

**Wouter Vanderplasschen, Ph.D.**

Research and teaching assistant, Ghent University, Department of Orthopedagogics, Gent, Belgium

**Judith Wolf, Ph.D.**

Senior researcher, Trimbos Institute, Utrecht, the Netherlands



**Richard C. Rapp, MaSW**

Professor in Public Mental Health, University Medical Center St-Radboud, Nijmegen, the Netherlands

**Morten Hesse, Ph.D.**

Assistant professor, Wright State University, School of Medicine, Center for Interventions, Treatment and Addictions Research (CITAR), Dayton, Ohio, United States

**Citation:**

Vanderplasschen, W., Wolf, J., Rapp, R. C., & Hesse, M. (2007). Case management for substance abusers: Panacea, makeshift or binding agent? *Adiktologie* (7)4, 429-443.

# Case management for substance abusers: Panacea, makeshift or binding agent?



autoren

Vanderplasschen W.,<sup>1</sup> Wolf J.,<sup>2</sup> Rapp R.,<sup>3</sup> Hesse M.<sup>4</sup>

<sup>1</sup>Ghent University, Department of Orthopedagogics, Gent, Belgium

<sup>2</sup>Trimbos Institute, Utrecht, the Netherlands

<sup>3</sup>University Medical Center St-Radboud, Nijmegen, the Netherlands

<sup>4</sup>Wright State University, School of Medicine, Center for Interventions, Treatment and Addictions Research (CITAR), Dayton, Ohio, United States

Case management has been adapted to work with persons with substance use disorders in various countries, based on the recognition that these persons often have significant problems in addition to their substance abuse. Given the lack of clarity concerning its conceptualization, interpretation and effectiveness, we look in this article at the objectives, target group, models and features of case management and at case managers' basic tasks and functions. Further, we explore whether case management should be seen as a panacea, a makeshift or rather a binding agent. Case management is often directed at (chronic) substance abusers with multiple and complex problems with the aim of optimising the provision of services according to individuals' needs. Due to the lack of a common definition, this intervention can be characterized most accurately by its core functions: assessment, planning, linking, monitoring and advocacy. The combination of these functions and some other specific features makes this intervention a unique and valuable supplement to existing services. Several models of case management can be distinguished for working with persons with substance use disorders: brokerage case management, the generalist model/intensive case management, assertive community treatment, strengths-based case management, and the clinical/rehabilitation model. However, it remains unclear which model is best suited for which population.

It is concluded that case management is clearly no panacea for all drug-related problems and all substance abusers, although it is effective as a strategy for

linking substance abusers to the services they need, and thus – indirectly - for affecting primary treatment outcomes such as drug use and housing status.

**Key words: Case management – substance abuse – implementation – effectiveness**

Received: 29. August 2007