

Effective Case Management: A Core Competency for Juvenile Justice Professionals

Presenter: Sandi Metcalf, MS Director of Juvenile Services, 20th Circuit Court Juvenile Justice Vision 20/20 President

> Grand Valley State University Loosemore Auditorium November 13, 2014

Copyright© 2014Pro Ed Services, Inc.

Tell us about you...

- Probation Officer
- Child Welfare Caseworker
- Administrator
- Teacher/Professor
- Student
- Judge
- Mental Health Worker/Therapist
- Other

Why did you choose this field?

- I needed a job/money
- I like kids and wanted to work with them
- I want to change the juvenile justice system
- I want to work with parents and families
- I want to teach kids
- I want to make a difference in kids' lives!

Our common goal

To move a youth from this



Common goal

• To this!



Each one of you...

Has the opportunity of a <u>lifetime</u> <u>every</u> time you meet with a kid!

What you do counts!

- Give the kids your...
 - Attention
 - Compassion
 - Commitment
 - Passion, knowledge, experience, and understanding

The Reward?

- Seeing change in a kid and his/her family system
- Witnessing inspiration, mastery and hope
- Knowing you did something good for another human being in need
- Knowing you made a difference

But there must be a method to get from this...



To this...!



And there is...

Quality Case Management

Terminology note

- Probation officer = caseworker = case manager
- Youth = juvenile = kid = client
- Parent = mother or father = step father or step mother = guardian

Definition of case management

- The roots of case management are found in 20th century social work
- Most attribute its development as a distinct service delivery method to the social reform movement of the late 1960s and early 1970s.
- Traditional case management approach includes securing and coordinating social, mental health, medical and other services for a client.
- BUT... Things have changed!

Two types of case management

Strength based

- Assesses the client's strengths and talents (with special emphasis on those strengths identified by the client) and builds on them in the treatment and service plan.
- Emphasizes the case manager's unconditional positive regard for the client and assumes that clients "possess a psychological self-wisdom that can cause them to discover for themselves their inner strengths and resources and "act on normative or socially acceptable choices.
- Must be balanced with disapproval of antisocial attitudes or behaviors

Two types of case management

- Assertive
 - Involves delivering services aggressively to the client, rather than passively offering services in a centralized office setting.
 - May require seeking out client in home, school, job, or community based office for meetings and counseling

Case management today

- "Mixed Model"
 - Holistic in approach
 - Caseworker serves in a therapeutic capacity and brokers services; provides informal counseling; is cross trained in mental health, substance abuse treatment, etc.
 - May be a member of a team who implements a service plan
 - The juvenile probation officer's or caseworker's role is to provide consistency to the case plan and to engage the youth and his/her family in the process of change.

Case management today



- Intake
- Assessment
- Classification
- Referral
- Intervention
- Monitoring
- Evaluation
- Advocacy

- Intake
 - Crisis intervention
 - Establishing rapport
 - Orientation
 - Discussion of failure to comply options/sanctions
 - Best performed face-to-face with printed materials

Exercise – 5 minutes

What are some techniques you use to establish rapport when meeting with the family/youth for the first time?



- Assessment
 - Usually involves interviews and history-taking
 - Involves contacts with parents, family, school, other important family members, other agencies in which the youth has been involved, etc.
 - May also include risk/needs assessment and specialized assessments, e.g. substance abuse evaluation, psychological, neuropsych evaluation, competency evaluation, etc.

- Classification
 - May be based on risk assessment or written assessments from mental health experts, social workers or addiction specialists
 - Also may apply to those youth in residential facilities

- Referral
 - Takes many forms depending on the status and the needs of the youth
 - Based on risk/needs, youth/parents are referred to services that will address those needs
 - More recent concept called "stacking of services" or referring kids/parents to services and caseworker not being participatory in the growth process of the juvenile and/or family
 - Not preferable!
 - YOU need to be and stay involved!!

- Intervention
 - Caseworker becomes involved in a discussion, event, situation, such as a conflict, in order to have an influence on what happens and provides appropriate levels of service to address the

INTERVENTION

individual's/family's needs

Exercise – 5 minutes

 What interventions or strategies have you used (perhaps a de-escalation of a situation, facilitation between a youth and school principal, etc.) with a youth or family? What worked? What didn't?



