Fundamental Skills for Case Managers
A Self-Study Guide
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Fundamental Skills for Case Managers

A Self-Study Guide
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Introduction

This self-study guide was developed primarily for the California State Maternal and Child Health Branch's Adolescent Family Life Program (AFLP) and Adolescent Sibling Pregnancy Prevention Program (ASPPP). In order to do their jobs effectively, all case managers in these programs require certain core skills and subject area expertise.

The Center for Health Training has held the Technical Assistance and Training contract for these programs since 1998, providing on-site assistance and workshops for case managers. Throughout this period, there has been a need for ongoing training of new staff in the fundamentals of case management. Although face-to-face training sessions are generally most effective, it has become increasingly difficult for staff to attend them. Therefore, this self-paced study guide was created to provide an alternative means to train new case managers as they are hired.

While it is geared towards new AFLP/ASPPP case managers, experienced case managers and those working in other programs may find this guide a useful review, as well as a tool to help them identify areas they need to focus on in their practices.

The guide is intended to be completed on an individual basis, with a supervisor’s involvement and guidance. It can also be completed by groups of case managers working together. Each unit contains written activities that include self-reflection exercises, observations, and the opportunity to apply the knowledge and skills learned from that unit during a role-play or while seeing a client.

What Is Case Management and Why Is It Important?

Case management involves a helping professional working with a client to help the client access services, clarify her/his goals, and develop skills to meet those goals. The more a case manager understands the client, the more s/he can support the client, and the more change can occur.

Unit 1: Essential Communication Skills focuses on developing relationships with clients, effective listening techniques, and responding with empathy. It also discusses confidentiality guidelines and ends with how to effectively interview and assess clients.

Unit 2: Case Management Challenges addresses some of the more complex issues and concerns case managers may face such as professional boundaries, cultural differences, home visiting challenges, crisis intervention, and burnout.
Unit 3: Stages of Development – Adolescents and Their Children provides guidance for new case managers working with pregnant and parenting teens about how to discuss prenatal, infant, and early child development with their clients. The first chapter, “Adolescent Development,” describes the early, middle, and late stages of teen development and discusses key issues to be aware of when working with adolescents. The subsequent chapters focus on communicating with teen parents about the developing fetus, infant and child.

Unit 4: Assessments and Individual Service Plans (ISPs) presents an effective approach to use when conducting client assessments and developing individual service plans. It also discusses follow-up issues that arise for case managers, such as the need to revise ISPs, motivate their clients, and deal with their own reactions to clients’ progress. The unit concludes with ways to most effectively support clients through referrals.

Working with Teens: Building Case Management Skills (Video)
In addition to the written self-study guide, there is an accompanying training video, “Working with Teens: Building Case Management Skills.” This video portrays four different scenarios that illustrate effective case management skills and strategies. Experts offer commentary on the case management provided in each of the situations. For suggestions on how to incorporate the video into staff training, see the User’s Guide that accompanies the video.
Fundamental Skills for Case Managers
A Self-Study Guide

UNIT I:
ESSENTIAL COMMUNICATION SKILLS
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UNIT 1: ESSENTIAL COMMUNICATION SKILLS

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Overview and Instructions

This unit focuses on communication, the basis of a good working relationship between case manager and client. Positive communication helps create an environment where the client feels comfortable, safe, and willing to share her/his thoughts, feelings, and goals. This enables the client and case manager to work together to fulfill those goals.

This unit is the first of four units and is divided into six chapters:
1. Developing Relationships
2. Effective Listening
3. Responding with Empathy
4. Confidentiality
5. Interviewing and Assessment
6. Putting It All Together

Each chapter except “Putting It All Together” includes Learning Objectives, Things to Think About, Guidelines for Practice, and a number of activities to reinforce the information provided.

Please complete the Pre-Test before you begin. As you read through this unit, complete all of the activities and conclude by completing the Post-Test.

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the Observation Skills Checklist for Supervisors at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed Supervisor Sign-Off Sheet. Your supervisor will not read your responses – only confirm that you have done the activities and correct your Post-Test.
I. Developing Relationships

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Explain the meaning of resiliency and a “turnaround person”
2. Give three examples of “negative” qualities and how you could view them positively
3. Identify what happens during the three stages of the relationship between client and case manager
4. Identify what impressions you want clients to walk away with after your first meeting
5. Demonstrate what it means to have a neutral stance with clients instead of giving advice
6. Identify at least two of the five key elements that can help case managers be more culturally sensitive
7. Explain if and when it is appropriate for a case manager to share personal feelings
8. Explain the importance of acknowledging differences between the client and yourself

A. Resiliency

This self-study guide emphasizes an approach to working with teens called “building resiliency.” The resiliency approach focuses on what clients can do and what their strengths are. It also stresses the vital role that caring adults can play in teens’ lives. Research has shown that most at-risk adolescents develop into “competent, confident and caring adults.” How do they do this? Through strong relationships with an adult! Caring adults can be what have been called “turnaround people” for troubled teens.

“Turnaround people” can do the following:
- Demonstrate caring, compassion, and respect by looking underneath a teen’s negative behavior to see the pain and suffering that contribute to it
- Maintain high expectations by mirroring back the strength that has gotten the teen this far and conveying the idea that “you can make it”
- Provide opportunities to contribute to others and feel needed and important by linking the youth to jobs, activities, or other interests

In this same way, you can let your clients know that you see their strengths and not just their problems. The goal is to communicate a “you can do it” attitude and convey that you believe in them.
Recognizing Your Clients’ Strengths
Finding hidden strengths in your clients is an opportunity to shift your perspective of them and look for the positive when only the negative may be apparent. Then you can help them begin shifting their own self-concept.

ACTIVITY: Finding Hidden Strengths
INSTRUCTIONS: Think of a client who is very difficult for you to work with. List two or three of her/his negative qualities. Now take these same qualities, and try to think of them more positively.

Example:

<table>
<thead>
<tr>
<th>Negative Quality</th>
<th>Reframed Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quiet</td>
<td>1. Observer, notices a lot about other people, figures things out for herself.</td>
</tr>
<tr>
<td>2. Manipulative</td>
<td>2. Knows how to get what she needs, understands what motivates people, very resilient, won’t be victimized, strong, can get the job done.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Quality</th>
<th>Reframed Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ____________________________</td>
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By seeing clients through a more positive lens, you help them recognize their own strengths. It helps you build your relationships with your clients, because you don't automatically respond critically, and allows you to increase your empathy for them.
Protective Factors

Protective factors are influences in an adolescent’s life that help to lessen the impact of risks. Protective factors are also sometimes called resiliency builders. Everyone has positive personal protective factors that can counter other, more negative influences. Personal protective factors can include traits such as having a love of learning, a sense of humor, self-motivation, or creativity. For example, a teen who is able to laugh at her/himself, especially during a difficult situation, may be able to use that humor to weather hard times.

Many youth also have positive environmental protective factors, such as a close-knit family or a teacher with high expectations of them. Young people who feel connected to their school, for instance, or who place a high value on religion and spirituality, are less likely to engage in early sexual activity. Participation in organized sports and in school, community, arts, and religious activities is a key protective factor for early maturing girls.

Case managers can play an important role in building their clients’ resiliency by helping them recognize and appreciate both their personal (internal) and environmental (external) protective factors. Case managers can also support the families of their clients in enhancing these protective factors. It is important, however, to pay close attention to the “match” between client and activity. For example, while it is not appropriate to encourage non-religious youth to pray, it is helpful to encourage young people who are involved in their religious institutions to stay involved.
ACTIVITY: Believing in Your Clients

INSTRUCTIONS: This activity will help you reflect on the important people in your life and consider how you can play that role in the lives of your clients. Answer the following questions.

1. Who believed in you when you were a youth?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. Did you have any “turnaround people”?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. How can you let your clients know that you believe in them?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. What personal and environmental protective factors helped you when you were growing up?

_________________________________________________________________
_________________________________________________________________
B. Stages of the Relationship

Relationships with your clients go through several stages, and the beginning is often the hardest. One framework to think about it is:4

1. The Current State of Affairs
2. The Preferred State of Affairs
3. Strategies for Action

It may take a number of visits to move through each of these stages. It is also possible to move back and forth among the stages throughout your relationship with a client.

In the first stage, “The Current State of Affairs,” clients tell you their stories. Often, case managers feel they have so much to get done with their clients that they can’t wait and listen to the clients tell their stories. However, waiting and listening are incredibly important tools for building trust and rapport. From hearing their stories, you begin to understand:

- What the issues are as they see them
- How much insight and maturity they possess
- Who their main sources of support are, if any
- Other information that will help you develop a good working relationship

In the second stage, “The Preferred State of Affairs,” you assist clients in identifying their goals and developing hope that some of their problems can be solved.

In the third stage, “Strategies for Action,” you discuss with your clients what they are willing to do to meet their goals and then help them choose strategies.

C. The First Meeting

Establishing a good impression during your first meeting is critical. With proper thought and preparation, you can set a positive tone for the rest of your relationship. Both you and your client will have feelings about each other. You may have been given information about your client and formed an opinion before meeting her/him. Try to keep an open mind! In the same way, the client may have ideas about who you are and what you can and can’t do for her/him. So the slate must be cleared, and you must separate yourself from your assumptions. It’s crucial that you use this first meeting to create a warm tone and set appropriate expectations.

Take a moment to think about what kind of impression you want to make. Think of when you started in your job. Who were the people that made strong first impressions? Who were the people that did not? Who were the people that were caring, available, and nonjudgmental? How did they communicate that?
ACTIVITY: Thinking about the First Meeting

INSTRUCTIONS: Read the brief scenario and answer the questions that follow.

**Marisol:** Marisol has a long history of working with case managers and social workers. Despite this, her life isn’t any better, and she feels like she’s wasted a lot of time. This is your first visit, and she’s not sure how or why you will be any different.

What do you want her to understand about your work together by the end of the visit?

1. ________________________________________________________
2. ________________________________________________________

What can you say to communicate this?

1. ________________________________________________________
2. ________________________________________________________

**Kimi:** Kimi is 13 and has never had a case manager before. She has had little interaction with professionals or anyone outside her home and comes from a culture where problems are kept in the family.

What do you want her to understand about your work together by the end of the visit?

1. ________________________________________________________
2. ________________________________________________________

What can you say to communicate this?

1. ________________________________________________________
2. ________________________________________________________
Building Rapport

Rapport is established when the client and the case manager feel comfortable and connected and understand each other easily. Good communication, understanding, and acceptance are all important elements of building rapport.

The first step is helping your clients feel comfortable with you. To do that, you need to be comfortable in your role. If you’re nervous, they’ll feel it. If you’re judgmental, they’ll know. The things that help you feel comfortable getting to know someone in your personal life also apply here. Find out:

- What do they do for fun?
- How do they spend their free time?
- What places do they like to go to?
- What do you have in common? Do you know their neighborhood?

This may take only a minute or two, or it may take a little longer, but the payoff is the chance for your client to warm up to you.

Sometimes it takes time to develop rapport. It’s important not to hurry. On occasion, case managers may understandably try to take short cuts to create a comfortable relationship. For example, a case manager may want to prove that s/he will be helpful by volunteering to do things for clients that they could do themselves, such as filling out paperwork or making phone calls. Doing things for your clients will not automatically build rapport, but it will set a precedent that you are willing to do things for them rather than help them do things for themselves. Remember, rapport comes from how you are with clients, not what you do for them.

**ACTIVITY: Obstacles to Rapport**

**INSTRUCTIONS:** Write three obstacles to building rapport. Examples: feeling in a hurry, distrustful client, nervousness.

1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________
Communicating Your Purpose and Role

The client may not know what to expect in the first visit. For example, many clients hear the term “case manager” and think that you see them as a “case” to be “managed.” This doesn’t make them want to open up right away! It’s important to communicate to your clients exactly what you do and that you really want to know them as individuals. Letting your clients know the goals of the program, your role in it, and what they can expect of you will greatly affect how they view your relationship. Clarifying the way you will be working with them can also be an opportunity to demonstrate respect for them and their families. Allow yourself time to practice what you will say, so you can do so in a way that makes them want to connect with you and meet with you again.

ACTIVITY: Communicating What You Have to Offer at the First Meeting

INSTRUCTIONS: Pretend you are meeting a client for the first time and you want to say something to put her/him at ease. Fill in the blanks.

Sometimes people wonder ________________________________

and I want you to know ________________________________

Sometimes people have questions or concerns about ____________________________

__________________________________________________________________________

After a month or so, I will be able to help you with ____________________________

__________________________________________________________________________

I hope that ________________________________

__________________________________________________________________________
D. Client-Centered Case Management

In order to build rapport, it's important to see the world from the client's point of view and “start where the client is.” You and your client may have different ideas about what is most important to work on. The client might be concerned about work and childcare, while you think that getting a General Equivalency Diploma (GED) is the most important thing for her/him. If you ignore your client and focus only on your concerns, it will be hard to earn the client’s trust.

Neutral Stance

No one likes unsolicited advice – especially teens. They will tune out quickly if they feel they are being told what to do. Giving advice indicates that you’ve decided what is best for them, rather than helping them decide what their options are. Instead, try to take the attitude that they will make good decisions if you help them explore the alternatives and their consequences. After all, clients are in charge of their behavior. You are not responsible for the choices they make. Conveying the idea that they have choices about what they do has multiple benefits. You are adopting a neutral stance, which will help them feel comfortable talking with you and reassure them that they won’t be judged. Being neutral is also a way of showing respect for the differences between you and your clients and their families.

Power, Culture, and Other Taboo Subjects

Many clients have had bad experiences with adults. They may have been betrayed, abandoned, neglected, or abused. As a result, they may have no model for thinking that a caring adult can actually help them. They may fear that you are going to tell them what to do. It’s important to clarify this up front and distinguish yourself from the other adults in their lives. Think about how you can let your clients know that you are a guide, there to support them and create opportunities with them.

Issues of culture, race, class, sexuality, and authority can create additional barriers to effective communication. Many case managers come from different cultural backgrounds than their clients and speak different first languages. They may fear that these clients will feel uncomfortable talking with them. Sometimes this is true. Clients may feel that the differences make it more difficult for the case manager to understand them.

When working with clients from backgrounds different than your own, consider learning something about their cultures. Try to learn about immigrant or refugee clients’ level of assimilation to better understand the struggles they may be going through. Sometimes you truly don’t understand the significance of something or you don’t respond the way a client would like. But at other times, clients actually prefer to talk to someone from outside their own culture because they believe they won’t be subject to the same rules or expectations.
When you start a new relationship with a client, you never know whether s/he will feel that your differences are a help or an obstacle to the relationship. But you can build a relationship with almost anyone if you have good rapport-building skills.

In building your ability to work across all kinds of cultural differences, it’s important to:

- Be aware of what the issues are and how these issues may affect your work
- Develop skills in communicating about these differences
- Develop an appreciation for how others are different
- Use cultural knowledge without stereotyping and remain open to the experience of the individual
- Work on any biases that you have

**Acknowledging Differences**

If you sense there is a real barrier to your communication with the client because of your differences, you need to address it. You might acknowledge the differences by saying, for example, “I know you and I come from different cultures. Sometimes this affects our work together. Since I want to be a very good case manager for you, I’d like to know if something comes up that doesn’t feel right. I’m very open to hearing about you and anything you think I don’t understand.”

Issues that relate to socioeconomic differences, educational level, gender, drugs, and even your power as a professional may also require acknowledgment. Doing so lets your clients know that you are open to talking about what you know and what you don’t. It prevents them from stereotyping you and stops you from making assumptions about them. It lets them know that you are open to learning about their specific experience and that you don’t presume to know everything about them. Open discussion of these issues also lets them know that they can trust you and that you really care about “what it’s like” for them. It’s important to make it clear that it’s the relationship between you that matters.
ACTIVITY: Acknowledging Differences

INSTRUCTIONS: Complete the following statements indicating you are open to talking about the ways you are different from your client and how this may impact your relationship.

Example: “As we work together, I will be talking to people at your school and work and from other parts of your life. I will try not to do anything that will affect you without discussing it with you first. I really hope that I can help you have more choices about what happens in your life.”

1. Your client is an immigrant from a country that you have never heard of. Her English is not very good, and you don’t speak her language. You might say: ____________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. Your client is a different gender than you are. You might say: ____________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

3. Your client reads at a fourth-grade level, and her parents are illiterate. People react to you as a very educated person. You might say: ____________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

These are some potential differences, but there are many others. Think about what differences you may have with your clients and what you might say to address them.
**ACTIVITY: Comfort Zones**

INSTRUCTIONS: It’s important to figure out what types of client characteristics you have strong opinions about, when you feel pulled to give advice, and what makes you nervous or insecure. Below is a list of a few possible client characteristics. Rate how you react to clients with these characteristics. Circle the characteristic if you think it would be hard for you to be “neutral” and “nonjudgmental” with a client who has this characteristic.

<table>
<thead>
<tr>
<th>Totally Uncomfortable</th>
<th>Totally Comfortable</th>
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<tbody>
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<td>9</td>
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<tr>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

Client:

- [ ] Is on public assistance
- [ ] Uses drugs
- [ ] Is from a different racial group
- [ ] Has had several abortions
- [ ] Speaks a different primary language
- [ ] Doesn’t think high school is valuable
- [ ] Is having unprotected sex
- [ ] Has been in jail, boys or girls’ ranch, or juvenile hall
- [ ] Is 12 and pregnant
- [ ] Has a father of baby (FOB) who is significantly older
- [ ] Is prostituting herself
- [ ] Is manipulative
- [ ] Is bisexual or questioning her/his sexuality
- [ ] Expresses prejudice
- [ ] Is passive
- [ ] Has been raped

Note which characteristics you circled. It is your professional responsibility to be aware of your feelings and to be sure they do not intrude. We all make judgments, but the key is learning to leave your judgments outside of the client interview.

If your feelings are resulting in discomfort or preventing you from being nonjudgmental with your client, you need to find a way to work on your feelings away from the client. Here are a few suggestions:
• Talk to your supervisor or a colleague about your feelings. Problem-solve with other people about what has worked for them.
• Educate yourself about your client’s characteristics. For example, does bisexuality make you nervous because you don’t really understand it? Does your client’s culture practice traditions you are unfamiliar with?
• Try to understand the cause of your reaction. Is there someone in your family who reminds you of your client? Do your personal beliefs conflict with your client’s?

E. Self-Disclosure

In your interactions with clients, you naturally experience emotions. There are varying viewpoints about if and when to disclose these emotions to clients. Some professionals believe that sharing feelings is unprofessional. However, not sharing any feelings at all can create more distance than is necessary and result in missed opportunities. Sharing feelings in a thoughtful, purposeful, and deliberate way can actually deepen the relationship.

If you feel that you’ve let some feelings out and they may negatively affect the relationship with your client, acknowledge those feelings. State that you know you may have seemed mad or judgmental, but that you realize now that those feelings were about you, not the client, and that you’re sorry you let your feelings intrude.

Clients may even ask you about feelings you’re having, but unless it is clear that sharing your feelings will be helpful, it’s usually better not to. Generally, it’s best to share a feeling if:
• A client asks you directly, and you feel comfortable sharing it
• The client would benefit from knowing it
• The client would otherwise feel that you are withholding it unnecessarily

If you honestly evaluate the purpose of sharing your emotions and decide that doing so is in the best interest of the client, it may be appropriate. With experience, you can learn to avoid expressing feelings that are not helpful to clients.5

F. Stating Personal Opinions

If you have an opinion, consider how it may affect your client before sharing it. Remember, your opinion may carry more weight because of your position. If it is appropriate, state what you think is going on, and give your client room to reject your idea. This is much more helpful than leaving the client to wonder what you think. That approach leaves the client feeling that you have secret information you’re not sharing.
**Developing Relationships**

**Things to Think About**

- How do you first find out about a client?
- What does a client first know about you?
- How can you build rapport with each client?
- How can you balance doing paperwork with building rapport and trust?
- How can you set appropriate expectations?
- How can you incorporate a resiliency perspective?
- How can you help clients to identify their internal and external protective factors?
- How do you want to be with your clients?
- How can you work more closely with your colleagues to support each other in developing relationships with your clients?

**Guidelines for Practice**

- Prepare well for your first meeting.
- Keep in mind the kind of first impression you’d like to make.
- Explain your purpose and role.
- Start where the client is.
- Build rapport by exploring your clients’ interests.
- Be warm, but adopt a neutral stance.
- Let clients know that you are not going to judge them.
- Allow your clients tell their stories without interruption.
- Leave time for client questions and concerns.
- Communicate hope, optimism, and your belief in your clients.
- Express interest in client strengths and what has enabled them to get this far.
- Demonstrate respect for the client and her/his family.
- Acknowledge cultural differences that might affect work.
- Remember that caring adults do make a difference.
2. Effective Listening

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Identify and explain three techniques for listening
2. Identify three barriers to good listening
3. Identify two nonverbal cues that show the client you are listening
4. Explain the difference between open-ended and closed-ended questions, and give two examples of each
5. Give two reasons to use the technique of paraphrasing
6. Describe “summarizing” and when to use it

Good communication is the basis of positive relationships with your client. It encourages them to open up to you, so that you can truly help them manage their feelings and address their challenges and concerns. This chapter focuses on one of the essentials of communication: listening.

### A. Active Listening

Active listening involves interaction between the case manager and the client. The case manager must try to understand what the client is saying and communicate back those feelings and thoughts so the client knows s/he is being understood. Another term for this type of interaction is “accurate listening.” When a case manager is engaged in accurate listening, s/he understands what the client is saying and what her/his thoughts, feelings, and motivations are. The case manager also pays attention to nonverbal cues, such as lack of eye contact or fidgeting. The client, in turn, senses that the case manager is paying attention and is trying to understand.

Because case managers have so many clients, they often feel rushed. However, it is worth taking the extra time to listen and truly understand the specific circumstances of each client. Prompting the client to elaborate enables you to understand the situation more fully and encourages her/him to discover and evaluate possibilities for change.

### Body Language

Before you begin talking or listening, it is important to consider the nonverbal cues that you give and receive. Your body language tells your client when you are paying attention, even though you may not be saying anything with words. Your client feels great when they know they have your complete attention!
Body language checklist:
- Does your posture seem interested, alert, and attentive? Are you leaning forward?
- Are you looking at the client?
- Does your voice indicate interest and match the client’s emotional expression? Are you speaking at a similar rate and tone of voice?
- Is the tone of your voice warm and inviting? Harsh and critical?
- Is your body still? Are you playing with your hair or picking lint off your clothes?
- Does your facial expression match the emotional tone of what the client is saying?
- Are you yawning? Fidgeting? Shuffling papers?
- Are you sitting behind a desk? Answering the phone?
- Are you playing with the client’s baby instead of hearing the client?

Observations about clients’ body language:
- What does their body language say about them?
- What kind of eye contact do they make? Are they looking down or directly at you? Do they look away when their mother or partner speaks?
- Are they fast or slow-moving? Do they talk quickly or slowly?
- Do they fidget, or are they calm?
- Do they convey interest? Fear?

ACTIVITY: Observing Body Language

INSTRUCTIONS: Observe the next two people you interact with and notice how much eye contact they make, when they look away, when they talk, when they get quiet, and how quickly they move. Write down two possible explanations for their body language. *If you feel comfortable, ask them later if your interpretations were correct.*

Body Language of Person 1: ___________________________________________

Explanation #1: _____________________________________________________

Explanation #2: _____________________________________________________

Body Language of Person 2: ___________________________________________

Explanation #1: _____________________________________________________

Explanation #2: _____________________________________________________
Techniques for Active Listening

Techniques for active listening include encouraging, asking open-ended questions, asking closed-ended questions, moving from the general to the specific, paraphrasing, and summarizing.

a. Encouraging

**Purpose:** This is how you convey interest and tell your client to continue talking.

**To Do This:** Give small verbal or nonverbal prompts.

**Examples:** “Uh-huh.” “Go on.”

b. Open-Ended Questions

**Purpose:** Open-ended questions are questions that cannot be answered with “yes” or “no” – they require elaboration. These questions encourage the client to talk about experiences and invite specifics. They are typically very general and help you get a broad sense of what’s going on.

**To Do This:** Ask questions that get the client to tell a small story when they answer.

**Examples:** “Tell me more.” “What are your thoughts about . . . ?”

c. Closed-Ended Questions

**Purpose:** Closed-ended questions are questions that can be answered with “yes” or “no” or have a specific answer. These questions are typically used to obtain factual information.

**To Do This:** Ask a specific question that has only one possible answer or can be answered with “yes” or “no.”

**Examples:** “What time did all this happen?” “Did you go to school today?”
ACTIVITY: Changing the Questions

INSTRUCTIONS: Convert each of the following questions from a closed-ended question to an open-ended question.

Example: Closed: Do you and your parents get along?
Converting to: How do you and your parents get along?

1. Closed: Do you like school?
   Converting to: _____________________________________________________

2. Closed: Is everything ok with the baby?
   Converting to: _____________________________________________________

3. Closed: Do you like breastfeeding?
   Converting to: _____________________________________________________

4. Closed: Do you want any information on nutrition?
   Converting to: _____________________________________________________

d. Moving from the General to the Specific

Purpose: Getting more details from the client helps her/him recognize patterns and see where there is room for change. You may have a general sense of the client’s situation, but to truly understand what’s going on, you need details. It’s not enough to know that the client fights with her boyfriend, for example. You need to know more to help her figure out what to do. The specifics enable you to understand her experience and make relevant comments in response.

To Do This: Ask follow-up questions to solicit more information about the particular situation.

Example: “When does the fighting occur? What happens right before? Are there any warning signs? How do you feel before, during, and after the fight? Does anyone else know? What have you tried?”
e. **Paraphrasing**

*Purpose:* Paraphrasing is restating what the client has said to show that you understand. This gives the client a chance to hear what you are thinking and to correct or clarify what you’ve said. Paraphrasing is not repeating what the client has said word for word, which can appear condescending.

*To Do This:* Put what the client says into your own words.

*Example:* 
Client: “I don’t think I can go to school. How can I leave my baby with a stranger all day?”
Response: “You’re not sure you can leave your baby to go to school.”

f. **Summarizing**

*Purpose:* Summarizing affirms what the client has said and shows that you’ve understood the whole message. Use this technique when the client finishes sharing something to help them see the full picture.

*To Do This:* Think about all the things the client has said and how they link together. State the overall message, including the relevant parts.

*Example:* “So, all in all, you think that getting your GED is the next thing you want to do.”
ACTIVITY: Accurate Listening

INSTRUCTIONS: Read the following vignette. Then, write exactly what you would say when using the specific techniques listed below.

Vignette: Elizabeth says to you, “Why does my boyfriend keep blaming me every time the baby cries? I’m always responsible, according to him. The baby doesn’t even want to go to him. She clings to me. I am tired of all the responsibility. I think if I just left the baby with him, she’d get used to him, and I’d have peace of mind.”

Encouraging: ______________________________________________________
_________________________________________________________________

Open-ended question: ______________________________________________
_________________________________________________________________

Closed-ended question: _____________________________________________
_________________________________________________________________

Moving from the general to the specific: ________________________________
_________________________________________________________________

Paraphrasing: ______________________________________________________
_________________________________________________________________

Summarizing: ______________________________________________________
_________________________________________________________________
B. Barriers to Listening

Our emotions can get in the way of good listening, and so can our thoughts. Here is a list of unhelpful responses that can happen when listening to clients:

- Daydreaming – losing attention, thoughts wandering
- Labeling – putting the person in a category before hearing the evidence
- Scoring points – relating everything you hear to your own experience
- Mind reading – predicting what the other person is thinking
- Rehearsing – practicing your lines in your head
- Cherrypicking – listening to a key piece of information, then switching off
- Interrupting – being unable to resist giving advice
- Dueling – countering their statements with your own opposing statements, going back and forth between the two of you
- Side-stepping sentiment – countering expressions of emotions with jokes or cliches

ACTIVITY: Observing Yourself as a Listener

INSTRUCTIONS: Next time you are listening to a friend or family member talk about a concern, try to notice how many times you engage in any of the above practices. See how common they are! They’re natural, and as long as you know what they are, you can reduce their frequency. Try to determine which ones are typical for you, and think about how to avoid them.
Effective Listening

Things to Think About

- Think of a time when you really felt listened to. What did the listener do that made you feel this way?
- Think of a time when you did not feel listened to when trying to say something very important. What did the listener do that told you s/he wasn’t listening?
- What are your own strengths as a listener?
- What are your greatest obstacles as a listener?
- What feelings do you pay attention to in yourself?
- What feelings do you like to ignore in yourself?

Guidelines for Practice

★ Use active listening techniques.
★ Use body language that shows interest; note your client’s body language.
★ Listen attentively.
★ Use open-ended and closed-ended questions strategically, and know their purpose.
★ Avoid distractions or thoughts that take your attention away.
★ Focus on what the client is saying and the underlying meaning.
★ Clarify what your client has said by paraphrasing and summarizing.
3. Responding With Empathy

Learning Objectives:
After completing this chapter, you will be able to:
1. Identify and explain the three components of empathy
2. Define “validating” and “normalizing” feelings
3. Explain the importance of silences
4. Demonstrate how to communicate empathy

Listening accurately is only one part of good communication. The second step is “responding accurately.” If you are very specific with your responses and have communicated your understanding of how the client is feeling, you will “accurately” identify her/his thoughts and feelings. This strengthens your relationship by showing the client that you are listening and understand what s/he is saying and feeling. If you accomplish this, then you are using empathy.

Social worker Lawrence Shulman identifies three components of empathy: reaching for feelings, acknowledging feelings, and articulating feelings.

A. Reaching for Feelings
Clients may tell you about an event without mentioning their feelings about it. Sometimes, they may not be aware of their feelings and may need help identifying them. Others may know their feelings but need help talking about them. Helping them reach for feelings moves the conversation to a more emotional level. Here are some ways to do this:

Asking

Purpose: When a client’s feelings seem like they are near the surface, asking about them helps the client identify and talk about her/his emotions.

To Do This: Always ask an open-ended question first, such as, “How does that make you feel?” If there is no clear response, you can ask specific questions.

Examples: “Are you feeling angry right now?” “You seem really sad.” “I’m wondering if you’re hurt.”
ACTIVITY: Reaching for Feelings

INSTRUCTIONS: In the following vignette, you can tell the client has feelings, but she has not identified them. Write a statement that reaches for her feelings.

Vignette: Maria just found out that her mother is very sick. She has already had many losses in her life, and she asks, “Why me? My mother isn’t even old. I can’t focus, and I feel really mad. I don’t even know why she’s so sick.” She begins to cry. “I’m just a mess. Why is this happening to me?”

You know that her response to you and her fear about her mother are related, and she’s feeling scared and alone. How would you reach for her feelings?

Statement: _________________________________________________________
_________________________________________________________________

Dealing with Silences

Sometimes it can be uncomfortable for case managers when clients become silent. But silences are key and can be an opportunity to help clients understand their feelings. It’s okay to sit with a silence for a while to see what happens. Sometimes a silence means there is a concern or a feeling underneath the surface, and the client needs help putting it into words.

Generally, you will get cues from the client about what s/he is feeling. But if you are uncertain, the best way to know is to ask. “Is this what you’re feeling?” “Did I get it right?” you might ask, or, “I’m not sure, but I wonder if you’re feeling _____?” It’s better to ask about a feeling or guess it incorrectly than to ignore it. Asking is not prying, and ignoring the silence can give the impression that you’re not paying attention or that intense feelings scare you away. Sometimes, due to the power differential, the client may accept an interpretation that isn’t correct, so it’s important to encourage her/him to let you know if you are wrong. If the client does, graciously accept the correction and apologize.

Purpose: To clarify what the client is thinking and feeling.

To Do This: Comment on the silence and your guess as to the feeling that underlies it.
Example: Case Manager: “I notice that you’re quiet now. It may be really hard to talk about how your boyfriend treats you. What you’ve been telling me is really hurtful, and I wonder if you’re feeling sad or hurt.”

Client: “No, I’m just really angry at him!”

Case Manager: “I am so sorry I got it wrong. I can see how that would make you mad, not sad. Thank you for telling me how it really is for you.”

B. Acknowledging Feelings
By acknowledging your clients’ feelings, you help them feel less alone and more understood. The three steps for acknowledging feelings are stating the feeling, validating the feeling, and normalizing the feeling.

1. Stating the feeling
*Purpose*: To see whether you understand what clients feel and to help them think about those feelings.

*To Do This*: Make a statement that acknowledges what the client is feeling.

*Example*: “It seems to make you furious when I give you information that you don’t think is relevant.”

2. Validating
*Purpose*: To let clients know that their feelings are understandable. Validating clients’ feelings lets them know that you accept their feelings and helps them accept themselves.

*To Do This*: Make a statement about the situation and how it affects the client.

*Example*: “I can understand why that seems unfair to you.”

3. Normalizing
*Purpose*: To let clients know that what they feel is expected and that there is nothing wrong with them.

*To Do This*: Make a statement about the situation expressing that their feelings are normal and that it’s okay to experience them.

*Example*: “If that happened to me, I’d be mad too.”
ACTIVITY: Acknowledging Feelings

INSTRUCTIONS: Read the following vignette and then fill in the answers in the blanks.

Vignette: Rose tells you, “My best friend has turned her back on me, and I don’t even know why! From the way she acted, I think she has the idea that I’ve been talking behind her back. I simply have not! This neighborhood is full of gossips who can’t mind their own business. She should know that. If she’s been listening to those idiots who just want to make trouble, she could at least tell me what’s going on.”

State the client’s feeling: ______________________________________________

Validate what the client is feeling: ______________________________________

_________________________________________________________________

Normalize: _________________________________________________________

_________________________________________________________________

C. Articulating Feelings

Articulating clients’ feelings communicates empathy. Empathy isn’t only “putting yourselves in your clients’ shoes”; it’s also letting them know that you can imagine what it feels like to walk in their shoes.

Purpose: To communicate that you truly understand.

To Do This: Make a statement about how the client is feeling and why s/he might feel that way.

Example: “It seems like you’re feeling lonely because you feel that no one is paying attention to you, and you thought you’d get more attention after the baby was born.”

CAUTION: If your client has had a traumatic experience, you may not be able to “know” how s/he feels. But you can convey your empathy by trying to imagine how s/he feels.
Example: “That must have been really hard – I can only imagine what that was like for you.”

**ACTIVITY: Communicating Empathy**

INSTRUCTIONS: Read the following vignettes and then fill in the answers in the blanks.

**Vignette:** Karina states that her boyfriend started calling her names a few months ago, but she hasn’t been able to talk about it up until now. She says, “I’ve tried to stand up for myself a few times, but he just gets meaner. He hasn’t hit me or anything, but I just sit and take it. Do you think he’s trying to break up with me?”

Client’s key experience: ____________________________________________

Key emotions: ____________________________________________

Statement: It seems like you feel ___________________ because ______________ ___________________________________________________________________

**Vignette:** Megan just returned to high school after having her baby. She is having trouble adjusting to life at school and her friends’ expectations that everything is just like it was. She speaks openly and seems to be in good spirits. “I had to take the baby with me to a party, and it was pretty strange. At first everyone wanted to hold her, but then they got bored. I had to go home because she started to cry. I had a good time but it’s not the same.”

Client’s key experience: ____________________________________________

Key emotions: ____________________________________________

Statement: It seems like you feel ___________________ because ______________ ___________________________________________________________________
Responding With Empathy

**Things to Think About**

- How have empathetic listeners affected you when you’ve needed support?
- What can you relate to about some of your clients’ troubles?
- Is it hard to put yourself in your clients’ shoes?
- Do you feel uncomfortable talking with your clients about their feelings?

**Guidelines for Practice**

- Help your clients identify their core feelings, experiences, and behaviors.
- Acknowledge their feelings if something is uncomfortable or painful to talk about.
- Normalize and validate their feelings.
- Share your understanding of their important experiences and feelings.
- Share personal feelings appropriately.
- Be as specific as possible when naming a feeling.
- Ask for permission to share your interpretations of your clients’ feelings, and invite rejection of your ideas when they are wrong.
4. Confidentiality

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Explain the limits of confidentiality
2. Explain what mandatory reporting is
3. Describe the three instances where the law requires you to break confidentiality
4. Identify what happens when abuse is suspected but not reported
5. Talk more comfortably to clients about confidentiality
6. Identify appropriate action steps in different confidentiality scenarios and the consequences of errors
7. Identify what types of situations require making a report to Children’s Protective Service (CPS)

Confidentiality is crucial when providing services to teens. It is your promise that you will not disclose what your clients tell you without their consent unless specifically required to do so by law. Many studies have shown that teens won’t use services if they think their confidentiality will be violated. They need to know up front that you’re not going to tell their families, their teachers, their boyfriends, or anyone else what they’ve told you. (You may, however, discuss cases with other case managers or your supervisor without disclosing your clients’ identities.) In your work with teens, confidentiality issues will arise in many different and challenging ways.

A. The Limits of Confidentiality

There are times when case managers must go outside their relationships with clients to disclose information that is otherwise confidential. This is called mandatory reporting. As an adult who works with minors, you are required by law to report any suspicion of abuse and neglect to Children’s Protective Service (CPS).

Specifically, the law requires that you break confidentiality when:
1. You suspect child abuse (physical or sexual) or neglect of your client or her/his child(ren)
2. The client is gravely disabled, cannot care for her/himself, and has no one to care for her/him
3. The client is in danger of hurting her/himself, the child, or others

**Note:** This self-study guide is not a comprehensive guide to mandated reporting laws. It is very important that you check with your own agency for its policies, protocols, and guidance regarding mandated reporting.
On occasion, case managers may try to avoid situations that will result in mandated reporting because of the complexity of the process or their concerns about the impact that reporting will have on their clients. They may mistakenly give clients the impression that it is better not to disclose reportable information (about physical or sexual abuse, for example) until they are 18. However, giving clients this message maintains their isolation and may keep them in dangerous situations.

The following table provides guidance on how to avoid confidentiality errors.

