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# STRENGTHS MODEL FOR YOUTH: A COMMUNITY-BASED YOUTH-DRIVEN CASE MANAGEMENT MODEL

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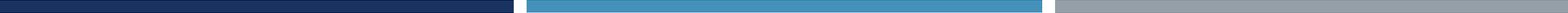
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The logo for the KU School of Social Welfare, featuring the letters 'KU' in a large, stylized font, followed by 'SCHOOL OF SOCIAL WELFARE' in a smaller, serif font, and 'The University of Kansas' in a small, sans-serif font below a horizontal line.

**KU** SCHOOL OF  
SOCIAL WELFARE  
The University of Kansas

## TODAY'S LEARNING OBJECTIVES

- (1) Participants will be able to identify common issues and gaps in how case management services are often provided to youth through the mental health system.
- (2) Participants will be able to describe Strengths Model for Youth and how it can be used in mental health case management.
- (3) Participants will be able to explain the core components of the Strengths Model for Youth and how they might be incorporated into their setting.



# OVERVIEW OF CASE MANAGEMENT



What is case  
management?



# MODELS OF CASE MANAGEMENT

- Broker
- Psychiatric Rehabilitation



# MENTAL HEALTH CASE MANAGEMENT IN KANSAS

## (ACCORDING TO SERVICE DEFINITIONS)

### Community Psychiatric Support & Treatment

- Goal directed supports and solution-focused interventions intended to achieve identified goals or objectives set forth in the consumer's individualized treatment plan.”
- face to face intervention
- majority of CPST contacts must occur in the community

### Targeted Case Management

- To help clients gain access to needed medical, social, education & other services.
- 4 components:
  - Assessment
  - Development of plan of care
  - Referral and related activities
  - Monitoring and follow-up
- Doesn't include the youth

# BUT WHAT DOES CASE MANAGEMENT REALLY LOOK LIKE?: A QUALITATIVE STUDY

## Focus Groups with Professionals

- 5 focus groups with 50 total participants
- From 3 different mental health centers (2 serving urban areas and one serving a rural area)
- Varied roles within agencies
  - Case managers, parent support specialist, WRAP-around facilitators, children's services directors
- Grube & Mendenhall, 2016

## Interviews with Caregivers and/or Youth

- 10 semi-structured interviews
  - 4 young adults who received services
  - 6 parents/guardians of youth or young adult receiving services
- From 3 different mental health centers (2 serving urban areas and one serving a rural area)
- Grube & Mendenhall, 2016

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ACCORDING TO PROFESSIONALS, WHAT WAS ACTUALLY HAPPENING:

*“With the higher caseloads, a lot of it (case management) is just putting out fires”*

*- focus group participant*



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## ACCORDING TO PROFESSIONALS, WHAT WAS ACTUALLY HAPPENING:

“There are lot of problems with the parents...a lot of times [the parents] are not being able to see the strengths with the children and then the kids get really discouraged despite all of the work you’ve done because they don't feel like they are making progress because the parents are like, no, it's not better and so a lot of the kids kind of get discouraged that way and sometimes it's hard to see some of the things that they really have done.”

*- focus group participant*



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## ACCORDING TO PROFESSIONALS, WHAT WAS ACTUALLY HAPPENING:

“Treatment plan goals really have to **focus on that clinical piece** so I think the **kids aren't as energized** about working on them.”

- *focus group participant*

“I think sometimes the people that make the rules...they don't really have any idea what we are doing or how hard it is to engage somebody that is mentally ill and/or has a parent that is ill so the [service billing and eligibility] **expectations are not always realistic.**”

- *focus group participant*



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## ACCORDING TO YOUTH & PARENTS, WHAT WAS ACTUALLY HAPPENING:

“I have had case managers who have come to my house and they will sit down and think that they map out where we are going and what her goals are and we are going to reach them... Then I ask what did you all do? And **she [the adolescent] will say like we didn't do anything** or we went to the Y...and then she will go to the Y for 6 months straight...and I am like ok, you are going to the Y...what are you doing when you are going to the Y?”

- *parent interview participant*

“I **didn't know the rules** of case management.”

- *parent interview participant*



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## ACCORDING TO YOUTH & PARENTS, WHAT WAS ACTUALLY HAPPENING:

“I left case management because the case manager **talked to me like I was stupid.**”

- *Young adult interview participant*

“They had these little games that they do with 5 or 6 year olds that they were trying to use with her... Well, it wasn't going to work...you know, by this time, charts weren't going to work. Some other things I think they could have done was **see what she wants to work towards...not just make the goal for her**...Let her have a little bit of say on what you all are working on...I think that's what is important.

- *parent interview participant*





HOW DOES THIS WAY OF DOING CASE MANAGEMENT  
IMPACT YOUTH WHO HAVE EXPERIENCED TRAUMA?