- Monitoring
 - Responding to a kid's behavior and lack of compliance through certainty vs. severity
 - May incorporate graduated sanctions, courtordered sanctions, use of electronic surveillance devices, short juvenile detention, drug testing, night surveillance contacts, regular in-person meetings, parent contact and meetings, phone contact, school meetings, etc.

- Evaluation
 - A process by which we can evaluate progress or more specifically identify issues and needs
 - Frequent measurement: Recidivism





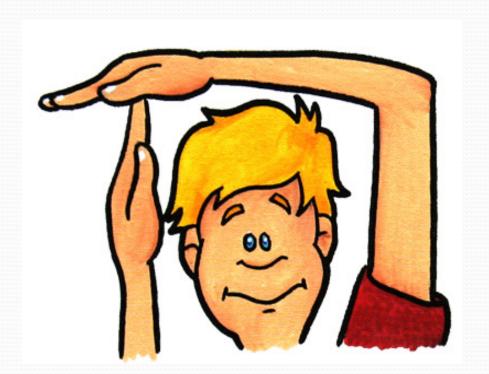
- Advocacy
 - Offer informed recommendations in court based on research
 - Negotiate services for kids/parents which you know will be helpful to them
 - Mediate difficult situations, e.g. school expulsion and return
 - Assist in the navigation of systems
 - Support positive JJ legislation and join JJV 20/20 to further the cause of JJ for our kids!
 - Collaborate and team toward positive results

Exercise – 5 minutes

• Identify two times you advocated for a client and the advocacy resulted in a positive outcome.



Break – 15 minutes



Why do we need to be concerned about case management approaches?

- Effective case management is core to the juvenile justice profession and improves positive outcomes!
- Supports individualized treatment one size doesn't fit all, it only fits one!
- Helps us measure what we do; quality data is critical for constant improvement!



Key Principles of Case Management

- 1. Be a creative and critical thinker
- 2. Know your client
- 3. Build relationships
- 4. Be responsive and communicate effectively
- 5. Understand the law and mental health disorders

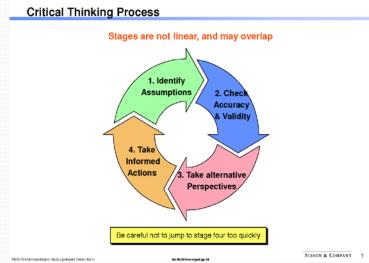


Key Principles of Case Management

- 6. Know Gender and Brain Development/ Differences
- 7. Practice A*ctive* Collaboration at Local, State and National Levels
- 8. Use Promising Practices or Evidence Based Approaches
- 9. Care About Data
- 10.Make Safety a Priority

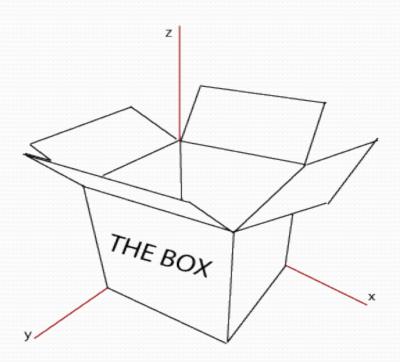
1) Be a creative and critical thinker!

- Case management is an art form
- Good case management requires creative thinking and critical thinking
- Know yourself your limits!
- Set appropriate boundaries
- Think of ALL the possible options and seek them out



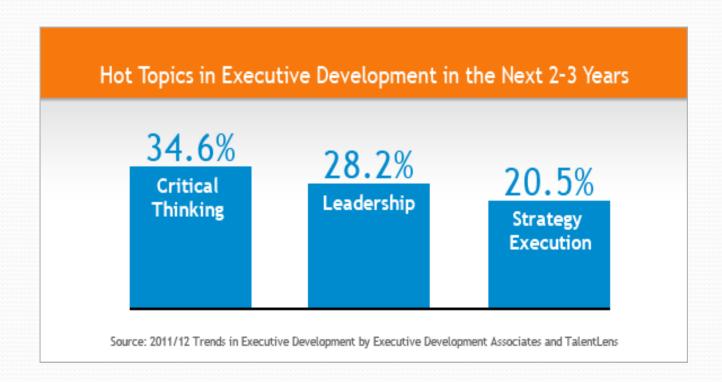


To seek credible articulations of truth by conceptualizing, applying, analyzing, synthesizing, and evaluating information gathered from experience, observation, research and dialog, Critical Thinking requires questioning all assumptions.