### B. Confidentiality Errors and their Consequences (table)

<table>
<thead>
<tr>
<th>Kind of Error</th>
<th>Example</th>
<th>Consequence of Error</th>
<th>What Should Have Been Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not explaining confidentiality</td>
<td>Case manager (CM) has reason to suspect abuse or neglect but never discusses mandatory reporting with client.</td>
<td>Client is shocked and feels betrayed when CM reports what client disclosed to CPS.</td>
<td>At first meeting with client, CM explains confidentiality and its limits. Example: “Everything you say stays with me and no one else, unless I think you are a danger to yourself or others, can’t care for yourself, or I suspect someone may be hurting you. These things are not confidential.”</td>
</tr>
<tr>
<td>sufficiently.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Not explaining confidentiality</td>
<td>CM speaks with teen’s mother on the phone, but hasn’t clarified with client that s/he will not reveal information to mother. Mother tells teen she spoke with CM.</td>
<td>Teen loses trust in CM, even though no confidential information was revealed.</td>
<td>CM begins relationship by explaining to client and family that s/he may request information from family, but will never give out confidential information to the family.</td>
</tr>
<tr>
<td>sufficiently.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Not reporting abuse when identified or suspected.</td>
<td>The teen mom is doing fine in school and at her job, but is seriously neglecting her child. No CPS report is filed.</td>
<td>The neglect continues, and the child is hurt and could be removed from the home. CM is liable and can be prosecuted. The mom doesn’t learn responsibility for parenting. The law is broken.</td>
<td>CM files a CPS report because mandated reporters must report any case of “suspected” abuse or neglect. CPS then determines whether abuse or neglect exists. CM shares her concerns and observations with the teen mom and explains why a report was filed.</td>
</tr>
</tbody>
</table>

continued on next page
### B. Confidentiality Errors and their Consequences (table) continued

<table>
<thead>
<tr>
<th>Kind of Error</th>
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<th>Consequence of Error</th>
<th>What Should Have Been Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failing to explain that CM can get information from family but is only bound to hold the client’s information confidential.</td>
<td>CM calls client but teen’s mother answers the phone and shares information about client’s problems. Mother begs CM not to tell teen, even though it may be appropriate for CM to do so.</td>
<td>Teen loses trust in CM simply for talking with her mother and assumes that her confidentiality has been violated.</td>
<td>CM explains to teen at first visit that CM may have contact with client’s family but will not disclose any client information. If family gives information to CM, CM talks about it with client.</td>
</tr>
<tr>
<td>Violating client confidentiality.</td>
<td>The teen’s parents want information about client. CM tells them what they want to know.</td>
<td>Client feels s/he can no longer trust CM and stops coming to appointments.</td>
<td>CM tells parents that s/he must honor teen client’s confidentiality.</td>
</tr>
<tr>
<td>Violating client confidentiality.</td>
<td>CM has two clients with same FOB. CM reveals this to one client.</td>
<td>A very complex situation develops as a result of CM’s breach of confidentiality.</td>
<td>CM respects confidentiality despite concern for clients’ wellbeing and encourages both clients to use protection.</td>
</tr>
<tr>
<td>Violating client confidentiality.</td>
<td>Boyfriend calls to find out whether client signed up for GED program, and CM discloses that she has.</td>
<td>Boyfriend goes to GED program and yells at girlfriend for doing something behind his back.</td>
<td>Inquiries about client are answered with the statement, “I don’t give out any information about who my clients are or any other information about them. That is all confidential.”</td>
</tr>
<tr>
<td>Inappropriate interpretation of CPS reporting requirements.</td>
<td>The referring agency indicates that client is in a violent relationship. Client is almost 18, and CM informs her that if she waits until she is 18 to share information about domestic violence, CM will not have to report it.</td>
<td>Client learns she must tolerate abuse and that the system can’t be trusted. Her isolation continues.</td>
<td>CM tells client that s/he is aware of the abusive relationship and wants to help client improve her situation. CM states that s/he may have to make a report, but will provide client with referrals for shelter or support as needed.</td>
</tr>
<tr>
<td>Talking about client in a public setting.</td>
<td>CM tells supervisor about risks her/his client has. Another client is in waiting room and overhears the whole conversation.</td>
<td>Client discussed loses anonymity, which could result in other damaging consequences. The client who overhears learns that information is not confidential and is reluctant to share.</td>
<td>All conversations about clients take place in more private settings.</td>
</tr>
</tbody>
</table>
ACTIVITY: Confidential Practice

INSTRUCTIONS: Answer the following questions.

1. You have a client with a very controlling parent who is always pressuring you to tell him about what the teen says. How do you handle the parent?

_________________________________________________________________
_________________________________________________________________

2. You have learned from another case manager that your client’s boyfriend is having unprotected sex with other partners. What do you do?

_________________________________________________________________
_________________________________________________________________

3. What rules does your agency have about confidential practice?

_________________________________________________________________
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C. Mandated Reporting of Sexual Activity by Minors to Children’s Protective Services or Police in California (table)

**KEY:**
- **Y**: Yes, you must make a report if there is any kind of sexual activity.
- **Y***: Yes, you must make a report if the minor is having sexual intercourse, even if that sexual intercourse is consensual.
- **N**: No, you are not required to make a report.

<table>
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<tr>
<th>Age of Partner</th>
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Other sexual activity that must be reported by a mandated reporter:
Mandated reporters must report any sexual activity by a minor — regardless of claimed consent by the minor — that is:
- Coerced
- Exploitative
- Based on intimidation

**Note:** This sheet is not intended to be a complete review of all California child abuse reporting laws. Please review agency protocols and policies with your supervisor to learn how these laws are implemented at your site.

Based on a document by Rebecca Gudeman, JD, MPA, and David Knopf, LCSW, available at http://www.youthlaw.org/AB327.pdf, which was distilled from: *An Analysis of Assembly Bill 327: New California Child Abuse Reporting Requirements for Family Planning Providers*, by Catherine Teare and Abigail English (National Center for Youth Law, May 1998).
ACTIVITY: Reflections on Confidentiality

INSTRUCTIONS: Answer the following questions.

How could you tell a new client about mandatory reporting?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How do you maintain confidentiality?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Which of these issues is the most challenging for you? Why?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Confidentiality

Things To Think About

• Has a professional helper ever violated your confidentiality?
• How much confidentiality do you think teens should have?
• Do you feel comfortable keeping information from a teen’s family?
• How can you get support from your colleagues when you have to make a mandatory report?

Guidelines for Practice

★ Clearly explain confidentiality and its limits to clients and their families.
★ Explain that mandated reporting is both an ethical and legal requirement.
★ Keep any information about teen clients to yourself.
★ Avoid mentioning clients’ names in the reception area and other public spaces.
★ Only talk with your supervisor about your clients behind closed doors.
★ Evaluate the effect that sharing information about a client will have on her/him and your work together.
★ Ask permission and get the client’s written authorization when you need to share information about her/him.
★ Talk to the client first about parent requests for information.
★ Go to your supervisor with confidentiality questions or conflicts.
★ Seek out support when you have to make a difficult report.
5. Interviewing and Assessment

Learning Objectives:
After completing this chapter, you will be able to:
1. Explain what you can do to prepare for the first interview
2. Identify where and how your agency’s client assessment form duplicates the Lodestar
3. Identify difficult questions asked on the Lodestar and techniques for addressing them sensitively
4. Make statements that help you gracefully transition from topic to topic during sessions
5. Give an example of at least one thing you can do to create closure at the end of a difficult session

The primary goal of the initial interview is to get to know your client. However, interviewing can also be a tool for building the relationship between you and your client. By preparing well for the first few sessions, familiarizing yourself with the forms you will be using, and communicating effectively, you can transform what could be a stressful experience for your client into a positive one. The interview becomes a conversation rather than an interrogation. The interview also provides an opportunity to identify and acknowledge your client’s strengths and enhance her/his motivation to overcome obstacles.

There are three basic skills case managers use when conducting interviews:
1. Asking questions
2. Responding to answers
3. Transitioning from one topic to the next

A. Advance Preparation

You can help the initial interview go more smoothly by reviewing the intake paperwork in advance and developing a plan for the completing the forms as efficiently as possible. This kind of preparation enables you to streamline the intake process.

Consider the following before your interview:
• Are certain questions repeated on more than one form? If so, make a note of it so you can avoid repetition.
• Are there questions on the client assessment form that you can group together or paraphrase for clarity?
• Will you be able to complete some forms after the interview is over by transcribing information you’ve already gathered?
• Which responses do you need to write down immediately, and which can you remember and record after the interview is over?
B. The Art of Asking Questions

Remember that how you ask questions is more important than what you ask. As you become more familiar with the required forms, you will be able to ask questions without sounding mechanical or like you are giving your client the third degree. Your choice of words and tone of voice can demonstrate your genuine interest in the client and your empathy for what s/he is going through. For example, after hearing a client describe the problems she is coping with at home and school, you might respond, “That’s a lot you have going, and you’re handling it all. How do you feel about all this?”

Sometimes case managers feel intrusive asking so many questions. However, by using open-ended questions and carefully wording what you say, you can invite several responses with one question. (See Chapter 2, “Effective Listening,” for an in-depth discussion of open-ended questions and other active listening techniques.)

Early in the session, your questions should be broad, to encourage the client to open up and give you the big picture about her/his concerns and goals. No one area needs to be pursued in detail at this point. By touching on several areas, you help the client identify which issues s/he wants to focus on. Asking open-ended questions also gives the client control over the order of topics to be discussed.
ACTIVITY: Revisiting Your Client Assessment Form

INSTRUCTIONS: Look at your agency’s client assessment form, and highlight all of the specific questions that could be covered with fewer open-ended questions.

Example: “Do you have a good relationship with your boyfriend?”
Becomes: “Tell me more about your relationship with your boyfriend?”

Write your open-ended questions below:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________

How many questions remain? Now practice asking these closed-ended questions to obtain the remaining information.

C. Responding to the Client’s Answers
Normalizing, validating, and reframing are important tools to use during an interview to help clients feel comfortable sharing information with you. See Chapter 3, “Responding with Empathy,” for a discussion of these techniques.

D. Prefacing and Transitioning from One Topic to the Next
Based on your client’s responses to your open-ended questions, you may have some specific follow-up questions. Preface these inquiries by giving the client a context and reason for the questions and asking permission to proceed. Questions just for the sake of questions can feel intrusive. You might say, “Is it okay if I ask you a couple of specific questions about _____, so I understand?” Or, “I need to ask you
a few more questions just to make sure you’re safe.” Reassuring the client that you
must ask these questions of everyone is another way to put her/him at ease.

Since you have a lot of information to obtain, you may need to move the interview
along. Again, it’s important to explain your actions to the client. Let her/him know
that you want to hear more and that you will have more time to listen later. For
now, though, ask if it’s okay to move on to another subject. Some clients appreciate
warnings before transitions. For example, “Let’s talk about this for another minute,
and then, if it’s okay with you, I’d like to learn about some other important topics.”

If you are able to, try to link the two topics. If you can’t, don’t be afraid to make the
transition, just explain it. For example, “I know that we don’t know each other very
well yet, but I can see how well you’ve dealt with difficult issues in your relationship
with your boyfriend. Can I ask you how you’re feeling about him right now?”

ACTIVITY: Prefacing

INSTRUCTIONS: Write down what you might say to prepare a client for the
following topics:

You are beginning the interview. What do you say?

_________________________________________________________________
_________________________________________________________________

You know your client has a history of substance abuse, and you’re about to ask about
it. What do you say?

_________________________________________________________________
_________________________________________________________________

You want to ask about domestic violence in your client’s home. How do you preface
the question?

_________________________________________________________________
_________________________________________________________________
ACTIVITY: Transitions

INSTRUCTIONS: Go through your agency's client assessment form and highlight all the areas where the subject changes. Write down the transitional statements you might use to move from one subject to the next. Practice with a coworker or supervisor by beginning with a question from the form and then using the transitional statement to move to the next one.

Transition 1: ______________________________________________________
_________________________________________________________________
_________________________________________________________________

Transition 2: ______________________________________________________
_________________________________________________________________
_________________________________________________________________

E. Identifying Risk Factors

Assessment is essential to systematically insure that all clients are asked fundamental questions about their history, health, and safety. In assessing your clients, be aware of responses indicating risk factors that need to be addressed immediately, such as suicidality or the intention to harm others. Other risk factors are chronic, like substance abuse or other self-destructive behaviors, and although they deserve your attention, they might not constitute an emergency.

When you identify something that may be a red flag, write yourself a note indicating your concern. You may want to come back to that question later in the interview or stop the interview right away to focus on the issue. Either way, follow-up is very important. Let the client know that you heard what s/he said and that you will definitely come back to it.

F. Closure

By the end of an interview, clients sometimes feel overwhelmed by the challenges and stresses they face. Closure is the process of ending a session without leaving pieces hanging — or leaving your client in an emotionally vulnerable state.
To create closure:
• Give clients warning before their time is up, so they can get control of their emotions.
• Acknowledge clients’ feelings and the reasons for them.
• Let them know that you are open to hearing about those painful feelings again. Focus on what they can do in the short-term to feel better. What helps them feel better when they feel this way? What are their plans for the day?
• Leave enough time for clients to put themselves back together so that the ending is not abrupt.
• End your session by summarizing the goals and plans you’ve discussed and reviewing the agreements you’ve made.
• Make sure clients receive all of the necessary referrals related to the issues discussed.

In Conclusion
The interview is an opportunity to encourage your client and provide hope. Many clients have felt discouraged and overwhelmed their whole lives. By setting a positive tone in the interview, you can plant the seeds for the positive change that your work together can bring about. If you validate their experiences, acknowledge their strengths, and help them take small steps toward their goals, you can increase your clients’ motivation to achieve those goals.
Interviewing and Assessment

Things to Think About

• If you can, find an experienced case manager who barely uses paperwork while conducting an intake, and ask if you can observe her/him. Notice how s/he gets information, and write down any questions that you think are effective.

• When you visit a health care provider or other helping professional, observe how s/he solicits information from you? How does it make you feel?

Guidelines for Practice

★ Prepare for the interview; know your forms.
★ Explain the purpose of your questions.
★ Ask open-ended questions to get the big picture.
★ Use the interview as an opportunity to let your client know you care and can help.
★ Ask for permission to ask sensitive follow-up questions.
★ Carefully transition to new topics.
★ Identify risk factors and address them immediately.
★ Validate your clients’ experiences and acknowledge their strengths.
★ Summarize goals and review agreements made.
★ Make necessary referrals.
6. Putting It All Together

In this last activity of Unit 1, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the Questions for the Case Manager that follow. You will also want to familiarize yourself with the Observation Skills Checklist for Supervisors that your supervisor will use when watching your role-play or client session.

If you are going to do a role-play:
Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the Questions for the Case Manager should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the Observation Skills Checklist for Supervisors to evaluate your role-play and write down observations. If you or your supervisor is not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

If you are seeing a client:
If you are ready to actually see a client, make arrangements with your supervisor to observe the session. Remember to look over Questions for the Case Manager (below) before the session. Your supervisor should evaluate the session using the Observation Skills Checklist for Supervisors.

Questions for the Case Manager:
1. How would you prepare for your first meeting with the client?
2. How would you explain your role to the client?
3. What concerns might the client have about you?
4. What differences between you would you acknowledge?
5. What are some of the client’s strengths?
6. What would be hard for you about working with this client?
7. What confidentiality issues may arise?
8. Write three open-ended questions that you would use during the intake interview.
9. Write three closed-ended questions that you would use during the intake interview.
10. What risk factors would you need to follow up on?
Vignettes

Marissa (AFLP)
Marissa is a 14-year-old immigrant, in this country for three years. She speaks English at school and Spanish at home. She is the fifth and youngest child in her family, and all of her female siblings have had children already. They all live together in a large house. She is eight months pregnant, and her prenatal care has been spotty. She was referred to you by her nurse practitioner, who is worried about her and very frustrated. She has told Marissa she needs to change her behavior. Marissa knows she was referred and was very quiet over the phone when you talked with her for the first time. You have been told that she is an extrovert and has a lot of friends, although lately she has been too tired to go to school. She has not yet signed up for childcare at her high school, and you don’t know whether she is planning on returning to school to receive it. You don’t know anything about the FOB except that he is “older.”

Richard (AFLP)
Richard is a 17-year-old client who is being transferred to you because his former CM is leaving. He has had a stormy relationship with his CM, and you have been told that he is very difficult and angry. Richard has one child, and his girlfriend is two months pregnant with their second child. Richard lives with two older cousins in a small studio apartment. The former CM has told you that she thinks that this pregnancy was planned, but she is not sure. You know that Richard is very smart and knows about all of the services available. He asked you directly on the phone whether you were going to get him childcare, “since the last case manager promised to do that for me, but she never did.”

Jasmine (ASPPP)
Jasmine is 13 years old. She is a good student and doesn’t seem to make waves. In fact, in her family she has been ignored, especially compared to several siblings who have gotten into trouble. Her older sister, Erika, is her exact opposite, and they have a very stormy relationship. However, her mother reports that ever since Erika became pregnant, Jasmine has begun to dress in a slightly more sexual way. Erika has also told you that Jasmine is starting to date more, but Jasmine hasn’t mentioned a thing. Their mother is always describing Erika as the bad child and Jasmine as capable of no wrong, and you wonder whether there could be more to the picture. You wonder how mature Jasmine is and whether she’s engaging in any risky behaviors.
Observation Skills Checklist for Supervisors – Unit 1

Agency _______________________  Type of session role-play / real session (circle one)

Case Manager ___________________ Supervisor__________________  Date ______

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<th>Did the Case Manager:</th>
<th>Comments:</th>
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<tr>
<td>❏ Welcome the client and introduce self in a friendly way?</td>
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<td>❏ Establish rapport with the client?</td>
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<tr>
<td>❏ Introduce supervisor and client to each other, and clearly explain to client the purpose of supervisor’s presence in the meeting? (real session)</td>
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<td>❏ Use open body language to show interest?</td>
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<td>❏ Explain the role of the case manager?</td>
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<td>❏ Explain confidentiality and what it means to be a mandated reporter?</td>
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<td>❏ Assess the client’s agenda and address her/his concerns?</td>
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<tr>
<td>❏ Listen attentively?</td>
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<tr>
<td>❏ Use paraphrasing effectively?</td>
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### Observation Skills Checklist for Supervisors – Unit 1 continued

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<th>Did the Case Manager:</th>
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<tr>
<td>❑ Give client positive feedback/point out strengths?</td>
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<td>❑ Address sensitive topics with a neutral stance?</td>
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<tr>
<td>❑ Ask open-ended questions and encourage client to talk?</td>
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<td>❑ Ask difficult questions sensitively and preface them as necessary?</td>
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<td>❑ Acknowledge, validate, and normalize client’s feelings appropriately?</td>
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<td>❑ Acknowledge differences as needed?</td>
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<td>❑ Follow up on risk factors identified?</td>
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<tr>
<td>❑ Summarize session and use closed questions appropriately?</td>
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<tr>
<td>❑ Review actions/decisions/referrals and the next appointment time?</td>
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Case Manager Strengths: _____________________________________________

________________________________________________________________
Congratulations!

You have completed Unit 1!
Unit 1: Essential Communication Skills – Pre-Test

1. Circle the false statement(s):
   a. Caring adults play a crucial role in fostering resiliency in youth.
   b. Resiliency research has shown that only a small percentage of at-risk adolescents will develop into “competent, confident, caring adults.”
   c. “Turnaround” people maintain high expectations and provide opportunities for youth to contribute to others.
   d. Seeing clients through a more positive lens helps clients recognize their own strengths.

2. Circle the true statement(s):
   a. It is important to be aware of how cultural differences may affect your work.
   b. It is important to work on any biases that you may hold.
   c. It is appropriate to give advice to your clients since you have more life experience.
   d. Always share your first impressions fully with clients.

3. Complete the following sentence:
   It is important to take the time to listen to your client’s story because....
   a. It is not polite to interrupt.
   b. It is one of the AFLP/ASPPP standards.
   c. Allowing the client to elaborate allows you to understand the situation more fully.
   d. It gives you time to look through your notes while the client is talking.

4. Circle the false statement(s):
   a. Your body language can show clients whether you are paying attention.
   b. It is important to occasionally touch your client during your visit to show you are listening.
   c. A common barrier to good listening is rehearsing – practicing your next lines in your head.
   d. To be a good listener, it is important to avoid distracting habits such as playing with your hair, picking lint off your clothes, etc.

5. Complete the following sentence:
   Paraphrasing means ...
   a. Giving small verbal or nonverbal prompts.
   b. Asking follow-up questions for more information about the particular situation.
   c. Restating what the client has said to show the client that you understand.
   d. Thinking about all the things the client has said and how they link together, and stating the overall message.
6. Which one of the following statements is an example of “normalizing”?
   a. “It seems like you feel sad when you talk about not having enough time with your baby.”
   b. “I think most people would have reacted in the same way that you did.”
   c. “That was a really mean thing that your friend did!”
   d. “So it sounds like you'd like to have another conversation with your mother to explain to her how you're feeling.”

7. Circle the false statement(s):
   a. Silences are key and can be an opportunity for helping the client understand his/her feelings.
   b. Because silence can be uncomfortable for both you and the client, it is important to try and fill the silence by saying something as soon as possible.
   c. Ignoring the silence can give the impression that you're not paying attention or that intense feelings scare you away.
   d. If you're uncertain about why the client is silent, a good way to find out is to ask the client.

8. Circle the false statement(s):
   a. Confidentiality means that you can share information about a client with other staff who are interested.
   b. Confidentiality means that you are not going to give information about your client to her mother, teacher, boyfriend or anyone else without the client’s permission.
   c. Confidentiality means that you will do your best to ensure a private space to talk.
   d. Confidentiality means that information you learn about your client from another client should be kept private.

9. Circle the false statement(s):
   a. The law requires that you break confidentiality when clients are in danger of hurting themselves, their children, or others.
   b. The law requires that you break confidentiality when the client has decided to have an abortion and you feel the client's mother should be involved.
   c. The law requires that you break confidentiality when clients are gravely disabled, cannot care for themselves, and have no one to care for them.
   d. The law requires that you break confidentiality when there is suspected child abuse (physical or sexual).
10. True or False  (circle one)
Your client’s boyfriend and father of her baby can be physically abusive at times. You know she's very much in love with him and wants to keep the family together. It is okay to tell her that if she waits until she’s 18, any information she shares with you about his abuse will not have to be reported to Children’s Protective Services (CPS).

11. True or False  (circle one)
Your 14-year-old client is sexually active with a 19-year-old partner. You do not have to report to CPS.

12. True or False  (circle one)
Mandated reporters must report any sexual activity with a minor that appears to be based on intimidation, even if the minor claims to have consented.

13. Circle the false statement(s):
   a. When it comes to relationship-building, how you ask questions is more important than what you ask.
   b. Early in the session, questions should be broad, in order to allow for exploration, opening up, and for getting the big picture.
   c. Touching on several areas will help the client identify for herself or himself areas on which to focus.
   d. If you receive the answer to several questions within one answer, it is still important to ask those questions again to make sure you’ve covered every question.

14. Circle the true statement(s):
   a. When preparing for an interview, make sure you memorize all of the questions so that you never have to look down at your forms.
   b. When preparing for an interview, give your clients a context for the questions.
   c. When preparing for an interview, prefacing personal questions by using the following kind of statement can be helpful: “I have to ask the following questions of everyone, and some are very personal.”

15. Circle the false statement(s):
   a. Closure is only used when your client is leaving the program.
   b. Closure helps the client put herself back together so that the end of the session is not so abrupt.
   c. Closure is the time to summarize the goals and plans you’ve discussed and review agreements made.
   d. Any necessary referrals may also be discussed during closure.
Unit 1: Essential Communication Skills – Post-Test

1. Circle the false statement(s):
   a. Caring adults play a crucial role in fostering resiliency in youth.
   b. Resiliency research has shown that only a small percentage of at-risk adolescents will develop into “competent, confident, caring adults.”
   c. “Turnaround” people maintain high expectations and provide opportunities for youth to contribute to others.
   d. Seeing clients through a more positive lens helps clients recognize their own strengths.

2. Circle the true statement(s):
   a. It is important to be aware of how cultural differences may affect your work.
   b. It is important to work on any biases that you may hold.
   c. It is appropriate to give advice to your clients since you have more life experience.
   d. Always share your first impressions fully with clients.

3. Complete the following sentence:
   It is important to take the time to listen to your client’s story because....
   a. It is not polite to interrupt.
   b. It is one of the AFLP/ASPPP standards.
   c. Allowing the client to elaborate allows you to understand the situation more fully.
   d. It gives you time to look through your notes while the client is talking.

4. Circle the false statement(s):
   a. Your body language can show clients whether you are paying attention.
   b. It is important to occasionally touch your client during your visit to show you are listening.
   c. A common barrier to good listening is rehearsing – practicing your next lines in your head.
   d. To be a good listener, it is important to avoid distracting habits such as playing with your hair, picking lint off your clothes, etc.

5. Complete the following sentence:
   Paraphrasing means ...
   a. Giving small verbal or nonverbal prompts.
   b. Asking follow-up questions for more information about the particular situation.
   c. Restating what the client has said to show the client that you understand.
   d. Thinking about all the things the client has said and how they link together, and stating the overall message.
6. Which one of the following statements is an example of “normalizing”?
   a. “It seems like you feel sad when you talk about not having enough time with your
      baby.”
   b. “I think most people would have reacted in the same way that you did.”
   c. “That was a really mean thing that your friend did!”
   d. “So it sounds like you’d like to have another conversation with your mother to
      explain to her how you’re feeling.”

7. Circle the false statement(s):
   a. Silences are key and can be an opportunity for helping the client understand his/her
      feelings.
   b. Because silence can be uncomfortable for both you and the client, it is important
      to try and fill the silence by saying something as soon as possible.
   c. Ignoring the silence can give the impression that you’re not paying attention or
      that intense feelings scare you away.
   d. If you’re uncertain about why the client is silent, a good way to find out is to ask
      the client.

8. Circle the false statement(s):
   a. Confidentiality means that you can share information about a client with other
      staff who are interested.
   b. Confidentiality means that you are not going to give information about your client
      to her mother, teacher, boyfriend or anyone else without the client’s permission.
   c. Confidentiality means that you will do your best to ensure a private space to talk.
   d. Confidentiality means that information you learn about your client from another
      client should be kept private.

9. Circle the false statement(s):
   a. The law requires that you break confidentiality when clients are in danger of
      hurting themselves, their children, or others.
   b. The law requires that you break confidentiality when the client has decided to
      have an abortion and you feel the client’s mother should be involved.
   c. The law requires that you break confidentiality when clients are gravely disabled,
      cannot care for themselves, and have no one to care for them.
   d. The law requires that you break confidentiality when there is suspected child
      abuse (physical or sexual).
10. True or False  (circle one)
Your client’s boyfriend and father of her baby can be physically abusive at times. You know she’s very much in love with him and wants to keep the family together. It is okay to tell her that if she waits until she’s 18, any information she shares with you about his abuse will not have to be reported to Children’s Protective Services (CPS).

11. True or False  (circle one)
Your 14-year-old client is sexually active with a 19-year-old partner. You do not have to report to CPS.

12. True or False  (circle one)
Mandated reporters must report any sexual activity with a minor that appears to be based on intimidation, even if the minor claims to have consented.

13. Circle the false statement(s):
   a. When it comes to relationship-building, how you ask questions is more important than what you ask.
   b. Early in the session, questions should be broad, in order to allow for exploration, opening up, and for getting the big picture.
   c. Touching on several areas will help the client identify for herself or himself areas on which to focus.
   d. If you receive the answer to several questions within one answer, it is still important to ask those questions again to make sure you’ve covered every question.

14. Circle the true statement(s):
   a. When preparing for an interview, make sure you memorize all of the questions so that you never have to look down at your forms.
   b. When preparing for an interview, give your clients a context for the questions.
   c. When preparing for an interview, prefacing personal questions by using the following kind of statement can be helpful: “I have to ask the following questions of everyone, and some are very personal.”

15. Circle the false statement(s):
   a. Closure is only used when your client is leaving the program.
   b. Closure helps the client put herself back together so that the end of the session is not so abrupt.
   c. Closure is the time to summarize the goals and plans you’ve discussed and review agreements made.
   d. Any necessary referrals may also be discussed during closure.
## Unit 1: Essential Communication Skills – Supervisor Sign-Off Sheet

<table>
<thead>
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<th>Activity</th>
<th>Page #</th>
<th>Supervisor Initials</th>
<th>Date Completed</th>
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<tr>
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<tr>
<td>Finding Hidden Strengths</td>
<td>4</td>
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<td>Believing in Your Clients</td>
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<td>Thinking about the First Meeting</td>
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<tr>
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<td>Acknowledging Differences</td>
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<tr>
<td>Comfort Zones</td>
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<td>Observing Body Language</td>
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7 See note 5 above.

8 See note 4 above.

9 See note 4 above.

10 See note 4 above.
Fundamental Skills for Case Managers
A Self-Study Guide

UNIT 2:
CASE MANAGEMENT CHALLENGES
UNIT 2: Case Management Challenges  
written by  
Nancy Facher, LCSW, MPH  

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2003
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Overview and Instructions

A good working relationship between client and case manager is at the heart of effective case management. Developing and maintaining that relationship requires a clear understanding of the case manager’s role. Unit 1 of this guide, “Essential Communication Skills,” discusses basic relationship-developing skills such as normalizing, validating, and being empathic. This unit addresses some of the more complex issues and concerns case managers may face.

This unit is the second of four units. It is divided into six chapters:
1. Healthy Professional Relationships
2. Bias and Cultural Sensitivity
3. Home Visiting
4. Crisis Intervention
5. Teamwork
6. Putting It All Together

Each chapter except “Putting It All Together” includes Learning Objectives, Things to Think About, Guidelines for Practice, and a number of activities to reinforce the information provided.

Please complete the Pre-Test before you begin. As you read through this unit, complete all of the activities and conclude by completing the Post-Test.

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the Observation Skills Checklist for Supervisors at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed Supervisor Sign-Off Sheet. Your supervisor will not read your responses – only confirm that you have done the activities and correct your Post-Test.
I. Healthy Professional Relationships

**Learning Objectives:**
After completing this chapter, you will be able to:

1. Describe how to set appropriate boundaries
2. Explain when to disclose personal information
3. Explain “overgiving,” or working harder than the client
4. State the signs of inappropriate boundaries
5. Describe how and when to confront clients
6. Identify areas that are challenging for you to talk about
7. Explain how to identify a client’s stage of readiness for making behavioral changes

**A. Boundaries**

In case management, boundaries are the lines that define the roles of client and case manager. Boundaries clarify who has responsibility for any given task, what types of personal information should be requested and disclosed, and what level of involvement between case manager and client is appropriate.

**Setting Professional Boundaries**

There are many benefits to establishing and maintaining boundaries. For case managers, clear boundaries facilitate the development of warm, productive relationships — rather than friendships — with their clients. Boundaries stop case managers from doing too much and stepping in where they shouldn’t. They help prevent job burnout and improve job satisfaction (see “Taking Care of Ourselves,” page 58).

For clients, boundaries help clarify what they should expect from the case manager and prevent clients from feeling hurt or disappointed when unrealistic expectations are unmet. Boundaries also provide clients with the opportunity to focus on themselves and their goals during their time with the case manager and to be the center of attention in a positive way. Finally, clear boundaries prevent clients from becoming dependent on the case manager.

**Invitations**

Case managers often receive invitations to celebrations such as baptisms and birthday parties, and their clients expect them to attend. Each agency must decide for itself where to draw boundaries in these situations. Having an agency policy helps case managers set appropriate boundaries without offending clients. Below are some guidelines to consider when deciding if it is appropriate to attend specific events. Agencies and case managers should assess each event on a case-by-case and client-by-client basis.
Guidelines for Attending Client Events
1. Is the event specifically within your job description?
2. Does the event allow you to maintain your personal boundaries?
3. Will it be okay for you to state who you are and what your role is if someone asks?
4. Does the event take place within your normal working hours?
5. Is the event a celebration of work you have done with the client?
6. Does it promote the client’s empowerment?
7. Does it protect the confidentiality of the client and other clients?
8. Will you be safe?
9. Does attending this event reflect overinvolvement on your part?
10. What are the consequences of not attending, and how might you address your client’s feelings?

Respecting Clients’ Boundaries
Clients vary in terms of how they set personal boundaries. Some will tell you everything and depend on you to listen. Others are quite private, even secretive. When dealing with more expressive and open clients, you may be the one who sets boundaries about what you hear and what actions you take. With more private clients, it may feel like a struggle to elicit the information you need to help them. With these clients, try to figure out whether you really need the information they are reluctant to disclose. This will help you explain your motivation and lessen the chance that they will feel like you are prying. To demonstrate respect for clients’ personal boundaries, ask permission before asking personal questions.

Avoid the pitfall of becoming overly involved or invested in your clients’ lives. It’s natural to want to be helpful or to feel that you are the only person the client has to talk with. After all, most case managers become professional helpers because they are caring, compassionate people who really want to make a difference in their clients’ lives. They often judge themselves by how successful they are at getting clients to make change and improve their lives. However, it is possible to be too helpful. While case managers can help clients identify goals and develop strategies for achieving them, it’s up to the clients to solve their own problems. When case managers take over and do the work or interfere with what are really the clients’ decisions, then they are overstepping their boundaries.
ACTIVITY: Assessing Your Professional Boundaries

INSTRUCTIONS: Put a check mark next the statement(s) that are true for you.

<table>
<thead>
<tr>
<th>Current Practice</th>
<th>Always True</th>
<th>Sometimes True</th>
<th>Never True</th>
</tr>
</thead>
<tbody>
<tr>
<td>When making referrals, I empower my clients to follow up as much as possible on their own.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On important occasions, I let my clients know I care about them and am proud of them by writing a card or telling them in person instead of attending the occasion or festivity itself.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I identify difficult sections of an application, and help the client figure out what is needed in just that section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I acknowledge to my client when I feel like I'm asking for personal information.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Although I care about all of my clients, I know that their successes and challenges are theirs, and I don't judge my own work by them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wait to make self-disclosures until I have a reason that would help the client.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I leave work, I leave my work behind.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't give my home phone number to clients.</td>
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</tbody>
</table>

Respecting Your Boundaries: Self-Disclosure

Personal Questions
Clients sometimes ask their case managers personal questions. Think carefully before answering questions which aren’t relevant to your work together. For example:
- “Do you have a boyfriend?”
- “Who do you live with?”
- “Have you ever gotten high?”
However, underlying these questions may be questions that are worth answering:
- “Do you understand?”
- “Have you ever been through this?”
- “Am I normal?”
- “How can you help me?”

If you don’t sense an underlying question but feel that clients are asking out of curiosity, you can say, “I know you’re really curious about me, especially because we talk a lot about you. But I am here to focus on you, so you can have someone who is there for you.” Or, “I know a lot of people are curious about me, but I find that when I talk about myself it gets distracting, so I prefer to focus on how I can be of help.” However you set the limit, it’s important to do so in a way that honors the client and doesn’t cause embarrassment.

**Sharing Personal Experience**

In case management, clients are asked and expected to “open up” and share things that are deeply personal. Conversely, case managers are expected to keep things professional and not disclose personal information. This imbalance can make case managers feel that they appear rejecting or distant. But sharing too much personal information can transform a professional relationship into a peer relationship or friendship, so that the work loses its focus.

There are times when self-disclosure can actually help clients meet their goals and is therefore both effective and appropriate.

*Example:* “When I was trying to quit smoking, I found the smoking cessation class at the local hospital really helpful.”

For self-disclosure to be helpful, you need to know the reason you are disclosing that particular piece of information at that point in time. How will your experience help the client?
ACTIVITY: Self-Disclosure

INSTRUCTIONS: Write your responses to the following questions.

1. Think of a challenge you have experienced and what you might share about it that would be helpful to a client dealing with similar challenges.

   What would you share? ____________________________________________

   In what situation would it be helpful to a client? ________________________

   What are the exact words you would use? ______________________________
   _________________________________________________________________

   Now that you’ve written it down, does it still feel relevant to your clients’ goals? ____

2. A client asks you, “What’s your relationship like with your boyfriend/girlfriend?”

   How do you respond? ______________________________________________
   _________________________________________________________________
   _________________________________________________________________

   1  Healthy Professional Relationships
### Appropriate Boundaries for Case Managers (table)

<table>
<thead>
<tr>
<th>Issue</th>
<th>How Friends Interact</th>
<th>How Case Managers Interact With Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sharing Personal Information</strong></td>
<td>Friends share personal information with each other freely and equally.</td>
<td>Clients share personal information with case managers in order to help define and work toward goals for self-improvement. Case managers (CMs), however, share personal information with clients only if doing so will help clients meet their goals.</td>
</tr>
<tr>
<td><strong>Dealing with Problems and Needs</strong></td>
<td>Friends want to help their friends with problems. Friends share equally and work towards addressing each other’s needs as they arise.</td>
<td>CMs focus on their clients’ concerns and rarely, if ever, share their own personal problems.</td>
</tr>
<tr>
<td><strong>Power and Authority</strong></td>
<td>Friends share power and authority equally.</td>
<td>CMs have more power and authority than their clients and use them respectfully to help clients meet their goals.</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td>Friends agree when and how they can reach each other.</td>
<td>CMs are available only during work hours as told to clients by phone, at the agency, or during a home visit. Likewise, clients are not always available to CMs.</td>
</tr>
<tr>
<td><strong>Involvement in Each Others’ Lives</strong></td>
<td>Friends have some involvement with several areas of each other’s lives, such as school, religious activities, recreation, and family events.</td>
<td>CMs may be involved in some areas of their clients’ lives depending on their clients’ goals and permission to be involved.</td>
</tr>
<tr>
<td><strong>Social Events</strong></td>
<td>Friends attend each other’s important family and social functions, such as birthday parties, baptisms, and graduations.</td>
<td>Agencies may have policies about when CMs can attend clients’ social events. When attending, CMs should be able to be open about their relationship to the client rather than pretending to be a friend.</td>
</tr>
<tr>
<td><strong>Stance</strong></td>
<td>Friends often take each other’s side.</td>
<td>CMs look objectively at their clients to see how they can support their growth.</td>
</tr>
</tbody>
</table>
ACTIVITY: Challenges to Boundaries

INSTRUCTIONS: Using your exact words, write how you would respond to the following questions or situations.

1. Your client invites you to her quinciniera (celebration of womanhood). What do you say?

_________________________________________________________________

2. Your client just had her wallet stolen and asks you for bus fare home. How do you respond?

_________________________________________________________________

3. Your client is nervous about calling a new childcare provider. What do you do?

_________________________________________________________________

4. Your client notices your engagement ring and asks you about it. What do you say?

_________________________________________________________________

B. Empowering and Motivating Clients

Changing old habits and forming new ones takes time and practice. While some clients are easily motivated to work on goals, others are more reluctant. Since we have all experienced how difficult it can be to change, it is helpful to think for a moment about how people change behavior.

