

# Runaway and Homeless Youth Training & Technical Assistance Center



Connect with Us!

## FYSB

(w) [acf.hhs.gov/  
programs/fysb](http://acf.hhs.gov/programs/fysb)

## RHYTTAC

(p) 888.290.7233  
(w) [rhyttac.net](http://rhyttac.net)  
(e) [info@rhyttac.net](mailto:info@rhyttac.net)  
(fb) /rhyttac  
(tw) @rhyttac

## NSPN

2429 Crittenden Drive  
Louisville, KY 40217  
(w) [nspnetwork.org](http://nspnetwork.org)  
(e) [info@nspnetwork.org](mailto:info@nspnetwork.org)  
(fb) /nspnetwork  
(tw) @nspntweets

# Collaborative Case Management

Runaway and Homeless  
Youth Training & Technical  
Assistance Center

Operated by:



This workbook was created by Cindy Carraway Wilson, MA, CYC-P, Director of Training Youth Catalytics, and is intended for use during the workshop “The Art and Craft of Collaborative Case Management.”

## Table of Contents

The Frameworks .....	2
Positive Youth Development Supports Brain Development .....	2
Brain Based Engagement Strategies .....	6
Positive Youth Development Philosophy and Approach .....	8
Overview of Trauma: Definitions, Impact, Responses.....	10
Impact of Trauma .....	11
Changes in the Brain .....	11
Common Trauma Informed Principles .....	11
Harm Reduction.....	13
Stages of Change .....	14
The Change Process.....	15
Holistic Approaches to Engaging Young People in the Process .....	17
Understanding Private Logic and Working within the Worldview .....	18
The Healing Power of Relationships.....	19
Promote Autonomy through Control and Choice .....	20
Empower with knowledge and skills .....	20
Bibliography.....	24

**Cindy Carraway-Wilson, MA, CYC-P**  
Director of Training  
cwilson@youthcatalytics.org  
(207) 319-6009

**[www.youthcatalytics.org](http://www.youthcatalytics.org)**

## The Frameworks

This workshop will focus on case management practices provided to young people navigating high risk situations. Typically we would begin with a definition of case management, but there really isn't one coherent and broadly accepted definition of case management. One researcher called the term 'case management' a Rorschach test, with each professional describing it based on their practice setting, personal and professional perspectives and application.

### How do you define case management?

So, case management can be defined at various levels, including the population level, system level, practice setting level, personal or professional level and at the client level. Because of this reality, many professionals and organizations adopt models or approaches to structure their case management practices. Today, we will look at case management through the integrated lens of positive youth development, trauma informed principles or practices, harm reduction and stages of change. We will also keep in mind the themes that show up in many definitions of case management.

### Positive Youth Development Supports Brain Development

Applying a positive youth development approach to case management begins with developing a clear understanding of adolescent development, particularly brain development. Adolescent development starts between the ages of 9-10 with the onset of puberty. Puberty is triggered by release of hormones that signal the body to begin to develop secondary sexual characteristics as it prepares for parenthood. The changes of puberty happen in the physical, emotional, social, and cognitive domains. Adolescence is the longest developmental period we have as humans and does not finish until the mid-20s. The period from 18 to the mid-20, commonly referred to as emerging adulthood, ends when the frontal cortex of the brain completes its development.

Case management processes must take into consideration the developmental stages of the young person's brain and PYD principles. Case managers must consider to both 'typical' brain development and development that has been affected by trauma, growing up in poverty, living in chronically under-resourced communities and other factors that can delay development or result in uneven development. You must adjust your behavior and processes to meet the young person's developmental stage because they are physiologically unable to adjust to meet you at your developmental stage. In order to do this, we must be able to assess developmental states in our youth. The following chart shows several developmental domains, characteristics associated with those domains and things we might see in individuals in each of these domains as they navigate through adolescence.

## Adolescent development

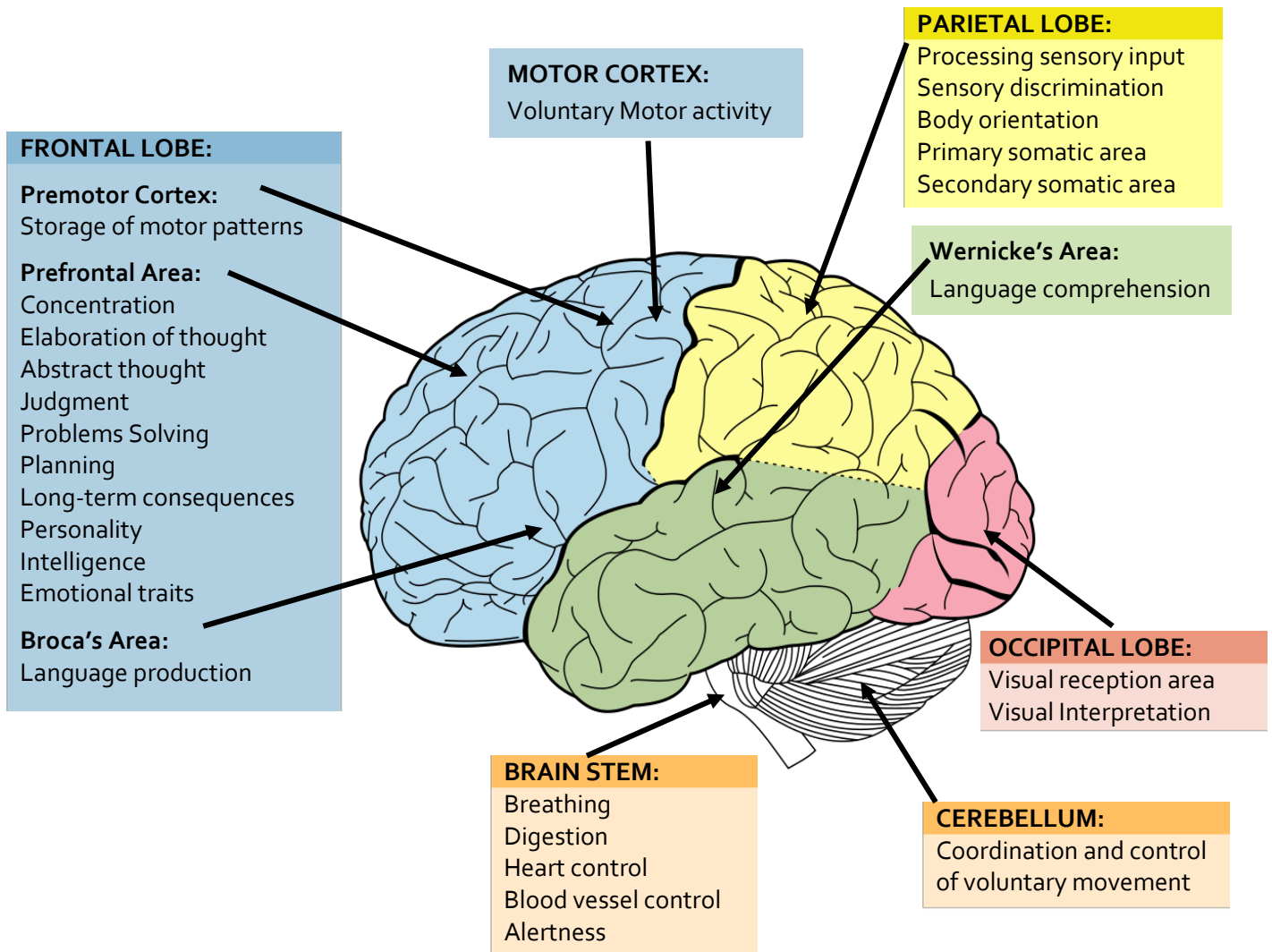
Domain	Characteristics	What We Might See
Physical	<ul style="list-style-type: none"> <li>• Rapid gains in height and weight</li> <li>• Secondary sex characteristics emerge</li> <li>• Continued brain development</li> <li>• Hormonal changes</li> </ul>	<ul style="list-style-type: none"> <li>• May need more sleep</li> <li>• May be clumsy, awkward with body</li> <li>• May be uncomfortable with newly acquired sex characteristics</li> <li>• Could be especially sensitive re: physical appearance</li> <li>• Might be uncomfortable demonstrating affection</li> <li>• Experiencing erratic mood changes</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>• Developing advanced reasoning and problem-solving and coping skills</li> <li>• Developing abstract thinking</li> <li>• Can take in a good deal of information, retain it, and apply it in academic situations</li> <li>• Ability to think about thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Heightened level of self-consciousness</li> <li>• Feeling their emotions are unique</li> <li>• Cause &amp; justice oriented</li> <li>• Uses belief system to guide decisions</li> <li>• Uneven application of these new skills</li> </ul>
Psychosocial	<ul style="list-style-type: none"> <li>• Aim to establish an identity</li> <li>• Establish autonomy</li> <li>• Consider intimate relationships</li> <li>• Become aware of own sexuality</li> <li>• Seek achievement</li> <li>• Build and sustain healthy relationships with adults</li> </ul>	<ul style="list-style-type: none"> <li>• More time with friends than family</li> <li>• Questions about sexuality</li> <li>• May need more private time</li> <li>• May become more argumentative</li> <li>• Changing relationship with parents (embarrassed; curious)</li> <li>• Takes on roles that will take them into adulthood</li> <li>• Better understanding of their emotions and the emotions of others</li> <li>• Can apply new skills to resolve conflicts in relationships</li> </ul>
Identity Development	<ul style="list-style-type: none"> <li>• Develop Independent Identify regarding gender, sexuality, ethnicity, family of origin, etc.</li> <li>• Begin to plan for the future</li> <li>• New relationship with adults</li> </ul>	<ul style="list-style-type: none"> <li>• Try on a lot of roles to see what fits</li> <li>• May vacillate between "I'm in charge!" and "Please just tell me what to do."</li> </ul>