If you don't know where the edges of THE BOX lay, it's difficult to think outside them.

(c) stayoutofschool.com



2) Know your client

- Use effective interviewing techniques
 - Greet them in a friendly manner
 - Ask about their lives non-threatening "chit-chat"
 - Learn about their social mores and values
 - Ask about their perspective on what brought them to you
 - Ask the same questions in different ways especially if they are difficult questions
 - Don't assume anything!
- Build relationships/trust by being honest and open
- Communicate, and be responsive!

3) Build relationships

- The ability to build a relationship is critical to positive outcomes; relationships take time.
- It doesn't mean you give in or always agree with them; rather, you offer alternatives to their ways of thinking
- Be responsive, honest, respectful, and thoughtful.
- Be consistent/constant.
- Don't be afraid to say, "I don't know".
- Remember... This isn't about YOU!
- "Litmus test" for relationships



4) Be responsive and communicate effectively

- Answer your emails, text messages, voice mail
- Put yourself in others' "shoes".
- Use "anticipatory thought" techniques
- Write accurate and thoughtful reports, e.g. court and communicate/discuss recommendations with parents and the youth in advance of the hearing.



- Learning about juvenile law
 - Read the Juvenile Benchbook, Michigan Compiled Laws, Court Rules, etc.
 - Review the Probation Officer's certification curriculum on the State Court Administrative Office/Michigan Judicial Institute's website:

http://courts.mi.gov

- Check out websites:
 - Office of Juvenile Justice Delinquency Prevention
 - National Council on Juvenile, Family Court Judges
 - National Institute of Corrections

- Understanding mental health disorders
 - Mood disorders
 - Four basic forms of mood disorders are major depression, cyclothymia (a mild form of bipolar disorder), SAD (seasonal affective disorder) and mania (euphoric, hyperactive, over inflated ego, unrealistic optimism.)
 - Personality disorders
 - A group of mental illnesses; involve long-term patterns of thoughts and behaviors that are unhealthy and inflexible.



- Oppositional Defiant Disorder
 - Characterized by a recurrent pattern of negative, defiant, disobedient and hostile behavior toward authority figures, that persists for more than six months.
- Conduct Disorder
 - Characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated.

- Reactive Attachment Disorder
 - Two types
 - Inhibited: Child persistently fails to initiate and respond to most social interactions in a developmentally appropriate way; shows a pattern of excessively inhibited, hyper-vigilant or highly ambivalent responses.
 - Disinhibited: A pattern of diffuse attachments; exhibits indiscriminate sociability or lack of selectivity in the choice of attachment figures

- Anxiety Disorders
 - Social Phobia Significant anxiety, provoked by exposure to types of social and performance situations
 - Post Traumatic Stress Disorder (PTSD) Development of characteristic symptoms following exposure to an extreme traumatic stressor, involving direct personal experience of an event that involves actual or threatened death, serious injury, threat to one's physical integrity or witnessing such

Biological Factors

Psychological

Factors

Social

Factors

 Emotionally Impaired – The manifestation of behavioral problems, primarily in the affective domain, over an extended period of time, which adversely affect the person's education to the extent the person cannot profit from regular learning experiences without special education support

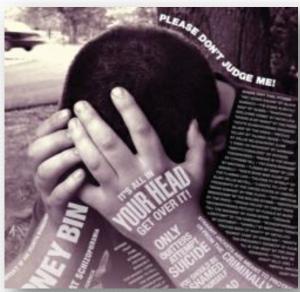


 Learning Disorders – A disorder in the basic psychological processes involved in understanding or using language, which may manifest in an imperfect ability to listen, think, speak, read, write, spell or do math



Autism Spectrum Disorder (ASD)

– Characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.