How People Change

People make behavior changes only when they are ready to do so, and everyone approaches change differently. However, researchers have identified five stages that people go through in the process of making a change. This model of behavior change is called the “Transtheoretical Model” or the “Stages of Change.”
**The Stages of Change**

1. **Precontemplation:** not thinking about making a change
2. **Contemplation:** thinking about the need for a change
3. **Preparation:** getting ready to make a change
4. **Action:** making a change (within the last six months)
5. **Maintenance:** sticking with the changed behavior (six months and longer)

In addition to these stages, you can also expect:
- **Relapse:** going back to the old behavior

In the following examples, the behavior of smoking while pregnant is used to illustrate each of these stages.

1. **Precontemplation (not thinking about it)**
   
   In this stage, clients are not yet thinking about changing their behavior and may not even be interested in talking about it. They may not be aware of any risks or may have decided that, in spite of the risks, they are not going to change. Since clients in this stage do not believe that their behavior is unhealthy or that a problem exists, they don’t see the need to do anything. Clients in this stage may say things that sound like denial statements or rationalizations. They may not believe the information you provide. They may also seem defensive or hostile if they are psychologically invested in continuing the behavior.

   **Example:** Your client is 10-weeks pregnant and smoking cigarettes. She says, “I haven’t really thought about my smoking – why do you ask?” Or, “I’ve smoked every day for two years, and I’m just fine. This is a stressful time to not smoke.”

   **Suggested Approach:** Create doubt about safety of behavior, increase awareness of risks, personalize risks, provide information.

2. **Contemplation (thinking about it)**
   
   In this stage, clients are starting to think about changing their behavior. They may not yet be committed to doing so, but they are becoming concerned about the risks. This stage can last for a long time. Clients may need to be convinced of the positive results of behavior change. They may seem reluctant, ambivalent, or even pessimistic.

   **Example:** The client has thought about what you said to her about how smoking can negatively affect the health of her baby and is considering quitting. She says, “After I talked to you, I started thinking more about whether I should stop smoking for the baby’s health, but I don’t know if I can.” Or, “It’s hard to quit smoking when my friends all smoke.”
Suggested Approach: Help weigh the pros and cons of changing behavior, strengthen self-efficacy.

3. Preparation (getting ready for action)
In this stage, clients have plans for changing their behavior and are collecting the information, tools, and support they need to do so. They are motivated and can see the benefits of making change.

Example: The client asks you for a list of support groups to stop smoking. She says, “I’m going to the drugstore later this week, and I want to find out if you can use a patch when you are pregnant.”

Suggested Approach: Examine available alternatives to behavior, identify tools or support needed, discuss possible obstacles, make a contract or an action plan, give referrals, provide encouragement.

4. Action (doing it)
In this stage, clients have started to change their behavior. Clients really need your support during this stage, which can be the most demanding. The action stage can be a rewarding time for the case manager, as there are noticeable behavior changes. However, people are vulnerable to slipping back to an earlier stage during this time. Clients are considered to be in the action stage during the first six months of making a behavior change.

Example: The client tells you, “I haven’t had a cigarette for three days.”

Suggested Approach: Reward and praise effort, reinforce plan of action, discuss support as needed.

5. Maintenance (living it)
In this stage, clients have successfully changed their behaviors for at least six months and those changes have become part of their lives.

Example: Your client comes for her last visit and tells you that she hasn’t smoked for six months. She says, “I am so happy that I could take care of my baby this way!”

Suggested Approach: Continue to praise, support ideas, determine ongoing support as needed, help identify strategies to prevent relapse.
Relapse
It is normal and typical for people to have difficulty sustaining new behaviors. Clients will often relapse — fall back into old behaviors or fail to maintain new ones. For example, it often takes a smoker several different tries to quit smoking for good.

Avoid judging or criticizing clients for relapses. Instead, help them identify what led to the relapse and find ways to get back on track.

Example: Pregnant client reveals that, as her due date approaches, she has begun smoking again.

Suggested Approach: Help the client remember how she was able to change the behavior before, and review what was helpful in the past. Prepare her for the likelihood of future relapses. Teach her to counter negative thoughts and shame about her relapse with positive self-statements.

Applying the Stages of Change
The practical application of the Stages of Change model is to assess and “stage” clients so that you can respond to them in a manner that will promote behavior change. Evaluate which stage of change your client is in for each issue that arises, and tailor your intervention. Otherwise, your efforts may be in vain, and your client may feel misunderstood.

For example, you don’t want to make an action plan with a client about getting a General Equivalency Diploma (GED) if s/he isn’t motivated to do so. The client needs to think more about the importance of a GED and weigh the pros and cons of acquiring it. Once the client is motivated, s/he can start thinking about action steps.

Case managers often think they can help clients go from precontemplation to maintenance, setting themselves and their clients up for feeling inadequate. Instead, focus on helping clients move toward the next stage, not the end goal. If you can achieve this, you should consider yourself successful. Don’t equate change only with action – change happens even when you don’t see it. The pattern of taking two steps forward and one step back is normal and expected for most people. Change doesn’t happen in a straight line.
ACTIVITY: Stages of Change

INSTRUCTIONS: Read the following vignettes, and determine what stage of change the client is in. Then, write what you would say to support the client at that stage.

1. Maria decided that she would stop giving her baby orange soda and is now giving him more milk.
   Stage: ___________________________________________________________
   What you would say to support her: _________________________________

2. Nikki was drinking regularly but stopped during pregnancy. Now she’s drinking every night when the baby goes to sleep.
   Stage: ___________________________________________________________
   What you would say to support her: _________________________________

3. Lin is unaware that putting her baby on his back is the safest way to put him to sleep.
   Stage: ___________________________________________________________
   What you would say to support her: _________________________________

4. Johnny is considering learning how to do “time-outs” with his son.
   Stage: ___________________________________________________________
   What you would say to support him: _________________________________

5. Rita is going to a smoking cessation class, although she is still smoking. She wants to quit.
   Stage: ___________________________________________________________
   What you would say to support her: _________________________________

6. Two months ago, Cecilia decided she would start reading to her baby. She has continued to read to him every night.
   Stage: ___________________________________________________________
   What you would say to support her: _________________________________
Strategies for Motivating Clients

All clients have difficulty with motivation at some time or another – it’s only natural. Teenagers have a lot going on, so be prepared for and accepting of any motivational issues they may have. Consider what the lack of motivation may be telling you. Are they afraid? Do they lack confidence? Would they rather work on something else? Is a family member opposed to the change they are considering?

Encourage Journal Writing

For some teens, writing is a good outlet and can help them understand themselves better. They can keep a journal or a log and record their behaviors and feelings. One approach is to have them write down events that occur and organize them into two categories: “situations” and “myself.” Under “situations,” adolescents write accounts of things that happened to them that they did not initiate. They describe their reactions and how they feel about what they did. Under “myself,” teens record actions or behaviors they did initiate, and describe their reasons, reactions and feelings. They can write simple questions such as “why am I doing this?” and then answer their own questions. The goal of this exercise is to help them learn how their feelings make them behave.1

Find Out What They Feel Good About

Most teens have something that they feel good about – their ability to make friends, their role in taking care of siblings, or their ability to play a sport or excel in school. Sometimes you can draw on this skill or strength in helping the client work toward a goal you’ve been discussing.

Find Blind Spots and Share Relevant Information

Sometimes clients have blind spots and don’t see the situations they are in clearly, and many teens find it hard to plan ahead. These barriers can make it harder for teens to take actions that would improve their circumstances. You can help them by carefully sharing information and observations. Helpful information can be divided into two categories: information that helps clients understand their difficulties better, and information about what actions they might take. Remember, teens can be very sensitive to being told what to do, so only offer observations that are relevant to the decisions they are making.

Address Underlying Fears

Find out from your clients if there is anything negative they think might happen if they were to take the specific steps they are having a hard time with. Do they think they won’t be able to do it? Will someone give them a hard time about it? You may mention certain fears you have had, if you think it would be helpful.
**Work on External Obstacles**

Ask your clients what is getting in the way of meeting their goals. You can do this in a supportive way and emphasize their strengths. For example, you might say, “I know you’ve said this is something you want to do, and I believe you. You must have some reasons for not doing it, or maybe something is getting in the way. I’d like to help you figure out what that is.” If a client answers, “I don’t know,” offer a checklist of possible obstacles and have them identify problematic areas.

**Providing Material Support**

Some teen clients may be more willing to open up if you provide them with material goods that help them meet the challenges they face. These might include bus passes, diapers, or car seats. Be clear on your motivation for giving these items out. Although you needn’t be a gatekeeper of your agency’s available resources, it is important to make sure that material support doesn’t hamper your clients’ empowerment.

**Challenge, Don’t Confront**

Challenges are statements that encourage clients to draw on strengths to do something they haven’t done before. Rather than emphasizing weakness, challenging reminds clients of something they’re good at and asks them to apply this skill or experience to something they’re working on. For example, you might say, “You are so good with people! You have a natural way of putting them at ease. I think you can use this same talent in working on your GED. Let’s talk about how.”

Try to word challenges in a way that encourages clients to respond rather than react. Focus on unused strengths or underused resources rather than on weaknesses. Take a supportive, rather than critical, approach. Teens are very attuned to negative reactions from others. They may underestimate positive feedback and overemphasize the negative. Your job is to help them feel more able and confident to do the work they need to do. Help them remember how they have solved other problems, and focus on the ways they have been adaptive, courageous, or flexible in the past. Help them generate options and choose between alternatives. Avoid giving advice. A challenge should be an invitation!
ACTIVITY: Challenging Your Clients

INSTRUCTIONS: After reading the following descriptions, write a challenge that would help the client mobilize strengths and resources to work on the issue stated.

Mariah is sometimes a little rough with her baby. You think she is capable of being gentler because you know she’s very sweet with pets.

What would you say if you were posing a challenge? ______________________

_______________________________________________________________

Kristin is a 17-year-old and in her first trimester. She is a very good student and has had a reputation for being reliable. She hates doctors, though, and is having a hard time getting herself to prenatal care.

What would you say if you were posing a challenge? ______________________

_______________________________________________________________

Immediacy: Responding to What is Happening in the Room

Often important issues arise indirectly, and it’s important to address them when they do. For example, you notice that the client is suddenly very tense and quiet, and you wonder if she is mad at you. In order to find out, it is important to talk about what is happening in the moment. This is called “immediacy.” When you acknowledge what a client is feeling, you can help her/him feel safe and accepted. It also gives you the opportunity to clarify any miscommunication. This deepens your relationship and helps your client learn about her/himself.

Example: You are talking with Elizabeth when she suddenly gets annoyed and snaps at you. If you ignore it, you won’t know why she spoke sharply, and Elizabeth will think you either didn’t notice or don’t care. This may make her feel alone or that you are not helpful, and she won’t have a chance to work through her annoyance. But if you talk about your observation with her, you can explore what’s going on together. If there’s been a misunderstanding, you can clear it up. If you’ve stirred up some feelings in her, she can share them. Immediacy shows Elizabeth
that you really care about her feelings and that you can tolerate and accept them, whatever they are – even if they’re about you. Most importantly, immediacy provides an important way to model how she can talk about her feelings right away without denying them, burying them, or building up resentment. To improve your working relationships, it is useful to gain skills in talking about awkward, confusing, or painful interactions when they occur, as they most certainly will.

**ACTIVITY: Practicing Immediacy**

**INSTRUCTIONS:** Using your exact words, write what you would say in the following scenarios to acknowledge what is happening between you and your client.

Melanie is a new client, and she’s very quiet. It’s hard to get any information about her. The silence is uncomfortable. You say: _____________________________

_________________________________________________________________

_________________________________________________________________

Myisha is very angry at you for reporting her to Children’s Protective Services (CPS) after she left her baby asleep in the house alone for an hour. She responds to your questions with quick, monosyllabic answers. You say: _______________________

_________________________________________________________________

C. Confronting Clients — When Necessary

The purpose of confrontation is to help clients develop insight into the effect their choices have on them. Use this technique when you think it is imperative that clients stop a certain behavior and when you are unable to use other methods, such as challenging, to get them to work on their goals. When clients lie, manipulate, engage in self-destructive behavior, or are angry, it is important to let them know that you are aware of what is happening. Often, clients will automatically deny any of these behaviors.
**Lying**

If a client lies to you, let her/him know that you are aware of what is going on. You might say gently, “I’m sorry that’s what you’re saying, because I’m aware that the situation is different.” If lying is a common problem in your relationship, tell the client that this is getting in the way of your ability to be helpful. Point out the consequences of lying – that, for example, you won’t know when to believe her/him.

**Manipulation**

If a client consistently exploits or manipulates you to do things you don’t want to do, take note of it. It’s important to know your own feelings and what the pattern is before you begin to address the manipulation. For example, does the client manipulate you when s/he wants something? Once you know what the pattern is, you can set appropriate limits.

**Risk-Taking**

Examples of risk-taking behaviors include binge drinking, driving under the influence, engaging in unprotected sexual activity, and self-mutilation. These behaviors must be acknowledged and addressed. Keep track of all signs and symptoms of risk-taking so that you can talk to your clients using specific, concrete examples of your observations. Risk-taking can be a cry for help, or there may be other underlying reasons for the behaviors. Consistent self-destructive risk-taking may warrant a referral to a mental health professional.

**Anger**

Clients may have a lot to be angry about, and they may on occasion take it out on you. Or, a client may have a very angry style and seem angry all the time. If you feel that you are being unnecessarily targeted, tell the client. Some clients will respond very well to being listened to and feeling “heard” by you. For these clients, simply saying, “Did I do something to make you mad? If so, I apologize,” may be all they need. Or you might say, “You sound mad — are you?” If clients know they can be angry at you, you may be able to get further in your work together.

Being allowed to be mad does not mean that clients can be disrespectful, offensive, or insulting. These behaviors and others like them should be identified, and limits should be set. For example, you might say, “I hear you calling me names, and that’s not okay with me. If you’d like to talk with me now, you will have to stop insulting me. Otherwise, we’ll have to talk later when you can talk to me without insulting me.”
ACTIVITY: Confronting Clients Effectively

INSTRUCTIONS: Using your exact words, write down what you would say in the following scenarios to acknowledge what is happening between you and your client.

Sheryll is a 15-year-old who comes from a large family. Her mother is an alcoholic. She shows up for half of her appointments and invents reasons for missing the other half. She also calls up asking for things with explanations that you know are not true. You know you are not the only one experiencing this. What do you say?

_________________________________________________________________
_________________________________________________________________

Jamila is a smart, streetwise girl who you’ve been working with for a year. She recently changed the way she dresses, and you notice that her grades have dropped. She is leaving her baby with her mother much more than she used to, and you think you smelled alcohol on her breath on one occasion. You have heard from others that she is in a gang, but she denies this. What do you say?

_________________________________________________________________
_________________________________________________________________

D. Dealing with Sensitive Issues

Every case manager has an issue they don’t like to talk about — something that feels uncomfortable to them or an area where the words just don’t seem to come. For some this issue is sexuality, for others substance use, and for others parenting.

To become more comfortable talking about this subject, examine your life experience to see what makes the subject hard for you. Then consider doing some of the following to increase your comfort level:
1. Keep a journal
2. Talk to a friend
3. Talk to your supervisor or a colleague
4. Do some reading on the topic
5. Go to a training on the topic
**ACTIVITY: Beyond Your Comfort Zones**

INSTRUCTIONS: Below is a list of topics that you may address in your work. Check the areas that are stressful or uncomfortable for you to talk about with clients. Then, check off the reasons why you feel uncomfortable. Finally, jot down what you plan to do to increase your comfort in these areas.

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<thead>
<tr>
<th>Topic</th>
<th>✔</th>
<th>Personal Experience</th>
<th>Lack of Knowledge</th>
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<td>Substance Use</td>
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<tr>
<td>Saying Goodbye</td>
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E. Endings and Transitions

As your relationship with your client comes to an end, it is important to acknowledge that transition. Many clients have had little or no positive experience with goodbyes; they have been abandoned by parents, relatives, friends, teachers, and other case managers. People simply leave their lives without any sense of closure. This is especially true for clients who have been in the foster care system and have a history of abandonment. Sometimes clients are uncomfortable with endings and will sabotage the situation in order to avoid a healthy closure.

Many adults have trouble saying goodbye too. Do a personal inventory to assess what your feelings are about closure and endings. This will help you feel better prepared when that time comes with clients. Allow time to say goodbye and bring your relationship to a thoughtful close.

Closure sessions are most effective when they take place in person. If this is not possible, write a letter of closure to the client reviewing what s/he has accomplished. Comment on the changes your client has made, the hard work s/he has done, and what you’ve learned from and enjoyed about the relationship. It’s especially helpful if you can spend some time reviewing what did and didn’t work for the two of you. This may help your client develop insight into what works for her/him in other situations and what mistakes to avoid. Healthy closure gives you the opportunity to honor the relationships you have developed with your clients, recognize their accomplishments, and give them hope for the future.
Healthy Professional Relationships

Things to Think About

• What kind of relationships will you strive to have with clients and their families?
• What kinds of support will your clients need and accept?
• How can you talk about what’s happening between you and your clients?
• What kinds of boundaries do you set at home and at work?
• Do you accept your clients as they are?
• How do you focus on your clients’ strengths?

Guidelines for Practice

✯ Relate to your clients as clients, not friends.
✯ Respond to what happens between the two of you in the moment.
✯ Discuss with your colleagues how to set healthy boundaries without rejecting clients.
✯ Respect your clients’ boundaries and model appropriate ones.
✯ Encourage your clients to take as many steps as possible toward meeting their goals, even if those steps are small.
✯ Continually assess your clients for their current “stage of change,” and use the appropriate intervention.
✯ Help your clients identify and build on their strengths.
✯ Use your professional authority responsibly by confronting self-destructive behavior.
✯ Use direct communication.
✯ Disclose personal opinions and/or information appropriately.
2. Bias and Cultural Sensitivity

Learning Objectives:
After completing this chapter, you will be able to:
1. Describe the role culture plays in your clients’ behavior and choices
2. State your own assumptions and cultural biases
3. Explain the impact of certain biases on your work with clients
4. Describe ways to prevent bias from affecting your work

A. What Is Culture?
Culture is important to consider in case management, because our cultural lenses affect how we view our clients and their behaviors, and how we communicate with them. Although it is common to think about culture as being related to race or nationality, the idea of culture is much broader than that.

Culture consists of learned languages, ideas, beliefs, values, symbols, and traditions that people in a group use in their lives and in dealing with the world. This cultural identity sets them apart from other groups.

Most people belong to several cultures and are influenced by them to varying degrees. Countries, families, schools, and workplaces all have their own unique cultures. A young person whose parents come from Vietnam but who has grown up here, goes to high school, and works at McDonalds will be affected by all of these cultures. Families pass on their cultures through their values and traditions. Organizations like schools or agencies pass on their cultures through the rules and hierarchies that govern them.

This chapter focuses on how culture influences case management. Case managers working with clients from different cultures need to do two things at once: they need to be mindful of their own assumptions, attitudes, thoughts, and feelings while also being aware of their clients’. Doing so enables the case manager to work with clients within their cultural frameworks.

B. Interpretations of Cultural Differences
The Institute for Human Services writes, “Much cross-cultural miscommunication results from an incorrect interpretation of the meaning of the specific behaviors . . . within the cultural context.” One example of this is the meaning of eye contact, which can be interpreted in many ways:
• It can communicate an interest in another person, a desire to get to know her/him.
• It can communicate that one sees another person as an equal.
• It can be seen as a challenge, suggests aggression, or can communicate the intent to fight another person for position or status.
• It can communicate disrespect or a lack of appropriate deference to someone in a position of authority.

Avoiding eye contact can also have different meanings:
• It can communicate shyness or discomfort.
• It can indicate a desire to ignore another person, discount her/his importance, avoid a relationship, or be unfriendly.
• It can be a sign of deceit or of not being truthful.
• It can be a sign of respect and deference to someone in an esteemed or honored position.

Eye contact is just one example of how cultural differences can yield a variety of interpretations of the same behavior and language. For example, “spoiling” may have different meanings to a Vietnamese family, an African-American family, and a Caucasian family. Clients from each of these cultures may also have different feelings about what, when, and how to feed a baby. Asking questions about how your clients see issues helps you understand them better. Working to accept those views is key to forming working relationships with you clients.

Sometimes clients raise issues of difference themselves, and it’s important to know how to respond appropriately.

Example: A white case manager visiting the home of an African-American client is asked if she wants water. She politely declines, stating that she has her own water with her. The client’s mother says, “You just don’t take water from a black family.”

The case manager is surprised by this response, but says, “I’m so sorry I gave you that impression!” She says she appreciates the offer, and then explains that she has gotten in the habit of carrying water with her because she is in her car a lot and some people don’t offer her anything to drink. She says that now she knows she can leave her water bottle behind next time she visits, and she thanks the client’s mother for saving her that trouble.
She adds that she does think race often affects how people treat each other, and she’s sorry if people have treated the mother or her family rudely for racist reasons. She ends by saying that she hopes that in her work with the client’s family, they will see that she tries very hard not to make assumptions and to learn from people who are different from her.5

In this example, the case manager did the following things:
• She clarified her intention without being defensive.
• She acknowledged the other person’s feelings, and apologized for inadvertently hurting her.
• She created an opportunity to change the false impression.
• She validated the issue, indicating she knew there was a good reason for the other person’s feelings.
• She addressed the issue, stating that she was open to dealing with the issue by talking about it.

C. Preventing Bias From Affecting Your Work
Case managers’ attitudes and beliefs can cause them to push clients toward unrealistic goals or to impose goals that are not appropriate for their clients. The greatest risk of this may be when case managers are not aware of these attitudes and beliefs.6 By being aware of their beliefs, case managers can avoid influencing their clients in ways that go against the clients’ belief systems.

Example 1: A client’s religious faith teaches her that the Lord will look after her and that everything is in His hands. The case manager’s culture stresses the value of self-reliance and independence. However, instead of applying these values to the client’s behavior, the case manager attempts to understand the client’s behavior from her religious perspective. This enables the case manager to view the client as “trusting,” rather than “passive,” and to work with her on becoming “all that God wants her to be.” Otherwise, the client might have experienced the case manager as pushy and critical of her beliefs.7

Example 2: A case manager is uncomfortable with the idea of a “family bed” but is working with a teen mother whose toddler sleeps with her and the baby’s father. As the teen discusses her child’s nighttime sleep patterns, the case manager monitors his comments to make certain that he does not unwittingly share his bias.
Identifying Cultural Norms

Learning About Your Client’s Culture

One way to prevent your values or biases from negatively affecting your relationships is to learn about your clients’ cultures and what they consider acceptable and normal. When starting to work with clients whose cultures are unfamiliar to you, take some time to determine their attitudes about the following subjects, either through observation or gentle questioning:

**Family structure:** How do parents assert authority? What do parents want for their children? Who cares for the children? What is the role of the extended family?

**Religious beliefs:** What are the client’s religious and spiritual beliefs and practices? Do these beliefs affect how the client sees her/his current situation?

**Society at large:** How do the client’s parents feel about the dominant culture? How do the family and culture view professionals and outsiders?

**Communication:** What language do the client and her/his family speak? What is expressed nonverbally? How do people communicate nonverbally?

**Health and Illness:** What does the family think about prenatal care and well-baby visits? Do they come from a place where healthy children receive medical attention? Is illness thought to be caused by emotions or spiritual phenomena? Are doctors/nurses the healers or are there alternatives that are important and prominent, such as priests, santeros, shamans, yerberos or curanderos?

**View toward case management:** Are counselors seen as those who work with the mentally ill? Is there stigma attached to using case management services?

**Time orientation:** Is the client most concerned with the present, the past, or the future? Does s/he see appointment times as rigid or flexible? Does s/he do one thing or several at a time?

**Sexuality:** Are chastity or modesty valued? Is there the same standard for males and females? Can sexuality be discussed by two people who are not intimate? Is it considered shameful? What are the norms for sexual behavior?

**Teen pregnancy:** Is it culturally acceptable to get pregnant as a teen? Are there other teen parents in this family? Is it shameful, neutral, or positive to be a teen parent?
These general norms and values will help inform your perspective of your client but will not provide the entire picture. To guard against stereotyping, you will need to ask questions specific to the individual, such as, “How does your family usually handle that type of situation?” or, “What does your family think about you getting your GED?” Being aware of different perspectives and asking questions helps you better understand your clients and work with them to develop appropriate plans and goals.

**Exploring Your Own Culture**

Identifying your own cultural values and beliefs is another important step in removing bias from your relationships with your clients and can help you feel more comfortable with clients who are different than you.

**ACTIVITY: Your Family Values – Past and Present**

**INSTRUCTIONS:** Below is a list of questions about your own history and experience for you to explore. You do not have to write any responses, just think about them.

Who took care of you when you were a child? When did someone other than your mother care for you?

What were the rules in your house?

What were the expectations? Were there different expectations for different children?

What form of discipline was used?

Who made the decisions in your family?

Who did your family turn to for help?

What role did extended family play in your life?

What were your family’s values and beliefs about:

- Respecting your elders
- Sex outside of marriage
- Pregnancy outside of marriage
- People who didn’t work regular jobs
- Formal education
- Gender roles
- Talking to people/strangers coming into your home
- Childrearing
- Money
- Success

Which of these values have you retained, and which have you departed from?
Reflecting on personal experiences and values is a reminder of how these issues shape who we are today. Sometimes we carry very different beliefs and values from those we were raised with. We may also have very different beliefs and values than our clients. The important task for case managers is to be able to work respectfully within their clients’ values and belief systems.

In summary, effective and sensitive work by a case manager takes place when s/he knows that each person is more than her/his race, gender, age, size, and culture, yet may be affected by all of these. Each person is a unique combination of qualities, personality, and life experiences. Once you’ve looked at your own culture and thought about all the ways you can interpret any one behavior, you’re on the way to having a sensitive and supportive relationship with your clients.
Bias and Cultural Sensitivity

Things to Think About

- What are the cultural influences that have shaped who you are and what you think and believe?
- How can you learn from your clients about their cultural norms?
- What assumptions might you make about your clients, and how can you keep these from affecting your work?
- Are there any sensitive or uncomfortable areas that you need to work on that might help you be a more effective case manager?

Guidelines for Practice

✯ Relate to your clients as individuals, and avoid making assumptions.
✯ Remain alert for feelings and judgments about your clients, whether they’re positive or negative.
✯ Try to be aware of your own values and opinions.
✯ Find out as much as possible about your clients’ values, beliefs, and cultures.
✯ Seek out other sources of information about your clients’ cultures, such as books, cultural events, and movies.
✯ Acknowledge differences, and express openness to discussing them.
✯ Communicate respect, openness, and interest.
✯ Correct any misunderstandings as they arise, and apologize for your role in them. Turn these misunderstandings into a learning opportunity for both you and your clients.
3. Home Visiting

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Explain the importance of home visiting in case management
2. Give examples of how to convey respect to family members
3. Describe how to interact with the family
4. Explain how to keep yourself safe
5. Give examples of strategies to deal with dangerous situations
6. State the importance of agency protocols

**A. The Purpose of Home Visiting**
Home visiting enables you to begin your relationships with new clients on their home turf, where they are often more comfortable. You have the opportunity to learn more about them and become familiar with their culture, beliefs, and practices firsthand. You may also meet their families and begin to establish rapport with them. Be prepared to observe carefully. When a teen client is already parenting, a home visit allows you to watch her/him as a parent and to provide relevant support and guidance.

**B. Preparing for the Home Visit**

*Note: This chapter is written as if the initial assessment is being done in the client's home.* Most home visits are planned, which gives you an opportunity to think about the impression you would like to make and what you want to accomplish with the client. Review the section on preparing for the first meeting on page 7 of “Unit 1: Essential Communication Skills.” The following are some suggestions that will increase the likelihood of a productive visit:
1. Set goals for your visit.
2. Tell the client how long you will want to talk with her/him.
3. If you are scheduling the first visit, tell the client over the phone that you will explain the program to them in more detail during the visit.
4. Explain that things usually go better when the client’s family knows who you are and why you are in their home. Let the client know how you will interact with her/his family and how you will set boundaries. You might say, for example, “I usually talk to the family more during the first visit than I do later on. This way I can answer their questions, and you and I will be free later to work together on meeting your goals.”
5. Be sure to bring all relevant handouts, supplies, and referrals.
C. Rapport and Respect

The home visit provides an opportunity to develop rapport with the client and her/his family and convey your respect for them. (See page 9 of Unit 1 for further discussion of building rapport with clients.) Clients and their families may not know why you are in their home and may feel uncomfortable. They may fear judgment or an invasion of privacy. Here are some suggestions for putting them at ease:

- Begin the visit by thanking the client and her/his family for receiving you in their home. If it seems appropriate, make positive comments about the home’s appearance.
- Introduce yourself and explain your purpose and role.
- Ask questions like “May I sit down?” or “Where would you like us to talk?” to indicate that you know you’re a guest in their home.
- Try to be calm, confident, relaxed, and respectful. This will help the client and family begin to trust you.
- Acknowledge possible feelings of judgment or invasion by saying, “Some family members find it strange that I want to come to the home. But I have found it’s easier for my clients this way, and it allows me to help them better and more quickly. I hope I won’t be in your way and that you’ll let me know if there’s a problem.”
- Explain that you’re there to support rather than judge them.
- Accept offers graciously. It sometimes feels uncomfortable to accept an offer of food and drink, but on the first visit especially, it is helpful to do so. Let them know that you don’t expect such royal treatment each time you visit.
- Explain the benefits of participation in the program.
- Explain what is going to happen during the visit and how long it will last. The client may be nervous and will appreciate your cues about what to expect.
- Use supportive language such as:
  - “I want to make our meetings convenient for you.”
  - “I want to work with you as a team to help you meet your goals.”
  - “I will help answer any questions you have about your baby and help you be the kind of parent you want to be.”

For some clients, their relationship with you may be one of the only reliable and trustworthy relationships in their lives. You can show that you are reliable by:

1. Keeping appointments as scheduled
2. Scheduling visits to include the family when appropriate
3. Calling to confirm appointments
4. Preparing all materials in advance
5. Being flexible with the agenda
ACTIVITY: Explaining Your Purpose and Role to the Client’s Parents

INSTRUCTIONS: Finish the sentences below.

1. “Thanks for having me in your lovely home. I am really looking forward to getting to know Ramona better. In our program, case managers help clients with ___________________________.
   _________________________________________________________________ .”

2. “Ramona has told me a little bit about herself, and we will be working together to help her meet her goals. Usually it’s helpful for parents to know that ___________________________.
   _________________________________________________________________ .”

Explaining Confidentiality to the Family

It is important to explain your obligation to maintain client confidentiality to both the client and her/his family. (See Chapter 4 of Unit 1 for a detailed discussion of confidentiality.) Give clear examples to make your point. For example, you might say, “I want you to know that I can’t share anything that Ramona tells me with anyone else, including family members. I hope you understand that confidentiality between Ramona and me is crucial to our being able to work together as a team. So if you were to ask me about her boyfriend or what she says about her feelings, I won’t be able to tell you.”

The teen will be watching carefully to see how you interact and communicate with the family. Emphasize to family members that the primary relationship is between you and the client. This will reassure the teen that you will keep your promises and not betray her/his trust. Prior to your conversation with the family, it can be helpful to ask your client what information s/he wants to keep confidential.
ACTIVITY: Explaining Confidentiality to the Parents

INSTRUCTIONS: Finish the sentences below.

1. “Although I am very interested in your support of Ramona, I want you to know that I won’t be able to tell you much about our work. The reason for this is ____________________________________________________________ .”

2. “If you want to know more about Ramona’s feelings, I would suggest that ____________________________________________________________ .”

D. Challenging Family Situations

Families may have a wide range of reactions to you. Some may be welcoming, others hostile, and others may ignore you. Knowing your role, setting appropriate expectations, and understanding the client’s goals will help you know how to respond in each of these situations. Some typical scenarios are outlined below, with guidelines for responding.

Families Looking for a “Quick Fix”

Some families see the case manager as an “expert” who can “fix” their child’s problems. These families want advice and your support in getting the teen to follow that advice. Rather than dissuading them, give them some concrete suggestions, and then let them learn from the experience of working with you that you work in partnership with the teen to help her/him make independent decisions. Most families and clients have longstanding and complicated problems to which there are no easy solutions. You cannot “fix” these problems, but you can help them move toward their own solutions.
Conflicts with Parents about Parenting Approach

One issue that comes up often when working with parenting teens is conflict between the teen and her/his parents about how the teen’s child should be cared for. Rather than feeling supported by her/his parents and appreciating their concern for their grandchild, the teen parent may feel criticized and intruded upon. The situation becomes even more difficult when the case manager provides information that conflicts with the grandparents’ beliefs, and the teen feels caught in the middle.

The case manager’s goal is to help the teen parent find her/his own voice, while also acknowledging the grandparents’ contributions. Avoid “taking sides,” as this may intensify the conflict. Affirm that the teen is the parent of the child, but reframe the grandparents’ involvement as love and support.

Sometimes the conflict isn’t about parenting the teen’s child but about parenting the teen. The teen is still a minor, whose parents or guardian are responsible for her/him. However, because the teen is now a parent or “adult,” s/he may resent being parented by her/his own parents. The case manager can help families in this situation by validating that it is a normal and natural conflict for teenagers and parents, but one that is made more complicated by the birth of the teen’s child. The case manager cannot solve the conflict but can maintain a neutral, empathic stance by highlighting family members’ feelings and encouraging them to work toward compromise.

Homes Not Conducive to Work

Some families create obstacles for teens, whether intentionally or not. For example, if you continually walk into a client’s home and smell marijuana or see family members drinking, it is best to find another confidential setting in which to meet with the client where s/he won’t be distracted by these circumstances. Explain to the client that it is hard to meet in the home because of the noise, people, interruptions, or whatever the challenge may be. You might use this discussion as an opportunity to praise the client for her/his resiliency and ability to have achieved so much despite these obstacles.

Parents Who Are Critical or Impulsive

Sometimes families rush in to give their perspective, to complain about the teen, or to tell you what to do with the client, since they have the inside scoop. They may even call you to report on the teen’s behavior or activities. Although there are times when it is important to know what the teen is doing immediately (as in the case of self-destructive behaviors), it is usually more appropriate to learn any information directly from the teen. Listen respectfully to the client’s parents while conveying that it is the client who will make decisions about her/himself and that you are there to help the client set goals and locate resources. Make sure the client understands that you can listen to her/his parents without taking their side.
ACTIVITY: Challenging Family Members

INSTRUCTIONS: Read the following vignettes and answer the questions below them.

Vignette 1: Rosario is a 15-year-old who comes from an immigrant family. At your first visit with her, you meet her mother, grandmother, and cousins and learn that they all had children during their teen years. The mother and grandmother are very opposed to your visit but don’t say anything. You think that their opposition is due to the fact that they have so much experience, they feel that Rosario does not need services.

a. How would you address the mother and grandmother? ______________________
   ______________________________________________________________________

b. What messages would you convey? _________________________________________
   ______________________________________________________________________

c. How much will you involve Rosario’s family in her care? _________________
   ______________________________________________________________________

Vignette 2: LaKesha is a 17-year-old mother of a two-year old. At your first meeting, you see that she is living with her mother, who helps take care of the toddler, Darren. Throughout your conversation, when LaKesha talks about Darren, her mother chimes in with conflicting information. You observe that they have a lot of conflict about how LaKesha is raising Darren, although he seems normal and healthy.

a. How would you approach LaKesha’s mother? ________________________________
   ______________________________________________________________________

b. Would you involve her in your case management, and if so, how? __________
   ______________________________________________________________________

c. What messages would you convey? _________________________________________
   ______________________________________________________________________
E. Strengthening the Relationship Between Client and Child

Home visits provide a valuable opportunity to work with teen parents on strengthening their parenting skills. Use your time together to enhance your clients’ understanding of their children and normal child development. You can teach and model parenting skills such as limit-setting, decision-making, and teaching. Explore parenting options with your clients, and help them see that they have the ultimate influence over their children.

Helping your clients understand the importance of playing with their children is another part of home visiting. Take some time to watch how your clients interact with their children, and get to know each child’s personality. Use observation to support positive parenting behaviors. You might say, “I like the way you are telling her ‘no’ so gently, but still firmly.” Or, “I like the way you are talking to Kimi about what you’re doing. That really helps develop her language skills.” Playing with your clients and their children gives you shared experiences and something to reflect upon together.

Sometimes clients’ families may think you are “just playing.” Explain that playing with the parent and her/his child is one way you get to know them and provides a chance to demonstrate parenting skills to the teen.

Under-Involved Parenting Teens

Developing rapport with a teen parent who is under-involved in her/his child’s care can be challenging. Begin by focusing on the teen’s interests and her/his life outside of being a parent. Use home visits whenever possible to strengthen the parent/child bond by positively interpreting the child’s behavior. For example, when the child looks at the parent, you might observe that the child wants to play or really cares what the parent thinks. Model developmentally appropriate play to help the parent develop age-appropriate expectations of the child. Remember that all parents have strengths, and praising these parents whenever possible is especially important.
ACTIVITY: Strengthening the Relationship between Client and Child

INSTRUCTIONS: Think of a client with whom you discuss parenting. Pick one parenting behavior that you want to reinforce. Write a sentence giving your client specific praise about this behavior.

Behavior: __________________________________________________________
_________________________________________________________________
_________________________________________________________________

Praise: __________________________________________________________
_________________________________________________________________
_________________________________________________________________

F. Ending the Visit

Ideally, a visit should end when its goals have been met. If you tend to spend too much time with certain clients, agree ahead of time how long you will meet, and then stick with that agreement.

End the visit by summarizing what the client has accomplished during the session, reviewing what you have both agreed to do before the next visit, and making a tentative plan for the next visit. Before you leave, find something positive to highlight about the process and outcome of the current visit whenever possible. For example, if you had a difficult discussion with the client about her goals for her work with you, you might mention that she was able to hang in there and that you admire that. Comment that her persistence paid off and that she now has a beginning plan. It’s important to conclude by validating the client’s experience and the work you did together.

G. Keeping Yourself Safe

Many home visits go smoothly, with no threat of danger. Unfortunately, because of volatile family dynamics or crime in certain neighborhoods, visits to some homes may present risks. You can minimize potential danger by planning ahead, thinking about your personal safety, and discussing any concerns with your supervisor. You are not expected to place yourself at risk in order to conduct home visits. Teamwork and good communication are also essential to keeping you safe.
The safety guidelines below are followed some questions to help you implement them in your own work settings.