Adapted from:

Marrow, M., Benamati, J., Decker, K., Griffin, D., and Lott, D. A. (2012). *Think trauma: A training for staff in juvenile justice residential settings*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Massachusetts Institute of Technology, MT Work-Life Center, (n.d.). *Raising teens: Ten tasks of adolescent development*. Retrieved from <http://hrweb.mit.edu/worklife/raising-teens/ten-tasks.html>

Virginia Cooperative Extension, Novella Ruffin, Extension Specialist, Virginia State University, 2009

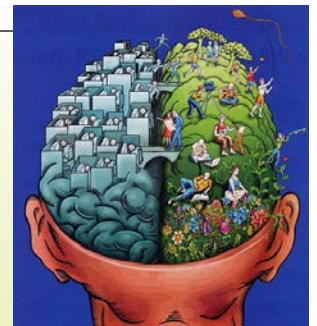


### Left Hemisphere

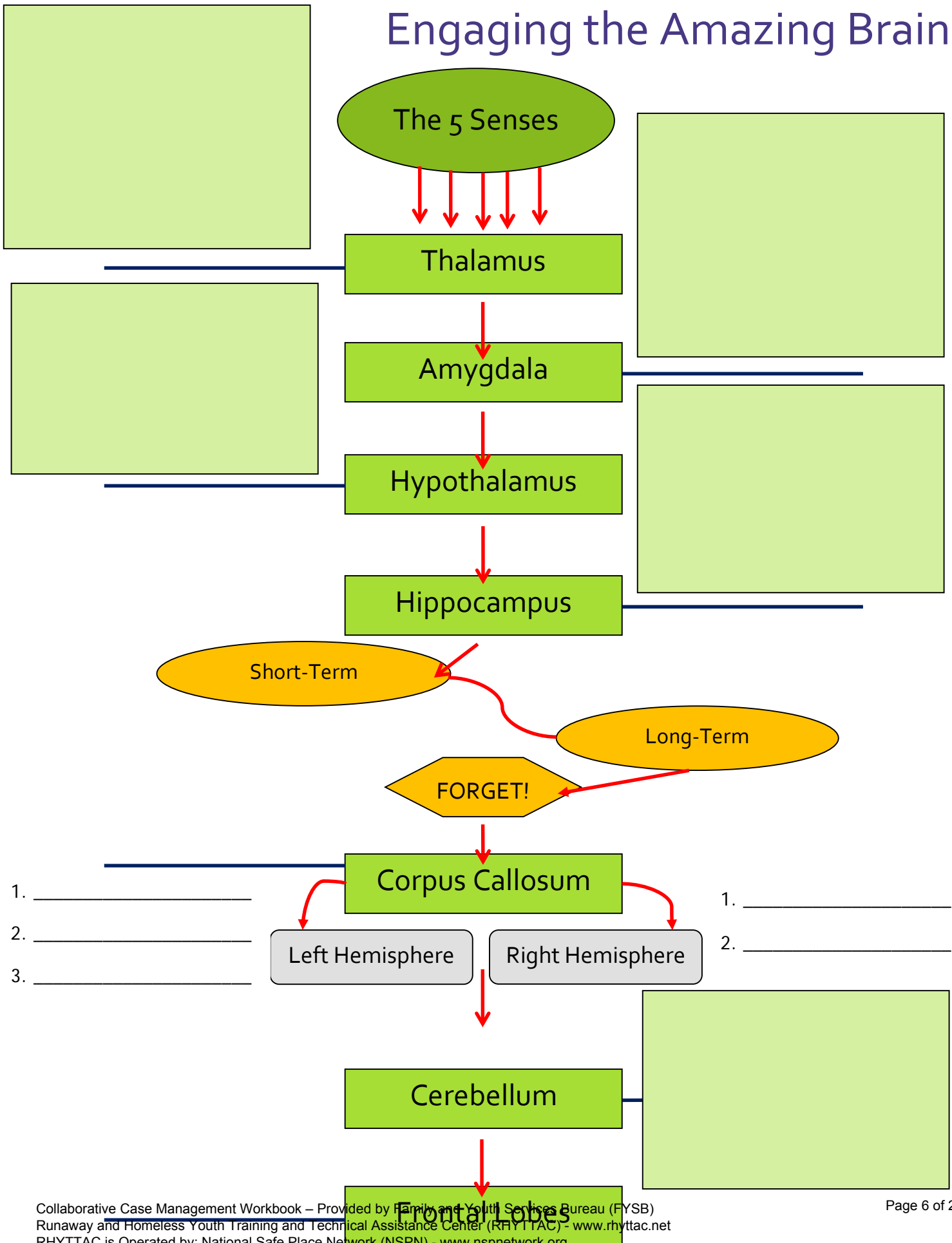
- ✓ Motor activity on right side
- ✓ Language
- ✓ Detail
- ✓ Sequence
- ✓ Logical thought based on language
- ✓ Memory creation
- ✓ Brain functions: logic, verbal, detail, science, names, math, form strategy, order, thinking, writing

### Right Hemisphere

- ✓ Motor activity on left side
- ✓ Spatial manipulations
- ✓ Holistic perception ("gist")
- ✓ Face recognition
- ✓ Interpersonal and emotional processing
- ✓ Memory retrieval
- ✓ Brain functions: pictures, stories, "big picture", observation, shapes, music, patterns, beauty, imagination, possibilities



# Engaging the Amazing Brain!



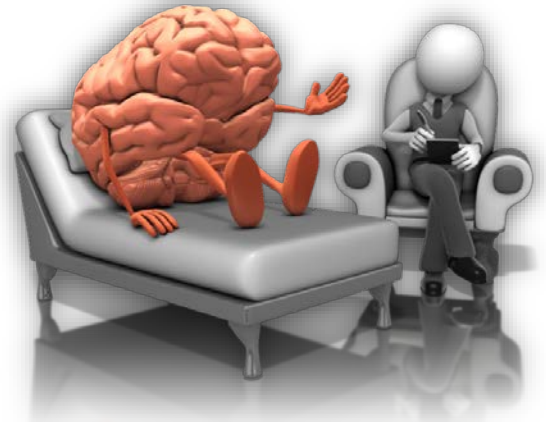
## Brain Based Engagement Strategies

How do you promote brain engagement? It isn't as easy as sitting down and talking! Rather than sitting for a 'traditional' case management meeting, consider using a different approach.

### The Brain Learns Best

1. Through Movement
2. Through Talking
3. From Images
4. By Writing
5. In Shorter Segments
6. Through Different Approaches

~ From Frank Kros, Upside Down Organization



### NOTES

"Memorable moments are repeated and retransmitted so they can cover longer distances."

~Nancy Duarte, Resonate

"Intelligence building is enhanced by managing two key state variables: CONTINUITY (strength and persistence of previous, useful states) and Flexibility (Capacity for variability and responsiveness to context and demands)." ~ Eric Jensen, Tools for Engagement

## Using Images

- Images provide space for metaphor
- Images reframe perspectives
- Images activate the right brain
- Images can be in the mind only
- The brain can remember unlimited images!