- Asperger Syndrome
 - An ASD considered to be on the "high functioning" end of the spectrum. Difficulty with social interactions and exhibit a restricted range of interests and/or repetitive behaviors. Motor development may exhibit clumsiness or uncoordinated motor movements.



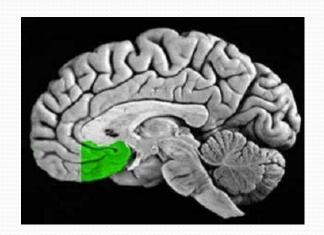
- Other Disorders
 - Substance Abuse
 - Co-Occurring Disorders
 - Cutting/Self-Mutilation/SIB
 - Trichotillomania

Note: Need to become familiar with psychotropic drugs,

etc.

- Boys and girls think and act differently!
- Their brains are <u>developmentally and structurally</u> different
 - Larger Anterior Cingulate Cortex; moodiness, worry-prone, anxiety, stress
 - Larger Insula; "gut instinct", intuitive; male brain more deductive
 - Smaller Amygdala; strong emotion, e.g. anger, fear; females less likely to take risks
 - Larger Prefrontal Cortex; develops earlier; more impulse control (but activity slows during adolescence!)

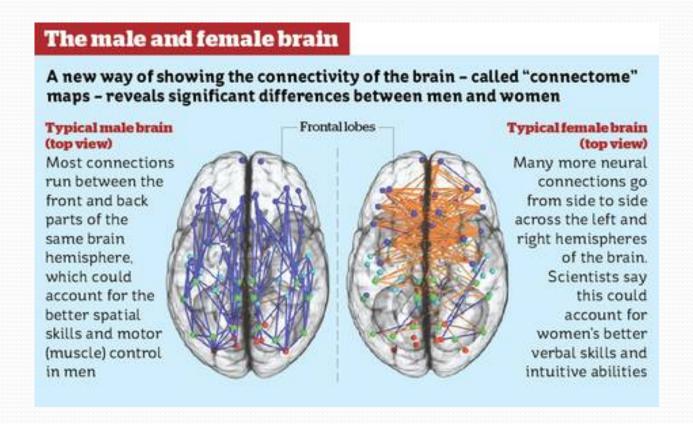
- Prefrontal Cortex: Executive functioning part of the brain
- mPFC: Mediates decision-making; creates associations between context, locations, events, and corresponding adaptive responses, particularly emotional responses; interacts with the lateral prefrontal cortex to form perceptions, understanding of others and self, etc.
 - Hyper-sensitive during adolescence
 - More prone to risk taking, especially with friends
 - Have a reduced capability to read
 - the emotions and feelings of others



• Test: What is this woman feeling?



- Answer: Fear
- In a study by University of Utah, one hundred percent of adults guessed this woman's emotion correctly, but only 50% of teenagers (ages 10 – 18) got it right.



- Girls take in more sensory data than boys. Importance of appropriate touch
- Girls rely more on verbal skills
- Boys rely more on nonverbal communication; less able to verbalize feelings and respond as quickly

There are <u>brain chemical</u> differences, too!

- Different amounts of brain chemicals
- Serotonin Girls brains secrete more than boys = boys more fidgety and impulsive
- Vasopressin and Oxytocin

AND... hormonal differences!

- Progesterone & Estrogen female growth and bonding hormones
- Testosterone male growth and sexdrive/aggression hormone
- Girls estrogen and progesterone rise and fall with their hormonal cycle = mood swings;
- Boys may be fidgety and sporadic anger



Food for thought...



60 Minutes II Delinquents.wmv

AND... functional differences!

- Brain's blood flow activity differs significantly
- Responding to fear
- Girl's brain is never at rest; may give a true learning advantage.
- Girls can store, for short periods, a greater quantity of random information; boys can if the information is organized into some coherent form or has specific importance to them

- Girls are motivated differently than boys differences that impact behavior
- Girls won't do something or comply because you tell them to or threaten them with consequences...They comply because the LIKE you!
- Structure your approach, programs and treatment based on brain research

The Problem is...