**Safety Guidelines for Home Visits**

**A. Before You Leave the Office**
1. Make sure someone in your office knows where you will be and when you will return. Plan what your colleagues will do if you do not return as planned.
2. Learn as much as possible about your client’s home situation and neighborhood before setting out.
3. Do not plan outreach in areas that you have good reason to believe are unavoidably dangerous.
4. Be aware of gang areas and gang colors. Avoid wearing those colors.
5. Always carry business cards and identification with you.
6. Inform collaborating agencies of your presence in your client’s neighborhood.
7. Wear comfortable clothes and shoes. Do not overdress or wear suggestive clothing.
8. Do not carry valuables or other personal possessions such as jewelry, large amounts of money, radios, or laptops. If carrying incentives, make arrangements to hold these in a secure place.
9. Know where the nearest police station, fire department, hospitals, and libraries are.
10. Ask clients if their dogs are wary of strangers and how to handle the dogs safely.

**B. Getting To and From the Home**
1. If you feel threatened, go with a coworker.
2. Call clients in advance, and alert them to the approximate time of the home visit. Confirm directions to the home.
3. Pay attention to any alarm signals that go off in you — trust your instincts.
4. Park in a well-lighted area in full view of the client’s residence. Avoid parking in alleys or deserted side streets.
5. Keep change for telephone calls immediately available, and carry a cell phone whenever possible.
6. Observe the neighborhood and environment while approaching the client’s house. If groups of people are loitering nearby or other conditions appear unusual, reevaluate your plan.
7. Use common walkways in buildings, and avoid isolated stairs.
8. Always knock on a client’s door before entering.
9. Visit neighborhoods of questionable safety or with gang- or drug-related activity in the morning.
10. Walk confidently and purposefully, even if you are lost or feel unsafe.
11. When leaving the client’s home, carry car keys in your hand.
C. At the Home
1. Introduce yourself, and inform people of what you are doing and why.
2. Avoid arguments or confrontations with someone who does not agree with what you are doing.
3. Do not approach those who are giving “signs” that they do not want to be bothered.
4. Ensure that your client is in the home before you enter.
5. Be aware of where the exits are, and maintain access to them at all times. Don’t meet in the client’s bedroom down the hall when people who are dangerous are between your whereabouts and the exits.
6. Have an escape route for emergencies.
7. Call 911 if the situation is dangerous and you can’t leave.

Home Visit Protocols
Protocols are policies that tell employees and employers how to handle specific situations. They are designed to ensure that these situations are dealt with thoughtfully, not on the spot. Protocols for safety in the field and during home visits are essential, because ensuring safety is a complex task that involves many people. Ask your supervisor to show you your agency’s protocols.
ACTIVITY: Taking Precautions

INSTRUCTIONS: Answer the following questions.

1. How do you keep yourself safe? ______________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. Which of the policies listed above are practiced at your agency? (Indicate by letter and number.)
   ___________________________________________________________________
   ___________________________________________________________________

3. Does your agency have safety protocols in place? _________________________

4. Who at your workplace knows your whereabouts when you’re out and is in charge of checking to see that you come back as planned?
   ___________________________________________________________________
   ___________________________________________________________________
Home Visiting

Things to Think About

- How do you prepare for a home visit?
- What precautions do you take when going on a home visit?
- How do you interact with the client’s family?
- How can you clarify boundaries with the client and the family?
- How can you provide positive feedback and praise about the teen’s parenting?
- Does your workplace need to create or revise protocols to better ensure your safety?

Guidelines for Practice

- Prepare well for each home visit.
- Keep in mind that you are a guest in the client’s home.
- Explain your purpose, role, and confidentiality policy to the client and family.
- Clarify your goals for each visit with the client.
- Make sure you have a confidential place to talk or work.
- Find or create an opportunity to strengthen the relationship between the teen parent and child.
- Interact with the child.
- Praise the client in some way before you leave, and thank her/him for hosting you.
- Listen to your instincts and leave the home if you feel you are not safe or cannot get any work done.
- Follow the “Safety Guidelines for Home Visits.”
4. Crisis Intervention

Learning Objectives:
After completing this chapter, you will be able to:
1. Identify the six steps of crisis intervention
2. Describe how to apply crisis intervention techniques to support clients in crisis
3. State the importance of agency protocols
4. Identify when to refer to mental health professionals
5. Explain the concept of containment

A. Defining Crisis

During the course of our lives, we all go through crises, or periods of upheaval when something happens that suddenly interrupts our normal routine and cause us to lose our sense of ourselves. A threatened or real loss that comes from outside can result in a change in our normal lives. A crisis is a crucial situation when we feel overwhelmed and unable to cope.

Crises can be brought on by death, illness, divorce, removal of children from parental custody, homelessness, violence, unwanted pregnancy, substance abuse, fire, theft, or any other external event over which we do not have control. It is not the event itself that constitutes a crisis, however, but rather our perception of it.

When a client experiences a crisis that results in a loss of normal coping mechanisms, crisis intervention is necessary. Because clients may be vulnerable during crisis and unsure of how to handle the situation, they are often more open to accepting outside help than when they are not in crisis. Crisis intervention is a quick response that helps the client return to her/his normal emotional state and ways of coping. The case manager “identifies, assesses, and intervenes with the individual in crisis so as to restore balance and reduce the effects of the crisis in his/her life,”¹¹ according to Brenda Stevens and Lynette Ellerbrock. Although long-lasting behavior change may occur as a result of crisis intervention, the main goal is to help the client cope and get through a difficult time.

B. Steps of Crisis Intervention

1. Identify the nature and cause of the crisis
2. Evaluate client functioning
3. Put the problem into a broader context
4. Problem-solve with the client
5. Choose action strategies
6. Evaluate and follow up
1. Identify the Nature and Cause of the Crisis

Purpose: To gain an understanding of how the crisis began and how the client perceives it; to give the client a safe way to talk about it.

To Do This: Ask simple open-ended questions, listen, let the client talk, and help her/him elaborate. Find out what was going on before the crisis occurred so you can understand the context. Explore and validate the client’s feelings.

Example: “Can you tell me what happened? How did that happen? How are you feeling about that? What are your concerns now?”

2. Evaluate Client Functioning

Purpose: To determine the severity of the crisis’s impact on your client and how to help her/him deal with it effectively.

To Do This: Ask questions about your client’s sleep, eating, and other everyday routines. Is the client engaging in any risky behaviors? Experiencing suicidal or homicidal thoughts? How is the client caring for her/his child?

Example: “Please tell me about how you’ve been doing since this happened. How are you sleeping? How are you eating? Have you thought about hurting yourself? Who has been helping you or knows about this? Who is watching little Tina during all this?”

3. Put the Problem into a Broader Context

Purpose: To help the client figure out how to deal with the situation and develop an understanding of the event’s meaning.

To Do This: State what you would expect the client’s reaction to be, and share some generalizations that help her/him see how other people might respond. If the situation has a developmental component, help the client understand it.

Example: “Sometimes when a loved one dies, it takes a while to figure out how to go on without them. This is a normal reaction. Things are completely different now without your dad, and all of the pieces of your life have to be rearranged.”

4. Problem-Solve with the Client

Purpose: To help the client develop coping strategies. This helps the client feel better as s/he realizes s/he can take action and exert some control over the situation.
To Do This: Think about how the client has been affected by the crisis and what needs s/he has that need to be attended to. Take these needs on one at a time, and generate possible strategies for addressing them.

Example: “Let’s see what we can do together that will help you be able to finish the quarter in school. I know one of the issues is that you will miss a lot of work, and I know another issue is that you need more childcare. Let’s take each issue on one at a time. Have you spoken with your teacher yet? How many assignments do you have? How long does it take to do each assignment?”

5. Choose Action Strategies
Purpose: To help the client choose strategies that will minimize her/his suffering and help resolve the crisis or its effects as soon as possible.

To Do This: Review the strategies you came up with together in the previous stage. Talk about how each would work, what its advantages and disadvantages are, and what feels best to the client. Give feedback and be directive when necessary to help her/him choose a strategy.

Example: “Let’s see what you’ve come up with so far. These are the possibilities that we’ve talked about: taking a break from school, taking an incomplete in school, getting more childcare to finish school, or doing it all right now but getting lower grades. You’ve talked about how the baby could stay with your sister, so that’s a strong possibility.”

6. Evaluate and Follow Up
Purpose: To make sure that the plan you’ve developed is working for the client.

To Do This: Review what was decided and what action has been taken. Ask if the plan still feels right and what the obstacles have been. Ask how the client is feeling and whether the plan is improving her/his mood and functioning. Check to see whether new needs have arisen.

Example: “Can you catch me up on what has happened since I last saw you? How has it been going since you started leaving the baby with your sister? Is that plan working for you? Sometimes small changes in the plan need to be made. Let’s talk about how to keep this going, since you’re feeling better.”
While these steps are meant to offer guidance, keep in mind that crisis intervention doesn't always follow these steps precisely. Sometimes you are pulled into the crisis at an acute stage when the client only wants to focus on the first one or two steps. Sometimes, the crisis is less acute, and you can spend more time problem-solving with your client.

C. Issues That Can Cause Crisis

Sexual Assault
Sexual assault is any sexual activity committed by force or against the will of another person. A client does not need to physically resist in order for it to be considered an assault. When you learn that a sexual assault or rape has taken place, the most important thing to do is to reassure the victim that s/he is not alone and doesn't bear any responsibility for the assault. Give the client choice and control over what happens next. Some decisions will need to be made quickly: Does the client want to have a medical exam? (This is important both for the well-being of the victim and to obtain a semen sample in case the client wants to press charges.) If so, tell the victim not to bathe or change clothes. This is often difficult, as people often feel a need to clean themselves after sexual assault. Does the client want to report the assault to the police? Determining whether the client can go home safely is also critical. If your agency does not already have a protocol in place for dealing with sexual assault, it will be important to develop one.

Grief
Some situations that can cause grief include the loss of a loved one, a serious health concern, miscarriage, or divorce. Grief usually brings up anger and sadness, and these emotions tend to come in waves. Case managers can help clients deal with grief by letting them express their sorrow, helping them verbalize any feelings of guilt, and working with them to accept the pain of the loss. In the case of a death, grief typically lasts six months to a year, although many people need a full calendar year to resolve their feelings, as they experience special events such as anniversaries or the deceased person’s birthday for the first time without them. Some clients have many losses to grieve, and their grief may take a chronic rather than acute form. If a client has continued trouble sleeping, changes in appetite, feels numb or depressed, or is overly anxious, s/he may need to be referred for psychological support.
Suicidal and Homicidal Clients

Because many clients will experience anger and depression at some point in your work with them, knowing how to assess for suicide and homicide is essential. Although such issues should be handled by a trained mental health professional, you must be prepared to respond until a connection with the mental health professional is made. Notify your supervisor immediately if you suspect a client is considering suicide or homicide. If the client has a plan to carry out either of these actions, do not leave the client alone and call for assistance immediately. Your job is to keep your client safe while you await support. You can provide an “emotional lifeline” during this time by expressing all of the reasons you care about the client and reminding the client of others who care about and need her/him. Reassure the client that things will get better over time. If at any time during this process you feel that your own safety is threatened, call 911 right away.
ACTIVITY: Crisis Intervention

INSTRUCTIONS: Read the following vignette and then provide examples of how you would approach the client at each step of crisis intervention.

Vignette: Carla is 17 and has a 2-year-old. She was recently assaulted by her boyfriend’s friend when he was drunk. Her boyfriend, the father of the baby (FOB), is furious and blames her for the assault. She hasn’t told her mother because her mother is already opposed to the relationship with her boyfriend. Her boyfriend has threatened to stop visiting their daughter.

1. Identify the cause of the crisis ______________________________________

2. Evaluate client functioning _________________________________________

3. Put problem into a broader context ___________________________________

4. Problem-solve with the client ______________________________________

5. Choose action strategies __________________________________________

6. Evaluate and follow up ___________________________________________
**D. Containment**

Containment means helping clients restore some control after they have expressed intense emotions of pain, sadness, or anger. Sometimes clients become overwrought as they talk about their problems, and expressing their feelings makes them feel worse rather than better. Or, as the end of a session draws near, their emotions may seem extreme and out of control. In cases like these, containment can prevent clients from being overwhelmed by their feelings. It can also be used to help clients transition from a session with you back to normal life. When you sense that a client will not be in control when your visit is over, or the current discussion is increasing their pain, then containment is necessary.

One way to think about containment is to visualize putting a box of full of painful photographs and souvenirs away on a shelf. You still have the contents of the box, but you don’t need to look at them right now.

You can help clients contain their emotions by using the following techniques:

1. **Empathy**
   
   **Purpose:** To show you understand the client and to reduce her/his isolation.
   
   **To Do This:** Indicate that you’ve heard the client and understand her/his pain.
   
   **Example:** “I know that your break-up makes you wonder if you’ll be with someone again, and I know how much you really loved him.”

2. **Validation**
   
   **Purpose:** To help the client acknowledge and accept their own feelings.
   
   **To Do This:** Agree that these issues need attention.
   
   **Example:** “I can see how it’s very important to talk some more about Carlo and your feelings for him.”
3. Limit-Setting  
**Purpose:** To help the client stop feeling so overwhelmed  

**To Do This:** State that this is not the best time to continue talking about these issues, but that you can come back to them.  

*Example:* “We will talk more about your feelings, but right now it is best to focus on what will help you feel better.”

4. Redirection  
**Purpose:** To help the client stop becoming overwhelmed.  

**To Do This:** Describe specific tasks and activities to focus on.  

*Example:* “I want to talk to you now about what you’re going to do after our visit today and how to return to the things that make you feel better.”

5. Planning  
**Purpose:** To help the client think more clearly about the present and the immediate future.  

**To Do This:** Plan what the client will do immediately following your visit, and help them structure their time with positive, engaging tasks and activities. Be concrete and specific.  

*Example:* “What will you do today right after our visit? What will you do this evening at 7 pm? Can you go for a walk? Can you call your sister? What will you do tomorrow when you wake up?”

Sometimes during the course of your discussion, the client will be reminded of something that triggers an intense emotional reaction. Gently state that you will return to that topic, but that right now it is more helpful to focus on what s/he is going to do today and in the next few days. Do not be afraid to be directive if you think the client is too vulnerable to talk about painful subjects.
ACTIVITY: Containment

INSTRUCTIONS: Read the following vignette and write down how you would use different containment techniques to help the client.

Vignette: Marisa is a 17-year-old who is very smart and very emotional. She has just found out that her boyfriend is going to jail and that her best friend was involved with him. She was doing well prior to this news and was going to register for community college. Now she is crying and bringing up all the painful things that have happened to her in the past few years. You have already spent two hours with her and you think she is feeling worse rather than better. You decide to shift the focus and help her put herself together.

Empathy: __________________________________________________________

_________________________________________________________________

Validation: _________________________________________________________

_________________________________________________________________

Limit-setting: __________________________________________________________________________

_________________________________________________________________

Redirection: ___________________________________________________________________________

_________________________________________________________________

Planning: ______________________________________________________________________________

_________________________________________________________________
E. Referrals to Mental Health Professionals

At some point in your work with them, most clients will need referrals to an agency, school, organization, clinic, or professional to help them meet their goals. This section addresses referrals to therapists or mental health staff. (See “Unit 4: Assessments and Individual Service Plans (ISPs),” for further discussion of making referrals.) Referrals to mental health professionals are necessary in two situations:

- When there is a crisis, and the client’s safety or someone else’s safety is jeopardized
- When a client has ongoing problems that are psychological in nature; those problems are preventing the client from meeting goals; or you think the client is in need of mental health services to treat depression, anxiety, anger, psychosis, or the effects of trauma

Note: Case managers should be prepared for psychiatric emergencies, such as a suicidal client, and know what referrals are possible. Ask your supervisor about agency protocols on who to call and what to do in the event of such an emergency.

Making effective referrals for psychotherapy or counseling for teens is difficult. Many teens find it difficult to talk to strangers about sensitive issues. They may also have absorbed negative images of psychotherapy from television and movies, where therapists are often portrayed as aloof at best and sarcastic and hurtful at worst. In reality, a psychotherapeutic relationship can be a private, supportive connection with a compassionate listener, where the client sets the agenda and discusses whatever s/he wants. If you paint a positive image of therapy and reassure your clients that they will not be judged or told what to do, they will be more likely to follow through on referrals.

Case managers sometimes view making client referrals to therapy as a way to make their jobs easier. This is rarely the case. A trusting relationship between therapist and client takes time to build, and behavioral changes on the client’s part take even longer. Referrals to therapy are most successful when you make them with the best interest of your clients in mind and not because you feel overwhelmed.

Finding therapists who are affordable, accessible, and knowledgeable about your client population is challenging. Therapists should be recruited by agency staff on an ongoing basis. Some programs have been successful in hiring their own part-time therapists, who become part of the team, consult on cases, and conduct therapy for clients and their families.
Activity: Views of Therapy

INSTRUCTIONS: Write your answers to the following questions.

1. What values or opinions do you have about therapists and people who go to therapy?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. What messages do you think your clients have absorbed about going to therapy or counseling? What message do you want to give clients about seeing therapists or professional counselors?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Crisis Intervention

Things to Think About

- How was crisis handled in your family when you were growing up?
- How do you respond to crisis now? Do you get calm, nervous, focused, or go into denial?
- What kind of feelings do you have about clients who experience many crises?
- Do you feel comfortable dealing with your clients’ grief?
- How do you make referrals? Are they successful?
- How do you involve clients in the referral process?
- How do you introduce the topic of counseling or psychotherapy?

Guidelines for Practice

- Respond to signs of a crisis immediately.
- Provide emotional support and space for clients to vent.
- Assess your clients’ level of functioning in response to crises.
- Strategize with your clients about how to relieve the pain and pressure related to a crisis.
- When dealing with crisis, be more direct than usual.
- Provide immediate and frequent follow-up if possible.
- When working with sexual assault victims, give them as much control as possible about their next steps.
- Provide support and education about the healing process to survivors of assault.
- Help grieving clients normalize their feelings, and give them opportunities to talk about their loss.
- Provide structure and direction for clients who are overwhelmed by their feelings.
- Ask about suicidal and homicidal ideation.
- Review agency protocols for crisis management.
- Involve your clients when making referrals.
- Introduce psychotherapy by talking about the benefits of a private, supportive relationship where clients are safe to talk about themselves.
5. Teamwork

Learning Objectives:
After completing this chapter, you will be able to:
1. Work with your team members to help each other recover after a crisis
2. Describe how to effectively use case conferences
3. Identify ways to take care of yourself, prevent burnout, and manage stress

A. Working With Your Team After a Crisis

After dealing with a crisis such as a suicide attempt, an incidence of child abuse, or a client’s death, case managers can often benefit from talking with each other about what happened. You and your colleagues may be experiencing feelings of guilt, fear, anger, or inadequacy after a frightening or dangerous event takes place. Or, you may be finding it more difficult than usual to separate your work lives from your personal lives. Peer support can help you deal with the stress of a crisis.

Case managers who have support at work and who can talk about difficult events in a nonjudgmental and supportive atmosphere are more effective in their jobs, have lower rates of burnout, and are more likely to maintain healthy and happy lives outside of work. Sharing information can also help your team identify structural changes that may be needed to prevent similar events from occurring. At other times, it’s just comforting to know that you did all that was possible.

Debriefing

Sometimes an event has such a significant impact on the well-being of the staff as a whole that a debriefing session is necessary. In this process, coworkers get together to discuss what happened and how they feel after a traumatic event related to work. The goal is to help participants talk about their experiences and feelings so that they can recover more quickly and transition back to work and their normal lives more easily. Debriefing should only happen if there is no longer any danger. It is important that all participants be included and that the session be private and free of interruptions. If case managers have had varying levels of exposure to the trauma, they should be divided into groups accordingly.
There are six phases of debriefing:

1. **Introduction Phase**
The leader describes the debriefing process, emphasizing the confidentiality of the session. S/he stresses that people should speak only for themselves, that everyone is of equal importance, and that everyone has the right to pass.

2. **Fact Phase**
Participants review what happened during the incident — what each person saw, heard, thought, and did.

3. **Feeling Phase**
Participants review their feelings during and since the incident.

4. **Symptom Phase**
Participants discuss the physical and psychological after-effects they have experienced since the incident, such as stomach upset and fear.

5. **Teaching Phase**
Leader reminds everyone that their reactions are normal.

6. **Re-Entry**
Participants wrap up the discussion and make a plan for action, if necessary.

Although going through all of the steps is recommended, if you do not have the time, or if the trauma doesn’t seem significant enough to warrant a full staff debriefing, it is still important to discuss what happened. Look for the facts, feelings, and symptoms and make sure to give people space to talk about how they are doing. Whether done formally or informally, debriefing helps case managers resolve workplace trauma and minimize its effects.

**B. Ongoing Support**
Case management is fast-paced, demanding, and emotionally draining work. Your colleagues provide essential support in this environment. Working together as a team is useful not only in crisis but also on a day-to-day basis as you strive to develop your strengths, increase your tools, and to add to your “bag of tricks.”

**Case Conferencing**
Case conferencing provides an opportunity to step back from your work with clients, reflect on your relationships with your clients, and get feedback from your
colleagues about your strategies, successes, and setbacks. Before starting a case conferencing program, your team should hold an initial meeting to discuss the ground rules the case managers would like to establish, such as confidentiality, respect, or nonjudgmental responses. Case conferencing is most effective when case managers discuss real cases and ask their colleagues to answer questions and address concerns they have about the client or their relationship with that client.

A useful structure for case conferences is:
1. Case Presentation
2. Clarifying questions
3. Identifying strengths
4. Case manager’s questions and support
5. Action steps and summary

1. Case Presentation
The case manager presents the client, including her/his history, how long they’ve been working together, the client’s primary problems, work done to date, and other significant facts. The group should pay particular attention to the client’s issues and behaviors, as well as the quality of the relationship between the client and the case manager.

2. Clarifying Questions
Everyone has an opportunity to ask clarifying questions. For example: “How is your client doing in school?”, “What is your client good at?”, “How is your client handling the baby?”

3. Identifying Strengths
The presenting case manager and the team generate a list of the client’s strengths.

4. Case Manager’s Questions and Support
The case manager asks questions of the group. For example: “Do you know of any resources for this problem?”, “Do you think I should confront her about this behavior?” The case manager may share any feelings that need venting, such as anger or frustration.

5. Action Steps and Summary
The case manager and the team summarize together what they’ve learned and discussed, and what action steps will be taken as follow-up.

In addition to individual case review, some agencies case conference by theme. Case managers are asked to come to the meeting prepared to discuss all clients who share
a common issue, circumstance, or goal. For example, these themes could include: clients who are not enrolled in school, clients with two children under the age of 2, clients who are experiencing violence, or clients who suffer from depression. Team members discuss these clients to observe patterns and review what interventions have been helpful. In some agencies, case conferences rotate by case manager, so that all are assured of a time to present their cases.

C. Taking Care of Ourselves

Taking care of yourself is one of the hardest parts of being a case manager. Having to deal with pain and suffering frequently while remaining hopeful and optimistic for your clients is truly a challenge! You may feel that your clients’ needs are so vast that there is no way you can meet them all. Case managers who keep up this type of work and remain effective are those who know how to set reasonable goals and expectations for themselves and who acknowledge the small steps their clients take. They know their own limitations and don’t expect impossible things of themselves. They also recognize that a large portion of their success with clients is intangible.

If you can give yourself credit for being a supportive advocate and facilitator for your clients, you’re well on your way to taking good care of yourself. Remember that it is a great achievement to help your client move from one of the stages of change towards the next. Recognize what you can do and what is outside of your control. While you don’t have control over your clients’ behaviors, you do have control over your reactions to your clients.

**Stress Management**

Because of the overwhelming demands of case management and the difficult emotional issues your clients face, it is very easy to feel stressed. Although a small amount of stress is necessary to motivate people, too much stress is harmful. It impairs our work and causes problems such as high blood pressure, heart disease, arthritis, and musculoskeletal strain. Emotional problems such as anxiety, panic disorders, and depression are also worsened by stress, as are substance abuse and unhealthy eating and sleeping patterns.

**Managing Stress**

Even if your job is extremely demanding, you don’t have to be overly stressed. An effective stress-management strategy has four parts:

1. Minimizing stressors
2. Maintaining a positive mental framework
3. Managing your time
4. Developing the habit of relaxation and renewal
1. Minimizing Stressors
In order to decrease your stress, you must first determine what your stressors are. Make a written list of the things that make you stressed, and divide them into external stressors (those that come from the outside) and internal stressors (those you place on yourself). Of those that are external, figure out which you can eliminate or lessen. Then make a plan for doing so.

2. Maintaining a Positive Mental Framework
Internal stressors are often the hardest to eliminate. Is your mindset critical and demanding? Do you set unrealistically high expectations for yourself? If so, try to develop more realistic standards. Since external stressors are often out of our control, changing your internal mindset is one of the best ways to reduce stress.

3. Managing Your Time
Not having enough time to do what you want or need to do causes additional stress in a demanding job. To manage your time effectively, you must make a plan for what you want to accomplish during your work hours. The beginning or the end of the day is often the best time to plan. Prioritize what is important and what is not, and eliminate tasks that aren’t essential. Develop a routine, including time for planning, that allows you to implement your plan. Here are some other tips for effective planning:

• Divide the day between key tasks and appointments, allotting generous amounts of time for each.
• Schedule two-hour blocks of time to focus on particular tasks (this is a good length of time for maintaining attention and energy).
• Make sure there is enough time in between these blocks of time to take a break and transition to the next task.
• Start each day with a key task or appointment so that you feel like you have accomplished something. Avoid over scheduling.
• End each day by selecting and scheduling a block of time for getting ready for tomorrow’s key tasks (getting charts ready, reviewing notes).
• Allot time for things that come up routinely.
• Take and make phone calls in one period of time.
• Plan time to think, plan, travel, return phone calls, write chart notes, complete required documentation, and consult with peers.
• Identify time wasters and look for ways to eliminate them. For example: taking too long to make a decision, not having enough information, being unprepared and needing to do something again, procrastination, unnecessary and ineffective meetings, visitors.
• Do one thing at a time.
• At the end of the day, plan for the next day; at the end of the week, plan for the next week, and so on.
Remember, if you don’t take control of your time, someone else is likely to do it for you.

Organizing your materials effectively is another way to save time and reduce stress. Some case managers divide the work on their desks into categories, such as “do now,” “do soon,” or “read.” Get in the habit of handling paper you come across only once – take care of it and be done. When in doubt, throw it out. Think about which materials you use most, and store them nearby. One case manager put in her client’s folder all the handouts on child development she would need over time, so she would never have to look for handouts for that client again. She wrote the dates that the client’s child would reach each developmental stage on the outside of the folder, so that she always knew what developmental stages were appropriate to address. 14 If there are any repetitive tasks you do for each client, try to do them all at once on a regular basis.

ACTIVITY: Organizing Key Tasks

INSTRUCTIONS: List all the repetitive tasks that you do that could be done in blocks of time. For example: phone calls about referrals, Lodestar, filing.

Tasks

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________
7. ________________________________________________________________
4. Develop the Habit of Relaxation and Renewal
Exercise regularly, drink plenty of water, and eat healthy food. Some health professionals have found yoga and meditation effective in easing stress and renewing themselves. And remember, humor is the best antidote to stress and anxiety. Create opportunities for lightheartedness, humor, and fun in your work, both with your clients and with your colleagues. Whatever your method of fun and relaxation, make it a priority.

Preventing Burnout
When working with clients who have multiple and severe needs, case managers face a danger of experiencing burnout. Burnout can be described as a state of low energy and little or no job satisfaction. The case manager may have a cynical or negative attitude, which contributes to the low morale of others. Burnout is a contributing factor to high turnover rates among case managers, which are detrimental to clients, colleagues, and the case managers themselves. When case managers change jobs frequently, they deprive themselves of the opportunity to see the fruits of their labor and to improve and grow in their work.

To avoid burnout, strive to reduce the pressure points at work — the times when stress and pressure mount up and start to affect you negatively. Often clients “push buttons,” triggering feelings of which you are normally unaware. These feelings may relate to issues you haven’t resolved in your personal life. Although you may not be able to figure out the “what” or “why” of them, it is essential to take the time to recognize and deal with the feelings as they arise. Seek out people who are caring, supportive, and appreciative of you. Assert your needs, and say “no” when you want to. Speaking up for yourself reduces resentment and allows time for you to meet your own emotional needs. Protect the time you save for yourself and your goals, as well as your time for relaxation and self-nurturing. Just like your clients, you deserve loving and supportive relationships, so set your standards high.
**ACTIVITY: Managing Stress and Preventing Burnout**

**INSTRUCTIONS:** Review the following list of activities that help reduce stress and burnout. Check how often you do them.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>HOW OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Everyday</td>
</tr>
<tr>
<td>Getting exercise</td>
<td></td>
</tr>
<tr>
<td>Getting enough sleep</td>
<td></td>
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<tr>
<td>Talking with friends</td>
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<tr>
<td>Meditating</td>
<td></td>
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<tr>
<td>Taking a break</td>
<td></td>
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<tr>
<td>Setting priorities</td>
<td></td>
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<tr>
<td>Saying “no” when you don’t want to do something</td>
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<tr>
<td>Making time for a meal break</td>
<td></td>
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<tr>
<td>Keeping your blood sugar up by eating snacks</td>
<td></td>
</tr>
<tr>
<td>Doing something that’s fun</td>
<td></td>
</tr>
<tr>
<td>Spending time alone</td>
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<tr>
<td>Spending time with loved ones</td>
<td></td>
</tr>
<tr>
<td>Asking for help when you need it</td>
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<tr>
<td>Talking about your feelings when they come up</td>
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<tr>
<td>Keeping a journal</td>
<td></td>
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<tr>
<td>Working on a project or goal</td>
<td></td>
</tr>
<tr>
<td>Other self-care activities that work for you:</td>
<td></td>
</tr>
</tbody>
</table>

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**62 Unit 2 - Case Management Challenges**
Teamwork

Things to Think About
- How do you work with your colleagues and supervisor to improve your work?
- How do you support your colleagues?
- How do you and your colleagues work together to recover from the effects of crises?
- Which type of clients do you do your best work with?
- Which type of clients are the most difficult for you to work with?
- Are you at risk of burnout?
- How do you manage stress?
- Do you feel in control of your time?

Guidelines for Practice
- Use your colleagues as sounding boards for talking about successes and challenges with clients and traumatic events that occur.
- Ask your colleagues what they do and say in specific situations.
- When you have common concerns, discuss them at a case conference.
- Share your opinions in a constructive and respectful manner.
- Plan your time and have realistic expectations for a day’s work.
- Leave time for phone calls, paperwork, and things that routinely arise.
- Organize your materials effectively.
- Work to maintain a positive attitude.
- Develop and maintain habits that are relaxing and renewing.
- Make sure that you engage in activities outside of work that are fun and relaxing.
- Don’t hang on to issues that are outside of your control.
- Develop supportive relationships with people who value and support you.
6. Putting It All Together

In this last activity of Unit 2, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the Questions for the Case Manager that follow. You will also want to familiarize yourself with the Observation Skills Checklist for Supervisors that your supervisor will use when observing your role-play or client session.

If you are going to do a role-play:
Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the Questions for the Case Manager should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the Observation Skills Checklist for Supervisors to evaluate your role-play and write down observations. If you or your supervisor is not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

If you are seeing a client:
If you are ready to actually see a client, make arrangements with your supervisor to observe the session. Remember to look over the Questions for the Case Manager (below) before the session. Your supervisor should evaluate the session using the Observation Skills Checklist for Supervisors.

Questions for the Case Manager:
1. What is your main goal for this client visit?
2. What steps would you take to meet that goal?
3. What might you say as you try to meet this goal?
4. What boundaries, if any, are being challenged by this scenario?
5. What cultural issues may arise, and how would you address them?
Vignettes

Karen is a 14-year-old client. Her 17-year-old sister Julie is a mother of two who is in your program. Karen has always been wild, and you think she will be sexually active soon. You are at Karen’s home with Julie and the rest of the family. The parents express their doubts about the role of a case manager, since Julie had her second child after your services began. Their comments indicate that they don’t understand the role of case management. In addition, they are very religious and feel upset about Julie’s lack of religious practice. In front of her family, Karen asks you whether you have a boyfriend or children and if you’re there to make sure she doesn’t end up like her sister. Later, when you meet with her alone, you are surprised when she opens up about her difficulties at home and starts to cry as the time is ending.

John is the father of Salina, age 6 months. He lives with Salina’s mother, Teri, in Teri’s parents’ house. He holds the baby a lot, but doesn’t really play with her or talk to her. He feels like everyone is always telling him what to do, especially Teri’s family. He is African-American and Teri’s family is Filipino. He is working on getting his GED, and he has a test tomorrow he hasn’t studied for. When you come to the house, he asks you to watch the baby for half an hour. Everyone else is at home, but they are all involved with other activities. You know that asking for help is a big deal for him, because you’ve heard him say that he can handle things on his own and you know that he was raised to be a provider. He has never asked you for anything before.

Rosa is a hardworking 17-year-old who has been your client for about a year. She has a 4-month-old infant. You get a phone call from her mother saying that Rosa won’t get out of bed after an attempted rape two days ago. Rosa is a Mexican immigrant who is bicultural. Her family is monolingual and feels that Rosa is losing her culture and traditions, and there is a lot of conflict in the family about this. You go over to her house to find out what’s going on and see how you can help support her through this crisis. Everyone is very secretive and whispering, and you get a sense that Rosa is feeling very ashamed and alone.
### Observation Skills Checklist for Supervisors – Unit 2

<table>
<thead>
<tr>
<th>Did the Case Manager:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Summary of “Unit 1: Essential Communication Skills”</td>
<td></td>
</tr>
<tr>
<td>❑ Welcome the client and introduce self in a friendly way?</td>
<td></td>
</tr>
<tr>
<td>❑ Establish rapport with the client?</td>
<td></td>
</tr>
<tr>
<td>❑ Introduce supervisor and client to each other and clearly explain to client the purpose of supervisor’s presence in the meeting? (real session)</td>
<td></td>
</tr>
<tr>
<td>❑ Use open body language to show interest?</td>
<td></td>
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<tr>
<td>❑ Explain the role of the case manager?</td>
<td></td>
</tr>
<tr>
<td>❑ Explain confidentiality and what it means to be a mandated reporter?</td>
<td></td>
</tr>
<tr>
<td>❑ Assess the client’s agenda and address her/his concerns?</td>
<td></td>
</tr>
<tr>
<td>❑ Listen attentively?</td>
<td></td>
</tr>
<tr>
<td>❑ Use paraphrasing effectively?</td>
<td></td>
</tr>
<tr>
<td>❑ Give client positive feedback/point out strengths?</td>
<td></td>
</tr>
<tr>
<td>❑ Addresses sensitive topics with a neutral stance?</td>
<td></td>
</tr>
<tr>
<td>❑ Ask open-ended questions and encourage client to talk?</td>
<td></td>
</tr>
<tr>
<td>❑ Acknowledge, validate and normalize client’s feelings appropriately?</td>
<td></td>
</tr>
<tr>
<td>❑ Prepare in advance for this client visit?</td>
<td></td>
</tr>
<tr>
<td>❑ Introduce her/himself to the client’s family and explain role?</td>
<td></td>
</tr>
<tr>
<td>❑ Help the client decide what goals to focus on, and build on the client’s strengths?</td>
<td></td>
</tr>
<tr>
<td>❑ Encourage/allow client to do all the steps s/he was capable of?</td>
<td></td>
</tr>
</tbody>
</table>

continued on next page
### Observation Skills Checklist for Supervisors – Unit 2 continued

<table>
<thead>
<tr>
<th>Did the Case Manager:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❏ Respect client boundaries and model her/his own boundaries?</td>
<td></td>
</tr>
<tr>
<td>❏ Find out about client’s values, beliefs, and opinions?</td>
<td></td>
</tr>
<tr>
<td>❏ Communicate respect, openness, and interest?</td>
<td></td>
</tr>
<tr>
<td>❏ Acknowledge differences and address any issues related to culture as needed?</td>
<td></td>
</tr>
<tr>
<td>❏ Assess client stage of change and respond appropriately?</td>
<td></td>
</tr>
<tr>
<td>❏ Make appropriate referrals?</td>
<td></td>
</tr>
<tr>
<td>❏ Close session with summary of topics discussed/plans or agreements made?</td>
<td></td>
</tr>
<tr>
<td>❏ Summarize session and use closed questions appropriately?</td>
<td></td>
</tr>
<tr>
<td>❏ Review actions/decisions/referrals and the next appointment time?</td>
<td></td>
</tr>
</tbody>
</table>

Case Manager Strengths: ____________________________________________________________

________________________________________________________________________

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68 Unit 2 - Case Management Challenges
Congratulations!

You have completed Unit 2!
UNIT 2: Case Management Challenges – Pre-Test

1. Circle the false statement(s):
   It is important to maintain boundaries because...
   a. It provides an opportunity for clients to focus on themselves.
   b. It is not necessary for you to gather really personal information about the client to do your job well.
   c. It prevents the client from becoming too dependent on the case manager.
   d. It helps prevent job burnout.

2. Circle the false statement(s):
   I have good professional boundaries when I....
   a. Avoid my client when I see them outside of work.
   b. Send clients a card sometimes instead of going to their event.
   c. Empower clients to do as much on their own as possible.
   d. Choose to make self-disclosures only if it would benefit the client.

3. Circle the false statement(s):
   When clients ask me personal questions, it is important for me to think about:
   a. How sharing personal information will benefit this client.
   b. What the underlying question is that is being asked.
   c. If the client is trying to shift the attention away from her/himself.
   d. How to change the subject.

4. True or False (circle one)
   When most people try to change behavior, they usually go back and forth through the five different stages.

5. In the below statement, what “stage of change” is the client in?
   “I am starting to think that maybe I need some help with parenting.”
   a. Precontemplation
   b. Contemplation
   c. Preparation
   d. Action
   e. Maintenance

6. True or False (circle one)
   The good thing about being in the maintenance stage is that you never fall back into the old, undesirable behavior.
7. True or False (circle one)
   Confronting a client may be important when you think it is imperative that the client stop a certain behavior or if confrontation will help a client develop insight about the consequences of their choices.

8. Circle the false statement(s):
   Home visiting allows you to...
   a. View the client in their own environment.
   b. See how the parenting teen interacts with her/his child at home.
   c. Try to find time to tell other family members your helpful thoughts about your client.
   d. Become familiar first hand with some of your client’s culture, beliefs and practices.