## Image Tools

- Mind Maps
- Flow Charts
- 'Smart Art'
- Logos
- Photos
- Drawings
- Graphic Organizers
- Case Studies
- Kinesthetic Vocabulary
- Storytelling

## WHAT

whole-brain  
patterns  
connected ideas

## USES

thinking  
discovery  
memory/ recall  
test prep

**Mapping**  
(topic here)

## FEATURE

print  
color  
symbols  
patterns

## HOW

center topic  
branches  
details  
personalize



## Positive Youth Development Philosophy and Approach

**How do you define positive youth development?**

Positive Youth Development (PYD) is a relational approach to engaging young people from a place of their individual intelligences and strengths. Research has supported that relationships with adults outside of the family are a protective factor which helps young people build resilience. Protective factors are circumstances or situations that foster resilience while resiliencies are “clusters of strengths developed as a person struggles against hardship” (Laursen & Birmingham, 2003). Laursen and Birmingham identified three important protective factors and seven characteristics of caring relationships in their study. The protective factors include caring relationships, high expectations and opportunities for participation. The seven characteristic of caring relationships are in the table below (adapted from their report).

7 Characteristics of Caring Relationships	Behaviors	Beliefs
1. Trust	Doing what you say you are going to do	I’m accountable to the young person I serve
2. Attention	Putting the young person at the center of concern	Children and youth are valuable and worthy
3. Empathy	Seeing the world through the young person’s eyes	There are many versions to the same story
4. Availability	Making time for children and youth a top priority	Young people are important and worth an investment of my time and energy
5. Affirmation	Saying positive things to and about a young person and meaning it	Even troubled youth have positive qualities and constructive behaviors which can be acknowledged
6. Respect	Giving young people a say in decisions that affect them	Feelings are valid and young persons are the best experts on themselves
7. Virtue	Holding young people accountable for their behavior without blaming, and being a role model	Children must learn self-discipline, and those who teach them must practice what they teach

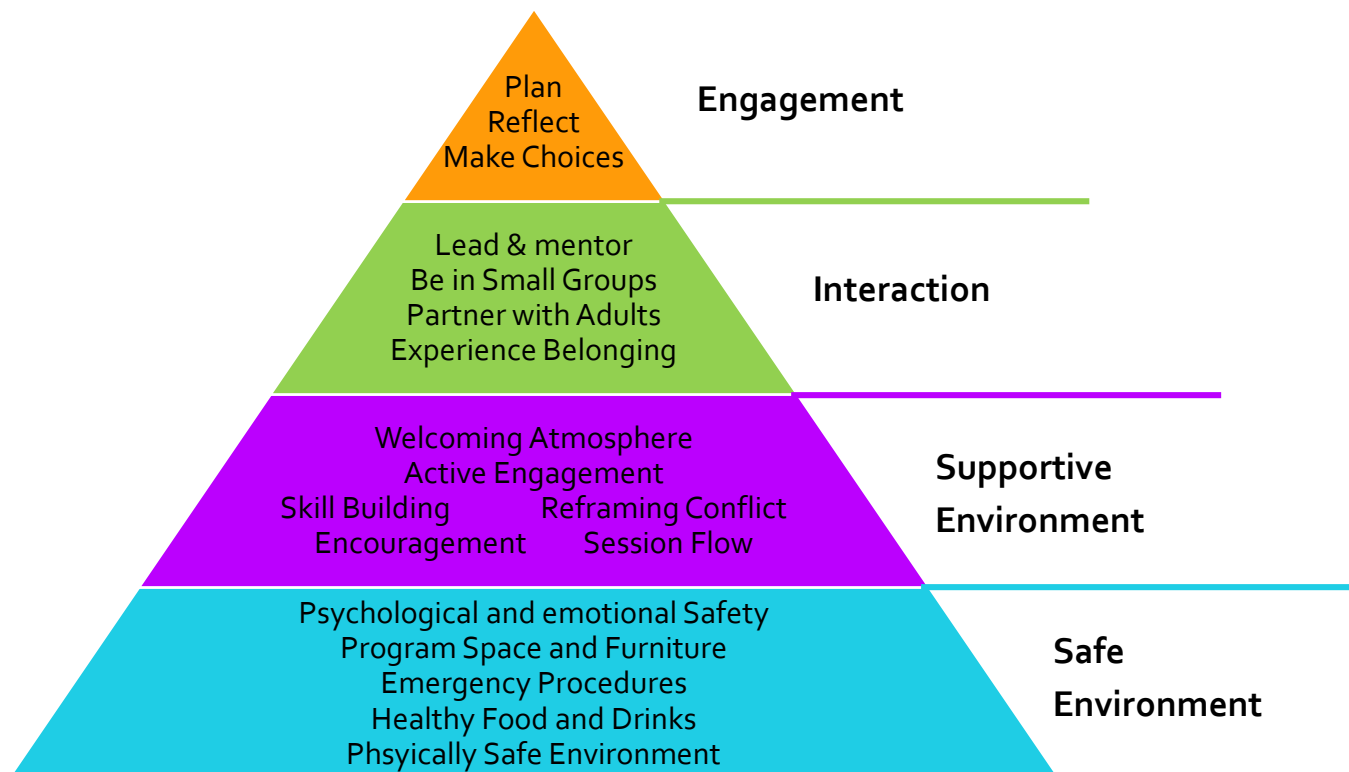
**How do you demonstrate the seven characteristics to youth?**

How do you live these characteristics under times of stress?

Several identified areas of focus for positive youth development leads to enhancements in the areas of the 5 C's identified by Richard Lerner out of Tufts University, Karen Pitman, and several others. Those 5 C's are Confidence, Character, Connection, Competence, and Caring. When these five C's are achieved, they ultimately lead to a sixth C of Contribution. Every case management plan should engage young people to identify steps that relate to as many of these C's as possible.

Youth engagement at all levels is key to the practice of case management and the skilled case manager finds creative ways to work with youth as partners based on their developmental levels. Engaging young people in their own planning and learning creates buy-in, is a developmental opportunity and provides opportunities for practice in problem solving and other skills.