- Teenagers can look like adults when they are still "kids"
 - Creates tension between adults and adolescents
 - Their looks are deceiving, and we forget to remember they are not adults
 - Results: Formal systems treating kids like "miniadults"
- We live in a "one size fits all, unisex" society; economy of scale;
 - We need to individualize services based on need

- 6) Know gender and the brain development & differences The bottom line...
 - Girls need to feel safe, connected, given opportunities to express themselves; address the trauma
- Boys need visual messages to help them express their thoughts and feelings; they need to move through space; they connect through the performance imperative; get them moving and/or focused on tangible tasks toward progress;

need to address the trauma from through a male lens or experience

7) Practice active collaboration

- Actively pursue the use of collaboration toward providing services to youth and families
- Eliminate turf issues
- Build community-based teams to solve problems
- Build a team through building relationships
- Pool resources including funds, staff, etc.
- Nurture the collaborative spirit
- Be a leader!!!!!



8) Use promising practices, best practices and/or evidence based programs

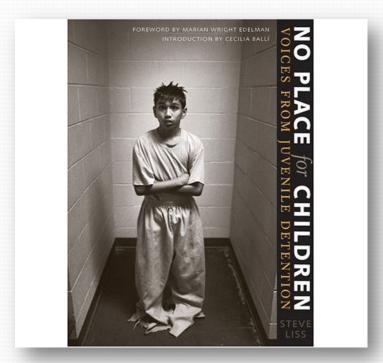
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Motivational Interviewing (MI)
- Trauma Informed Care Case Management
- Turning Point Therapy (Person-centered)
- Aggression Replacement Therapy
- Thinking for a Change
- Cognitive Behavioral Therapy
- Parenting With Love and Limits

8) Use promising practices, best practices and/or evidence based programs

- Effective Practices In Community Supervision (EPICS)
- Mentoring
- Others?
 - Use validated risk assessments!!
 - Helps determine risk for re-offense and identify needs more specifically
 - Measures youth's progress
 - Must be extensively researched with numbers in research pool
 - Must be validated instruments for both genders



- 8) Use promising practices, best practices and/or evidence based programs
 - Generally, juvenile detention is not a treatment destination and doesn't work as a method of treatment



9) Care about data!!

- Data is important to all of us; it tells us how we are doing and offers important information
- It helps us justify what we do and suggests how we can do it better
- Quality data is essential as policy and funding decisions are based on data
- Don't fear data; learn about it
- It can be our best friend!





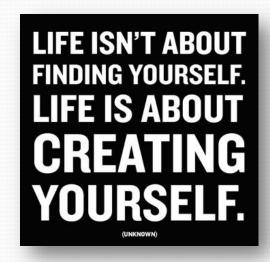
- Carry a cell phone or radio in hand when working in the field; notify office when you arrive and depart
- Prepare for first meeting with parents at their home -Ask if there are dogs, guns in home and whether there are any others who live in the house who has been charged with a crime – especially assaultive
- Know what you are getting into
- Team" high-risk home visits or ask a local police officer to join you

10) Make safety a priority!

- "Know the neighborhood; drive around to assess what is around you and who is around you.
- Trust your instincts!
- Listen before entering; don't stand in the doorway
- Be aware of your surroundings in the home; immediately locate an escape route
- Do not enter the home with only the youth there
- Stay in well-lit areas
- Complete incident reports when something occurs that impacts the health and safety of a member of the public, staff or anyone on the premises.

Other thoughts...

- Constantly learn and reinvent yourself
 - To meet the needs of our kids, families, communities and to improve the quality of service offered by the JJ system!
 - To retain your passion in the field
 - To constantly improve your skills
 - If you are going to work in JJ, take responsibility to learn about your environment, e.g. the courtroom, SCAO, professional organizations, etc.



Other thoughts...

- Understand family systems theory
- Seek to understand your funding sources, your budget, etc.
- Remember...You can't do it all; clients have to take some responsibility and action
- Stay focused on the goal!!



If we do our job well...

- The community will...
 - Build respect and tolerance of diverse populations
 - Be safer in which to live
 - Be a vibrant resource for new and existing employers
 - Be a destination in which all will thrive!





"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." Maya Angelou

Thank you!

Contact information:

smetcalf@miottawa.org