9. True or False (circle one)
   Your client’s family may freely give information to you, but you may not give information to the family without the client’s consent.

10. Circle the false statement(s):
    a. To be safe on a home visit, it is mandated to always go in pairs with another case manager.
    b. To be safe on a home visit, it is good to wear comfortable clothes and shoes.
    c. To be safe on a home visit, leave your identification badge at the office because it makes you stand out.
    d. To be safe on a home visit, be aware of where the exits are and have access to them at all times.

11. True or False (circle one)
    A person’s culture is more than just their race or nationality.

12. True or False (circle one)
    Avoid asking clients questions about their culture; it may lead to misunderstandings.

13. Below are the 6 stages of crisis intervention that often occur. Put a number next to each to indicate the order in which these usually occur.
   __ Put the problem into a broader context
   __ Identify the nature and cause of the crisis
   __ Evaluate client functioning
   __ Evaluate and follow up
   __ Problem-solve together
   __ Choose action strategies
14. Circle the false statement(s):
   a. When working with suicidal or homicidal clients, it is important to notify your supervisor that your client is suffering from these symptoms.
   b. Case managers should refer out all suicidal or homicidal clients because they should not see clients until their symptoms are less acute.
   c. Case managers can do an initial assessment to determine whether a client is suicidal or homicidal before referring to a mental health professional.
   d. Clients who are suicidal and have a plan should not be left alone.

15. Circle the false statement(s):
   To prevent burnout it is important to ....
   a. Pay attention to your emotions and your personal life.
   b. Protect your time for yourself, your goals, and relaxation time.
   c. Identify and manage the times that stress and pressure at work mount up and affect you negatively.
   d. Remember that you are responsible for your clients’ successes or failures.
UNIT 2: Case Management Challenges – Post-Test

1. Circle the false statement(s):
   It is important to maintain boundaries because...
   a. It provides an opportunity for clients to focus on themselves.
   b. It is not necessary for you to gather really personal information about the client to do your job well.
   c. It prevents the client from becoming too dependent on the case manager.
   d. It helps prevent job burnout.

2. Circle the false statement(s):
   I have good professional boundaries when I....
   a. Avoid my client when I see them outside of work.
   b. Send clients a card sometimes instead of going to their event.
   c. Empower clients to do as much on their own as possible.
   d. Choose to make self-disclosures only if it would benefit the client.

3. Circle the false statement(s):
   When clients ask me personal questions, it is important for me to think about:
   a. How sharing personal information will benefit this client.
   b. What the underlying question is that is being asked.
   c. If the client is trying to shift the attention away from her/himself.
   d. How to change the subject.

4. True or False (circle one)
   When most people try to change behavior, they usually go back and forth through the five different stages.

5. In the below statement, what “stage of change” is the client in?
   “I am starting to think that maybe I need some help with parenting.”
   a. Precontemplation
   b. Contemplation
   c. Preparation
   d. Action
   e. Maintenance

6. True or False (circle one)
   The good thing about being in the maintenance stage is that you never fall back into the old, undesirable behavior.
7. True or False (circle one)
   Confronting a client may be important when you think it is imperative that the client stop a certain behavior or if confrontation will help a client develop insight about the consequences of their choices.

8. Circle the false statement(s):
   Home visiting allows you to...
   a. View the client in their own environment.
   b. See how the parenting teen interacts with her/his child at home.
   c. Try to find time to tell other family members your helpful thoughts about your client.
   d. Become familiar first hand with some of your client’s culture, beliefs and practices.

9. True or False (circle one)
   Your client’s family may freely give information to you, but you may not give information to the family without the client’s consent.

10. Circle the false statement(s):
    a. To be safe on a home visit, it is mandated to always go in pairs with another case manager.
    b. To be safe on a home visit, it is good to wear comfortable clothes and shoes.
    c. To be safe on a home visit, leave your identification badge at the office because it makes you stand out.
    d. To be safe on a home visit, be aware of where the exits are and have access to them at all times.

11. True or False (circle one)
    A person’s culture is more than just their race or nationality.

12. True or False (circle one)
    Avoid asking clients questions about their culture; it may lead to misunderstandings.

13. Below are the 6 stages of crisis intervention that often occur. Put a number next to each to indicate the order in which these usually occur.
    __ Put the problem into a broader context
    __ Identify the nature and cause of the crisis
    __ Evaluate client functioning
    __ Evaluate and follow up
    __ Problem-solve together
    __ Choose action strategies
14. Circle the false statement(s):
   a. When working with suicidal or homicidal clients, it is important to notify your supervisor that your client is suffering from these symptoms.
   b. Case managers should refer out all suicidal or homicidal clients because they should not see clients until their symptoms are less acute.
   c. Case managers can do an initial assessment to determine whether a client is suicidal or homicidal before referring to a mental health professional.
   d. Clients who are suicidal and have a plan should not be left alone.

15. Circle the false statement(s):
    To prevent burnout it is important to ....
   a. Pay attention to your emotions and your personal life.
   b. Protect your time for yourself, your goals, and relaxation time.
   c. Identify and manage the times that stress and pressure at work mount up and affect you negatively.
   d. Remember that you are responsible for your clients’ successes or failures.
UNIT 2: Case Management Challenges – Supervisor Sign-Off Sheet

Case Manager’s Name ___________________________
Supervisor’s Name _____________________________
Agency ___________________________________
Supervisor’s Phone_____________________________  Date_________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Page #</th>
<th>Supervisor Initials</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Professional Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessing Your Professional Boundaries</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Disclosure</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenges to Boundaries</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stages of Change</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging Your Clients</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicing Immediacy</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confronting Clients Effectively</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond Your Comfort Zones</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Family Values — Past and Present</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Visiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explaining your Purpose and Role to the Client’s Parents</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explaining Confidentiality to the Parents</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging Family Members</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening the Relationship between Client and Child</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking Precautions</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Containment</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Views of Therapy</td>
<td>53</td>
<td></td>
<td></td>
</tr>
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<td>Teamwork</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Organizing Key Tasks</td>
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<td></td>
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<td>Managing Stress and Preventing Burnout Prevention</td>
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</tr>
<tr>
<td>Putting It All Together – Supervisor Observation</td>
<td>65</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Endnotes


3 Institute for Human Services handout (1989).

4 See note 3 above.

5 Adapted from example given by Candace McLeod in a professional communication (2002).


7 See note 3 above.

8 See note 8 above.

9 See note 8 above.

10 Adapted from Anisa Law (2002).

11 Brenda Stevens and Lynette Ellerbrock, Crisis Intervention: An Opportunity To Change (Greensboro: ERIC Clearinghouse on Counseling and Student Services, 1995).


14 Adapted from Geodex International, Inc. handout (Sonoma).
UNIT 3: STAGES OF DEVELOPMENT — ADOLESCENTS AND THEIR CHILDREN
# Contents

UNIT 3: STAGES OF DEVELOPMENT — ADOLESCENTS AND THEIR CHILDREN

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Overview and Instructions

This unit provides guidance for new case managers working with pregnant and parenting teens about how to discuss prenatal, infant, and early child development with their clients. It is not intended to serve as a comprehensive review of these topics but rather to provide an overview.

The first chapter, “Adolescent Development,” describes the early, middle, and late stages of teen development and discusses key issues to be aware of when working with adolescents. The subsequent chapters focus on communicating with teen parents about the developing fetus, infant and child. Because the goal is to help you make the messages you give to your teen clients appropriate and understandable, some details have been omitted. This is intentional. Too much information can be overwhelming for teens (and many adults), so it is important to focus on the essentials in order to ensure that the messages you deliver are heard, understood, and acted on.

This unit is the third of four units and is divided into five chapters:

1. Adolescent Development
2. Fetal Development
3. Infant Development
4. Early Child Development
5. Putting It All Together

Each chapter except “Putting It All Together” includes Learning Objectives, Things to Think About, Guidelines for Practice, and a number of activities to reinforce the information provided.

Please complete the Pre-Test before you begin. As you read through this unit, complete all of the activities and conclude by completing the Post-Test.

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the Observation Skills Checklist for Supervisors at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed Supervisor Sign-Off Sheet. Your supervisor will not read your responses – only confirm that you have done the activities and correct your Post-Test.
I. Adolescent Development

Learning Objectives:
After completing this chapter, you will be able to:
1. Identify key milestones in adolescent physical development
2. Explain the impact of early physical development on an adolescent
3. Identify key milestones in cognitive development
4. Identify key milestones in moral, social and emotional development
5. Identify three characteristics associated with each stage of adolescence
6. Demonstrate how to tailor a health message in a developmentally appropriate way

A. General Adolescent Development

Adolescence is a time of enormous growth and change, yet we often tend to think of “teenagers” as a uniform group with common characteristics. This approach can create barriers to effective communication and interventions with youth, because there are significant differences between teens at different ages and stages of growth and development. These differences influence how adolescents respond to adults, understand and apply information, make decisions, and prioritize when faced with competing needs and responsibilities. By understanding adolescent development, you can modify your approach to dealing with young people and maximize the likelihood of positive outcomes.

When working with teens, remember the following key points:
1. Age is a clue to, but does not determine, the developmental stage a teenager has reached.
2. Each area of development (physical, cognitive, social, etc.) is related to but separate from all other areas, and advanced development in one area does not mean that the teen is equally advanced in all areas.
3. Each individual and each family is unique and deserves an individualized assessment and intervention using development milestones as a guide.
4. Trauma can delay development.

Putting these ideas into practice, you may find, for example, that the 19-year-old pregnant teen who has been in foster care since age 6, has a history of sexual abuse, and has been smoking marijuana daily since she was 14 thinks and makes decisions much like a 12-year-old. Her stage of cognitive, social, and emotional development is “early adolescent” even though she is by age a late adolescent. Therefore, you should gear your interactions with her to her level of development despite her age.

It is sometimes difficult for adults to remember the challenges of adolescence. We see life through the lens of our current experiences and may have a hard time under-
standing why the youth we work with make the decisions they do. By getting back in touch with your own adolescent experiences, you can begin to empathize with your teenage clients. Even if you come from a very different background than your clients and faced different choices and situations as an adolescent, you have probably had experiences that can help you “get in touch” with the struggles and challenges they face.

ACTIVITY: What Is it Like to Be 16?[^1]

INSTRUCTIONS: Think about when you were 16 years old. Take a few minutes to answer the following questions, either in your head or by jotting down your responses on a separate and private sheet of paper.

1. The year is __________ .
2. I live in ______________________ (city/town), which has an (approximate) population of __________ .
3. I live with______________________________________________________ .
4. My family relationships are ______________________________________ .
5. I go to _________________ High School, and my class has ________ students.
6. I’m good at ____________________________________________________ .
7. I’m struggling with ______________________________________________ .
8. For fun, I ______________________________________________________ .
9. When it comes to sex, so far I ______________________________________ .
10. When it comes to alcohol and drugs, so far I ________________________ .
11. I’m worried about what will happen to me if ________________________ .
12. If a girl at my school gets pregnant, then ____________________________ .

[^1]: continued next page
13. My parents most often give me advice about ____________________________.

14. I’m getting pressure from my friends to ________________________________.

15. In my community, gangs ____________________________________________.

16. The most important adult in my life is ________________________________.

17. When I get stressed, I ________________________________________________.

18. One thing I feel proud about is ______________________________________.

19. My plans for the future include ________________________________________.

After responding to the questions above, think about the similarities and differences between your life at age 16 and your 16-year-old clients’ lives. Then answer the following questions, either in your head or by jotting down your responses.

1. What was it like reflecting on your experiences as a 16-year-old? ________________

2. What similarities did you notice between your past experiences and those of your clients? ________________________________

3. What differences did you notice between your past experiences and those of your clients? ________________________________

4. What’s different about the world today that makes life harder for adolescents? ________________________________

5. What’s different about the world today that makes life easier for adolescents? ________________________________
In order to get a general idea of what theorists say about adolescent development, review the chart, “Adolescent Stages of Development,” on pages 8-9. Key aspects of physical, cognitive and psychosocial development will be addressed separately.

B. Key Issues in Physical Development

Secondary Sexual Development in Girls
There is a broad range of what are considered normal pubertal changes for adolescent girls. Secondary sexual development can begin as early as age 8 and as late as age 13 and still be considered normal. Recent studies show the onset of puberty occurring earlier than in the past and reveal differences based on race, body weight, and nutritional status, with African-American girls beginning and completing puberty earlier than Caucasian girls. On average, girls begin and complete their secondary sexual development two years earlier than boys.

<table>
<thead>
<tr>
<th>Physical Characteristics</th>
<th>Age of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breasts grow</td>
<td>8-13 years</td>
</tr>
<tr>
<td>Pubic hair develops</td>
<td>8-14 years</td>
</tr>
<tr>
<td>Body grows</td>
<td>9½-14½ years</td>
</tr>
<tr>
<td>Menarche (first period) occurs</td>
<td>10-16½ years</td>
</tr>
<tr>
<td>Underarm hair grows</td>
<td>Around 2 years after the appearance of pubic hair</td>
</tr>
<tr>
<td>Oil/sweat glands develop</td>
<td>Around the time that underarm hair appears</td>
</tr>
</tbody>
</table>

Secondary Sexual Development in Boys
There is an equally broad range of what is considered normal in male secondary sexual development.

<table>
<thead>
<tr>
<th>Physical Characteristics</th>
<th>Age of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testicles grow</td>
<td>9½-13½ years</td>
</tr>
<tr>
<td>Pubic hair begins to appear</td>
<td>10-15 years</td>
</tr>
<tr>
<td>Penis grows</td>
<td>10½-14½ years</td>
</tr>
<tr>
<td>Body grows</td>
<td>10½-16 years (begins) 13½-17½ (ends)</td>
</tr>
<tr>
<td>Ejaculation/nocturnal emissions</td>
<td>12-16 years</td>
</tr>
<tr>
<td>(wet dreams)</td>
<td>12½-15½ years</td>
</tr>
<tr>
<td>Facial and body hair begins to grow</td>
<td>12½-15½ years</td>
</tr>
<tr>
<td>Voice begins to deepen</td>
<td>12½-15½ years</td>
</tr>
</tbody>
</table>
Early Physical Development

One aspect of physical development that has been found to be protective for teenagers is being “in sync” with their peers. Studies of early-developing girls show that they face significant psychological challenges. Because girls who have gone through puberty early tend to be taller and heavier than their peers who have not yet started their pubertal development, they tend to view their bodies negatively. The natural changes of puberty can also cause these girls to judge themselves as fat, particularly given the high value placed on thinness in our society. The early-maturing girl stands out from her friends and often has lower self-esteem as measured on standardized scales.

Early-maturing girls may also experience rejection by their peers. In response, instead of looking for different friends within the same age group, they tend to make older and more mature friends. This can cause problems for girls who are inexperienced or psychologically immature. Hanging out with an older crowd can lead early-maturing girls into earlier sexual activity and earlier substance use. One study theorized that these girls may not have had enough time to complete the necessary childhood developmental tasks before entering the world of the older crowd. They have had less time to form a sense of self, which could cause them to make bad decisions.²

Not only do early-maturing girls view themselves differently, but the world views them differently too. Physically mature 11- and 12-year-olds often find themselves the object of unsolicited and unwanted attention from older adolescent boys and adult men. Psychologically and socially unprepared to manage this attention, these girls are at higher risk for sexual abuse, as well as the early onset of voluntary sexual activity. Paired with the poor decision-making skills that are typical for girls of this age, these factors can lead to a higher risk for pregnancy and early childbearing.
# Adolescent Stages of Development

<table>
<thead>
<tr>
<th>Early Adolescence (11-14 Years)</th>
<th>Middle Adolescence (14-17 Years)</th>
<th>Late Adolescence (17-20 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROWTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapidly accelerating growth</td>
<td>Growth decelerating in girls</td>
<td>Physically mature</td>
</tr>
<tr>
<td>Reaches peak velocity</td>
<td>Stature reaches 95 percent of adult height</td>
<td>Structure and reproductive growth almost complete</td>
</tr>
<tr>
<td>Secondary sex characteristics appear</td>
<td>Secondary sex characteristics well advanced</td>
<td></td>
</tr>
<tr>
<td><strong>COGNITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explores newfound ability for limited abstract thought</td>
<td>Developing capacity for abstract thinking</td>
<td>Established abstract thought</td>
</tr>
<tr>
<td>Struggling to define new values</td>
<td>Enjoys intellectual powers, often in idealistic terms</td>
<td>Can perceive and act on long-range goals</td>
</tr>
<tr>
<td>Comparison of “normality” with peers of the same sex</td>
<td>Concern with philosophical, political and social problems</td>
<td>Able to view problems comprehensively</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intellectual and functional identity established</td>
</tr>
<tr>
<td><strong>IDENTITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preoccupied with rapid body changes</td>
<td>Modifies body image</td>
<td>Body image and gender role definition nearly secured</td>
</tr>
<tr>
<td>Trying out various roles</td>
<td>Very self-centered, increased narcissism</td>
<td>Mature sexual identity</td>
</tr>
<tr>
<td>Measurement of attractiveness by acceptance or rejection of peers</td>
<td>Tendency toward inner experience and self-discovery</td>
<td>Phase of consolidation of identity</td>
</tr>
<tr>
<td>Conformity to group norms</td>
<td>Has rich fantasy life</td>
<td>Stability of self-esteem</td>
</tr>
<tr>
<td></td>
<td>Idealistic</td>
<td>Comfortable with physical growth</td>
</tr>
<tr>
<td></td>
<td>Able to perceive future implications of current behavior and decisions; variable application</td>
<td>Social roles defined and articulated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RELATIONSHIP WITH PARENTS</strong></td>
<td>Major conflicts over independence and control</td>
<td>Emotional and physical separation from parents completed</td>
</tr>
<tr>
<td>Defining independence/dependence boundaries</td>
<td>Low point in parent/child relationship</td>
<td>Independence from family with less conflict</td>
</tr>
<tr>
<td>Strong desire to remain dependent on parents while trying to detach</td>
<td>Greatest push for emancipation; disengagement</td>
<td>Emancipation nearly secured</td>
</tr>
<tr>
<td>No major conflicts over parental control</td>
<td>Final and irreversible emotional detachment from parents; mourning</td>
<td></td>
</tr>
</tbody>
</table>

continued on next page
### Adolescent Stages of Development continued

<table>
<thead>
<tr>
<th>Early Adolescence (11-14 Years)</th>
<th>Middle Adolescence (14-17 Years)</th>
<th>Late Adolescence (17-20 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELATIONSHIPS WITH PEERS</strong></td>
<td><strong>SEXUALITY</strong></td>
<td><strong>PSYCHOLOGIC HEALTH</strong></td>
</tr>
<tr>
<td>Seeks peer affiliations to counter instability generated by rapid change</td>
<td>Strong need for identity to affirm self-image</td>
<td>Wide mood swings</td>
</tr>
<tr>
<td>Upsurge of close, idealized friendships with members of peer group</td>
<td>Behavioral standards set by peer group</td>
<td>Intense daydreaming</td>
</tr>
<tr>
<td>Struggle for mastery takes place within peer group</td>
<td>Acceptance by peers extremely important; fear of rejection</td>
<td>Anger outwardly expressed with moodiness, temper outbursts, and verbal insults</td>
</tr>
<tr>
<td></td>
<td>Exploration of ability to attract others (individuals)</td>
<td>Tendency toward inner experiences; more introspective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tendency to withdraw when upset or feelings are hurt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vacillation of emotions in time and range</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feelings of inadequacy common; difficulty in asking for help</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More constancy of emotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anger more apt to be concealed</td>
</tr>
</tbody>
</table>


The impact of early or late development on boys is quite different. Early-developing boys view themselves positively and tend to excel in activities dependent on size, strength, and speed (sports, for example). The psychological and emotional impact of early maturation on boys is just beginning to be studied. However, like early-maturing girls, boys who look much older than they are may find themselves in situations that they are not prepared to handle. Late development in boys has been associated with increased engagement in risky behaviors, particularly substance use.
Protecting the Early Developer

There are concrete ways that early-maturing girls can be protected from the negative outcomes outlined above. Recent research on resilience and protective factors in young people’s lives shows that teens (boys and girls) who feel connected to and cared for by their parents and/or families and who receive clear messages about delaying sexual intercourse from their parents are less likely to have early sexual intercourse.

Clear messages on how to deal with adult male attention can support early-maturing girls in avoiding inappropriate relationships. For example, a physically mature 11-year-old girl can be taught to respond to older boys or men’s attention by saying, “I’m only 11 years old. Leave me alone!” Girls should be encouraged to get an adult’s help if they feel uncomfortable or pressured by older teens or adults.

ACTIVITY: Counseling an Early Maturing Client in a Sibling Program

INSTRUCTIONS: Read the following vignette and then answer the questions that follow.

Vignette: Julie is the 12-year-old sister of Jana, a 15-year-old teen mother of an infant. Julie is an ASPPP client. She has been doing fairly well in school. She is very athletic and also enjoys singing in church. You have discovered that Julie is hanging out with Jana’s “old crowd,” who Jana rarely sees now because she is home with the baby. Though Julie is only 12, she looks like she’s 16. She tells you that some of her friends are starting to have sex.

What key points do you want to cover in your session with Julie next time you meet with her? Make sure that you address both Julie’s strengths and risks.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________

What activities or programs in your community might you suggest for Julie?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
C. Key Issues in Cognitive and Moral Development

Adolescence is a time of major changes not only in young peoples’ bodies, but also in their brains and their thinking and planning processes. The most significant change in thinking occurs during early-to-middle adolescence and involves the transition from concrete to abstract thinking. For some adolescents, particularly those who have faced many challenges in their academic, social, and emotional lives, this transition may be delayed, even into adulthood.

Concrete Thinkers

Concrete thinking is characterized by a present orientation and a tendency to view choices as black or white, with little appreciation of shades of gray. For concrete thinkers, seeing is believing, and their own (or their friends’) experiences are what count. Concrete thinkers’ ability to project into future is limited, and they are often unable to perceive the long-range implications of their current decisions. This means that although they may have the information they need to make decisions, they may have difficulty applying that information to their particular situations.

Young teens’ sense of morality, like their thinking, tends to be concrete and conventional. They see individuals and actions as good or bad, right or wrong, and have difficulty appreciating the complexities of moral reasoning. Because of their limited ability to think abstractly, teenagers often have problems with complex decision-making, such as making a choice about what to do when faced with an unplanned pregnancy or even selecting contraception.

Dealing with young teens in situations that require abstract thinking can be frustrating for the case manager. It is important to bear in mind that concrete thinking is a stage of brain development. Young teens cannot think abstractly — no matter how hard they try. A concrete thinker cannot be reasoned into thinking abstractly.

When working with a concrete thinker, try to keep these things in mind:
1. The concept of pregnancy is abstract. You can make it more concrete by describing fetal development and pregnancy using visual aids.
2. Concrete thinkers need support and direction to engage in complex decision-making and reasoning. They benefit from being “walked through” the process.
3. They are more concerned with what is happening “today,” so don’t neglect their immediate concerns.
4. They have limited ability to project into the future, so activities or interventions that rely on a future orientation are not usually helpful. When working on planning for future events, use concrete and realistic examples of situations that clients can “see” themselves in.
Example: You have a 13-year-old (early adolescent) client named Yvette who has just learned she is pregnant. She appears to be moody, and her main concern is about getting “fat.” She is also anxious about telling her friends for fear that she will be excluded from her peer group.

You might help Yvette by saying, “Let’s start with what is in front of us, and take this one step at a time. Have you talked to any other adult (family, adult friend, counselor) and told them that you are pregnant? Are there any other adults you can think of who can help you figure out what you are going to do? What choices do you think you have?”

Ask one question at a time, and proceed based on the client’s response. Assess the client’s support system and knowledge base, and then build from there.

**Abstract Thinkers**

The characteristics of abstract thinking include a future orientation and the ability to imagine multiple perspectives, envision and evaluate alternatives, and reason about chance and probability. These thinking abilities are essential to complex decision-making. As teenagers mature, they are better able to understand complex relationships and appreciate others’ perspectives. They become increasingly aware of societal values and begin to internalize them, applying conditionality and context to their moral and ethical decisions. This process continues and is refined in late adolescence and early adulthood.

When working with abstract thinkers (middle to late adolescence), try to keep these things in mind:

1. Until abstract thinking is well established (late adolescence/young adulthood) the application of abstract thinking skills may be inconsistent.
2. It can be more difficult for abstract thinkers to make decisions because their process is more complex, and they are aware of alternatives and consequences. Do not rush the decision-making process.
3. Let abstract thinkers take the lead in setting the case-management agenda. They are able to set priorities and expect and deserve to have their priorities respected.

Example: Your 18-year-old (late adolescent) client Josie has just learned she is pregnant. She appears to be a little nervous but is relatively accepting of her pregnancy. Her boyfriend has expressed interest in continuing their relationship. She is worried about whether she can work and go to school during her pregnancy.
You might say, “Although you seem pretty settled about having this baby, there are a lot of details to think about. What are your most important concerns right now? We can start with whatever you are most concerned about, and over time, get through all the issues.”

**ACTIVITY: Concrete and Abstract Statements**

**INSTRUCTIONS:** Read the following statements and circle “abstract” or “concrete” depending on what kind of thinking you think they reflect.

**Examples:**
1. If I get pregnant, I won’t fit into the new pants I just bought. (concrete/abstract)
2. If I get pregnant, I’ll have to think about how I’m going to support my baby. (concrete/abstract)

Then, write how you would respond to the client.

1. My nipples are sore from beginning to breastfeed, and I really don’t want to do it anymore. (concrete / abstract)
   Response: _______________________________________________________
   _________________________________________________________________

2. I’m worried about getting health insurance for my baby. (concrete / abstract)
   Response: _______________________________________________________
   _________________________________________________________________

3. Why should it matter what I eat now while I’m pregnant? I’ll make sure to feed my baby well after she’s born. (concrete / abstract)
   Response: _______________________________________________________
   _________________________________________________________________

4. My baby is spoiled. He cries like something awful is happening, but there really isn’t anything wrong. I can tell because he stops just as soon as I pick him up. (concrete/abstract)
   Response: _______________________________________________________
   _________________________________________________________________
D. Key Issues in Emotional and Social Development

The emotional needs and behavior patterns of early and middle adolescents are often in direct opposition to the needs of infants and young children and the responsibilities of parenting. Young teens tend to be very moody and erratic in their emotions. They value their privacy and are often quite egocentric (self-centered). They have difficulty seeing things from anyone else’s perspective or putting someone else’s needs first, even if that person is their child. As teen parents mature, their emotions stabilize and they develop empathy, or the ability to see things through another’s eyes, which helps them become more caring and competent parents. Mentoring, modeling, and support can have a positive impact on teen parents’ emotional development.

Teen parenting is a significant stressor for a developing adolescent. Like all stressors, the experience of teen parenting can delay and impede development in the already stressed and compromised teen. Alternatively, if the teen has a good support system or positive coping mechanisms, the experience of being a parent can serve to “push” or accelerate her/his developmental timeline.

The most significant aspects of adolescent social development are related to the change in relationships with family and peers. Parenting dramatically challenges and changes these relationships.

Family Relationships

As teens mature, they go through a process of separation from their parents and/or guardians and a redefinition of their relationships with them. This process can be quite stressful for parents, as teens often test limits, challenge family rules, and assert their independence by rejecting their parents’ opinions and values. Parents need to reaffirm their roles as consistent, stabilizing adult role models while also allowing their teen children to develop self-reliance, independence, and responsibility.

For some teens, their own parents may not be the best role models and may in fact be destabilizing rather than stabilizing influences. They may be engaged in their own delayed maturational processes and/or face challenges of substance abuse, homelessness, abusive relationships, unemployment, and low academic achievement. It is important for case managers to remember that other caring adults can have a significant and lasting impact on young people’s social and emotional development and that the presence of caring adults who are resources is a factor which protects youth from risky behaviors and enhances their health and well-being.
Even in the most “functional” of families, early childbearing by an adolescent brings role change and conflict. Family relationships are often disrupted by the introduction of a third generation, and the teen’s parenting role may conflict with their child/teenager role as well as with the parent’s parenting role. These conflicts can be anticipated, and families can benefit from the opportunity to discuss these potential conflicts and engage in role redefinition with the support of a counselor or case manager.

**Peer Relationships**

A hallmark of the teen years is the importance of peer groups. In middle adolescence, peer groups become very important, and teens are highly sensitive to the social norms of their peers. This is often expressed by conformity in appearance, language, interests, and behavior.

Peer groups have a tremendous influence on the development of the teen’s self-identity. Although adults often think of “peer pressure” as negative, it can also serve as a positive influence. For example, research shows that youth with lower academic achievement who move into a peer group with higher achievement will improve in their school performance. Youth who belong to clubs or other social groups can experience a sense of belonging and cohesiveness with others. When these positive social outlets are not available, youth sometimes drift towards more negative influences.

Another common misperception is that because teens care so much about what their friends think and do, they are not concerned about what their parents think. Researchers have found that this is not true, and that teens in general look to their parents for guidance and support and want them to be involved in their lives.
Adolescent Development

**Things to Think About**

- How does your own adolescent experience affect your expectations of clients?
- What developmental stage of adolescence are you most comfortable working with?
- What stage do you find most challenging?
- In which stage of adolescence are most of your clients?
- How have past traumas affected your clients?

**Guidelines for Practice**

★ Assess the developmental stage of your client; do not just rely on age in determining the developmental stage.
★ Start from what the client knows, believes, and feels is important and build from there.
★ Tailor your interventions to the client’s developmental stage.
★ If the client’s parent(s) are involved, get to know them and involve them in planning as appropriate.
★ Provide special guidance and support for early-developing female clients and their families.
★ Provide more structure and guidance to the concrete thinker.
★ Support the abstract thinker in independent decision-making.
2. Fetal Development

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Identify key milestones in fetal development
2. Translate key milestones in fetal development into key messages for the pregnant teen
3. Identify the warning signs specific to adolescent pregnancy
4. Translate the warning signs into adolescent-appropriate messages
5. Identify issues in adolescent development that may impact on the pregnant teen’s understanding of and behaviors during crucial times in fetal development

**A. Teen Pregnancy**
Early pregnancy is often a time of confusion and conflict for a teen. Delays in receiving the pregnancy diagnosis are common, and once a young woman is aware of the pregnancy, she may go through a period of ambivalence and indecision about it. As a result, at an extremely crucial time in fetal development, she may be either unaware of the pregnancy or totally focused on her own needs rather than those of the developing fetus. Youth who engage in risky behaviors such as unprotected sexual contact are also more likely to engage in other risky behaviors, such as cigarette, alcohol, and other substance use, and this creates additional risk for the fetus.

The case manager can play a vital role in helping to ensure the health and safety of the developing fetus by explaining and supporting the messages that the young woman receives from her health care provider. As the client’s case manager, it is likely that you know the client better, see her more frequently, have more time to talk with her, and are less intimidating to her than her health care provider. For these reasons, you are in a key position to have a positive influence on her care and education.
B. Key Milestones in Fetal Development

The First Trimester

By the End of Month One
- The embryo progresses from a ball of cells to looking like a tadpole. Tiny limb buds, which will grow into arms and legs, appear.
- The heart and lungs have begun to form, and the heart begins to beat.
- The neural tube, which will become the brain and spinal cord, begins to form.

By the End of Month Two
- All major body systems have begun to form but are not yet fully developed.
- The ears, ankles, and wrists form, and fingers and toes begin to develop.

By the End of Month Three
- The face is well formed, and the eyelids are fused closed.
- The mouth has 20 buds that will become baby teeth.
- The urogenital tract completes its development, and the genitals are differentiated (male and female).

The Second Trimester

By the End of Month Four
- The muscles and bones develop, and the bones become harder.
- The fetus makes active movements.
- The fetus can suck and swallow.
- The lungs*, intestinal tract, liver, and pancreas continue to develop and begin to function.
- The baby can hear. (Encourage the client to sing and talk to baby)

* The lungs are able to function mechanically and pass fluid in and out, but they are not yet ready to take in air.

By the End of Month Five
- The fetus starts to deposit fat and gain weight.
- The fetus is more active, with greater muscle development.
- The mother feels fetal movement.

By the End of Month Six
- There is rapid brain development, and the nervous system can now control some body functions.
- The eyelids can open and close.
- The lungs, while still immature, are capable of gas exchange.
- A baby born at this stage could survive with intensive care but is at very high risk for serious complications or death.
The Third Trimester

By the End of Month Seven
- There is rapid weight gain and increase in body fat.
- The lungs are not fully mature, but are practicing rhythmic breathing movements.
- The fetus begins storing calcium, iron, and phosphorous.

By the End of Month Eight
- The fetus continues to gain weight and body fat.
- There is increased central nervous system control over body functions.
- A baby born at this stage will probably do fine, but may need some medical interventions.

By the End of Month Nine
- The baby is considered full term and ready to be born between 38 and 42 weeks (8½ to 9½ months).
- The mother has supplied antibodies to the baby to protect it from disease.
- Medications and drugs ingested by the mother will be present and affecting the baby at birth.

By the end of the first trimester, the fetus has the beginnings of everything that it needs to grow into a child. During the next six months, the baby’s organs and systems complete the growth and development necessary for life outside of the womb. The key process in the first trimester is cell differentiation, and during this time, the embryo and fetus are very vulnerable to damage from external sources such as:

- **Teratogens** (substances that cause birth defects such as alcohol and certain prescription and illicit drugs)
- **Infections** (such as rubella or cytomegalovirus)
- **Radiation** (such as x-rays)
- **Nutritional deficiencies** (such as inadequate folic acid)
C. Communicating Meaningful Messages

There is an enormous amount of information to be communicated to the pregnant teen early in her pregnancy at a time when she may be preoccupied with issues such as the impact of the pregnancy on herself, her relationship with her partner (if she has one), her parent(s), her schooling, and her housing situation. Your messages to the teen about fetal growth and development are more likely to get through to her if you make sure that:

- The information is simple and understandable
- The information is important to the individual teen
- The information is concrete and includes actions that the teen can take to achieve or avoid specific outcomes or consequences

Five Ways to Have a Healthy Pregnancy

The Maternal and Child Health Bureau has determined that the following messages, if communicated in a way which affects a woman’s choices and behavior, will have the biggest impact on pregnancy outcomes:

1. See a doctor or other health care provider from the start of your pregnancy.
2. Don’t drink alcohol, smoke cigarettes, or take drugs. (Check with your medical provider about over-the-counter drugs.)
3. Eat healthy foods, including fruits, vegetables, low-fat milk, eggs, cheese, grains, and foods rich in iron and folic acid.
4. Take good care of your health and exercise sensibly.
5. Have your baby checked by a doctor or health care provider right after birth and throughout childhood.
ACTIVITY: Making the Message Meaningful

INSTRUCTIONS: Think about what you know about adolescent development and fetal development. Review the adolescent development chart on pages 8-9 and the development information for each trimester in this chapter as necessary. Pick one of the messages above (page 20) and translate it into a meaningful and appropriate message for Elise.

Example: First Trimester

Elise is a 15-year-old who is currently nine weeks pregnant. She had a pregnancy test at about six weeks, and, after some indecision, has decided to continue the pregnancy. She had been using Depo-Provera as her birth control method but did not return for her last shot. Elise had trichomonas and chlamydia a year ago. Before the pregnancy, she reports, she was a weekend alcohol and marijuana user. She is overweight and has tried diets and diet pills in the past with no significant weight loss. She is in the ninth grade and does “okay” in school.

Key Message: See a doctor or other health care professional from the start of your pregnancy.

How to Say It: Elise, I’m sure that you have heard about how important it is that you see a doctor when you are pregnant. There are lots of reasons for this, mostly to make sure that you are doing okay and that your baby is healthy and growing well. Can you think of some reasons that prenatal care would be especially important for you? One thing that I was thinking about is that you have had some sexually transmitted infections (STIs) like chlamydia and trichomonas in the past. STIs can cause serious problems for your pregnancy and the baby. They can cause the baby to come too early and can cause infections in the baby after birth if you have them when you go into labor. For you in particular, it is very important that you find out if you have any infections and get them treated right away.

continued on next page
Second Trimester
Elise is now five-months pregnant. Lately, she has been missing her prenatal appointments. She was seen in the emergency room last weekend and diagnosed with a bladder infection and chlamydia (both of which can lead to premature labor and the delivery of a premature baby). She was prescribed medicine for both problems but keeps forgetting to take it.

Key Message: _______________________________________________________

How to Say It: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Third Trimester
Elise is now eight-months pregnant. She has been going to her prenatal appointments weekly. At her last visit, she complained of unusual fatigue and was found to be anemic. She met with the nutritionist, who discovered that her diet is also insufficient in calcium. She was given calcium and iron supplements, but she tells you that she doesn’t like how they taste, hates to swallow pills, and is not taking them regularly. “When is this baby going to come?” she ask you. “I am so sick of being pregnant.”

Key Message: _______________________________________________________

How to Say It: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
D. Adolescent Specific Prenatal Concerns

There are risks during pregnancy that are of special concern for adolescents. These risks are generally related to inadequate prenatal care, inadequate nutrition, and behaviors (such as substance use) that put the pregnancy and fetus at risk. In an adolescent pregnancy, providers are most concerned about the risks of:

- Preterm labor
- Anemia
- Pre-eclampsia (a condition of pregnancy that includes high blood pressure)
- Low-birth-weight babies

In order to reduce these risks, case managers should focus on primary messages that can result in a healthier pregnancy. Most essential among these are consistent prenatal care, adequate diet, STI prevention, and recognition of the warning signs of pre-eclampsia and preterm labor.

When a woman receives regular prenatal care, she is reminded at each visit of these warning signs. Reinforcing these messages is an important issue for the case manager to address at each visit as well.