# FOCUS GROUP AND INTERVIEW RESULTS

## Focus Groups

### Current case management

- Challenges with Parental/guardian involvement, mental health concerns, lack of knowledge
- “Crisis” management
- Negative systemic culture
- Lack of adolescent “buy-in”

### Suggested areas for improvement

- Kansas children’s mental health system
- Community mental health centers
- Parent and adolescents
- Education
- Community resources

## The Strengths Model

- Provides actual model for providers to work from
- Allows adolescent voice in goal development
- Strengths oriented and promotes strengths-based culture
- Specifies case members’ role and obligations

Modification required regarding SCM tool language and use of the term “recovery”

## Interviews

### Current case Management

- No clear purpose
- Expectations vary
- Lack developmentally appropriate activities
- Communication

### Suggested areas for Improvement

- Kansas children’s mental health system
- Community mental health centers
- Individual service improvements



# ADAPTATION OF STRENGTHS MODEL

MENDENHALL & GRUBE, 2016



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# The Strengths Model



- ❖ Recovery-oriented; solution-focused
- ❖ Focus of work is on personal and meaningful goals
- ❖ Based on Systems and Empowerment theories
- ❖ Started in 1980s
- ❖ Reductions in hospitalizations; increases in employment; secondary education; and independent living

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Initial adaptations made based on focus groups & interviews

Introduce team to tools of the model

Researchers would make changes based on feedback

Team would utilize the week to conduct sessions with clients utilizing the tools

During weekly consultation meetings, the team gave researchers feedback

## Adapting & Piloting: Strengths Model for Youth



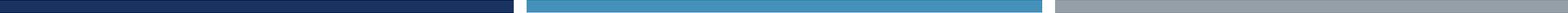
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# Challenges and Lessons Learned during Initial Adaptation/Pilot

Youth  
development

Parents/Guardians

Systemic



# STRENGTHS MODEL FOR YOUTH

MENDENHALL & GRUBE, 2016



## DEFINITION OF STRENGTHS MODEL FOR YOUTH

- A formal model of case management for working with youth receiving mental health services based on the adult version of the Strengths Model
- Its both a philosophy and a set of methods and tools to promote growth and recovery for youth with serious emotional and behavioral difficulties. In other words, it's the way we view the youth we serve and the way of assisting the youth we serve.
- Doesn't ignore problems or past issues or trauma but rather works to identify past and current strengths, resources, successful ways of coping and paths to resilience
- Set of 6 guiding principles
- Four main model components: Strengths Assessment, Personal Plan, Group Supervision, Field Mentoring
- Fidelity monitoring
- Main differences from adult model:
  - Language used in tools
  - Parent involvement

# MODELS OF CASE MANAGEMENT: A COMPARISON

## Traditional Case Management

- Deficit based; use of a Strengths Assessment varies
- Treatment goals are clinically derived by QMHP w/parental input and limited youth input
- No weekly agenda
- Meetings are typically spent processing events or providing encouragement

## The Strengths Model for Youth

- All youth have Strengths Assessment
- Youth identify meaningful life goals; case managers identify medical necessity and a bridge is created between the two
- Personal Plan creates weekly “to-do” list
- Goals become focal point of every meeting

## Principles of the Strengths Model for Youth

### **Principle #1: Capacity**

Youth with behavioral and emotional difficulties have the ability to take active ownership of their lives, allowing them to continuously transform and grow.

### **Principle #2: Strengths**

The focus is on a youth's strengths rather than deficits.

### **Principle #3: Community Resources**

The community is viewed as an oasis of resources.

### **Principle #4: Youth Directed**

The youth, along with parental/guardian participation, is the director of the helping process.

### **Principle #5: Relationship**

The relationship is primary and essential.

### **Principle #6- Home and Community Setting**

The primary setting for our work is in the home and community.