## Youth Engagement



## Overview of Trauma: Definitions, Impact, Responses

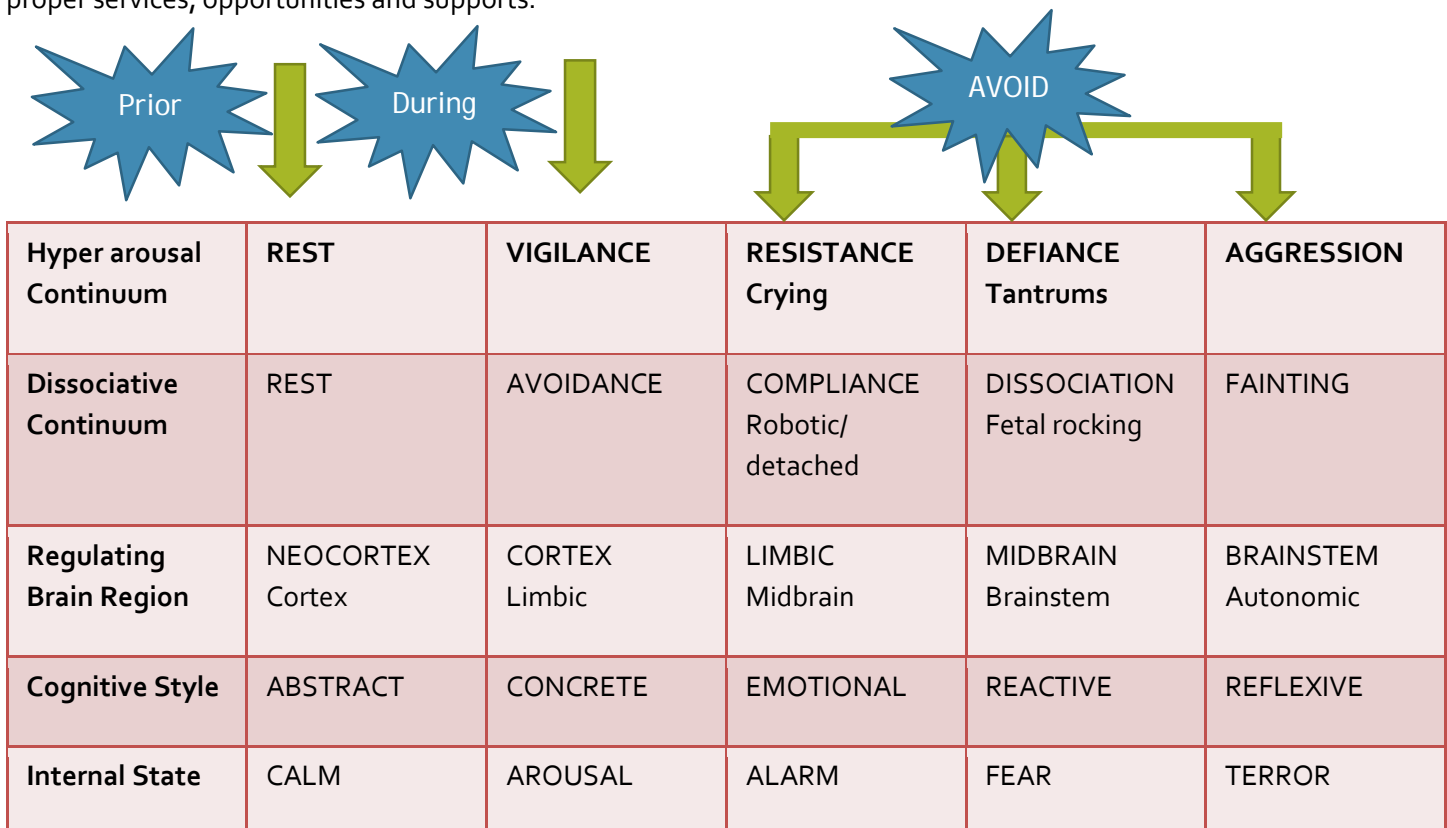


**TRAUMA** can result from a single event or a series of experiences. The traumatic event(s) overwhelm the individual's ability to use normal coping mechanism effectively. Trauma experiences can shape an individual's personal logic and world view which can lead to different behavior and attitudes. Trauma events are often associated with threats of death or serious personal injury to the individual or to other people the individual has contact with.

**TRAUMA SURVIVORS** can move beyond the traumatic event and trauma response to return to a state of health and thriving given proper services, support, and opportunities.

The American Psychological Association defines trauma as an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other.

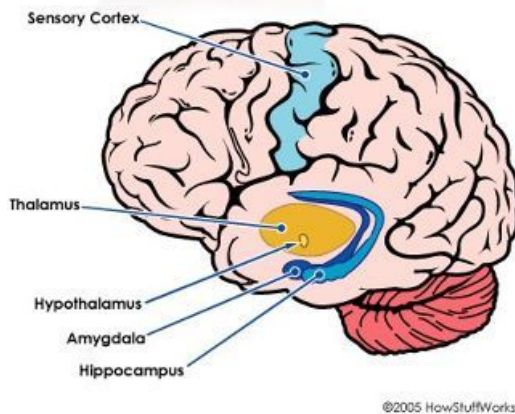
According to the National Center for Trauma Informed Care, trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives (<http://www.samhsa.gov/nctic/about.asp>). Trauma-informed practice is essential when working with people given the prevalence of trauma exposure in the United States. Trauma events can range from living in chaotic or abusive households, losing a caregiver to death, incarceration or divorce, to family or community violence or natural disasters. Even car accidents and bullying are forms of trauma. Trauma is a very individual experience; in a single event, some people will have a trauma response while others will appear to navigate the situation with little difficulty. Healing is possible and the trauma exposed individual can expect to move back to a state of thriving given proper services, opportunities and supports.



## Impact of Trauma Changes in the Brain



### Parts of the Brain Involved in Fear Response



©2005 HowStuffWorks

### Changes to Brain Anatomy and Physiology

Increase in stress hormones, such as Cortisol, which, over time, have a negative impact on the brain. A trauma response or chronic exposure to stress/trauma can lead to an increase in the size and level of activity of the Amygdala. This organ of the brain is the area of the emotions, particularly fear. In an overactive Amygdala, very little learning happens as the brain is focused on scanning the environment for threats and preparing for an immediate flight, fight or faint response. Trauma is stored in this emotional memory part of the brain. This level of the brain is not the area where judgment, analysis, decision-making or other higher functions occur.

The Hippocampus in people exposed to trauma or who are experiencing chronic stress or complex trauma may be smaller. The hippocampus is particularly sensitive to the hormone, Cortisol. In moderate levels of stress, the Hippocampus is motivated to make memories and to retrieve them. At higher levels of stress, the high levels of Cortisol actually begin to kill neurons in the Hippocampus. This makes it difficult for the person's brain to create new memories and modulate behavior.

Over time, such fear responses to trauma can result in a loss of up to 10% of a child's potential intelligence. Brains of children who have been abused or severely neglected are smaller than their non-abused peers!

### Common Trauma Informed Principles

While there are many trauma informed models with specific protocols, they share several trauma informed approaches. Trauma informed approaches can be used by anyone, the person need not be a clinician. In this way, everyone in a child or youth's life can support healing from traumatic situations.

- Understanding of Trauma
- Safety
- Supportive Relationships
- Trustworthiness and transparency
- Empowerment, voice, and choice
- Culturally and historically sensitive
- Collaboration and mutuality
- Supports holistic development



**Avoid re-traumatization!**

*From SAMHSA < National Center for Trauma-Informed Care. (May 20, 2014).*

The following chart shows some domains of development as the chart in the adolescent development section with the characteristics and things that we might see in adolescents who have been exposed to traumatic situations.

Adolescent development		
Domain	Characteristics	What We Might See
Physical	<ul style="list-style-type: none"> <li>• Rapid gains in height and weight</li> <li>• Secondary sex characteristics emerge</li> <li>• Continued brain development</li> <li>• Hormonal changes</li> </ul>	<ul style="list-style-type: none"> <li>• May need more sleep</li> <li>• May be clumsy, awkward with body</li> <li>• May be uncomfortable with newly acquired sex characteristics</li> <li>• Could be especially sensitive re: physical appearance</li> <li>• Might be uncomfortable demonstrating affection</li> <li>• Experiencing erratic mood changes</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>• Developing advanced reasoning and problem-solving and coping skills</li> <li>• Developing abstract thinking</li> <li>• Can take in a good deal of information, retain it, and apply it in academic situations</li> <li>• Ability to think about thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Heightened level of self-consciousness</li> <li>• Feeling their emotions are unique</li> <li>• Cause &amp; justice oriented</li> <li>• Uses belief system to guide decisions</li> <li>• Uneven application of these new skills</li> </ul>
Psychosocial	<ul style="list-style-type: none"> <li>• Aim to establish an identity</li> <li>• Establish autonomy</li> <li>• Consider intimate relationships</li> <li>• Become aware of own sexuality</li> <li>• Seek achievement</li> <li>• Build and sustain healthy relationships with adults</li> </ul>	<ul style="list-style-type: none"> <li>• More time with friends than family</li> <li>• Questions about sexuality</li> <li>• May need more private time</li> <li>• May become more argumentative</li> <li>• Changing relationship with parents (embarrassed; curious) Takes on roles that will take them into adulthood</li> <li>• Better understanding of their emotions and the emotions of others</li> <li>• Can apply new skills to resolve conflicts in relationships</li> </ul>
Identity Development	<ul style="list-style-type: none"> <li>• Develop Independent Identify regarding gender, sexuality, ethnicity, family of origin, etc.</li> <li>• Begin to plan for the future</li> <li>• New relationship with adults</li> </ul>	<ul style="list-style-type: none"> <li>• Try on a lot of roles to see what fits</li> <li>• May vacillate between "I'm in charge!" and "Please just tell me what to do."</li> </ul>

Adapted from:

Marrow, M., Benamati, J., Decker, K., Griffin, D., and Lott, D. A. (2012). *Think trauma: A training for staff in juvenile justice residential settings*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Massachusetts Institute of Technology, MT Work-Life Center, (n.d.). *Raising teens: Ten tasks of adolescent development*. Retrieved from <http://hrweb.mit.edu/worklife/raising-teens/ten-tasks.html>

Virginia Cooperative Extension, Novella Ruffin, Extension Specialist, Virginia State University, 2009

What will you do differently to attend to the impact of trauma on the brain?

## Harm Reduction

Harm reduction models have been around for a very long time. They vary somewhat in the ways they are implemented, but they have several key components that cross models and that are very similar to both PYD and trauma informed care approaches. We want our young people to live happy, healthy and productive lives. The truth of the matter is that we must begin by helping young people live safer lives. A harm reduction approach works with young people to teach them how to do their own risk assessments so they can base decisions on reducing to their health, safety and security.