Tell your clients, “Call your medical provider if you have any of these symptoms:

- Blood or fluid coming from your vagina
- Sudden or extreme swelling of your face or fingers
- Headaches that are very bad or won’t go away
- Nausea and vomiting that won’t go away
- Dizziness
- Dim or blurry vision
- Pain or cramps in the lower part of your belly
- Chills or fever
- A change in your baby’s movements
- Burning when you urinate or less urine
- Any illness or infection
- Anything that bothers you

“If you cannot reach your doctor, nurse, or on-call doctor, go to the emergency room or the Labor and Delivery department.” (Give one place only, as appropriate, and make sure that the client knows how to get there and has taxi vouchers or other plans for hospital transport in place). “Hopefully, the problem will not be serious, but if it is, then the very best thing that you can do for yourself and your baby is to check it out. If you are told it is nothing to worry about, it still is never a mistake to ask about any worries or concerns that you have.”
As the pregnancy progresses, it is helpful to have the client remind you of the warning signs, so that the messages do not become a repetitive and boring “lecture.” Ask her to tell you what she remembers, and help her to find ways to remind herself of the messages that don’t seem to be “sticking.” Give helpful suggestions — such as posting the warning signs on the refrigerator or bathroom mirror as a reminder — rather than using scare tactics. It may also be helpful to devise scenarios together that will serve as reminders. Always remember to make the scenarios specific to the client and her situation, so that she can actually imagine the situation happening to her.

Example: “So, let’s talk about what one of these warning signs might really be like. Let’s say you wake up one morning, and when you look in the mirror, your face looks kind of funny...sort of puffy. Your eyelids seem a little swollen, and it feels funny when you open and shut your eyes. When you wash your hands, you notice that your rings are very tight. You go to the kitchen and tell your mom that you think you are swelling, and she tells you to stop using so much salt. Tell me, what would you do at that point?”

Preparation for Labor and Delivery
Many providers and case managers encourage pregnant teens to attend classes to prepare for labor and delivery. The classes most commonly offered are Lamaze classes or another similar approach. For some teens, these classes can be helpful, as they give a clear idea of the labor process and offer techniques for dealing with discomfort. For many teens, however, these classes can be an alienating experience. Before recommending a class, make sure you are familiar with its content and who typically attends. Consider your client’s stage of development and whether you think she will benefit from going. The older, more developmentally mature teen is most likely to benefit. A teen who has a parent or partner willing to commit to attending classes with her and coaching her in labor may also benefit. The younger, present-oriented teen is less likely to see the classes as a priority or to be able to apply the techniques that she learns for coping with labor pain.

Considering the overwhelming amount of information that you must communicate to pregnant clients and the many behavior changes that you are trying to help bring about, labor preparation is not a top priority for most teens and should not be the focus of your case-management interactions. Encourage and support those youth who are interested in attending labor classes and let go of the issue when dealing with teens who are not.
Fetal Development

Things to Think About

• What recommendation for assuring a healthy pregnancy and baby do the majority of your clients have the most trouble following?
• What concrete steps do you take to try and ensure healthy outcomes for your clients?
• What client behaviors during pregnancy do you find the most concerning or frustrating?
• Do you focus on the behaviors that are most likely to enhance healthy outcomes?

Guidelines for Practice

✯ Develop a clear understanding of key events in fetal development in each trimester.
✯ Provide clients with simple, specific messages regarding the relationship between their behaviors (or the behavior change that you are recommending) and fetal development.
✯ Support clients in making specific, realistic plans that include strategies for overcoming any potential barriers they anticipate.
✯ Translate and reinforce information about warning signs and how to respond to them using concrete situational examples.
3. Infant Development

Learning Objectives:
After completing this chapter, you will be able to:
1. Identify key milestones in infant development
2. Translate these milestones into key messages for the parenting teen
3. Identify issues in adolescent development that may impact on the parenting teen’s understanding of and response to key milestones in infant development
4. Recognize reasons for concern in infant development and formulate appropriate plans for responding to concerns

The developmental milestones in this chapter have been adapted from Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (NCEMCH). Detailed information regarding anticipatory guidance can be found at the Bright Futures website: http://www.brightfutures.org/guidelines.html

A. Infancy and the New Teen Parent

Infancy is the most dramatic period of growth in a child’s life—physical, cognitive, social, and emotional. Between birth and 1 year of age, infants triple their birth weight, add almost 50 percent to their length, and achieve most of their brain growth. Studies on early brain development show that early experiences are important in the formation of brain cell connections; these experiences, including parent/child interactions, have a significant impact on a child’s emotional development and learning abilities. This chapter reviews infant developmental milestones and suggests clear messages that can be communicated to teen parents to encourage appropriate behavior.

New teen parents have much to learn and master. Meeting the needs of an infant can be difficult, especially for adolescents, who are by nature egocentric and present-oriented. Parenting an infant demands sublimation of the teen parent’s needs (in other words, the teen must put the baby’s needs before her/his own). This presents a developmental challenge for the early and even the middle adolescent. We have all had the experience of being distressed to hear an adolescent parent describe her infant as “greedy” because he wants to eat frequently or “selfish” because she starts to cry as soon as her mother takes a minute for herself. These sentiments are real and reflect the way that the teen parent experiences her infant’s needs. Helping teens to understand their children’s needs and balance those needs with their own is an important part of the case manager’s work. By modeling appropriate parenting behavior, you can be a positive role model for your clients — you may be the only one.
The tasks of the new parent and the key developmental milestones they support are described in the following table:

<table>
<thead>
<tr>
<th>Parenting Tasks</th>
<th>Infant Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet infant’s nutritional needs</td>
<td>Good physical growth and development</td>
</tr>
<tr>
<td>Establish regular eating/sleeping schedule</td>
<td>Self-quieting behavior</td>
</tr>
<tr>
<td></td>
<td>Sense of trust</td>
</tr>
<tr>
<td>Prevent injuries and abuse</td>
<td>Sense of trust</td>
</tr>
<tr>
<td></td>
<td>No injuries</td>
</tr>
<tr>
<td>Interact with infant in a warm and nurturing manner</td>
<td>Sense of trust</td>
</tr>
<tr>
<td></td>
<td>Attachment to parent</td>
</tr>
<tr>
<td>Provide adequate and appropriate stimulation</td>
<td>Responsiveness</td>
</tr>
<tr>
<td></td>
<td>Vocalization</td>
</tr>
<tr>
<td></td>
<td>Social competence</td>
</tr>
<tr>
<td></td>
<td>Participation in interactive games (such as peek-a-boo)</td>
</tr>
<tr>
<td>Provide opportunities for safe exploration</td>
<td>Gross motor development</td>
</tr>
<tr>
<td></td>
<td>(rolling, sitting, crawling, standing, etc.)</td>
</tr>
<tr>
<td></td>
<td>Fine motor development</td>
</tr>
<tr>
<td></td>
<td>(grasps, mouths, transfers objects, etc.)</td>
</tr>
<tr>
<td>Foster independence</td>
<td>Feeds self</td>
</tr>
<tr>
<td></td>
<td>Uses a cup</td>
</tr>
</tbody>
</table>

Each of these parenting tasks requires activities on the part of the parent that are specific to the infant’s developmental stage.
The Newborn

The newborn period is a time of adjustment for the infant, parent, and extended family. As the infant adjusts to life outside of the womb, the teen parent faces the often overwhelming prospect of being responsible for meeting another person’s needs 24 hours a day, seven days a week. All parents must confront the difference between their fantasies about their newborn and parenthood and the reality. For the teen parent, who often has little life experience to inform these fantasies, these differences can create great stress. Support may not be available, and the teen’s expectations of help from a partner, parents, or friends may prove unrealistic.

A difficult birth experience, such as a Cesarean birth (c-section), can exacerbate the teen parent’s stress by creating physical challenges to caring for the newborn. Giving birth to a premature baby or infant with other medical conditions is another source of increased stress. Just getting to and from the hospital to visit the baby can be a hardship. Consider what your client’s birth experience has been and what unique strengths and challenges she brings to the role of new parent.

The newborn period can also be a time of rest, stabilization, and discovery for many clients. The availability of support is a key factor in determining whether a teen parent is able to enjoy this time getting to know the baby. New teen parents often need help defining their needs and arranging support. In both in the prenatal and newborn periods, the case manager can play an important role in helping the teen parent and the extended family build a support system by assessing resources and helping the teen establish clear expectations and agreements with others about child-care roles and responsibilities.
ACTIVITY: Managing Parenting Responsibilities

INSTRUCTIONS: In the space below, write clear and concrete questions that you might ask to address the following areas:

FINANCIAL RESPONSIBILITY:
Example: Who will buy the baby’s diapers? ______________________________
_________________________________________________________________
_________________________________________________________________

CHILDCARE:
Example: Who will care for the baby when the teen parent wants to go out with friends? How many times a week? How many hours? _______________
_________________________________________________________________
_________________________________________________________________

CARING FOR THE BABY’S THINGS:
Example: Who will do the baby’s laundry? ________________________________
_________________________________________________________________
_________________________________________________________________

HOUSEHOLD RESPONSIBILITIES:
Example: Who will prepare food for the teen mother and baby? _______________
_________________________________________________________________
_________________________________________________________________

OTHER CONSIDERATIONS:
Example: How will the teen get to doctor appointments? ________________
_________________________________________________________________
_________________________________________________________________
Anticipatory Guidance for Four Key Areas
Most new parents have questions and concerns about caring for their newborns. The case manager should reinforce the following key messages about:

- Injury and illness prevention
- Breastfeeding
- Infant care
- Self-care

Injury and Illness Prevention
- Always secure your infant in a car seat when traveling by car.
- Put baby to sleep safely:
  - In a safe crib
  - “Back to sleep” on her/his back to prevent SIDS (Sudden Infant Death Syndrome)
  - With no fluffy blankets, pillows, or stuffed animals near the baby’s face
- Test the water temperature before putting your infant in the bath. Never leave the baby alone in the bath — even for a moment.
- Maintain a smoke-free environment.
- Never leave the baby alone on a high place such as a bed or changing table.
- Recognize the early signs of illness.
- Know what to do in case of an emergency. Keep emergency and doctor’s phone numbers easily accessible.

Breastfeeding
Teen mothers are less likely to breastfeed than their adult counterparts. Many have no breastfeeding role model at home or in their peer groups and therefore find the process strange. By directly addressing the common obstacles to breastfeeding that a teen may encounter and creating a positive impression of the experience, you can encourage your client to give it a try.

Address any fears that breastfeeding may hurt or feel strange. Help the teen engage in concrete problem-solving about issues of modesty, obtaining appropriate bras and tops, breastfeeding after returning to school, and any other issues she considers barriers. If appropriate, ask the teen about her partner’s opinion, and consider meeting with her and her partner to discuss the pros and cons of breastfeeding.

If the teen has good direct experiences with breastfeeding mothers, or her cultural norms encourage breastfeeding, she may already have a positive impression you can build on.
Although messages about breastfeeding’s health benefits for the baby should be communicated to the teen parent(s), other arguments may be more persuasive. Consider the following approaches in your discussions with teens about breastfeeding:

- **Convenience**: Breastfeeding can make your life easier. There is no formula to buy or mix, no bottles to tote around and wash, and you always have everything you need ready, even at 3 a.m.
- **Expense**: Breastfeeding is economical. You don’t have to buy formula, bottles, and nipples.
- **Health**: Breastfeeding helps you lose the weight that you gained in pregnancy, and it also strengthens your bones.
- **Choice**: Breastfeeding is not a permanent decision. You can do it for as long as you want. If you only breastfeed for a little while, you are still giving your baby the best start possible.

Research has shown that social support and early breastfeeding experiences have the most marked impact on whether or not a teen mother continues to breastfeed or switches to bottle-feeding. Since you will have limited opportunities to affect your clients’ early breastfeeding experiences, focus your energies instead on providing breastfeeding support. For example, it can be helpful to provide your client with the names and phone numbers of breastfeeding resources and to arrange for her to meet with a support service before, as well as immediately after, the birth. If your client ultimately decides to bottle-feed her baby, accept her decision and encourage her to follow the best practices.

**Infant Care**

Most new teen parents have had very little experience with infants and are not ready to learn about infant care until they have a baby in their arms. You can play an important hands-on role in teaching a new parent to care for her/his baby if there is not a supportive adult family member or friend to fill this role. Although the youth may focus on concrete tasks such as feeding, bathing, and dressing the baby, you should also address parenting behaviors that will foster bonding and promote a satisfying and mutually enjoyable relationship between the parent and infant. Communicate the following encouraging messages to teen parents:

- **Get to know your baby.** What makes her calm and happy? What makes her fussy and upset?
- **Try to console the baby,** but remember that all babies have their “fussy” times, often in the late afternoon or evening. Make plans for how you and the rest of your household can cope with these periods. Remember, the infant knows and loves your voices. He has been listening to you throughout your pregnancy.
- **Hold and cuddle your baby.** Rock her, talk and sing to her. You are letting her know that you care and are there for her. You cannot spoil an infant!
When the baby is quiet and alert, play with him. At first he will just watch, but over time he will begin to respond and play with you.

Self-Care
Like all new parents, the teen mother may have difficulty juggling her baby’s needs and her own. At a time when she is struggling to establish her identity and independence, she has suddenly taken on more responsibility than she may be ready for, coupled with more dependence than she desires. Be alert for signs of depression in the postpartum period. Although the “blues” are common, they can be serious and dangerous for the teen mother and her child. If the teen seems unusually tired, withdrawn, isolated, or sad, make sure that a qualified mental health professional makes an assessment and intervenes as appropriate.

General self-care counseling includes:
- Try to rest when the baby rests.
- Eat regular meals.
- Spend time with people you enjoy and who support you.
- Be on the lookout for the “blues,” and talk to a supportive adult if you are feeling overwhelmed, sad, or depressed.
- Take it slow, and ask for support if recovering from a Cesarean birth.

1) What to Watch for (Family Strengths)
- Good safety practices are being followed (see “Injury and Illness Prevention,” page 31)
- Parent responds appropriately to the baby’s needs
- Parent appears comfortable when feeding, holding, or caring for the baby
- Parent has a functioning support system
- If the mother is breastfeeding, the baby latches onto the breast and sucks well
- If the mother is bottle-feeding, she has appropriate supplies and is able to prepare a bottle and feed the baby
- Parent feeds the baby on demand
- Parent shows appropriate concern about the baby
- Parent expresses tenderness and makes positive remarks to and/or about the baby

2) Reasons for Concern (Parent/Infant Interaction)
- Lack of responsiveness to the newborn’s needs
- Absence of a functioning support system
- Attempts by the parent to rigidly schedule the newborn into her/his own schedule
- Negative remarks about the infant
- Not engaging with the infant
If you observe anything about the parent/infant interaction that concerns you, your first step should be an educational intervention. Start by identifying family strengths, and then frame the intervention by building on those strengths. For example, you might say, “You seem really comfortable holding Jason, and he seems like he wants you to look at him.” It may be that the teen parent doesn’t understand what the infant needs for emotional and physical development. Schedule a follow-up home visit soon, reassess the client, and refer to other community resources as needed.

3) Reasons for Concern (Infant Development)

- Newborn never cries or cries all the time
- Newborn doesn’t show an interest in breastfeeding or taking a bottle
- Newborn has fewer than six wet diapers in a 24-hour period
- Newborn rarely sleeps

**Example:** During a home visit, your client’s baby awakes and begins crying. You note that despite the ongoing crying, the mother does not attend to the baby but continues her conversation with you and swears loudly at the infant. You ask the teen why she thinks the baby is crying, and the teen responds, “Oh, she’s just fussy. The doctor told me that sometimes they get fussy in the afternoon.”

A simple validation and suggestion may be all that are necessary. You might say, “It’s true that babies sometimes just need to fuss, but you don’t really know what she needs unless you check it out. Remember, crying is just about the only way that she has of communicating with you right now. Let’s see if she is wet, or hungry, or just needs a cuddle.”

This mother will need close follow-up to determine if it is lack of experience, lack of information, lack of bonding and attachment, or significant depression that is impairing her mothering of her newborn.
B. Developmental Milestones of Infancy

This section offers general guidelines for case managers working with teen parents of babies. Keep in mind that not all babies develop at the same rate. It is not necessarily an indicator of a delay if all milestones are not reached within a particular month.

One Month

Now that the immediate newborn period is over and the new parent has had some time to get used to caring for a new baby, the focus can begin to shift to the quality of the parent/infant interaction. Encourage appropriate stimulation in the form of talking and singing to the baby, holding the baby face to face, and rocking and cuddling. Remember that the less mature, more concrete teen parent will tend to focus more on tasks and less on interaction, and may need extra help in learning how to provide appropriate stimulation for the infant.

Infant Development Milestones at One Month

- Responds to sound by blinking, crying, quieting, or showing a startle reflex
- Fixes on and follows a human face with her eyes
- Recognizes and responds to parent’s face and voice
- Can lift head momentarily when on stomach
- Moves all limbs
- Can sleep for three to four hours
- Can stay awake for one hour or more
- When crying, will usually be consoled by being held or talked to

1) What to Watch for (Family Strengths)

- Parents/family members share holding and caring for the infant during the visit
- Parent is able to provide information about the baby
- Parent is able to read and respond to the infant’s cues
- Parent is comfortable with the baby

2) Reasons for Concern (Parent/Infant Interaction)

- Parent does not seem to be “tuned in” to the baby
- Parent appears depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable
- Absence of a functioning support system
- Parent is unable to provide details about the infant’s temperament, personality, behaviors, or development
- Negative remarks about the infant
- Parent seems uncomfortable with the infant or infant care
- Parent has not taken infant in for health care
3) Reasons for Concern (Infant Development)
- No apparent response to sounds
- Asymmetrical limb movement (does not move both arms and legs)
- Inability to stay awake/inability to stay asleep
- Does not fix and follow face/object with eyes
- Cries inconsolably

If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.

Three Kinds of Messages: Encouraging Appropriate Interactions

Keep in mind that all families have strengths. In trying to encourage appropriate interactions, always start with what the parent is doing right. Begin by praising and reinforcing positive behaviors. Then try to normalize the baby’s behavior; let the parent know that the baby is typical for her/his age, and that other babies behave in similar ways – the parent is not alone! Finally, take the opportunity to provide an educational message that will help the new parent identify what s/he might do differently.

Example: Alicia is 15 years old and comes to see you with her 4-week-old son. As she carries him into your office in an infant carrier, he begins to cry. She greets you, sits down, and asks you to hold him so that he won’t cry while she prepares his bottle. She fixes it quickly and properly, then puts him back in his carrier and props the bottle up with a towel.

Reinforcing message: “Alicia, that was a good idea to have me hold the baby while you got his bottle ready. He quieted down with the contact.”

Normalizing message: “It’s normal for babies this age to want to be held all the time.”

Educational message: “It’s fine with me if you spend some of our visit feeding the baby. Feeding time is a great time to cuddle, rock and look at your baby. The baby needs time to look at you as well. Did you know that by gazing into your face, he is getting to know you and trust you? He also can choke with a propped bottle, so it’s important to hold the bottle for him.”
Two Months

At two months, the parent should have some of the baby’s routines and schedules a bit more established. The baby’s feeding and sleep patterns should be more predictable than in the first month. The different reasons why the baby cries may be more apparent to the parent. Remind the teen that parenting is a process of trial and error. It can take a while to find out what is the best way to feed the baby or get her/him to go to sleep. The baby shows more interest in the world and responds to the caregiver, which can be gratifying for the parent.

Infant Development Milestones at Two Months

- Coos and vocalizes in response to speech
- Is attentive to speech
- Smiles responsively
- Is interested in listening to and looking at things
- Shows pleasure in interacting with parent
- Can lift head, neck, and chest up when lying on his stomach
- Has some head control when upright

1) What to Watch for (Family Strengths)

- Parent and infant are interested in and responsive to each other; they talk, gaze, and smile at one another
- Parent holds and cuddles the infant
- Parent seems aware of the infant’s distress signals and is effective in comforting her/him
- Parent feels supported by partner and/or family
- Parent appears comfortable with the baby

2) Reasons for Concern (Parent/Infant Interaction)

- Parent is not focused on infant and interacts minimally
- Support system is a source of stress rather than support
- Parent appears withdrawn, overwhelmed, or depressed
- Parent makes negative or denigrating remarks about the infant
- Parent seems uncomfortable with the infant or infant care
- Parent has not taken infant in for health care

3) Reasons for Concern (Infant Development)

- No infant vocalization
- Infant is listless or lethargic with no head control
- Infant does not attempt to push up when lying on stomach
- Infant does not gaze or smile at or otherwise interact with parent

If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.
Clarifying Roles
At this point, if there are “red flags” related to parent/infant bonding, the teen parent and infant should be closely followed. It may be that the teen mother is not the primary caregiver and that another family member is actually “mothering” the infant. If this is the case, it is important to determine what role the teen parent wants in relationship to her child. Ask open-ended questions to find out how the baby is progressing and how the client is feeling about parenting. Carefully assessing the youth for signs of depression and openly discussing care-giving roles in the family can assist the teen parent, the primary caregiver (if it is another individual), and the case manager in planning for the very best outcomes for the infant and the teen mother. A family intervention with the teen mother, the primary caregiver, and other significant family members can be helpful in redefining roles and advocating for the well-being of the infant and mother.

ACTIVITY: Clarifying Roles
INSTRUCTIONS: Read the following vignette and then answer the question below.

Vignette: Janet, a 14-year-old mother of a 10-week-old baby girl, brings the baby with her to her appointment at your request. She has come alone to appointments in the past, stating that her mother is babysitting for her. You observe that Janet seems uncomfortable caring for her baby, and even holds her awkwardly. The baby appears well, is appropriately dressed, and shows signs of normal development. In response to most of your questions about the baby, Janet replies, “Um, I’m not really sure. You’d have to ask my mom that.” On further questioning, Janet reveals that her mother has “taken over” the baby and that Janet is “tired of fighting with her about it.” Janet states, “My mom just keeps saying that I’m too young to be a mother, but she doesn’t really give me a chance. I feel totally useless, but at least the baby is okay.”

What steps might you take to help Janet determine her role in relationship to her child and her own mother?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Four Months
The bond between baby and parent is now intensifying and should be more apparent. The parent hopefully feels more confident in her/his parenting ability. The baby coos and grins in response to the parent’s attention. The family disorganization that results from a new baby may be dissipating as roles in the household become established. This is an important time to help the parent set up routines and rituals to assist the baby with sleeping at night if the client hasn't already done so. The baby’s ability to be alert and interested in her/his environment makes interacting with the baby more rewarding but can also make feeding more difficult as the baby gets distracted.

Infant Development Milestones at Four Months
- Babbles (speechlike sounds) and coos
- Smiles, laughs, and squeals
- Rolls from stomach to back
- Opens hands, holds own hands, grasps rattle
- On stomach, holds head upright and raises body on hands
- Sits with support
- Controls head well
- Begins to bat at objects
- Looks at and may become excited by mobile
- Recognizes parent’s voice and touch
- Has spontaneous social smile
- May sleep for at least six consecutive hours
- Self-comforting (able to fall asleep by her/himself without breast or bottle)
- May show an interest in solid foods (introduce appropriate infant solid foods at 4-6 months)

1) What to Watch for (Family Strengths)
- Parent and infant are interested in and responsive to each other; they talk, gaze, and smile at one another
- Parent holds and cuddles the infant
- Parent attends to the baby
- Parent is able to comfort the baby when s/he cries

2) Reasons for Concern (Parent/Infant Interaction)
- Parent expresses unrealistic expectations regarding infant development
- Parent is inattentive to infant’s needs
- Parent is unable to comfort infant
- Infant shows no preference for parent
3) Reasons for Concern (Infant Development)

- Infant appears withdrawn or detached
- Lack of head control
- Lack of vocalization
- Infant is not interacting with environment

If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.

Six Months

By the time the infant is 6 months old, the new parent, finally comfortable with the care and needs of an infant, finds new challenges in the baby’s growing autonomy. For many teen parents, the totally dependent tiny infant is easier to manage than the loud, interactive, increasingly independent growing baby. Fostering safe exploration and growing autonomy requires the parent to adapt to the changing needs of the baby.

Infant Development Milestones at Six Months

- Vocalizes single consonants (“dada,” “baba”)
- Babbles in response to speech
- Rolls over
- Has no head lag when pulled to sit
- Sits with support
- Stands when placed and bears weight
- Grasps and mouths objects
- Shows differential recognition of parents
- Starts to self-feed
- Starting to eat solid food
- Transfers cubes or other small objects from hand to hand
- Rakes in small objects
- Is interested in toys
- Self-comforts
- Smiles, laughs, squeals, imitates razzing noise
- Turns to sounds
- May begin to show signs of stranger anxiety
1) What to Watch for (Family Strengths)
- Parent and infant are interested in and responsive to each other, sharing vocalizations, smiles, and facial expressions.
- Parent responds supportively to the infant’s autonomy or independent behavior as long as it is not dangerous.
- Parent sets limits appropriately.
- Parent is appropriately concerned about safety while fostering exploration.
- Parent has appropriately “baby-proofed” the home.

2) Reasons for Concern (Parent/Infant Interaction)
- Lack of parent/infant interaction and engagement.
- Inappropriate parental response to infants growing autonomy.
- Inappropriate discipline by the parent.
- Unsafe environment.
- Limited signs of attachment to infant.

3) Reasons for Concern (Infant Development)
- Unable to sit without support.
- No progress toward independent mobility (creeping, scooting, crawling, etc.).
- Does not appear to understand any speech.
- Does not imitate speech-like sounds.
- Not eating appropriate table food.
- No attempts at self-feeding.
- No interactive playing.
- Limited signs of attachment to parent.

The case manager should be actively involved in providing anticipatory guidance to the teen parent regarding the changing needs of the child. A home visit to reassess the safety of the environment for a soon-to-be-mobile baby is a priority. Again, remembering that the concrete thinker does not anticipate future changes and has a limited repertoire of responses, provide additional support to the younger (or less developmentally mature) client.
ACTIVITY: Developmentally Appropriate Behavior

INSTRUCTIONS: Read the following vignette. Develop reinforcing, normalizing, and educational messages related to the infant’s developmentally appropriate behavior, referring to the discussion on page 36 if necessary.

Vignette: Myra, the 17-year-old mother of Marcus, a 7-month-old boy, is feeding her son during your home visit. Each time he reaches for the spoon she holds it up out of his reach, and when he tries to put his hand in his bowl of strained beets, she slaps his hand gently, stating to him, “No, no Marcus, we don’t play with our food,” and to you, “He is so messy. If I let him do what he wants, he would need a bath after every meal.”

What message(s) would you want to reinforce? ____________________________

_________________________________________________________________

_________________________________________________________________

How would you normalize Marcus’s behavior? ____________________________

_________________________________________________________________

_________________________________________________________________

What would your educational message(s) be? ____________________________

_________________________________________________________________

_________________________________________________________________
Nine Months

The 9-month-old is much more active and will probably be creeping and crawling and learning to stand when you visit. The spurts that take place in motor development can often affect the sleep and feeding patterns that have been established. This, plus the added stress of a more mobile baby, can be challenging to the teen parent. The issue of discipline and how to set limits with a baby who is now starting to move through the house is another area of concern. It will be essential to help your client redirect the baby to acceptable activities as the baby initiates unsafe or unacceptable behaviors in her/his new exploration of the home environment.

Infant Development Milestones at Nine Months

- Responds to own name
- Understands a few words such as “no-no” and “bye-bye”
- Babbles, imitates vocalizations
- May say “dada” or “mama” nonspecifically
- Crawls, creeps, moves forward by scooting on bottom
- Sits independently
- May pull to stand
- Uses inferior pincer grasp (finger to thumb, with thumb on top)
- Pokes with index finger
- Shakes, bangs, throws, and drops objects
- Plays interactive games such as peek-a-boo and pat-a-cake
- Feeds self with fingers
- Starts to drink from cup
- Sleeps through the night (although may awaken and cry at times)
- May show anxiety with strangers
- First tooth erupts at around 6 months of age

See “What to Watch For” and “Reasons for Concern” for 6-month-olds, above.

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.*
**Infant Development**

**Things to Think About**

- What will help you remember the developmental milestones for different ages?
- How will you prioritize “take home” messages about parenting for your clients?
- How can you best support your clients’ relationships with their children?
- How can you help your clients celebrate parenting successes?

**Guidelines for Practice**

* Understand infants’ major developmental tasks for the first year.
* Consider your client’s stage of development and cognitive ability when talking about her/his baby’s development.
* Ask open-ended questions to find out how the baby is progressing and how the client is feeling about parenting.
* Provide clients with clear, simple messages regarding their babies’ development in the first year.
* Focus on your client’s strengths as a parent before talking about concerns.
* Ask clients about their self-care.
* Help clients identify resources (people/agencies) that can support them in the first year of their babies’ lives.
* Reinforce key safety issues during home visits.
4. Early Childhood Development

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Identify key developmental milestones for each year of early childhood
2. Translate key milestones in early childhood development into key parenting messages for the parenting teen
3. Identify issues in adolescent development that may impact on the parenting teen's understanding of and response to key milestones in early childhood development
4. Recognize reasons for concern in early childhood development and formulate appropriate responses to specific concerns

A. Adolescents Parenting Young Children

During early childhood (ages 1-4), young children grow from tentative toddlers exploring their worlds through senses and physical experiences to competent 4-year-olds with active fantasy lives, mastery of their native languages, and budding pre-academic skills. From the foundation of secure and loving relationships with their parents and caregivers, these young children venture out into the world to discover and test their limits. All of the basic skills that children need to build on throughout childhood have their roots in these early years.

For the adolescent, parenting a young child presents many challenges. Primary among these are the challenges of providing appropriate limits and discipline for the toddler and young child while offering the range of experiences and learning opportunities necessary to foster autonomy and the development of self-care/self-regulating skills. Early childhood is a time of “gray areas” in limit setting and boundaries; rules must be consistent, but flexible enough to change with the changing needs and abilities of the growing child. This can be particularly challenging for the younger or less mature teen parent whose cognitive and moral developmental stage is concrete and black-and-white.

Fortunately, the teen parent is also growing and changing. Even the very earliest child bearers are reaching late adolescence by the time their children are 4 years old. Often, though, they are challenged by subsequent pregnancies and may be raising two or even three children by the time their oldest reaches 5. As always, each client’s individual situation, history, concerns, and needs should guide case managers in their attempts to support teen parents in fostering the best possible outcomes for their children.
### Achievements of Early Childhood

- Regular sleeping habits
- Independence in eating
- Completion of toilet training
- Ability to dress and undress
- Ability to separate from parents
- Progression from parallel play to interactive play and sharing
- Loving relationships and good communication with parents and siblings
- Clear communication of needs and wishes
- Expression of such feelings as joy, anger, sadness, and frustration
- Self-comforting behavior
- Self-discipline
- Intelligible speech
- Positive self-image
- Demonstration of curiosity and initiative
- Demonstration of imaginative, make-believe, and dress-up play

### Parenting Tasks and Early Childhood Achievements

<table>
<thead>
<tr>
<th>Parenting Tasks</th>
<th>Early Childhood Achievements</th>
</tr>
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</table>
| - Meet child's basic needs  
  (food, shelter, clothing, health care) | - Good physical health and nutrition  
- Good appetite |
| - Have consistent expectations of child | - Good sleeping habits  
- Engages in physical activities  
- Develops self-care skills |
| - Enjoy child and provide strong, nurturing family  
- Praise and take pride in child's efforts and accomplishments  
- Model management of appropriate emotional expression | - Positive, cheerful, friendly temperament  
- Feels parents' unconditional love  
- Trusts parents  
- Relates warmly to and communicates well with parents  
- Learns management of appropriate emotional expression |
| - Encourage safe exploration and emerging independence  
- Set appropriate limits  
- Offer choices to child when appropriate | - Develops social competence  
- Accepts limits |
| - Encourage speech and interact with child  
- Respond to child's developmental needs | - Good attention span  
- Normal cognitive ability  
- Asks questions  
- Demonstrates curiosity and initiative |
| - Provide safe, childproof environment  
  (smoke alarms, car seat) | - Has opportunities to explore and take risks safely |
B. Walkers and Talkers

In the second year of life, toddlers refine many of the skills that they started to develop by their first birthdays. Because there is a rapid progression between the ages of 1 and 2, developmental milestones are divided into 1 year, 15 months, and 18 months. For example, in gross motor development, we see a progression from being able to pull up, cruise, and take a few steps alone (at 12 months) to walking well, stooping, and climbing stairs (at 15 months) to walking quickly or running stiffly (at 18 months). The case manager should monitor for progress in skills rather than whether the child has reached a specific milestone by a specific month.

The second year of life is a time of skills building and budding autonomy. The tentative walker progresses to the adventurous stair-climber. The baby that could only be understood by close family members is able to communicate basic needs to strangers. During this time of developing mastery, toddlers try, fail at, and finally master skills. It is important that parents not only provide safe and appropriate opportunities for exploration, and adequate and suitable stimulation, but also offer praise and loving support.

Child Development Milestones at One Year

- Pulls to stand, cruises, and may take a few steps alone
- Plays social games such as pat-a-cake, peek-a-boo, and so-big
- Has precise pincer grasp
- Points with index finger
- Bangs two blocks together
- Has vocabulary of one to three words in addition to “mama” and “dada”
- Imitates vocalizations
- Drinks from a cup
- Looks for dropped or hidden objects
- Waves “bye-bye”
- Feeds self

1) What to Watch for (Family Strengths)

- Parent and toddler are interested in and responsive to each other, share vocalizations, smiles, and facial expressions
- Parent responds to the toddler’s distress
- Parent responds supportively to the toddler’s autonomy or independent behavior as long as it is not dangerous
- Parent responds appropriately to the toddler’s activity level
- Parent sets limits appropriately
- Parent is appropriately concerned about safety while fostering exploration
- Parent speaks about and to the toddler in positive terms
2) Reasons for Concern (Parent/Toddler Interaction)
- Lack of parent/toddler interaction and engagement
- Inappropriate parental response to toddler’s growing autonomy
- Inappropriate discipline by the parent
- Unsafe environment
- Parent uses inappropriate tone or language when speaking to toddler
- Parent uses negative or denigrating remarks when speaking to or about toddler

3) Reasons for Concern (Toddler Development)
- No intelligible words
- No progress toward independent mobility (creeping, scooting, crawling, etc.)
- Does not imitate speechlike sounds
- Inappropriate range of emotional expression; always angry/screaming or flat affect
- Unable to self-feed or drink from a cup
- No interactive play
- More than one hour/day in front of the television or watching programs with inappropriate subject matter
ACTIVITY: Autonomy and Exploration

INSTRUCTIONS: Read the following vignette. Develop reinforcing, normalizing, and educational messages (referring to the discussion on page 36 if necessary) related to the toddler’s growing needs for autonomy and exploration. Begin by identifying and acknowledging what Myra is doing “right” before identifying problems.

Vignette: Myra, the 18-year-old mother of Marcus, who is now 14 months old, continues to be challenged by his growing need for autonomy. She has done an excellent job of baby-proofing her apartment, including placing gates in the doorways and covers on the plugs, but has Marcus in a playpen in the middle of the room during your visit. She states, in an exasperated tone, “He gets into everything! I even caught him trying to climb out of his playpen, but I put a quick stop to that!” You observe that Marcus appears happy and that Myra is a loving and involved parent.

What message(s) would you want to reinforce? ____________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

How do you normalize Marcus’ behavior? ____________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What would your educational message(s) be? ____________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Child Development Milestones at 15 Months

- Has vocabulary of three to ten words
- Can point to one or more body parts
- Understands simple commands
- Walk well, stoops, climbs stairs
- Stacks two blocks
- Feeds self with fingers
- Drinks from a cup
- Listens to a story
- Indicates what he wants by pulling, pointing, or grunting

1) What to Watch for (Family Strengths)

- Parent and toddler are interested in and responsive to each other
- Parent and toddler play with toys together
- Tone of the parent/child interaction is positive (feelings conveyed)
- Parent disciplines or restrains the child appropriately
- Parent praises the child
- Parent reacts positively when you praise the child
- Parent watches and follows the child closely as the toddler moves around the room

2) Reasons for Concern (Parent/Child Interaction)

- Unsafe environment
- Inappropriate discipline
- Lack of parental monitoring or interaction
- Negative attitude towards child
- Excessive injuries or bruising that may indicate inadequate supervision or abuse
- Child does not show attachment or affection

3) Reasons for Concern (Toddler Development)

- Lack of progress in speech development
- Lack of progress in motor development
- Lack of response to simple verbal instructions
- Does not show attachment or affection

Child Development Milestones at 18 Months

- Walks quickly or runs stiffly
- Throws a ball
- Has a vocabulary of 15 to 20 words
- Imitates words
Uses two-word phrases  
Pulls a toy along the ground  
Stacks two or three blocks  
Uses a spoon and cup  
Listens to a story, looking at pictures and naming objects  
Shows affection, kisses  
Follows simple directions  
Points to some body parts  
May imitate a crayon stroke and scribbles  
Dumps an object from bottle without being shown

See “What to Watch For” and “Reasons for Concern” for 15-month-olds, above.

C. The Beginning of Independence and Autonomy

Parenting a 2-year-old is both highly rewarding and challenging. Most parents welcome the transition out of diapers, while dreading the temper tantrums that accompany the growing independence and autonomy of the 2- to 3-year-old. Again, the case manager should be alert for signs of abuse, inadequate monitoring, inappropriate discipline, and unaddressed safety issues, as well as adequate and appropriate stimulation and learning opportunities.

Child Development Milestones at Two Years

- Speaks intelligibly to strangers (25 percent of the time)
- Can go up and down stairs one step at a time
- Can kick a ball
- Can stack five or six blocks
- Has vocabulary of at least 20 words
- Uses two-word phrases
- Makes or imitates horizontal and circular strokes with crayon
- Can follow two-step commands
- Imitates adults

1) What to Watch for (Family Strengths)

- Parent and child are interested in and responsive to each other
- Tone of parent/child interaction is positive (feelings conveyed)
- Parent teaches new words to the child (the name of a person or object) during the visit
- Parent disciplines or restrains the child appropriately
- Parent has a positive tone when speaking to or about the child
2) Reasons for Concern (Parent/Child Interaction)
- Unsafe environment
- Inappropriate discipline
- Lack of verbal interaction between parent and child
- Negative attitude towards child
- Excessive injuries or bruising that may indicate inadequate supervision or abuse

3) Reasons for Concern (Toddler Development)
- No intelligible speech
- Lack of progress in fine motor development (drawing) or gross motor development (kicking a ball)
- Unable to follow simple verbal instructions
- Does not show attachment or affection
- Inappropriate range of emotional expression

D. Negotiators
Three-year-olds can communicate with family members and strangers and are able to make simple choices. These skills allow them to negotiate with their parents and assert her will. The approaches that may have worked with a 2-year-old (“no means no,” and parent’s plan is always to be followed) must be modified for the 3-year-old negotiator. Again, the teen parent’s ability to see and understand the child’s growth and changing needs is key to competent parenting. The child who faces too many limits (too many “no’s” and “don’ts”) may become frustrated and withdraw from new challenges.