## STRENGTHS MODEL FOR YOUTH COMPONENTS

Strengths Assessment

Personal Plan

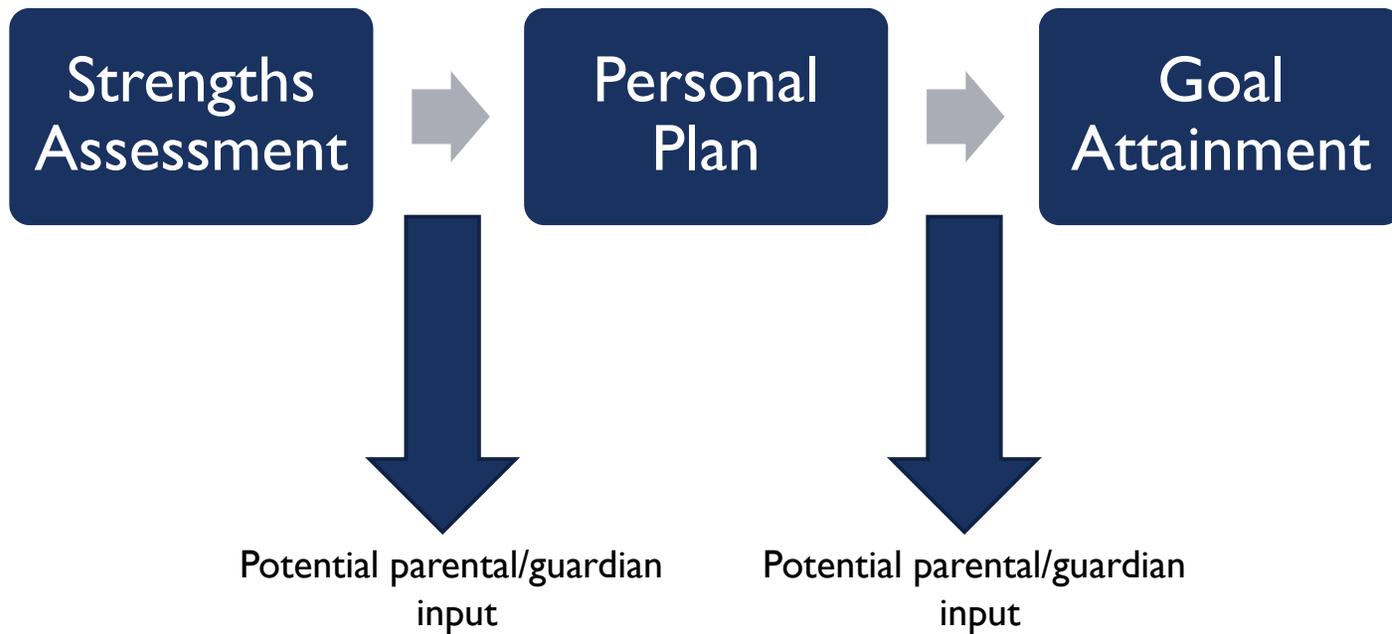
Youth

Group Supervision

Field Mentoring

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# The Strengths Model for Youth



**Strengths Assessment**

For \_\_\_\_\_ Date \_\_\_\_\_

<b>Current Strengths and Resources:</b> What are my current strengths? (personal qualities, talents, skills, or personal, family, social, and environmental resources)	<b>Future Strengths and Resources:</b> What are my wants, hopes, and dreams?	<b>Past Strengths and Resources:</b> What strengths have I used in the past? (personal qualities, talents, skills, or personal, family, social, and environmental resources)
	<b>Home/Daily Living</b>	
	<b>Personal Belongings/Stuff</b>	
	<b>School</b>	
	<b>Family/Friends</b>	
	<b>Wellness/Health</b>	

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	<b>Hobbies, Sports, and Other activities</b>	
	<b>Personal/Family Beliefs and Traditions</b>	

*Which of my goals, wants, hopes, or dreams in the middle column are most important to me?*

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

Additional comments or important things to know about me:

**First Signature:** I agree that this is a true picture of the strengths we have identified so far in my life. We will continue to add these over time in order to help me achieve the goals that are most important to me in my personal journey.

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

**Second Signature:** I agree to help my youth use the strengths identified to achieve goals that are important and meaningful in their life. I will continue to help my youth identify additional strengths as I learn more about what is important to their personal journey.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Third Signature:** I agree to help this youth use the strengths identified to achieve goals that are important and meaningful in their life. I will continue to help this youth identify additional strengths as I learn more about what is important to their personal journey.

\_\_\_\_\_  
Service Provider's Signature

\_\_\_\_\_  
Date

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Personal Plan ←

For \_\_\_\_\_

**My Goal**

**Why is this important to me:**

**This relates to my Plan of Care because:** ←

Date:	What will we do today? (Measurable Steps)	Who is going to do this? (Me, case manager, parent/guardian, e.g.)	Date to be completed:	Date Completed:	Comments:

I agree that the goal listed above is something important for me to complete as part of my journey,

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

I agree that the goal listed above is something important to this youth. Each time we meet, I will be willing to help this youth make progress towards this goal.

\_\_\_\_\_  
Service Provider's Signature

\_\_\_\_\_  
Date

I agree that the goal listed above is something important to my child. I will be willing to assist my child to make progress towards this goal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# STRENGTHS MODEL FOR YOUTH: CURRENT EVIDENCE OF IMPACT



# HOW STRENGTHS MODEL FOR YOUTH IMPACTS OUTCOMES





It gives me **a framework** to guide my overall work, and **tools to use** week to week. I didn't have that before.