Harm reduction models look very similar to positive youth development approaches and trauma informed approaches. They also uphold basic principles of case management.

Empower youth decision making

Offer options

Non-judgmental and non-coercive

Strength-Based

Values the individual

What is your experience with harm reduction models and how do they support youth development?

## Stages of Change

Changing one's behavior, thoughts and attitudes is a process undertaken by the individual. Behavioral change happens when our thinking changes, not when we gain a new piece of knowledge. Knowledge changes our thinking and thinking changes our behavior; we are what we think about. The stages of change model lays out this thinking process nicely.

<b>Transtheoretical Model of Change</b>	<b>Individual's Stage</b>	<b>Explanatory/Treatment Models and Techniques</b>
<b>Precontemplation</b>	Not thinking about change, "ignorant bliss" Not interested in help, resistant May be resigned or defensive Feeling of no control Denial; does not believe that it applies to self Avoids information, discussion about behavior Believes consequences are not serious	Locus of Control Health Belief Model Motivational interviewing Validate lack of readiness Clarify that the decision is theirs Encourage self-exploration, not action Explain and personalize risk
<b>Contemplation</b>	Weighing (thinking about) benefits and costs of behavior, proposed change Ambivalent about change Awareness of personal consequences Considering change Openly state their intention to change within the next six months	Health Belief Model Motivational Interviewing Validate lack of readiness Clarify that the decision is theirs Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations
<b>Preparation</b>	Made a commitment to change Research phase Experimenting with small changes Very short-term focus	Cognitive-behavioral therapy Identify and assist in problem solving around obstacles Help identify social supports Verify underlying skills for behavior change Encourage, recognize, and celebrate small initial steps
<b>Action</b>	Believe they have the ability to change Make a plan to deal with pressures Taking a definitive action to change Intermediate focus (3-6 months)	Cognitive-behavioral therapy 12-Step program Focus on restructuring cues and social supports Bolster self-efficacy for dealing with obstacles Combat feelings of loss and reiterate long-term benefits
<b>Maintenance</b>	Maintaining new behavior over time Acquiring new skills to avoid relapse Can anticipate situations in which relapse might occur Experience higher levels of self-efficacy	Cognitive-behavioral therapy 12-Step program Plan for follow-up support Reinforce internal rewards Discuss coping with relapse
<b>Relapse</b>	Resumption of old behaviors Experiencing normal part of process of change Usually feels demoralized	Motivational interviewing 12-Step program Evaluate trigger for relapse Reassess motivation and barriers Plan stronger coping strategies

*Information from Prochaska JO, DiClemente CC, Norcross JC. In search of how people change. AM Psychol 1992; 47: 1102-4, and Miller WR, Rollnick S. Motivational interviewing: preparing people to change addictive behavior. New York: Guilford, 1991: 191-202.*

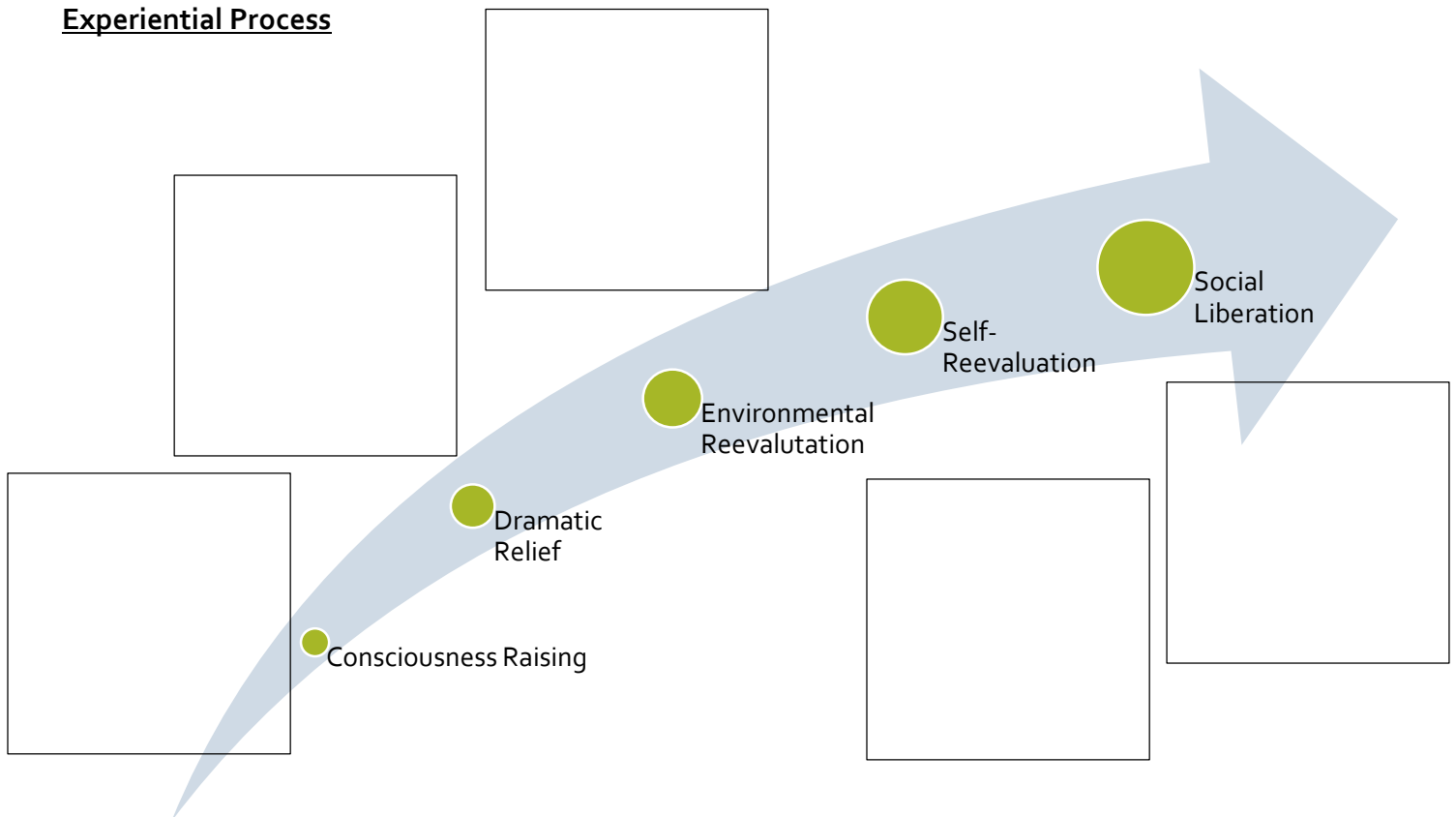
## The Change Process

The timing of change is clearly outlined in the Stages of Change model, but HOW does that change happen? A useful way to think about the how of change is to look at a model of the Process of Change. A series of ten processes have been identified as being integral to the change process. The ten processes are divided into two groups, cognitive and affective experiential processes and behavioral processes.

