency, intensity and duration of the problem ○ Efforts to cope with the difficulties and current level of social functioning ○ Appropriate intervention strategies
<p>2) Data gathering</p>	<ul style="list-style-type: none"> • Decides to probe deeper and gets to know the specifics of the problem and relevant information needed for diagnostic assessment through conducting: <ul style="list-style-type: none"> ○ Home Visits ○ Collateral interview with significant others • Ascertain the need (social worker should be aware/knowledgeable of the normal or abnormal manifestations of the client) for a psychological or psychiatric assessment to avoid evaluation referrals when there is no need to do so. • Share client's information to referred professionals (psychologist, psychiatrist, medical doctor, etc.). 	<ul style="list-style-type: none"> • Gathers in-depth information (in coming up with a diagnostic assessment) regarding child's feelings, behavior, personality problems, interpersonal relations, adjustment difficulties, potentials, limitations, sources of strengths and stress, resources for change, and barriers to desired change through: <ul style="list-style-type: none"> ○ Clinical interviews with client and significant others ○ Review of case file ○ Psychological tests and Behavioral observations ○ Engage in play, story telling, etc. • Explain to the client the objectivity of the assessment and the role of the psychologist in the case management team.

Case Management Process	Case Manager / Social Worker's Role	Psychologist's Role
3) Diagnostic Assessment	<ul style="list-style-type: none"> • States the problem based on the consolidated data gathered, indicating immediate and underlying problem to be worked out. • Leads the intake conference with the case management team to discuss the situation of the child and their plans. • Writes or prepares the case study report and shares the report with the other members of the team for proper management. 	<ul style="list-style-type: none"> • Utilizes data gathered in writing up a diagnostic statement indicating learning capacity and style, ability to adapt past learning to new situation, recall and discrimination, concrete and abstract thinking, motivating factors, relational style, emotional resources and coping. • Participates in the intake conference by sharing information with the team about the client.
<u>Intervention Planning:</u>	<ul style="list-style-type: none"> • Formulates goal/s and relative indicators which refer to some type of improvement of social functioning or change in client's life situation or problems at hand as prioritized by the concurrence of the client. • Sets up a continuous assessment mechanism for quality assurance indicating the progress of the client vs. plans. • Recommends the goal/s and indicator/s to the team • Gets the concurrence and commitment of the client in the intervention plan by signing the plan as a contractual obligation between the team and the client for implementation. 	<ul style="list-style-type: none"> • Sets objectives based from the agreed recommended goals of the intervention plan as well as indicate specific activities and strategies (therapeutic modalities) to meet the objectives. • Sets up a continuous assessment mechanism for quality assurance indicating the progress of the client vs. plans.
<u>Plan Implementation:</u>	<ul style="list-style-type: none"> • Provides direct services to the client as planned and at the same time, leads the team by coordinating each team member's involvement in the implementation of the plan. • Monitors and takes note of the progress of the client (current state vs. admission state). • Recommends succeeding actions (continue, transfer or termination) after the plan implementation. • Conducts periodic case conferences and facilitative meetings with the client and the team 	<ul style="list-style-type: none"> • Conduct of individual or group counseling sessions, play therapy, ventilation and / or debriefing sessions, systematic desensitization, self management programs, reinforcement, modeling, etc. • Prepare progress notes and records what to do, what is being done and will be done (possibly integrated in the monitoring tool).

Case Management Process	Case Manager / Social Worker's Role	Psychologist's Role
<u>Case Review and Evaluation:</u>	<ul style="list-style-type: none"> • Leads the team in reviewing the client's case after implementation of intervention plans (looking back at the problem and interventions applied, input and output). • Takes note of developments that may have occurred since the definition of the problem. 	<ul style="list-style-type: none"> • Feedbacks to the team the result of the interventions applied to the client and provide an assessment of the client's current psychological and mental health as well as his/her recommendation for the client's further well being.
<u>Termination:</u>	<ul style="list-style-type: none"> • Consults the team and the client in the decision of whether to continue, transfer, or terminate the helping relationship. • Case study report is updated, finalized and submitted to the concerned unit. • Process of reintegration of the client to his/her family and community is worked out. 	<ul style="list-style-type: none"> • Works hand in hand with the social worker in the preparation of the case study report <ul style="list-style-type: none"> ○ Provides adequate information of success indicators on the client's progress during the helping process

Annex 2. Duties and Responsibilities

Psychologist 1- Salary Grade 11-(Based in Centers/Residential Facilities)	Psychologist II – Salary Grade 15 (Based in the Regional Office)	Psychologist III – Salary Grade 18 – (Based at Central Office)
<ul style="list-style-type: none"> - Administers psychological tests appropriate to clients in centers & residential facilities, interprets and evaluates test results conducted and submits report to the social worker or the case manager. - Discusses the results of the tests and recommends action to be taken with the rehabilitation team. - Assists in the formulation of rehabilitation plans, attends rehabilitation meetings and case conferences. - Conducts interview to clients to appraise their personality structure, studies and analyzes their life and family history. - Conducts psychotherapy through individual and group sessions with clients and their parents in coordination with the social worker - Gives lecture on understanding the behavior of clients - Advises parents on the proper management of clients - Provides guidance and counseling to clients who has personal, occupational, social and emotional problems - Provides counseling to other caregivers assigned in centers and residential facilities - Refers client for further psychiatric treatment thru the case manager for those who manifest more serious behavioral problems - Attends seminars, workshops and does other related task 	<ul style="list-style-type: none"> - Monitors, provides technical assistance and acts as peer coach to psychologists I assigned in centers and residential facilities - Administers psychological test to cases referred by DSWD regional office, interprets and evaluates results and prepares reports. - Handles cases in centers without a psychologist and does the work/function of the Psychologist I. - Acts as a resource person to rehabilitation team meetings, case conferences & trainings 	<ul style="list-style-type: none"> - Conducts regular monitoring and technical assistance to psychologist I and psychologist II - Administers clinical psychological test to special cases referred at DSWD central office, interprets and evaluates test results and prepares report - Acts as resource person to rehabilitation team meetings, case conferences & trainings - Demonstrates with other psychologists the following: <ul style="list-style-type: none"> - Conduct of individual/group sessions, psychotherapeutic and behavior modification techniques, interviews and counseling skills - Use of group process as a tool for diagnosis/screening - Conduct of crises intervention, conflict resolution, enhance self-awareness and interpersonal relationship, short term therapy and psycho-education

Annex 3. CASE MANAGEMENT PROCESS FLOW

PRE-RESIDENTIAL PHASE

RESIDENTIAL PHASE