-case manager

Even though it's a positive team before, you kind of do get to that venting stage and I just don't hardly see any of that anymore. So I've seen just a real **shift in language** and the way that we **look and view the kids and the families** now .

- supervisor

# Professional & System Outcomes

After meeting with the youth teams & clients, I felt **inspired, hopeful, and refreshed.**

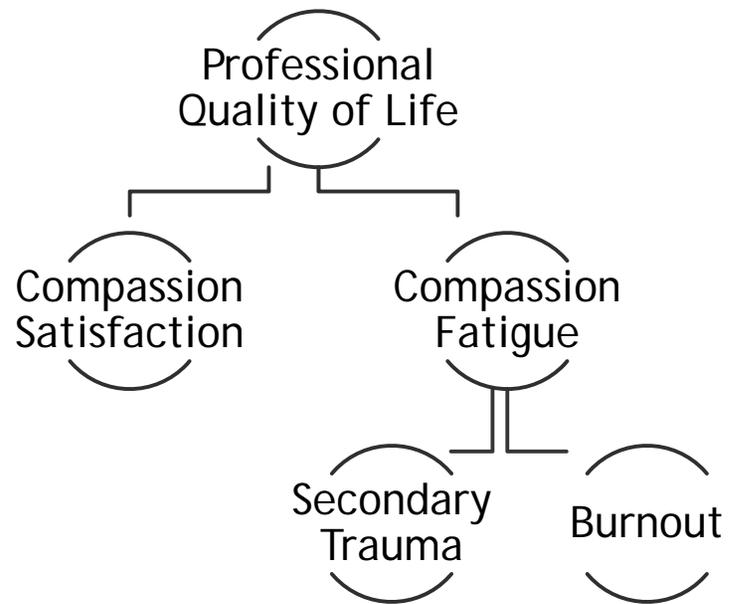
– Damian (MH professional visitor from Australia)

We have noticed a **positive change** in the transition aged youth that we are receiving from the youth teams now that they are all operating from the Strengths Model.

- transition aged case management team



# PROFESSIONAL QUALITY OF LIFE SCALE



# STRENGTHS MODEL FOR YOUTH: IMPACT ON THE PROFESSIONALS





# Youth Outcomes



## STRENGTHS MODEL FOR YOUTH: IMPACT ON THE YOUTH

- I think the strengths assessment has been amazing; it really -- I've seen it **just build such great self-esteem** in the kids that we work with and the smiles that it puts on their faces and the way that it's **helped make movement** with a lot of our cases that have been pretty stagnant.
- It gives them more of an **opportunity**. It makes them feel like they **can be heard** on what they want their treatment to look like. So it definitely gives the majority of the older kids like a **buy-in** to services.
- I like that it really makes you focus on what your kids are **doing well**. A lot of times, we get the parents that just really don't like their kids and "they can't do anything right" kind of mentality when they start. So it helps immediately break that when you have an appointment for an hour and all I let you do is tell me the good things about your kid

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“It really helps us focus more on their strengths and it **opens up the conversation** for them to have their own personal goals. Before this, I would have never been like what’s your goal besides from what was on the plan of care, like stop being angry or how are we gonna help with your depression. Well now we can tie in the things that they’re working on medically to the strengths, and that seems to really help. And the kids have **an investment** in it because they feel good about where it’s going and they make their own goals, and they feel really good when they’ve achieved them and we can praise them. So it helps **hold us accountable**, too, to make sure that we’re giving them that praise and helping them reach **their own personal goals**.”

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**“USING THIS MODEL HAS HELPED CHANGE THE THINKING OF OUR CLIENTS, PARENTS, AND THE CASE MANAGERS WORKING WITH THEM. CASE MANAGERS NOW ACTUALLY USE STRENGTHS TO HELP KIDS ACCOMPLISH GOALS THEY ARE TRULY INVESTED IN AND FIND MEANINGFUL.”**

**-PILOT SITE SUPERVISOR**

# APPLICATION OF STRENGTHS MODEL FOR YOUTH

- How might this model or these tools fit with your agency setting?
- What are your thoughts and reactions to the case example?



## CONCLUDING THOUGHTS

- Strengths Model for Youth appears to be a promising model of case management for youth with serious emotional and behavioral disorders.
- SM-Y allows youth to develop and drive the direction of services in a way that many youth, especially those who have experienced adverse childhood events and family or living situation disruptions, may have never been empowered to do in the past.
- Initial outcomes suggest that the model has a positive impact on agency, case manager, youth, and family outcomes.

# ACKNOWLEDGEMENTS

- Health Care Foundation of Greater Kansas
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- Youth and families served
- Whitney Grube- project coordinator and Strengths Model for Youth consultant
- Developers and consultants of the Strengths Model (Rick Goscha, Ally Mabry, Bryan Knowles)

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Thank you!  
Comments or questions?



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