### NOTES

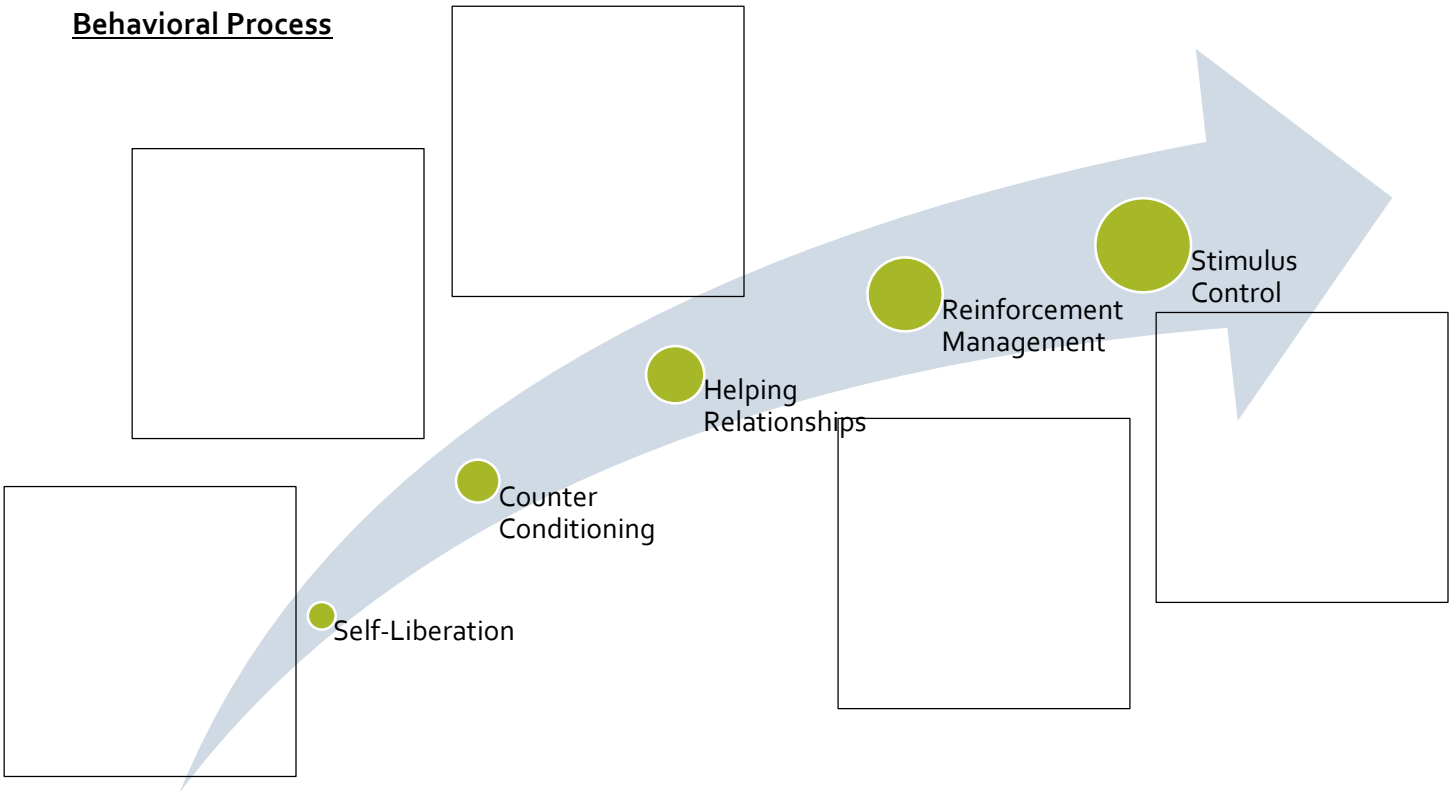
Following three graphics adapted from Prochaska, J.O., Butterworth, S., Redding, C.A., Burden, V., Perrin, N., Lea, Michael, Flaherty, Robb M., and Prochaska J.M. (2008). Initial efficacy of MI, TTM tailoring, and HRI's in multiple behaviors for employee health promotion. *Preventive Medicine*, 46, 226-231.

### Experiential Process

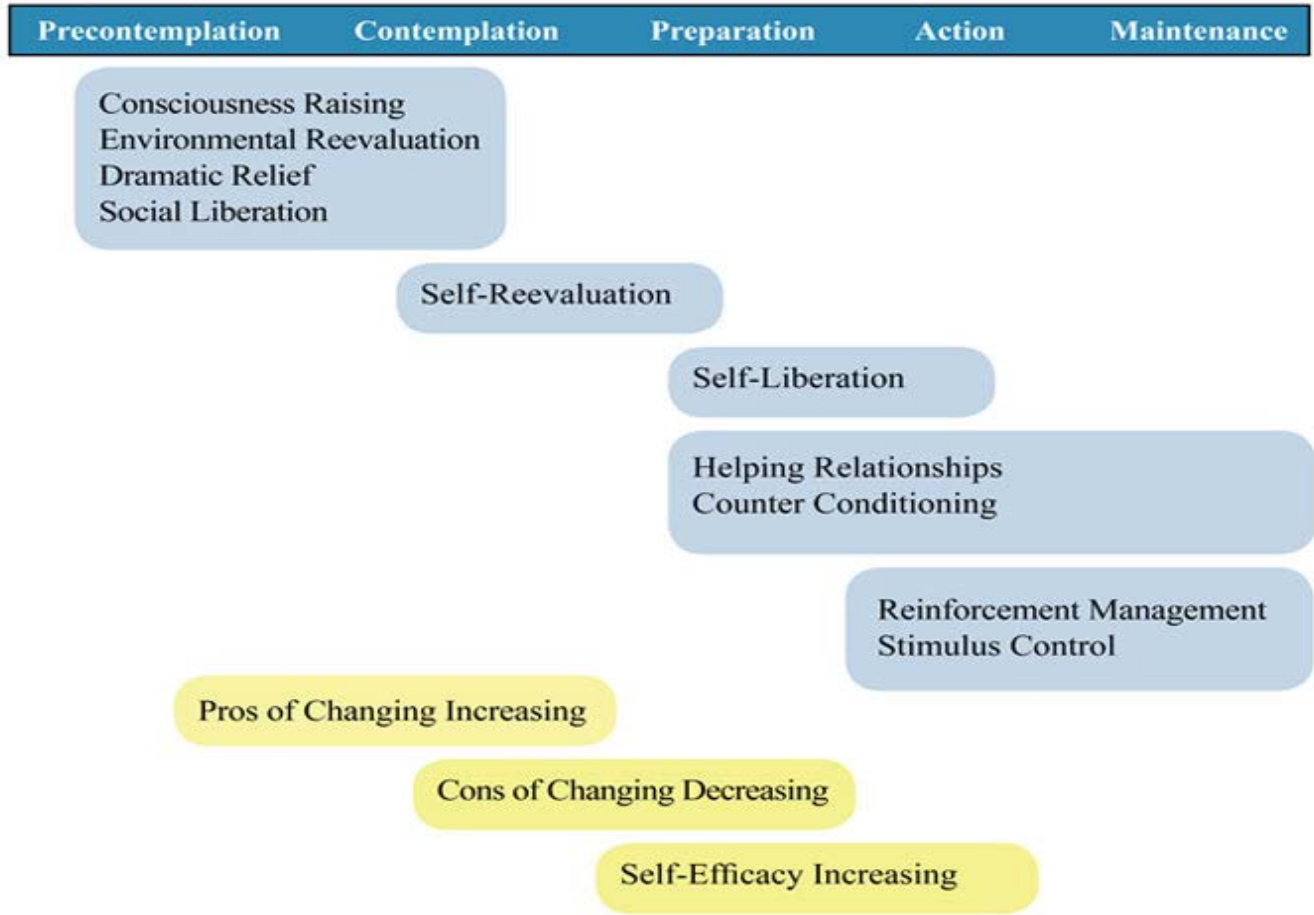




**Behavioral Process**



**Stages by Principles and Processes of Change**



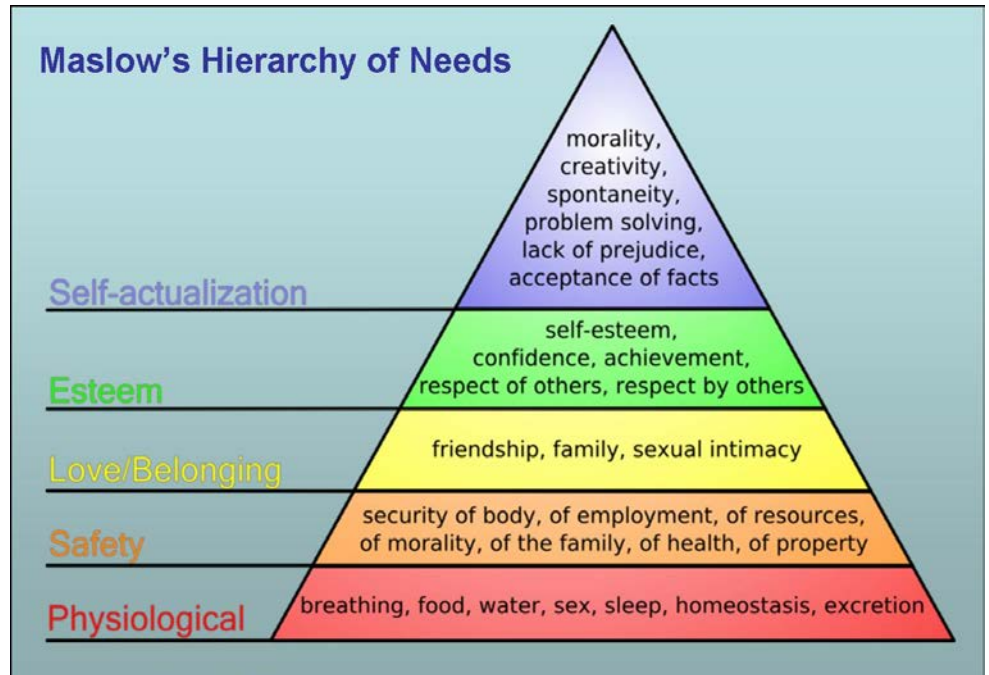
## Holistic Approaches to Engaging Young People in the Process

Use Maslow's Hierarchy of needs to guide your engagement and focus with young people. Starting from the foundation of the triangle and moving up, make certain that you meet as many needs as you can through your engagement strategies.