Child Development Milestones at Three Years
- Jumps in place, kicks a ball
- Rides a tricycle
- Knows name, age, and sex
- Copies a circle and a cross
- Has self-care skills, such as feeding and dressing self
- Has developed (or is developing) bladder and bowel control
- Shows early imaginative behavior

1) What to Watch for (Family Strengths)
- Parent and child are interested in and responsive to each other
- Parent talks to the child respectfully
- Parent gives the child appropriate choices
- Parent praises the child
- Parent disciplines and contains the child appropriately
2) Reasons for Concern (Parent/Child Interaction)
- Inadequate supervision (child left alone, allowed outside without supervision, or left under the care of young children)
- Inappropriate discipline
- Negative verbal interactions with or attitude towards child
- Excessive injuries or bruising that may indicate inadequate supervision or abuse

3) Reasons for Concern (Toddler Development)
- Hostile or aggressive interactions with other children
- Lack of increasingly independent toileting skills
- Obesity, lack of physical activity (usually correlated with watching TV for more than one hour a day), poor growth
- Limited language capability
- Inappropriate range of emotional expression

E. Questioners
Most 4-year-olds have moved beyond the world of their homes and have contact with other adults and children through structured experiences such as preschool. They have the emerging ability to self-monitor and follow rules. They also have an insatiable curiosity and use language to gather information and explore their environments.

Child Development Milestones at Four Years
- Speaks intelligibly to strangers (almost all of the time)
- Can sing a song
- Knows about things used at home, such as food and appliances
- Draws a person with three parts
- Is aware of gender (of self and others)
- Distinguishes fantasy from reality
- Gives first and last name
- Talks about daily activities and experiences
- Can build a tower of ten blocks
- Hops, jumps on one foot
- Rides tricycle or bicycle with training wheels
- Throws ball overhand
- Displays a range of emotions
- Appropriate social interactions with others
1) What to Watch for (Family Strengths)
- Parent and child are interested in and responsive to each other
- Parent encourages child to interact directly with other adults (the case manager, for example)
- Parent pays attention to child’s behavior and responds to misbehavior with appropriate consequences
- Parent appears interested in child and responds to the child’s questions and concerns

2) Reasons for Concern (Parent/Child Interaction)
- Inadequate supervision (child allowed out in neighborhood without adult supervision)
- Inappropriate discipline
- Negative verbal interactions with or attitude towards child
- Excessive injuries or bruising that may indicate inadequate supervision or abuse

3) Reasons for Concern (Child Development)
- Hostile or aggressive interactions with other children
- Difficult to understand speech
- Poor coordination in walking, running, climbing
- Withdrawn, detached child who does not interact with or show interest in the world around him
- Obesity, lack of physical activity (usually correlated with watching more than one hour a day of TV), poor growth
- Limited range of emotional expression

If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the child.

Appropriate Challenges, Appropriate Responses
Many parents feel challenged by the endless “why’s” of their 4-year-olds. Teen parents, who are still relatively egocentric themselves, may find the 4-year-olds’ endless questions and repetitive activities tiresome at best, and annoying or infuriating when they are stressed or overwhelmed. To encourage appropriate behavior, it is important to begin with a positive, reinforcing message about what the parent is already doing well. When a client is quite emotional, it is also helpful to first validate her feelings (in this case, frustration). Validating lets the client know that her/his feelings are understandable. Normalizing the child’s behavior, helping the teen parent to understand why the 4-year-old asks so many questions, and modeling appropriate ways of responding to the child can support both parent and child in this special period of learning, emergence, and growth.
Example: Lila, who is 18, drops by to check in with you about a new job-training program. She has Julie, her 4\(\frac{1}{2}\)-year-old with her. As they come into your office, Lila says “Julie, go over there and play with those toys. I don’t want to hear one more word out of you!” To you, she remarks, “She doesn’t shut up for a minute! It’s ‘why, why, why’ from the moment I pick her up from preschool until she falls asleep!”

Validate her feelings: “I know it can be frustrating to have every little thing you are doing or seeing have a question attached. It can take time to answer the questions and sometimes I know you must feel like you don’t have the time or energy to respond.”

Reinforcing message: “Even though it may feel frustrating to you, Julie is doing exactly what is appropriate for her age. This stage won’t last forever, but you will want to think about how you want to answer her questions. This is a time in Julie’s life where you will get to build your skills around patience and maybe limit setting about when and how you respond to her questions. One way you could say it might be, ‘That’s a great question Julie. I will answer it when we get home and sit down for dinner.’”

Normalizing message: “Kids that are Julie’s age do ask a lot of questions. They are so curious and have so much to learn about the world.”

Educational message: “Because Julie talks so well now, she can use questions to explore her world and learn about things that she can’t touch or see. Answering her questions is as important as it was to hold her hands as she was starting to walk. It’s amazing how 4-year-olds can come up with questions that most grown-ups can’t answer, like ‘Why is the sky blue?’ This might be a great time to start reading books that answer some of those tough questions for Julie. I have some here that you can take a look at.”
ACTIVITY: Appropriate Challenges, Appropriate Responses

INSTRUCTIONS: Read the vignette below, and write out the message you would want to give to the teen mom:

Vignette: Sonia is 19 and has a 4-year-old son named Sammy. When you arrive for the home visit, Sammy is playing happily in the living room with a puzzle. After you talk with Sonia for a couple of minutes, the phone rings. Sonia goes to answer the phone, and Sammy gets very upset. He starts yelling and throws a puzzle piece at his mom. Sonia stays on the phone for a few more minutes while Sammy gets more and more agitated. She gets off the phone and says, “Why can’t I ever talk on the phone without you having a fit?” She looks at you and says, “I cannot do anything these days, and it’s making me crazy.”

How do you validate her feelings? ________________________________

_________________________________________________________________

_________________________________________________________________

What message(s) would you want to reinforce? __________________________

_________________________________________________________________

_________________________________________________________________

How do you normalize Sammy’s behavior? _____________________________

_________________________________________________________________

_________________________________________________________________

What would your educational message(s) be? __________________________

_________________________________________________________________

_________________________________________________________________
Goals and Resources for Case Managers

Providing case management services to pregnant and parenting teens means making a commitment to at least two clients: the teenager and the child. As a child moves into early childhood and beyond, her personality, style, needs and interests become distinct from those of her parent. You may find that advocating for the child sometimes means balancing, or even choosing between, the needs of the teen and the needs of the child. This can be difficult, and can be a source of conflict for you. Remember that your goal, and one of the goals of AFLP, is to support adolescents and their partners to make healthy lifestyle decisions for themselves and their children. Educating parents and monitoring parenting practices are important parts of what you do.

Because the topic of child development is so vast, you may want to explore other resources beyond the scope of this unit. These could include: taking a class or training, talking to other staff, accessing local health department resources, and library and Internet resources.
Things to Think About

- Are you continuing to monitor the development of your clients’ children as they move into early childhood?
- Are you alert to signs of abuse and neglect in early childhood?
- Do you modify your interactions with your clients as they mature and move into new developmental stages?

Guidelines for Practice

☆ View early childhood development as progression along a continuum, and monitor the child for continuing progress.
☆ Provide clients with simple, specific messages regarding the relationship between their behaviors, their response to their child’s behaviors, and the development of their child.
☆ Model appropriate behavior and appropriate responses to the child’s behavior, in your interactions with the child.
☆ Pay attention to the developmental changes of your teenaged client, and modify your interactions with her/him to continue to be developmentally appropriate.
☆ Encourage your client to provide the child with some kind of a structured learning environment (Head Start, preschool, community childcare, etc.)
5. Putting It All Together

In this last activity of Unit 3, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the seven Questions for the Case Manager that follow. You will also want to familiarize yourself with the Observation Skills Checklist for Supervisors that your supervisor will use when watching your role-play or client session.

If you are going to do a role-play:
Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the Questions for the Case Manager should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the Observation Skills Checklist for Supervisors to evaluate your role-play and write down observations. If you or your supervisor are not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

If you are seeing a client:
If you are ready to actually see a client, make arrangements to have your supervisor observe the session. Remember to look over Questions for the Case Manager on the following page before the session. Your supervisor should evaluate the session using the Observation Skills Checklist for Supervisors.

Questions for the Case Manager:
1. What indicators will you look for to determine the teen client’s developmental stage?
2. How will the teen client’s developmental stage influence your interaction with her/him?
3. What are the appropriate developmental milestones for the fetus/infant/toddler/child?
4. What are the key messages associated with these developmental milestones?
5. What are reasons for concern that you should be alert to for a fetus/infant/toddler/child of this age?
6. What client strengths can you reinforce and build on?
7. What problems should you support the client in addressing?

Vignettes

**Silvia** is a 14-year-old who is 14 weeks pregnant. Although her pregnancy was diagnosed at six weeks and she has been referred to prenatal care repeatedly, she has not yet gone to her first prenatal appointment. When you ask why, she tells you “I’m really busy with school, and I know everything is okay. I haven’t even been throwing up or anything!”

**Johnnie**, an 18-year-old, is the father of Angel, age 9 months. He and Angel’s mother, Linda, live in the basement room of Linda’s parents’ house. Johnnie works the evening shift and takes care of Angel while Linda is at school. He is an attentive and engaged parent who is very proud of his son. He tells you today that he is worried about Angel because when he takes his son to the park, the other babies are creeping, crawling, and even walking, but Angel “just sits there and plays in the sand.”

**Aisha** is a 16-year-old teen mother who has a 2½-year-old daughter. You are making a home visit today after receiving a phone call from the social worker at the pediatric clinic Aisha takes her child to. The social worker expressed concern over Aisha’s “inappropriate discipline” of her child in the waiting room at the pediatric clinic. When you inform Aisha of the social worker’s concern, she responds, “That b—, she’s always on me about something! I’d like to see her keep up with running after this baby all day!”
Observation Skills Checklist for Supervisors — Unit 3

Agency _______________________ Type of session role-play / real session (circle one)
Case Manager ___________________ Supervisor ___________________ Date ______

<table>
<thead>
<tr>
<th>Did the Case Manager:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Determine whether the client was a concrete or abstract thinker?</td>
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<tr>
<td>❑ Interact with the client in a developmentally appropriate manner?</td>
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<tr>
<td>❑ Individualize her/his intervention by starting from what the client understands and thinks is important?</td>
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<tr>
<td>❑ Correctly identify key milestones for the fetus/infant/toddler/child?</td>
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<tr>
<td>❑ Effectively translate key milestones into key messages for the pregnant or parenting teen?</td>
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<tr>
<td>❑ Use language that the teen client could understand in discussing fetal/infant/toddler/child development?</td>
<td></td>
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<tr>
<td>❑ Identify and reinforce parenting strengths that can be built on?</td>
<td></td>
</tr>
<tr>
<td>❑ Provide a supportive environment for the teen parent to share her/his parenting challenges and concerns?</td>
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</tbody>
</table>

Case Manager Strengths: _____________________________________________
________________________________________________________________
Congratulations!

You have completed Unit 3!
Unit 3: Stages of Development for Adolescents and Their Children – Pre-Test

1. True or False (circle one)
   “Age is a clue to, but does not determine, the developmental stage a teenager has reached.”

2. Which of the following take place during the middle stage of adolescence? (circle all that apply)
   a. Stature reaches 95% of adult height.
   b. Strong desire to remain dependent on parents while trying to detach.
   c. Very self-centered, increased narcissism.
   d. Exploration of ability to attract others.

3. Which statement(s) describe “concrete thinkers”? (circle all that apply)
   a. They are more concerned with what is happening today than with the past or future.
   b. They have limited ability to project into the future.
   c. They think a lot about concepts such as “morality” and “meaning.”
   d. They need support and direction to engage in complex decision-making.

4. Which statement(s) reflect “abstract thinking” ability? (circle all that apply)
   a. “My boyfriend will leave me when he sees me getting fatter.”
   b. “I know if I can stop smoking and drinking, I’ll have a healthier baby.”
   c. “My breasts hurt way too much to breastfeed.”
   d. “My boyfriend doesn’t really like the baby because he never holds her.”

5. Which of the following take place in the 1st trimester of pregnancy? (circle all that apply)
   a. The heart and lungs begin to form.
   b. The fingers and toes begin to develop.
   c. The CNS of the fetus controls most body functions.
   d. The mouth has 20 buds that will become baby teeth.

6. Which of the following take place in the 2nd trimester of pregnancy? (circle all that apply)
   a. The mother has supplied antibodies to the baby to protect it from disease.
   b. The fetus makes active movements.
   c. The fetus starts to deposit fat and gain weight.
   d. The lungs, while still immature, are capable of gas exchange.
7. In order to ensure that the educational messages about fetal growth and development are meaningful to the client, the case manager should make sure that: (circle all that apply)
   a. The information is simple and understandable.
   b. The information reflects the case manager’s personal experience.
   c. The information is important to the individual teen.
   d. The information is concrete and includes achievable actions.

8. Circle the symptom(s) below that would prompt you to encourage your pregnant client to call her medical provider: (circle all that apply)
   a. Blood or fluid from her vagina
   b. Persistent nausea and vomiting
   c. Increase in appetite
   d. Dim or blurry vision

9. To help prevent illness and injury, the case manager should reinforce key safety messages. Which topic(s) below are not related to child safety? (circle all that apply)
   a. Car seat use
   b. Smoke-free environment
   c. Television use
   d. Never leaving baby unattended on a high surface

10. True or False (circle one)
    Teen mothers are more likely to breastfeed than older mothers.

11. Which of the following would make you feel most concerned about a client’s newborn baby? (circle all that apply)
    a. The baby sleeps most of the time.
    b. The baby spits up at least 3 times a week.
    c. The baby never cries.
    d. The baby has bowel movements every other day.

12. Which of the following would make you feel concerned when visiting a client with her 9-month-old baby? (circle all that apply)
    a. The mother does not engage with the baby.
    b. The baby is walking already.
    c. The baby isn’t walking yet.
    d. The baby seems to be more afraid of you than in the past.
13. Which of the following are appropriate developmental milestones for a 2-year-old?  
(circle all that apply)  
a. Can sing a song  
b. Can go up and down stairs one step at a time  
c. Has a vocabulary of at least 20 words  
d. Imitates adults

14. Which age group tends to have a newfound ability to self-monitor and follow rules, along with an insatiable curiosity and the use of language to gather information and explore his/her environment?  
a. A 2-year-old  
b. A 2½-year-old  
c. A 3-year-old  
d. A 4-year-old

15. Which of following are appropriate developmental milestones for a 3-year-old?  
(circle all that apply)  
a. Can ride a tricycle  
b. Has self care skills (eating/dressing)  
c. Shows early imaginative behavior  
d. Is able to tie own shoe
Unit 3: Stages of Development for Adolescents and Their Children – Post-Test

1. True or False (circle one)
   “Age is a clue to, but does not determine, the developmental stage a teenager has reached.”

2. Which of the following take place during the middle stage of adolescence? (circle all that apply)
   a. Stature reaches 95% of adult height.
   b. Strong desire to remain dependent on parents while trying to detach.
   c. Very self-centered, increased narcissism.
   d. Exploration of ability to attract others.

3. Which statement(s) describe “concrete thinkers”? (circle all that apply)
   a. They are more concerned with what is happening today than with the past or future.
   b. They have limited ability to project into the future.
   c. They think a lot about concepts such as “morality” and “meaning.”
   d. They need support and direction to engage in complex decision-making.

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   c. “My breasts hurt way too much to breastfeed.”
   d. “My boyfriend doesn’t really like the baby because he never holds her.”

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   c. The fetus starts to deposit fat and gain weight.
   d. The lungs, while still immature, are capable of gas exchange.
7. In order to ensure that the educational messages about fetal growth and development are meaningful to the client, the case manager should make sure that:
(circle all that apply)
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- c. The baby isn’t walking yet.
- d. The baby seems to be more afraid of you than in the past.
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   a. Can sing a song
   b. Can go up and down stairs one step at a time
   c. Has a vocabulary of at least 20 words
   d. Imitates adults

14. Which age group tends to have a newfound ability to self-monitor and follow rules, along with an insatiable curiosity and the use of language to gather information and explore his/her environment?
   a. A 2-year-old
   b. A 2 1/2-year-old
   c. A 3-year-old
   d. A 4-year-old

15. Which of following are appropriate developmental milestones for a 3-year-old? (circle all that apply)
   a. Can ride a tricycle
   b. Has self care skills (eating/dressing)
   c. Shows early imaginative behavior
   d. Is able to tie own shoe
# Unit 3: Stages of Development — Adolescents and Their Children

## Supervisor Sign-Off Sheet

<table>
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<tbody>
<tr>
<td>Supervisor’s Name</td>
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<tr>
<td>Agency</td>
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<td>Supervisor’s Phone</td>
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### Adolescent Development

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<tr>
<td>Counseling an Early Maturing Client in a Sibling Program</td>
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<tr>
<td>Concrete and Abstract Statements</td>
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### Fetal Development

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### Infant Development

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<td>Clarifying Roles</td>
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### Early Childhood Development

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<td>Appropriate Challenges, Appropriate Responses</td>
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### Putting It All Together – Supervisor Observation

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</table>
Endnotes

1 Adapted from Sixteen Candles, an exercise developed by Mary Doyen of the Rocky Mountain Center for Health Promotion and Education in Lakewood, CO and Phyllis Scaffergood of the Education Development Center in Newton, MA.


Fundamental Skills for Case Managers
A Self-Study Guide

UNIT 4: ASSESSMENTS AND INDIVIDUAL SERVICE PLANS (ISPs)
Overview and Instructions

This unit provides case managers with a basic approach to use when conducting client assessments and developing individual service plans (ISPs). It is the last of four units and is divided into five chapters:

1. Client Assessment
2. Developing Individual Service Plans
3. Follow-Up
4. Supporting Through Referrals
5. Putting It All Together

Each chapter except “Putting It All Together” includes Learning Objectives, Things to Think About, Guidelines for Practice, and a number of activities to reinforce the information provided.

Please complete the Pre-Test before you begin. As you read through this unit, complete all of the activities and conclude by completing the Post-Test.

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the Observation Skills Checklist for Supervisors at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed Supervisor Sign-Off Sheet. Your supervisor will not read your responses – only confirm that you have done the activities and correct your Post-Test.
I. Client Assessment

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Identify three strategies for gathering client information
2. Explain the importance of utilizing a variety of sources of information
3. Demonstrate how to prioritize information

Assessment is a two-part process. In the first part of the process, you gather information about your client through questioning, listening, observation, and other sources. In the second part, you use the information you have gathered to develop a description of the client’s status including her/his strengths, needs, resources, and challenges. Effective assessment provides a solid foundation for the work you will do with your clients as you help them identify goals and create strategies for achieving them.

A. Gathering Information

Assessment begins at the moment when you first receive information about a prospective client. Usually, a written or verbal referral of the client to your program initiates the process. This referral generally includes demographic information about the client, such as age, address and telephone numbers if available, and other pertinent data to initiate contact. You may also receive sensitive information about your client such as her/his immigration status and history of sexual activity, substance use, and physical abuse or assault. This preliminary data provides you with a framework for gathering the rest of the information you need to make a comprehensive assessment of the client’s needs and resources.

Be careful not to form conclusions or judgments about clients based solely on preliminary information. During the intake interview and baseline assessment, and throughout your relationships with your clients, you will receive information that confirms, clarifies, or even cancels out the information you received at the point of the referral.

In AFLP and ASPPP, the initial referral of a client to you is followed by an intake interview and comprehensive baseline assessment, standard components of the process of collecting and documenting client information. Each provides a structure for getting to know more about the client.

**Intake Interview**
The intake interview varies from agency to agency, but most interviews include questions about clients’ behaviors, living situations, medical issues, service needs and barriers, and other important areas of their lives. This helps you learn about
their current status, their life histories, their resources and strengths, and their needs, as well as the needs of their children, if applicable.

**Comprehensive Baseline Assessment**

The comprehensive baseline assessment, completed within 30 days of each client’s consent to participate, provides an opportunity for you to get more detailed information using open-ended questions. In conjunction with the intake interview, it touches on many different areas of your clients’ lives, including their education, health, employment, nutrition, psychosocial and health education needs. With pregnant or parenting clients, you will want to explore their parenting styles or feelings about the pregnancy, their partners’ expectations about parenthood, and the kind of support that is available to them from their family and friends. With sibling clients, you will want to explore their perspectives on their siblings’ pregnancies and parenting experiences, their own sexual relationships, and their future goals and aspirations.

Keep in mind that the intake interview and comprehensive baseline assessment are tools for collecting information in the early stages of your relationships with clients. You may find that clients share personal information with you more freely and honestly after several visits, when you have begun to develop rapport. (See “Building Rapport,” on page 9 of Unit 1.) Your clients’ cultural backgrounds may affect their comfort levels in responding to certain assessment questions. (See “Bias and Cultural Sensitivity,” on page 23 of Unit 2.) Their developmental stages may also impact the ways in which they communicate with you. (See Unit 3 for a detailed discussion of adolescent development.)

**Using Multiple Sources of Information**

Using multiple sources of information increases your ability to provide effective services to your clients. Family members, boyfriends and girlfriends, social workers, teachers, counselors, and others can all provide information and perspectives that enhance your understanding of your clients’ needs, strengths, supports, and challenges. Medical, school, and court records can also be useful. Developing a more complete picture of your clients and their situations helps you better determine what resources and interventions are appropriate.
Client Confidentiality and Consent
Maintaining client confidentiality is essential when gathering information from sources other than the client. (See page 31 of Unit 1 for a detailed discussion of confidentiality.) Clients must provide written consent in order for you to collect or exchange any client-specific information with others, except as required of you by law as a mandated reporter. To ease clients’ concerns and anxieties about your gathering or sharing personal information, clearly explain your reasons for doing so. Reassure them that you will only request or share information with their written consent. Be sure to explain to other providers your reasons for requesting client information. By gathering only the information that is most relevant to your work with clients, you develop a more thorough understanding of their needs while still respecting their privacy.

Service Providers as Information Sources
Many clients participate in more than one program or are involved with other service providers. These professionals can be a valuable source of information about your clients. The information they provide can help you avoid “reinventing the wheel” by duplicating work that has already been done. Talking with other providers also helps you coordinate client services more effectively.

Records
If available, records, files, and other written documents are another helpful source of information. With client permission, you may be able to receive copies of documents such as medical records, court orders, birth certificates, or school attendance reports. These documents can be useful in helping you advocate on behalf of clients or link them with needed services. Ask your supervisor about sources of information in your community and how to use them. Be aware that most agencies and organizations permit access to personal records only with specific authorization.
ACTIVITY: Using Multiple Information Sources

INSTRUCTIONS: Read the following vignettes, and identify two possible sources of additional information. Describe what you would do to obtain the information and what type of information you would request.

Vignette: Nicole is a 14-year-old sibling. She lives with her parents, her 16-year-old sister, and her sister’s 1-year-old son. From time to time, Nicole stays with her aunt, who lives in a neighboring town. Nicole attends 8th grade at Far Valley Middle School.

1. What information would be useful to gather regarding Nicole? ______________

________________________________________________________________

Information source: ______________________________________________

What steps need to be taken to access information from this source? __________

________________________________________________________________

What specific information would you request? ___________________________

________________________________________________________________

2. What additional information might you find useful from another information source?

________________________________________________________________

Information source: ______________________________________________

What steps need to be taken to access information from this source? __________

________________________________________________________________

What kind of information would you request? ___________________________

________________________________________________________________

continued next page
**Vignette:** Terrance is 16 years old. He lives in a group home. Terrance’s 1-month-old twin daughters were born prematurely and have been in the hospital since birth. Terrance completed 9th grade at Middletown High School.

1. What information would be useful to gather regarding Terrance? ________________
   ___________________________________________________________________

   Information source: ___________________________________________________________________

   What steps need to be taken to access information from this source? ____________
   ___________________________________________________________________

   What specific information would you request? ___________________________
   ___________________________________________________________________

2. What additional information might you find useful from another information source? ________________
   ___________________________________________________________________

   Information source: ___________________________________________________________________

   What steps need to be taken to access information from this source? ____________
   ___________________________________________________________________

   What kind of information would you request?____________________________
   ___________________________________________________________________
Reliable Practices
Making accurate assessments depends on using reliable practices. These include:
- Communicating effectively
- Using your eyes and ears
- Prioritizing information

Communicating Effectively
In “Unit 1: Essential Communication Skills,” you learned how to ask questions, listen effectively, and respond with empathy when getting to know your clients. Having a solid foundation in basic communication is essential when working with adolescents. Remember that effective communication involves giving information as well as receiving it. In the early stages of the assessment process, however, you should be prepared to do more listening than talking.

Sometimes clients say things you don’t understand or use a word or phrase that’s unfamiliar to you. When that happens, don’t be shy about asking the client to clarify or explain. It is much better to feel silly and get clarification than not to ask and miss important information. Even if you’ve heard the word or phrase used before, it is important to know what it means to this particular client.

Using Your Eyes and Ears
By looking and listening carefully, you gain additional information that enhances the assessment process. When you are in a client’s home, look around casually from wherever you are sitting and take in the home environment. Ask yourself:
- Are basic needs being met?
- Are electricity, clean water, and heating available?
- Does the environment pose any dangers to children? Are there broken toys or furniture? Are safety gates needed to block off stairways and other unsafe areas?
- Are there dangers at the baby’s level, such as coins on the floor?
- Is the environment child-friendly, with age-appropriate toys?
- How much furniture is there?
- Is there open space? Is it crowded?
- What is the space like?
- Is it light or dark?
- What is the activity level? Is it loud or quiet?
- Are there unsanitary conditions, such as food on the floor or dishes with food lying out?

At a later time, explore with your client whether your observations are reflective of what occurs in the home on a daily basis.
Your eyes and ears can also help you determine how the client responds to the home environment. Is s/he alert? Overwhelmed? Distracted? How does s/he interact with family members, friends, partner or spouse, and children? Listen for tone of voice, and look at affect, facial expression, and body language. Your senses of sight and hearing are important tools in gathering information to assist you in best addressing the client’s needs.

**ACTIVITY: Using Your Senses**

INSTRUCTIONS: The next time you visit someone’s home, see how much and what kind of information you can take in without asking questions, simply by using your senses. Ask yourself the following questions after you leave:

- Were paintings, prints, photos, or other decorations displayed?
- Was there carpeting or rugs, or were the floors bare?
- Did the home have windows, and if so, were they open or closed?
- Were there curtains, blinds, or other window coverings? If so, were they open or closed?
- Were there books, newspapers, or magazines?
- Was there a pet?
- What sounds did you hear?
- What smells did you notice?

Based on your observations, what is your overall impression of this environment?

---

**Prioritizing Information**

It is easy to get overwhelmed by details and miss information that is most pertinent to helping clients at the present time. Prioritizing the information you receive from and about clients is essential. You may choose to do this formally, by writing things down, or informally, by making mental notes of what you think your client’s most pressing issues are.
Example: On your first visit with Susan, she tells you that she is in school, although she does not attend regularly. Her boyfriend is just out of jail, and they are sexually active, but not contracepting. Her sister, Jeanine, is in the room and tells you that Susan recently attempted suicide. Susan wants to become more involved with group activities at your program.

To determine which information should take the highest priority, ask yourself the following questions:

1. Does this information pertain to the safety of the client, her children, or others?

   Give highest priority to information that indicates possible danger, abuse, neglect, or threats or acts of violence. As a mandated reporter, you are required by law to report any information that suggests danger to the client or others.

2. Does this information support or hinder the client’s progress toward her/his goals?

   Look at the relevance and possible impact of the information on the client’s decision-making, behavior, and actions.

3. Does this information change my assessment of the client’s needs, strengths, resources, supports, and challenges?

   With newly received information, you may modify your assessment or make no changes at all. Keep in mind that it is fairly typical for your initial assessment to change over time as you receive new information.

   Based on the answers to these questions, assess the priority level of the various pieces of information the client has given you. Remember to always address client risk factors first.

   In the example given above, you would need to give highest priority to the client’s risk of suicide. While her other issues are important, they are secondary to the potential danger posed to the client by her suicidal impulses. Once suicide prevention measures have been taken, you can begin to work with Susan on issues such as her high-risk sexual behavior and spotty school attendance, which may hinder her progress toward her goals. Finally, be sure to follow up on Susan’s stated desire to become more involved with your program by providing her with information about upcoming group activities.
Be sure to make a note of the areas that the client expresses interest in, as well as areas that you would like to return to for further conversation. Obtain any additional information or clarifications that you need from the client or other sources to help you move forward. Make sure that you get back to the client with any materials, information, or answers to questions in a timely fashion.

B. Making Your Assessment

In the second part of the assessment process, you use the information you have gathered about a client to describe her/his general status at this time. Your assessment is your best judgment of the client’s:

- Strengths
- Needs
- Support
- Challenges
- Resources

Although your assessment is based on your own interpretation of the client and her/his situation, it should be similar to the assessment that another person with similar skills and work experiences would make of that client.

An assessment is client-specific and should be based on each client’s own unique circumstances and realities. Avoid making generalizations or broad, sweeping interpretations to describe what might be going on. For example, “Darryl stays in the house most of the time. Therefore, he is depressed and needs therapy.” Staying inside may not necessarily be a sign of depression, but may point to other issues such as personal safety concerns or the lack of availability of neighborhood youth programs.

Take time to identify the client’s strengths, as well as areas where s/he may benefit from additional assistance. (See pages 3-5 of Unit 1 for a discussion of resiliency, recognizing client strengths, and protective factors.) Remember that assessment should be based on client information and your nonjudgmental interpretation of that information.
ACTIVITY: Making an Assessment

INSTRUCTIONS: Read the vignette below, and make an initial assessment of the client’s strengths, needs, support, challenges, and resources:

Vignette: Tameka is 15 years old. She is 6 months pregnant with her first child. She alternates between living with her mother and living with her boyfriend’s older sister. Andre, her boyfriend and the father of the baby (FOB), is 17 years old.

Tameka has made most of her prenatal care appointments. Andre goes with her when he isn’t working. Since learning of her pregnancy, she has tried to eat more balanced meals and has reduced her cigarette smoking to one to two cigarettes each day. Before the pregnancy, Tameka was on track to finish her sophomore year of high school.

Strengths: _________________________________________________________

Needs: ____________________________________________________________

Support: __________________________________________________________

Challenges: _______________________________________________________

Resources: _________________________________________________________
Client Assessment

**Things to Think About**

- How do you begin the process of asking a client for personal information?
- What does it feel like to have an unfamiliar person in your home?
- What is the difference between giving a personal opinion and making an assessment?
- What does it feel like when a professional asks you personal questions? How do you feel when s/he writes down your answers?
- How do you tell the difference between relevant and irrelevant information?
- What do you do when you receive too much information at one time?

**Guidelines for Practice**

- Begin the assessment process at the moment you first receive any client information.
- Use your senses to gather information.
- Gather information from a variety of sources.
- Stay as objective as possible.
- Be aware of how cultural influences the assessment process.
- Be aware of your client’s developmental stage.
- Address high-priority needs first.
- Identify areas where you need additional information to move forward.
- Revise your assessment as you receive new and relevant information.
- Use the first visit to develop a deeper understanding of the client’s needs and resources.
2. Developing Individual Service Plans

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Identify the six components of ISP development
2. Give an example of a goal, an objective, a timeline, and a service need
3. Identify two ways to initiate a discussion about goals
4. Demonstrate how to respond to different priority and interest levels
5. Explain the importance of establishing attainable action steps and realistic timelines

**A. The Big Picture**
Once you have completed the client assessment, you are ready to work with the client to create a plan of action. The Individual Service Plan (ISP) is an action plan that structures the setting of goals and the steps and timelines that will enable the client to achieve them. It is a fluid document that reflects the unique and changing needs of the client as s/he works to achieve healthy lifestyle decision-making.

**Talking About Goals**
Starting a conversation about goals with a teen client can be difficult. Some clients may be unsure of what a goal is. If so, be prepared to offer a clear definition and a few examples. One definition of a goal is an ambition or a desired state of being. A goal often involves a change from where a person is to where they would like to be. Goals can focus on many areas of a person’s life including career, family, health, relationships, academic pursuits, and interests. Examples include graduating from high school, giving up alcohol or drugs, or becoming a more involved parent.

Clients may find the experience of talking about goals unfamiliar and uncomfortable. You may be the first adult to express interest in hearing about their hopes and dreams for their future — or to engage them in creating action plans for reaching those goals. Some clients may feel shy or embarrassed talking about their dreams and hopes, while others may feel pessimistic about their chances for the future. To encourage “dream talk,” it is essential to remain open to hearing what clients are sharing with you.
Exploring the Possibilities
The purpose of “dream talk” is to learn about what clients want for their future and for the children’s future. Dream talk is an opportunity for clients to think big. Because other people may discourage your clients’ dreams, it is especially important for you to listen and learn without judgment. With this information, you can help clients transform their dreams into goals that they can work towards.

Asking open-ended questions is an effective way to explore dreams with your clients. You might ask, for example:
- If you could get paid to do something you love, what would it be?
- What do you think are your strongest qualities?
- How do you see yourself having fun in the future?
- How much money do you want to earn, and by what stage in your life?
- What qualities do you admire in other people?

Clients’ answers to questions like these give you a glimpse into their ambitions. If a client feels uncomfortable or uninterested in talking with you about their dreams, encourage the client to write them down or share them when s/he feels comfortable.
ACTIVITY: Dream Talk

This activity helps you experience what it feels like to explore dreams. As you do the exercise, imagine how you might assist clients in formulating their goals.

INSTRUCTIONS: Answer the following questions.

1. If you could get paid to do something you love, what would it be?  
   ________________
   ____________________________________________________________

2. What do you think are your strongest qualities?  
   ________________________
   ____________________________________________________________

3. What qualities do you admire in other people?  
   ________________________
   ____________________________________________________________

4. On a scale of 1 to 10, with 10 being the best, how do you rate where your life is right now?  
   ________________________
   ____________________________________________________________

5. What would it take to move up the scale?  
   ________________________
   ____________________________________________________________

6. What would you like to be doing in six months that you are not doing now?  
   ____________________________________________________________
B. Client-Centered Goal-Setting

As clients talk about their hopes for their future, you can help them focus on the goals they want to concentrate on first. Sometimes, teen clients may set a high priority on goals that you think are less important than other issues they face.

Example: You have a client named Cheryl who needs dental care. She does not seem interested in addressing her health needs, but is interested in taking steps toward becoming a recording artist. You can help Cheryl by pointing out the relationship between her choices and their outcomes. You might say, “I understand that becoming a recording artist is very important to you. How do you think that not taking care of your appearance might get in the way of you fulfilling your dream of becoming a rock star?” By helping the client make connections between her choices and their consequences, you show her how the decisions she makes now can directly influence her future.

A client’s ISP can include goals of high, moderate, and low priority. By including both urgent and less pressing goals, you address the client’s immediate needs and risk factors while simultaneously keeping her/him engaged in the process.

- High priority areas include, but are not limited, to client safety, child safety, abuse or neglect issues, substance use, food needs, emergency medical care, shelter or housing, and threats or acts of violence.
- Moderate priority areas include important, time-sensitive though less urgent needs, such as achieving educational goals and obtaining financial security.
- Low priority areas can include a wide range of non-urgent issues.

Always address high priority needs and issues of the client first, unless client safety is at risk.

The greater your client’s interest in addressing an issue, changing a behavior, or making different choices, the better her/his chances for success. However, keeping clients engaged in developing plans and working toward goals can be challenging. One technique that works with many clients is to identify their areas of strong interest, and then highlight the connections between their current actions and future results related to those interests. Talk frequently about the client’s interests. Learn how the client developed them, and include goals and steps in the ISP that support those interests.

You can use a guide like the following matrix to assess clients’ priority and interest levels in various issues and compare them with your own.
Example: A client is very interested in becoming an emancipated minor and considers it a high priority. You agree to assist the client as you can, but think it is a low priority. The completed matrix looks like this:
When you see an area as a moderate or high priority, but a client sees it as a low priority and isn’t interested, the client is less likely to take action. While this can be frustrating, it is important to stay focused on what the client thinks is most important. Sometimes, it can be helpful to determine which stage of change a client is in as you think about your approach. (See pages 9-13 of Unit 2 for a discussion of the stages of change.)

For example, if a client is in pre-contemplation about using birth control, and you see this as a high priority topic, providing information can sometimes help move the client toward change. You could ask the client what information she has already, provide more client-centered information, and then check in again about her interest. If the client still isn’t interested, it’s time for you to let go of your agenda. This can be challenging when you think that a client is making an unhealthy decision. But sometimes learning through experience is the only way to learn, even if it’s the hard way to learn. You may interrupt that learning process if you push your priority on the client. If after more discussion, your client becomes interested in using birth control, then it will be a higher priority for her. When clients make their own connections and decisions based on what they think is important, their actions are more meaningful and long lasting.

With the many job responsibilities you have as a case manager, it is important to work effectively and efficiently. Remember that concentrating too much energy on low-priority/low-interest areas takes time and resources away from more significant issues.
ACTIVITY: Connecting Current Decisions and Future Results

INSTRUCTIONS: Look at the following examples of different priorities, and provide a statement that might help the teen see the relationship between them.

Example: Tracy wants to work on getting her cosmetology license. You know that she and her 2-month-old daughter do not have health insurance.

You might say, “I know one of your long-term goals is to get your cosmetology license. What are some short-term goals that would help you to make that happen? How might getting health insurance for you and your daughter help you with your dream of getting that license?”

1. Luis is only interested in working on getting his driver’s license. You are aware that he is not attending school on a regular basis.

You might help him make the connection by saying: ______________________

_______________________________________________________________

2. Minerva wants to move out of her family’s house and live on her own. You know that she does not have a steady source of income.

You might help her make the connection by saying: ______________________

_______________________________________________________________

C. Developing the Plan

Once you and your client have done the important work of talking about dreams, setting goals, and choosing priorities, you are ready to begin writing the ISP. The plan should include six components:

1. SMART Goals
2. Objectives/Action Steps
3. Assignment of Responsibility for Each Step
4. Identification of Service Needs
5. Timeline
I) SMART Goals

As mentioned previously, it may be important to determine what “stage of change” the client is in before identifying goals. Ideally, a client should be in the “preparation” stage so that he/she has already thought about making the changes and is ready to move toward action.

The first part of the ISP is a description of the client’s goals. Apply the SMART principle when defining goals. A SMART goal is Specific, Measurable, Attainable, Rewarding and Timely.