Be aware that the young people you are working with are working on development in several domains, including physiological or body development, emotional, behavioral and psychological development, intellectual development and spiritual

development. Our programs are focusing mostly on the intellectual and behavioral development areas, but trauma survivors are focused on the physiological/body development and the physiological and safety needs. If you don't focus on the other needs or domains, educate young people about how they can connect to these networks. Also be certain to include formal and informal supports.

We need to help young people enter and stay in a brain state that is conducive to learning. There are several ways we can do this: using compelling questions, creating supportive social structures, introducing purposeful music, celebrating small successes, changing the environment, and using storytelling. Positive changes in the brain happen through experiences that are persistent, contrasting, meaningful, positive and consistent.



Name one concrete approach or method to include in your case management process from each level of the hierarchy.

In addition to paying attention to Maslow's Hierarchy of needs, taking a holistic approach to case management also includes attending to the various models we started with (positive youth development, trauma informed approaches,

harm reduction, and stages of change. All of these models share several characteristics. The shared characteristics include: recognizing and utilizing client strengths, client driven or self-determination, relational approach, knowledge and skills development and awareness of options.

### Understanding Private Logic and Working within the Worldview

Our life experiences provide us with information and learning that creates a private logic by which we operate. This private logic includes our worldview or how we experience the world, for example, it is generally a safe place and people are generally trust worthy or the opposite. For trauma survivors, their private logic can become stuck on survival. I part this is because they are hardwired to scan the environment for threat and virtually every unknown is a threat due to the private logic. We must assume that we are being perceived as a threat and monitor our language, behavior, non-verbal communication and other messages we send to ensure we are radiating safety.

How can you help the person to adjust their private logic?

Establishing and communicating values by which you the young person operate helps to begin to counteract the youth's private logic. State and enforce universal values such as safety, respect, cooperation and kindness. When offering lessons, periodically present alternative values and perspectives (in addition to the core values) so individuals holding those values feel included. Instill hope and the value of holding hope. Hope is often damaged by trauma and trauma survivors must pick up from us that we believe they can heal and have a healthy, productive future. Hope has a direct impact on brain chemicals and increases mood and persistence, which increases the results of your work together. Research has shown hope to be extremely important. Even if you provide services, supports and opportunities to youth if they don't think you believe in them, case management and interventions will be less

How do you instill hope in your case management approach?



All successful engagements are based on the three rules below. Read the statements associated with each and fill in the blanks based on the possible responses in the box to the right.

1. **RESPECT:**  
You show \_\_\_\_\_, before they give it to you; you cannot \_\_\_\_\_ respect, only earn it.
2. **RELATIONSHIP:**  
Show you \_\_\_\_\_ about them, first, before they'll \_\_\_\_\_ about you.
3. **HOPE:**  
You must never, ever, give up on them; they'll sense it and \_\_\_\_\_ on you, too.

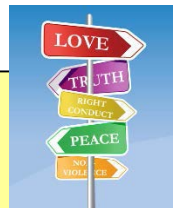
- Possible Answers for the Blanks**
- Care
  - Give
  - First
  - Demand
  - Care
  - Up
  - Respect

## The Healing Power of Relationships

Relationship is one of the foundations of engagement and change. Boundaries define relationships and ease engagement. "Boundaries are important. They provide a space where relationships can happen. When the boundaries we have bump against someone else's boundary, that is the place where relationships happen" (Gary Fewster, 2013 CYC World Conference, St. John's Newfoundland). Clear boundaries provide safety when we are relating out in the world. Healthy boundaries are fluid rather than rigid and under one's conscious control to at least some extent.

Trauma experiences, especially intentional acts of violence, shake boundaries and often destroy relationships. It is not uncommon for trauma survivors to hesitate or even resist engaging in relationships, particularly with strangers. So we create safe environments and use some of those same approaches to open ourselves to relationships with adolescents who have experienced trauma. Supportive, trusting relationships are essential for effective case management.

Safety, an essential element of learning and, therefore case management, occurs in context within relationships and in environments. Steele and Malchiodi (2012) wrote in their book *Trauma-Informed Practices with Children and Adolescents* "environments are not just physical places, but also situations that are defined by the actions, interactions, and reactions of their members. These actions, interactions, and reactions are driven by the core values and beliefs held by the members within that environment." In this way, values can help to create both safe environments and safe relationships. Safety also involved feeling that one's ideas, thoughts, feeling, values, and things are safe.



### ELEMENTS OF CREATING SAFETY

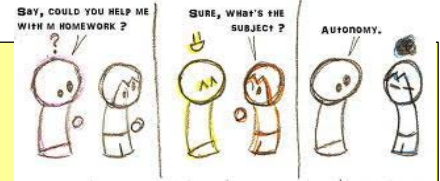
- |  |   |
|--|---|
| ✓ Having choice and some control                       | ✓ Options for self-regulation               |
| ✓ Engaging in conversations rather than interrogations | ✓ Interesting materials                     |
| ✓ Using open-ended questions & story telling           | ✓ Variety of media, multiple intelligence   |
| ✓ Structure & transition rituals                       | ✓ Visual attractive environment             |
| ✓ Boundaries   | ✓ Use of calming modulated voice            |
| ✓ Clear and high expectations                          | ✓ Monitor non-verbal communication          |
| ✓ Supportive relationships with peers and adults       | ✓ Incorporate values & cultural sensitivity |
| ✓ Clear information                                    | ✓ Others?                                   |
| ✓  |   |

In relationships with trauma survivors, it is important to allow the person to define the relationship and we use their behavior and words as guidance for how we connect. You want the person to have autonomy and control over the relationship and gradually work towards a healthy interdependence. Share power and leadership with the adolescents

in your program. Recognize that the roles within the relationship are both flexible and fluid. They change based on the developmental goals and levels of the young person.

### Promote Autonomy through Control and Choice

Wherever possible use a democratic process in decision-making. Shift power to the adolescent, but do this in small steps. Clear boundaries and expectation provide the space within which this shift of power and control can happen. Learn the adolescents' strengths and help the young people to see them and use these strengths to regain control and make decisions. Provide options and ideas to the young person and then make opportunities for them to safely practice making decisions and creating plans.



What can you do to increase adolescent control, choice and autonomy?

It is also important to assess how much of the work the young person is capable of performing. As mentioned above, young people will be at various developmental levels in various domains. Begin your assessment by working to determine which stage of change they are in. Each stage of change has its own tasks or focus and things you can do in case management. Assess how well they are able to process the environment and information, determine if they are able to problem solve independently or do you need to work with them to create contingency plans. Explore whether or not they have ever completed the task related to the objective, or do they need to see them done by you or another expert first so they can understand how to do the task. Be prepared for failures and turn them into learning experiences.

What can you do to increase adolescent control, choice and autonomy?

### Empower with knowledge and skills

Generally case managers are pretty good at providing information and skills. When working with trauma survivors, it is important to take into consideration how their brains might be processing information. Remember that their level of arousal may interfere with their ability to process or even hear the info. Because they are focused on safety and may have the physiological changes to the brain we discussed, we must be prepared to repeat our information three to four times. In addition, we should engage as many of the senses as we can to teach information and skills using experiential activities to enhance learning. Incorporate multiple intelligences theory into your lessons and explore ways of teaching

from each of the nine intelligences (see table below). Provide many opportunities and ways for adolescents to practice implementing the knowledge you provide. Use storytelling in your teaching. Storytelling is the oldest form of teaching and learning that we have. Stories are powerful and often make use of metaphor. Relate all knowledge and skills to real world applications and help adolescents develop plans to implement what they have learned.

### What Intelligence am I Seeing?

The following chart provides some examples of observable actions or behaviors you may see in a person with each type of intelligence. This may help you identify who is in your group, that is, what each person's dominate intelligence is, through their behavior.

INTELLIGENCE	OBSERVABLE ACTIONS
<b>Verbal/ Linguistic</b>	Read, write, speak, tell, ask, explain, inform, convey report, articulate, address, confer, request, recount, lecture, present announce, narrate, debate, discuss, converse, recite, quote, describe, clarify, tell stories
<b>Logical/ Mathematical</b>	Solve, resolve, question, hypothesize, theorize, scrutinize, investigate, experiment, analyze, deduce, prove, verify, decipher, determine, predict, estimate, measure, calculate, quantify, simplify
<b>Visual/ Spatial</b>	Observe, symbolize, draw, sketch, draft, illustrate, paint, color, contour, outline, rearrange, design, redesign, invent, create, conceive, originate, innovate, imagine, picture, envision, visualize, pretend
<b>Kinesthetic</b>	Build, construct, erect, assemble, make, manufacture, structure, craft, imitate, play, perform, walk, run, jump, dance, collect, gather, compile, fashion, shape, duplicate, dissect, exercise, move, transport
<b>Musical/ Rhythmic</b>	Listen, hear, infer, audiate, note, pattern, sing, clap, chant, model, repeat, replicate, reproduce, copy, echo, imitate, impersonate, mimic, compose, harmonize, dub, rap, orchestrate, resonate
<b>Intrapersonal</b>	Express, imply, support, sponsor, promote, advise, advocate, encourage, champion, justify, rationalize, characterize, defend, validate, vindicate, assess, evaluate, judge, challenge, survey, poll
<b>Interpersonal</b>	Share, lead, guide, direct, help, mediate, manage, conduct, collaborate, cooperate, interview, influence, persuade, campaign, convince, compromise, role play, improvise, ad-lib, referee, reconcile
<b>Naturalist</b>	Sort, organize, categorize, compare, contrast, differentiate, separate, classify detail, align, order, arrange, sequence, inventory catalogue, group, file, index, chronicle, log, map, chart, graph
<b>Existentialist</b>	Reflect, contemplate, deliberate, ponder, summarize, synthesize, associate, relate, recap, encapsulate, elaborate, appreciate, appraise, critique, evaluate, assess, speculate, explore, dream, wonder

Try applying the experiential learning cycle to your case planning. This cycle is best remembered by using the name **BERDA**. **B = Briefing** and this is the stage during which you provide information to the young person about how do understand and do something. This will also include expectations for the task. **E = the experience**. You want the youth to be set up to be successful in the experience. This means that you must break the task into smaller, achievable tasks so the youth can experience success a step at a time. **R = the reflection** phase where you work with the youth to

identify everything that happened during the experience in chronological order; the good, the bad and the ugly. What role(s) did the youth have, what thoughts/feelings did the experience. What helped and what hindered their progress on the task. What needs did they meet and how. Remember that even behavior that looks noncompliant or annoying is meeting a need and we need to help the young person identify the need so we can explore other ways of meeting it. **D = the debrief** phase of the experiential learning cycle. In this phase, you are working to draw meaningful conclusions about the experience by helping them to organize their observations into generalizations about themselves and the situation. They might look for patterns of behavior and explore the significance of these behaviors. Finally, we have **A = the application phase**. Here, you help the youth consider the lessons learned in the experience and discuss how the lessons might be applied to other challenges. For example, they may create new ways of meeting needs that interfered with their success or they might determine what type of additional knowledge or skills they need and create plan to get them.

Another way to look at case management planning is to apply **Joseph Durlak’s SAFE** methodology. Durlak did a study of programs offering effective social-emotional learning. He found that in the 213 programs he studied, the shared several characteristics. He organized the characteristics into the SAFE acronym.

**S – SEQUENTIAL:** effective programs carefully sequenced plans designed to develop social-emotional skills. Often, these programs would use a specific curriculum that builds competencies in a coordinated, step-by-step fashion.

**A – ACTIVE:** effective programs offered active or experiential forms of learning that involved practice and feedback. One would also assume they implemented the experiential learning cycle mentioned above or some other structure designed to make the most of the learning experience. In addition, the learning took advantage of the tendencies of the adolescent brain, for example the experiences were novel and helped meet the adolescent brain’s need for risk taking!

**F – FOCUSED:** effective programs provided sufficient time that was set aside exclusively for skill training.

**E – EXPLICIT:** Effective programs ensured that the targeted skills were clearly explained to young people. This included describing the skills, why they might want to learn them, and what they could apply the skills to in their everyday life.



CSE Characteristics	Description	Case Management Tasks
<b>Executive Functioning</b>		
Cognitive Flexibility	Seeing alternative solutions to problems and being able to shift perspective	
Future Orientation	Thinking about the potential consequences of one's behavior and choices	
Cognitive self-regulation	Exercising control over thinking	
Emotional self-regulation	Exercising control over feelings	
Behavioral self-regulation	Staying on task even in the face of distractions	
Planning	Having a goal and using reasoning to develop a strategy	
Working Memory	Following instructions sequentially and holding information in mind while engaging in another activity	
<b>Self-awareness</b>	A growing understanding about one's own developmental history and needs	
<b>Self-concept</b>	Stable positive identity	
<b>Self-esteem</b>	Overall good feelings about oneself	
<b>Self-Compassion</b>	Being kind to oneself when confronted with personal failings and suffering	
<b>Self-improvement and mastery</b>	Committing to and preparing to achieve productive goals	



## Bibliography

- Arnold, Elizabeth Mayfield, Walsh, Adam K., Oldham, Michael S., and Rapp, Charles A. Strengths-Based Case Management: Implementation With High-Risk Youth. *Families in Society: The Journal of Contemporary Social Services* Vol. 88, No. 1. Bargh, John A. Our Unconscious Mind. January, 2014. *Scientific American* Vol. 310. No. 1.
- Curran, Linda A. (2013). *101 Trauma-Informed Interventions Activities, Exercises and Assignments to Move Clients and Therapy Forward*. Premier Publishing and Media. Eau Claire, WI.
- Carpenter-Williams, Jean. And Eckles, Frank. (2014). *Youth Thrive™: Protective and Promotive Factors for Healthy Development*. Center for the Study of Social Policy. Washington, DC.
- Emerson, David, and Hopper, Elizabeth. (2011). *Overcoming Trauma through Yoga: Reclaiming Your Body*. North Atlantic Books. Berkeley, CA.
- Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress network and the W.K. Kellogg Foundation. Retrieved from <http://www.familyhomelessness.org/media/90.pdf>.
- Jensen, Eric. (2003). *Tools for Engagement*. The Brain Store. San Diego, CA.
- Korn, Leslie E. (2013). *Rhythms of Recovery Trauma, Nature, and the Body*. Routledge. New York, NY.
- Larkin, H. and Records, J. (2006). *Adverse Childhood Experiences: Overview, Response Strategies and Integral Theory Perspective*. [Aceresponse.org/img/uploads/file/larkin\\_aces\\_final.pdf](http://aceresponse.org/img/uploads/file/larkin_aces_final.pdf).
- Levine, Peter A. (2010). *In An Unspoken Voice How the Body Releases Trauma and Restores Goodness*. North Atlantic Books. Berkeley, CA.
- Laursen, Erik K. and Birmingham, Scott M. *Caring Relationships as a Protective Factor for At-Risk Youth: An Ethnographic Study*. 2003. *Families in Society: The Journal of Contemporary Human Services*, Vol. 84. Number 2, 240-246.
- National Taskforce on Children Exposed to Violence. (2012). *Report of the Attorney General's National Task Force on Children Exposed to Violence* (OJJDP Grant # 2011-DD-BX-K037). Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>
- Ogden, Pat, Minton, Kekuni, and Pain, Clare. (2006). *Trauma and the Body A Sensorimotor Approach to Psychotherapy*. W. W. Norton & Company, Inc. New York, NY.
- Rothschild, Babette. (2000). *The Body Remembers The Psychophysiology of Trauma and Trauma Treatment*. W. W. Norton & Company. New York, NY.
- Siegel, Daniel J. (2013). *Brainstorm The Power and Purpose of the Teenage Brain*. Penguin Group (USA) LLC. New York, NY.
- Steele, William & Malchiodi, Cathy A. (2012). *Trauma-Informed Practices with Children and Adolescents*. Taylor & Francis Group LLC. New York, NY.