Example: Valerie is an avid reader and a good student. She has noticed that a bookstore is opening nearby. Her SMART goal is, “I will get a job at Border Barns Books within two months.”

Specific – the goal is clear and detailed.

Measurable – progress toward the goal can be tracked.
   In the example, Valerie could create action steps to track her progress. For example, she could call about job openings while the baby is napping tomorrow.

Attainable – is challenging yet realistically reachable.
   In the example, the bookstore is close to her home, and is likely to have job openings with flexible hours.

Rewarding – there is a perceived benefit or positive outcome.
   In the example, Valerie will receive an income, work conveniently close to her home, receive a discount on book purchases, and may learn about the publishing field.

Timely – a timeframe is involved.
   In the example, Valerie will either get the job within two months or she won’t.

The goal statement is usually a short sentence or phrase. It simply and briefly describes what the client will be working toward. If it is hard for the client to state her/his goal in a single sentence or phrase, s/he may need to break the goal into several goals.

Whenever possible, use the client’s own words or phrases to describe her/his goals. This helps her/him take ownership of the ISP and makes it more likely that s/he will take action toward achieving its goals.
ACTIVITY: Creating SMART Goal Statements (Specific, Measurable, Attainable, Rewarding, Timely)

INSTRUCTIONS: Change the following goals into SMART goals.

<table>
<thead>
<tr>
<th>Goal</th>
<th>SMART Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lose weight</td>
<td>1.</td>
</tr>
<tr>
<td>2. Do better in school</td>
<td>2.</td>
</tr>
<tr>
<td>3. Take care of my children</td>
<td>3.</td>
</tr>
</tbody>
</table>

2) Objectives/Action Steps

The Maternal and Child Health Branch AFLP and ASPPP Standards use the term “objective” in its outline of what should be included in the ISP. However, it can be helpful for clients to break objectives down into small, concrete “action steps.” Action steps are small units of progress which move a person toward achieving her/his goals.

*Example of an objective:* “Find reliable childcare so I can attend school regularly.”
*Example of an action step:* “Call the local childcare resource and referral center.”

As with setting goals, it is important to be specific about the action steps that are needed. One useful exercise is to draw a line with the goal at the end, and then map out the individual steps needed to get there. If you find that it is difficult to specify steps, make sure the stated goal is not too detailed. If it is, simplify the goal and then work backward to fill in the necessary steps.

Avoid creating action steps with too many parts. For example, if the client’s goal is to avoid becoming pregnant, then one of her objectives may be to apply for MediCal. However, applying for MediCal is a multipart process and requires further breaking down. Action steps might include calling to request the necessary forms,
completing the forms, and submitting them. Establishing small, doable steps rather than large, complicated steps increases the likelihood of your client’s success.

Another useful strategy is to organize action steps into three-month blocks. Then when you and the client review the ISP each quarter, you will be able to quickly evaluate the progress that has been made. This provides the client with a realistic and measurable way to work toward goals.

As you list action steps, consider the possibility that unanticipated needs or issues may arise along the way. You can help clients prepare for the unexpected by talking about possible obstacles and how they might respond to them.

Incorporate into every visit a time to follow up on your client’s progress toward goals. Checking off the action steps that have been taken provides a tangible way for clients to see their success.

3) Assignment of Responsibility for Each Step
The next step is to determine who will be responsible for completing each step. Usually the client has responsibility for carrying out the majority of the steps. However, as a case manager, you may know of resources in the community or have materials, information, or expertise that can support the client’s progress. Therefore, you may decide to take on one or more steps in the client’s ISP.

4) Identification of Service Needs
The next step in developing an ISP is to identify services that are available to address the client’s unique needs and support her/his strengths. These might include a peer support groups for parenting teens, workshops in job-search skills, or smoking cessation programs at a local hospital. Ask about any previous experiences the client may have had with local resources and services. Then draw upon your own knowledge of and experience with available services to facilitate a good fit with the client. Discuss any actual or potential barriers that may make it difficult for the client to access services, such as the need for transportation or childcare. When desired services do not exist in the client’s community, talk about alternative strategies to meet the need.
5) Timeline

Creating a timeline is the next step in developing an ISP. An effective timeline includes target dates for each individual action step a client must take in working toward her/his goals, as well as target dates for reaching those goals.

Some clients may be unfamiliar with the terms “timeline” or “target date,” so be prepared to offer definitions. One way to describe a timeline is as a map showing each step on the way toward a goal and the amount of time needed to complete it. A target date is a future date or time by which someone plans to complete an action.

Sometimes a target date is fixed, such as when a client has a specific appointment to attend. For example: “Carla will go to her appointment with the nutritionist on July 24.” At other times, you and the client will need to estimate the amount of time needed to complete a particular step. For example: “Andrew will enroll in the General Equivalency Diploma (GED) preparation class at the adult school within two weeks, by January 15.”

Be realistic when you estimate the amount of time needed for each step. Consider the individual client’s strengths, experiences, developmental stage, emotional maturity, and challenges. Then ask yourself, “Is this realistic and reasonable for this client?” Some clients will need more time than others to complete the same task. Try to stagger target dates rather than setting the same target date for several steps. This approach helps the client focus on one achievable step at a time.

Throughout your work with the client, review the timeline regularly and revise it as needed. This will help keep your client on track to achieve her/his goals.
ACTIVITY: Identifying Steps and Creating a Timeline

INSTRUCTIONS: After reading each vignette, create steps and a timeline that would lead the client to her/his goal.

Vignette 1: Jessie is 16 years old. He completed the 8th grade. He is not currently enrolled in school. His goal is to graduate from high school.

Goal: Graduate from high school by (date): _______________________________

Action Steps:

1. _________________________________________________ (date: ________ )
2. _________________________________________________ (date: ________ )
3. _________________________________________________ (date: ________ )
4. _________________________________________________ (date: ________ )
5. _________________________________________________ (date: ________ )

Vignette 2: Beatriz is 15 years old. She has a 3-month-old baby. She stopped smoking cigarettes at the beginning of her pregnancy and started again when her baby was 1 month old. Her goal is to quit smoking.

Goal: Quit smoking by (date): _________________________________________

Action Steps:

1. _________________________________________________ (date: ________ )
2. _________________________________________________ (date: ________ )
3. _________________________________________________ (date: ________ )
4. _________________________________________________ (date: ________ )
5. _________________________________________________ (date: ________ )
Developing Individual Service Plans

Things to Think About

- Who has encouraged you to dream?
- When did you first learn about setting goals?
- How would you feel if someone laughed at your dream?
- What can a person learn from not reaching a goal?
- What helps you stay on track?
- When is a dream unrealistic?

Guidelines for Practice

★ Remain open.
★ Be prepared to define and offer examples of goals, objectives, action steps, and timelines.
★ Allow time for “dream talk.”
★ Incorporate assessment information when developing ISPs.
★ Address high-priority needs first.
★ Focus resources on moderate- and high-interest areas.
★ Stay SMART by helping clients set goals that are Specific, Measurable, Attainable, Rewarding, and Timely.
★ Be realistic about helping clients create steps and timelines that reflect their strengths, challenges, developmental stages, and emotional maturity.
★ Keep it simple, and reevaluate goals.
3. Following Up

Learning Objectives:
After completing this chapter, you will be able to:
1. Explain the importance of regular follow-up
2. Describe the main components of follow-up
3. Give three examples of open-ended questions for reviewing progress
4. Discuss the value of celebrating clients’ successes
5. Identify ways to motivate clients
6. Identify what you can do to manage your reactions to slow or nonexistent client follow-through

Ongoing follow-up is at the core of providing comprehensive case management. From the start, develop a practice of checking in regularly with your clients, both to find out where they stand and to report on your own progress toward the steps that have been assigned to you. This also allows you to show them that you are interested and invested in their successes. Consistent follow-up also allows you and your clients to review and revise goals, action steps, and timelines as necessary, and to celebrate progress.

A. Reviewing Progress

Just as you may be the first person to talk with your clients about their goals and dreams, you may also be the first person to talk to them about success. Success has different meanings for different people. For a client who feels stuck in her current situation, it may be taking the first step toward her goal. For a client who has few people to support him, it may be finishing a step by the target date. For a client who expresses little hope for her future, just sharing her dreams with you can be considered a success.

Setting goals and following through on action steps to reach them can be difficult for many clients, particularly when it is a new experience. Having someone to review their progress with can help clients maintain their focus, motivation, and confidence. Checking in also allows you to find out if clients have successfully connected with community services and resources that you referred them to. Without follow-up, you might miss opportunities to encourage, motivate, or coach clients through difficult moments. Often, a positive word at the right time can make the difference between success and discouragement.

When you review progress with clients, ask questions, listen, and acknowledge their experiences. Some clients may tell you about their progress and challenges without
you having to ask them. With others, you will need to initiate the conversation. As often as possible, use open-ended questions to encourage clients to give broader responses.

To find out about possible changes in client need or interest, you might ask:
- What has changed for you since we created the last ISP together?
- On a scale of 0 to 10, with 10 being the highest, how important is reaching this goal to you now?
- Looking at the action plan, what goals or steps would you like to add or take away?

To learn more about current sources of support for the client, you might ask:
- What other help or support do you need to finish your steps by the agreed upon date?
- Who in your life knows that you are working on taking these steps to reach your goals?

To talk about barriers and challenges to the client’s follow-through, you might ask:
- What do you think is getting in the way of you taking these steps to reach your goals?
- In what ways do you think not taking the steps we talked about might affect your goal?
- How can we make the goals and steps SMARTer?

If a client is frustrated or disappointed with what s/he perceives as slow or nonexistent progress, acknowledge the feeling and reassure the client that there are alternate paths to success. Ask the client to clarify personal expectations. What would s/he need to accomplish to feel successful?
**ACTIVITY: The Meaning of Success**

**INSTRUCTIONS:** Complete the following statements.

Mariah has been working on completing the GED for over a year. She has tried to pass the mathematics section several times now and has failed. She is feeling frustrated by her progress.

You might say: ______________________________________________________

_________________________________________________________________

Silvia and her 2-year-old daughter emigrated from Mexico. She speaks and understands English but cannot read or write it. She has little confidence in her ability to make it on her own.

You might say: ______________________________________________________

_________________________________________________________________

Kevin was recently released from jail and wants to make some positive changes in his life. He wants to be more involved in the life of his 2-year-old son, whom he last saw 18 months ago. He says he has never been successful at anything.

You might say: ______________________________________________________

_________________________________________________________________

Clients’ lives are constantly changing, so it is important to establish a regular routine for looking at how they are doing and what they need. Otherwise, goals and dreams can take a back seat to day-to-day priorities. Each time you meet with a client, touch on her/his progress toward ISP goals, even if only briefly. This helps keep the client focused and on track. Acknowledge and celebrate the client’s progress. By keeping goals, dreams, and progress in the spotlight, you encourage your clients to continue the hard work of making positive changes in their lives.
B. Revising the ISP

From time to time, you and the client may need to revise the ISP to reflect changes in her/his situation. For example, if a client has successfully completed several steps toward her goal, you might revise the plan to include new and more challenging steps. Or, if a client has fulfilled some tasks but not others, you might want to break the undone tasks into smaller, doable parts. If a new need emerges for your client, or his focus shifts from one part of his life to another, that is another reason to revise the ISP.

It is not necessary to revise the ISP every time something changes for the client or her/his children. However, it is essential to record changes in the client’s chart or file if the changes are in the following areas:

- Client needs
- Program status
- Resources
- Risks
- Barriers to and utilization of services

C. Motivation

As a case manager, one of the most difficult tasks you have is supporting clients who appear to be unmotivated to move beyond where they currently are. Motivation varies greatly from person to person; what leads one person to act may have no impact on another. So it is hard to understand why some clients seem to jump at the chance to improve their lives, while others move slowly or do not seem to want to change at all.

When you feel frustrated by unresponsive clients, it is useful to remember that you can have a positive impact on them just by being there for them and remaining interested in their lives. Each meeting you have with a client presents an opportunity for you to say or do something that motivates them to take action.

Helping to See Relationships Between Inaction/Delayed Action and Outcomes

One technique for inspiring movement is to help clients see the relationship between their inaction or delayed action and its outcome. The simple act of drawing a line between inaction and what can result from it can sometimes be enough to prompt forward motion. The client begins to understand the effect of her/his actions or inaction and is motivated to act.
Sharing Personal Experiences
When appropriate, sharing personal experiences that demonstrate how you dealt with a similar situation is another way to motivate action. Young clients in particular may be comforted to know that they are not alone in their experiences. Be careful not to make generalizations based on your experiences. Instead, share your story in a way that provides an opportunity for you and the client to talk about different possibilities. As discussed in Units 1 and 2 of this guide, you should only disclose personal information when it is clear that doing so would benefit your client.

Motivating Through Peers
Utilizing your clients’ peers as a positive motivating source is another strategy for inspiring action. Encourage your clients to talk with other teen mothers, fathers, or non-parenting teens. Peer groups and other young people can have a significant influence on the behaviors of teen clients.

D. Saving for Another Day
No matter how much encouragement you give, some clients may not follow through on taking steps or making changes. Each time you review the ISP with a client like this, you may find yourself talking about the same steps and goals, and creating timelines and target dates that s/he never meets. Even when you adjust the action plan, the client doesn’t seem to take any action toward her/his goals. What do you do?

Start by accepting the fact that now may not be the right time for this client to work on this particular issue. Clients often demonstrate through their actions when it is the right or wrong time for them to make change. Then, consider creating a “Come Back To” list with the client. This is a place to keep track of those important issues that you and the client decide to revisit at another time. (Keep in mind that high-risk situations should always be addressed immediately.) A “Come Back To” list takes the focus off areas where the client has demonstrated slow or no follow through, and instead concentrates attention on areas of higher client interest areas. By refocusing your client’s energies away from an area s/he feels unmotivated about, you lessen disappointment and frustration, and increase the possibility of future success.
ACTIVITY: Creating a “Come Back To” List

INSTRUCTIONS: Think of a client you are currently working with or have worked with in the past. Write a “Come Back To” list of the areas it will be or would have been more productive to return to at another time.

Come Back To: ___________________________ When: ___________________________

1. ___________________________________ __________________________
2. ___________________________________ __________________________
3. ___________________________________ __________________________
4. ___________________________________ __________________________
5. ___________________________________ __________________________

Learning from the Process

The process of developing ISPs and tracking progress over time offers many learning opportunities for you and your clients. It allows you to learn more about who your clients are, what they think and dream about, and what is important to them. It also presents a chance for clients to learn more about themselves, the relationship between choices and outcomes, and the effort that is often involved in achieving goals.

Setting but not reaching a goal also opens the door for clients to learn new ways of doing things and find different strategies for moving forward. When clients come up short of their goals, encourage them to talk about their feelings and what they have learned from the situation.

Recognizing Your Own Feelings

Providing comprehensive case management requires a significant investment of your time and energy. It is natural to feel disappointed, frustrated, or angry when clients do not follow through with steps they have agreed to take, especially when you have worked hard to do some of the legwork. When clients seem unmotivated to make positive changes in their lives, you can become disheartened.

To be at your best and provide the most effective services, it is important to recognize what you are feeling and learn ways to manage your reactions. Otherwise, you
may inadvertently respond in ways that are harmful or hurtful. Being aware of how you react when you are frustrated, disappointed, or irritated enables you to develop effective coping strategies.

ACTIVITY: Reactions
INSTRUCTIONS: Indicate with a check mark the ways you react when you are frustrated, disappointed, or irritated.

- ☐ Withdraw (leave the scene)
- ☐ Confront others
- ☐ Become more aggressive
- ☐ Become more passive
- ☐ Cry
- ☐ Pretend to not care
- ☐ Become less available
- ☐ Try harder
- ☐ Become silent
- ☐ Shout
- ☐ Detach (“check out” emotionally)
- ☐ Start to argue about something else
- ☐ Become more critical
- ☐ Lose interest
- ☐ Withhold rewards/incentives
- ☐ Offer more rewards/incentives
- ☐ Become more directive
- ☐ Become less directive
- ☐ Give more time
- ☐ Give less time
- ☐ Wait for somebody to notice

Developing Coping Strategies
Finding healthy strategies to cope when you are feeling disappointed or frustrated is one of the best things you can do for yourself and your clients. Talk with your coworkers to release your frustrations. Get support and feedback from your supervisor. Gain different perspectives on what you are going through by asking your colleagues to tell you about their experiences. Take time out to reflect on your clients’ strengths and accomplishments. Remember that regardless of what you hope for your clients, they have the right to make decisions based on what they believe is best for them and for their children.
E. Celebrating Success

Celebrating your clients’ successes can greatly enhance their continued motivation and future success. Whether that success is something as small as making a phone call to inquire about a job or as large as going for a month without a cigarette, it deserves recognition. For many clients, this may be the first time that they have made a commitment to do something and accomplished it. Taking a moment to acknowledge their progress is essential.

A celebration does not have to cost money. You can acknowledge your clients’ successes in many ways:

- Make special mention of their accomplishments during your visit
- Create a certificate of recognition
- With permission, feature clients in newsletters or local newspapers
- Have an awards ceremony
- Encourage clients to share their experiences to inspire someone else
- Show the clients healthy and positive ways that they can celebrate what they have accomplished

No matter how you choose to do it, be sure to set aside time to acknowledge clients’ successes. When you do, you send a message that what they are trying to do is valuable and matters.
Following Up

Things to Think About
- How do you feel when someone asks you how you are doing on something that is important to you?
- What motivates you?
- What does it take for you to make a change that you are not ready to make?
- How have people in your life influenced your decisions?
- How can you handle your negative feelings about clients appropriately?

Guidelines for Practice
- Establish a routine for reviewing progress.
- Check in often.
- Find out what is and isn’t working for your clients.
- Identify areas where your clients need extra support.
- Revise ISPs to reflect changing needs.
- Note changes in your clients’ needs, resources, issues, risks, and program status in their client files or ISPs.
- Acknowledge your clients’ efforts.
- Celebrate your clients’ successes.
- Recognize your feelings, and manage them appropriately.
- Share personal experiences when appropriate.
- When a client consistently fails to follow through on a certain goal, save that goal on a “Come Back To” list for another day (except in high risk situations).
4. Supporting through Referrals

**Learning Objectives:**
After completing this chapter, you will be able to:
1. Describe the role of referrals in case management
2. Demonstrate two ways to explore client resources
3. Explain the steps involved in making effective referrals
4. Identify the stages of participation in the referral process

**A. Making Connections Happen**
As a case manager, you continuously assess your clients’ needs and develop strategies for meeting them. Providing referrals to appropriate resources and services is one important way that you accomplish this. Like most people, teen clients have lives that reflect a wide range of experiences, challenges, and issues. Therefore, they usually require a range of resources and services to support them. In most instances, one person or program cannot address all of a client’s needs.

When you provide referrals, you help clients make connections with the services they need. In doing so, you help your clients expand and strengthen their networks of support. When clients are not involved with services outside of their relationship with you, they are more likely to feel lost or abandoned when the relationship with you ends. By having support and services in place, you help ensure that your clients will make a smooth transition at the end of the program.

Remember that your responsibilities as a case manager do not end when a successful referral has been made. To provide the most effective service to your clients, and their children you should remain available to consult with other service providers as needed.

**Exploring Your Clients’ Resources**
A resource is a person, object, strength, skill, service, knowledge, belief, value, experience, or anything else that supports or enriches someone. Many clients do not share information about their resources because they are unaware of them.

Take some time to explore with your clients who and what supports and enriches their lives. This reinforces the idea that they have something to offer and helps them recognize that they have a foundation of support on which to build.
ACTIVITY: Exploring Your Own Resources

Sometimes reflecting on your own resources can help you facilitate this kind of exploration for your clients.

INSTRUCTIONS: Answer the following questions about yourself.

1. Who do you go to when you need help? ________________________________
   ___________________________________________________________________

2. Who do you get advice from when you have to make a difficult decision? _____
   ___________________________________________________________________

3. Who do you share your successes with? ________________________________
   ___________________________________________________________________

4. What do you do before you make an important decision? __________________
   ___________________________________________________________________

5. Who has helped you reach one of your goals? ____________________________
   ___________________________________________________________________

6. What experiences or qualities do you have now that will help you fulfill your future goals?
   ___________________________________________________________________
B. Referrals – Making the Connection

There are several steps to making an effective referral: researching, relaying information, facilitating the process, advocating, and following up.

Researching

Before you refer a client to a program or service, it is essential that you conduct adequate research. Otherwise, you risk wasting your clients’ time and your own by referring them to programs that no longer exist or whose eligibility requirements they do not meet.

When possible, get to know programs you plan to refer to firsthand by visiting the sponsoring organization and talking with staff people and current participants. Pick up brochures and other information to distribute to your clients. Ask a representative to come to a staff meeting at your agency to discuss the program. Check back periodically to stay up-to-date on available resources, appropriate contact people, and eligibility requirements.

Since it is not feasible to contact every service provider, community resource guides and listings are helpful tools for keeping abreast of what’s available. But keep in mind that these guides become outdated quickly. Find out what your agency’s policies are on maintaining referrals lists.
**ACTIVITY: Familiarizing Yourself with Services**

**INSTRUCTIONS:** Think about a program or service you refer clients to. Complete the following checklist to find out how much you know about it.

Program/Agency: __________________ Name: ___________________________

Address: ______________________ Phone number: ______________________

Contact person: __________________

1. Type of organization:
   - County/public/governmental
   - Community-based
   - Private not-for-profit
   - Private for-profit
   - Religious organization
   - School/college/university
   - Other

2. Days and hours of operation: ________________________________________

3. Accessibility by public transportation: Bus line: __________ Other: _________

4. Eligibility requirements: ____________________________________________

5. What do clients need to bring to the first appointment? ________________

6. Current waitlist for services?  □ Yes  □ No  How long? ________________

7. Cost of services to clients: __________________________________________

8. Languages available: _______________________________________________

9. Accessible to physically disabled persons?  □ Yes  □ No

10. Drop-in services available? □ Yes  □ No

11. Description of services provided: ____________________________________
    ____________________________________
Relaying Information

Once you have gathered information about the program or service you want to refer to, discuss what you know with your client. If you have visited the agency with another client, describe the experience (without using names or other identifiers): What was the application or intake procedure like? How was the program helpful to the other client? Real information about other teen’s experiences can help ease clients’ fears and anxieties.

Facilitating the Process

It is frequently not enough to just give information to the client and then stand back. You may have to actively facilitate the process, at least initially. To move the referral process forward, you might:

- Make the first telephone call to obtain additional information about the services
- Sit with the client as s/he makes the first telephone call
- Review program materials with the client
- Host an introductory meeting between the client and a program representative
- Help the client write down questions to ask program staff
- Rehearse with the client what s/he will say during the first meeting
- Accompany the client to the program orientation
- Make arrangements for the client to go with another client on the first day
- Role-play possible scenarios

Remember that meeting new people and being in unfamiliar situations is uncomfortable for many people. You can increase the chance that a referral will be successful by working with your client to prepare for the experience.

It is not unusual for a case manager to do a lot of legwork at the beginning of a relationship with a client, as the client learns about the case manager’s role and the types of services that are offered. The case manager may even initially take on more tasks than the client. However, it is important not to get stuck in the role of “doing for” the client. How you establish boundaries at the start of your relationship with a client sets the tone for how you will work together throughout your relationship. (See page 3 of Unit 2 for a discussion of setting professional boundaries.) From the beginning, clearly communicate your expectations about the client’s participation, as well as your own. Explain that your role is to support and assist clients in doing things for themselves, not to do things for them.
ACTIVITY: Moving the Referral Process Forward

INSTRUCTIONS: Read the following vignettes, and then write what you would do to facilitate the process.

Vignette 1: Angela says she doesn’t know what questions to ask the child care provider when she goes to check out the center next week.

What would you do? _________________________________________________
_________________________________________________________________

Vignette 2: Gustavo tells you that he called the child support division for information last week, but he spoke with someone who was “rude,” and he hung up before getting any information. He says he’s “sick of it” and won’t call again.

What would you do? _________________________________________________
_________________________________________________________________
Progressive Participation

Referrals are only successful when clients are interested and participate in the process. It can be useful to think about client involvement in the referral process as a continuum. At one end is no client participation, and at the other end is full client participation.

No client participation ••• Full client participation

While the ultimate goal is full client participation, you will need to take on more action steps at the beginning of your relationships with some clients. Over time, and with experience, many of these clients will assume more responsibility, while you assume less and less. But some clients will remain closer to the “no client participation” end of the continuum, in spite of your ongoing encouragement and support.

The chart below offers one way to think about your evolving role:

Doing tasks for the client ➔ Doing tasks with the client ➔ Coaching

In the first stage, you take care of many tasks for the client, as s/he learns about the program and becomes more comfortable. In the second stage, you work on tasks with the client, with the client assuming more tasks and responsibilities, while you guide and assist. In the coaching stage, the client takes on most or all of the tasks, and you provide support, encouragement, and assistance as needed.

Moving between stages is natural, as you address changes in your client’s circumstances.

Example: Berta is self-sufficient and typically needs only occasional coaching to complete action steps. But after her mother is diagnosed with cancer, she becomes depressed and has a hard time following through. She needs your help to get through this crisis. You make some phone calls for her, accompany her to a counselor visit, and support her follow-up plan. Once Berta gets more information about her mother’s illness and learns that it is treatable, she starts to feel better and returns to needing only occasional coaching as she works toward her goals.
ACTIVITY: Evaluating Client Participation

INSTRUCTIONS: Think about a client you are working with. Indicate where you think s/he is on the participation continuum. Describe her/his participation and your own participation. (If you are not currently seeing clients, think of a past client.)

No participation 1 2 3 4 5 Full participation

The client’s current level of participation is: __________

My current level of participation is: __________

The client participates by: _____________________________________________
  ___________________________________________________________________

I participate by: _____________________________________________________
  ___________________________________________________________________

As the client moves along the continuum, s/he participates by: _____________
  ___________________________________________________________________

As I move along the continuum with the client, I participate by: _____________
  ___________________________________________________________________
Advocating
Sometimes, in spite of everything you do make a successful referral, your client encounters an obstacle to receiving services, such as a policy change, time delay, or processing error. If this happens, you may need to advocate on the client’s behalf. Make sure you have enough information and a clear understanding of the issues before jumping in. In some situations, the best way you can assist the client is to find someone with the right expertise who can advocate on the client’s behalf.

Following Up
After making a referral, it is important to check in regularly with both your client and the program staff. This enables you to confirm that the referral is appropriate. Find out from the program staff if your client is using the services they provide. If not, initiate a conversation with your client about the barriers and difficulties s/he may be experiencing. Find out from your client if the services provided are helpful to her/him. If not, you may need to make a new referral.
Supporting Through Referrals

Things to Think About

- What resources enrich your life?
- How does it feel when you are referred to a program or agency by a person who has firsthand experience with it?
- What skills and qualities does an effective coach have?
- When is it appropriate to advocate on a client’s behalf?
- When is a referral successful?

Guidelines for Practice

★ Explore clients’ current resources.
★ Help clients expand their networks of support.
★ Partner with others to best meet client needs.
★ Stay up-to-date on available community resources.
★ Get to know services and programs firsthand.
★ Refer based on a thorough assessment of factors including client motivation.
★ Facilitate the referral process.
★ Advocate when appropriate.
★ Follow up regularly.
★ Help clients move along the progressive participation continuum.
5. Putting It All Together

In this last activity of Unit 4, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the Questions for the Case Manager that follow. You will also want to familiarize yourself with the Observation Skills Checklist for Supervisors that your supervisor will use when watching your role-play or client session.

If you are going to do a role-play:

Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the Questions for the Case Manager should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the Observation Skills Checklist for Supervisors to evaluate your role-play and write down observations. If you or your supervisor is not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

If you are seeing a client:

If you are ready to actually see a client, make arrangements with your supervisor to observe the session. Remember to look over the Questions for the Case Manager (below) before the session. Your supervisor should evaluate the session using the Observation Skills Checklist for Supervisors.

Questions for the Case Manager:

1. What is your initial assessment of the client’s strengths, resources, needs, and challenges?
2. Which areas, if any, require immediate attention?
3. What additional information do you need to make a clear and accurate assessment?
4. From what sources might you gather this information?
5. When will you begin the conversation about dreams and goals?
6. How will you encourage the client to talk about dreams and goals?
7. How will you explore the client’s resources?
8. What community resources might you partner with to meet the client’s needs?
9. How will you decide which areas to focus on?
10. How will you help the client stay on track to reach her/his goals?

**Vignettes**

**Imani (AFLP)**
Imani is 14 years old. She and her 5-week-old daughter live with Imani’s 70-year-old grandmother in a one-bedroom apartment. Imani’s parents are deceased. She has a younger brother who lives with his stepmother. The baby’s father recently moved out-of-state. You visit Imani at home for the first time and notice that one of the front apartment windows is broken. There is furniture in the home, and there appears to be electricity, running water, and heating. The front curtains are closed. Imani’s grandmother is at home, but in her room when you arrive for the visit. The baby is asleep on the couch while you and Imani talk. Imani attended program for pregnant and parenting students before she had her baby and wants to be in independent study when she returns to school.

**Eric (AFLP)**
Eric is 16 years old. He and his girlfriend are expecting their first child in 6 months. Eric lives with his father and his 14-year-old brother. To prepare for the baby, Eric is working for his father in his construction business instead of going to school. Business is slow, so Eric spends most of his time with his girlfriend or with his friends. Eric says he doesn’t know what to expect when the baby comes, but doesn’t think much will change. His father expects Eric to work while his girlfriend takes care of the baby. You and Eric have your first meeting at your office, because it’s close to one of the projects where Eric is working. When you go to Eric’s house for the next visit, he isn’t home.

**Luz (ASPPP)**
Luz is 12 years old. She lives with her parents, her 10-year-old brother, and her 9-year-old sister. Her 17-year-old sister, her sister’s “husband,” and their 3-year-old son live in their own apartment. Luz shares a bedroom with her younger sister. When you visit the family’s home, you see photos and decorations on the walls. Luz’ mother sits with you during the entire visit. Luz answers some questions herself, but her mother answers most of the questions for her. Luz is in the 6th grade and says she likes school. Her mother says Luz could be doing better in school. Luz says she really likes playing with her nephew and baby-sits sometimes. She has one friend who she sees often, but doesn’t have any other friends. Her mother says she doesn’t want Luz to “get in trouble like her sister.”
### Observation Skills Checklist for Supervisors – Unit 4

**Agency _______________________**  **Type of session role-play / real session (circle one)**

**Case Manager ___________________**  **Supervisor ___________________**  **Date _____**

<table>
<thead>
<tr>
<th><strong>Did the Case Manager:</strong></th>
<th><strong>Comments:</strong></th>
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<tbody>
<tr>
<td>✐ Casually observe the client’s environment?</td>
<td></td>
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<tr>
<td>✐ Gather client information from a variety of sources?</td>
<td></td>
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<tr>
<td>✐ Allow client to freely share dreams and hopes?</td>
<td></td>
</tr>
<tr>
<td>✐ Ask open-ended questions to encourage client “dream talk”?</td>
<td></td>
</tr>
<tr>
<td>✐ Clearly define goals, steps, and timelines?</td>
<td></td>
</tr>
<tr>
<td>✐ Respond accurately to client questions?</td>
<td></td>
</tr>
<tr>
<td>✐ Explain the purpose of talking to or exchanging information with other service providers?</td>
<td></td>
</tr>
<tr>
<td>✐ Obtain client consent before speaking with other providers?</td>
<td></td>
</tr>
<tr>
<td>✐ Assess the client's strengths as well as needs?</td>
<td></td>
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*continued on next page*
### Observation Skills Checklist for Supervisors – Unit 4 continued

<table>
<thead>
<tr>
<th>Did the Case Manager:</th>
<th>Comments:</th>
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<tbody>
<tr>
<td>□ Assess the client’s interests and priority levels?</td>
<td></td>
</tr>
<tr>
<td>□ Recognize client accomplishments?</td>
<td></td>
</tr>
<tr>
<td>□ Base her/his assessment on the available information?</td>
<td></td>
</tr>
<tr>
<td>□ Effectively prioritize and summarize next steps?</td>
<td></td>
</tr>
<tr>
<td>□ Identify areas where additional information is needed?</td>
<td></td>
</tr>
<tr>
<td>□ Address high priority areas first?</td>
<td></td>
</tr>
<tr>
<td>□ Make a note of areas for further follow-up?</td>
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</tbody>
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Case Manager Strengths: ________________________________

__________________________________________________________________________
Congratulations!

You have completed Unit 4!
UNIT 4: Assessment and ISPs – Pre-Test

1. Circle the true statement(s):
   As a case manager, your assessment begins....
   a. At the moment you first receive information about a client.
   b. When you first meet the client in person.
   c. When you first talk with the client on the phone.
   d. When you have met and completed the intake.

2. Circle all the main processes for gathering information about a client:
   a. Intake
   b. Comprehensive baseline assessment
   c. Talking with other service providers
   d. Talking privately with family members

3. Circle the true statement(s):
   When using other service providers as information sources, it is important to...
   a. Reassure clients that you will only share information with his/her written consent.
   b. Pay special attention to maintaining client confidentiality.
   c. Fully answer all the questions asked by the other provider.
   d. Explain to the client your reasons for wanting to share information.

4. When you are trying to prioritize the information gathered from a client, which question(s) would be important to ask yourself?
   a. “Does this information pertain to the safety of the client, her children, or others?"
   b. “How does this information support the client’s progress toward his/her goals?”
   c. “How can I enroll the client’s siblings in ASPPP?”
   d. How does this information change my assessment of the client’s needs, strengths, resources, supports and challenges?

5. Which of these are components of ISP development?
   a. SMART Goals
   b. Objectives/action steps
   c. Establishing client priorities for clients
   d. Establishing timelines
   e. Measuring success
   f. Deciding who is responsible for which steps
6. True or False (circle one)
Objectives and action steps are very similar but action steps are smaller units of progress than objectives.

7. Find the ISP component that is the best match for each example:
   __ By the end of the school year (June 6)       a. Goals
   __ Have a healthy pregnancy/baby                b. Objectives
   __ Client is doing all but the initial phone call c. Service Needs
   __ Find reliable childcare                     d. Timeline
   __ The WIC Program                              e. Progress
   __ How are you doing with trying to quit smoking? f. Roles/Responsibilities

8. Circle all the important steps to take when a client has prioritized a goal differently than the case manager:
   a. Help the client make connections between his/her choices and the consequences of those choices.
   b. Ask other family members to encourage the client.
   c. Help the client understand how current decisions directly influence her/his future.
   d. If your efforts to increase client interest are unsuccessful, let go of your agenda.

9. True or False (circle one)
A goal that is SMART is: Specific, Measurable, Attainable, Rewarding, and Timely.

10. When a client is frustrated with slow or no progress toward his/her goals, it is a good idea to: (circle all that apply)
    a. Acknowledge his/her feelings.
    b. Question his/her commitment to the program.
    c. Offer other ways for the client to define success.
    d. Explore past history with successes and failures.

11. Referrals are important when providing case management services because:
    (circle all that apply)
    a. Linking clients with appropriate resources/services will help address their needs and accomplish goals.
    b. It provides an opportunity for a client to practice being responsible.
    c. It discourages the client from becoming too dependent on you and your agency.
    d. Successful linkages may expand the client’s support network.
12. True or False (circle one)
A “client resource” can be broadly defined as anything that supports or enriches him or her.

13. Which of the following would be helpful to motivate clients toward their goals? (circle all that apply)
   a. Help clients see the relationship between their delayed action and the outcome.
   b. Appropriately share your own or others relevant personal experiences so they don’t feel alone.
   c. Only reschedule a visit when the client has accomplished his/her goal.
   d. Encourage clients to talk with other pregnant/parenting teens in similar situations.

14. True or False (circle one)
   It is generally appropriate to celebrate client successes publicly.

15. Complete the following sentence:
   It is generally good to review the ISP with each client at least....
   a. Every home visit
   b. Monthly
   c. Every other month
   d. Quarterly
UNIT 4: Assessment and ISPs – Post-Test

1. Circle the true statement(s):
   As a case manager, your assessment begins....
   a. At the moment you first receive information about a client.
   b. When you first meet the client in person.
   c. When you first talk with the client on the phone.
   d. When you have met and completed the intake.

2. Circle all the main processes for gathering information about a client:
   a. Intake
   b. Comprehensive baseline assessment
   c. Talking with other service providers
   d. Talking privately with family members

3. Circle the true statement(s):
   When using other service providers as information sources, it is important to...
   a. Reassure clients that you will only share information with his/her written consent.
   b. Pay special attention to maintaining client confidentiality.
   c. Fully answer all the questions asked by the other provider.
   d. Explain to the client your reasons for wanting to share information.

4. When you are trying to prioritize the information gathered from a client, which question(s) would be important to ask yourself?
   a. “Does this information pertain to the safety of the client, her children, or others?”
   b. “How does this information support the client’s progress toward his/her goals?”
   c. “How can I enroll the client’s siblings in ASPPP?”
   d. How does this information change my assessment of the client’s needs, strengths, resources, supports and challenges?

5. Which of these are components of ISP development?
   a. SMART Goals
   b. Objectives/action steps
   c. Establishing client priorities for clients
   d. Establishing timelines
   e. Measuring success
   f. Deciding who is responsible for which steps
6. True or False (circle one)
   Objectives and action steps are very similar but action steps are smaller units of progress than objectives.

7. Find the ISP component that is the best match for each example:
   __ By the end of the school year (June 6)  
   a. Goals
   __ Have a healthy pregnancy/baby  
   b. Objectives
   __ Client is doing all but the initial phone call  
   c. Service Needs
   __ Find reliable childcare  
   d. Timeline
   __ The WIC Program  
   e. Progress
   __ How are you doing with trying to quit smoking?  
   f. Roles/Responsibilities

8. Circle all the important steps to take when a client has prioritized a goal differently than the case manager:
   a. Help the client make connections between his/her choices and the consequences of those choices.
   b. Ask other family members to encourage the client.
   c. Help the client understand how current decisions directly influence her/his future.
   d. If your efforts to increase client interest are unsuccessful, let go of your agenda.

9. True or False (circle one)
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UNIT 4: Assessment and ISPs – Supervisor Sign-off Sheet

Case Manager’s Name ___________________________
Supervisor’s Name _____________________________
Agency ___________________________________
Supervisor’s Phone_____________________________  Date_________

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Endnotes

1 Adolescent Family Life Program Standards, California Department of Health Services, Maternal and Child Health Branch, May 2000.