

# **Strengths Model for Youth: Moving toward a Client-Centered, Strengths-based Model of Case Management in Community Mental Health**

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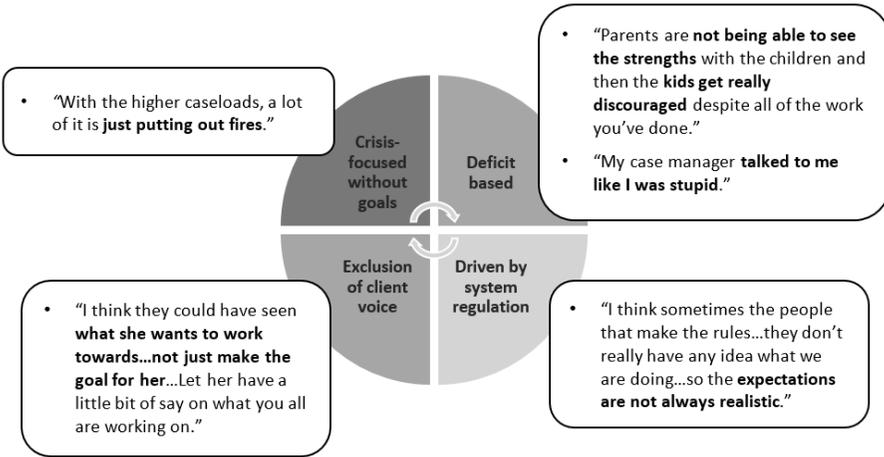
Approximately 13 to 20% of U.S. children and adolescents experience a mental disorder in a given year (Perou et al., 2013), with only half of these youth receiving mental health care (Kataoka, Zhang, & Wells, 2002; Merikangas, Nakamura, & Kessler, 2009). Even when children do access mental health services, approximately 40% to 60% discontinue before completing their treatment (Baruch, Vrouva, & Fearon, 2009; Hoste, Zaitsoff, Hewell & le Grange, 2007; Miller, Southam-Gerow & Allin, 2008; Oruche, Downs, Holloway, Draucker & Aalsma, 2014). These statistics highlight the critical need for identification and implementation of effective child and family interventions for the mental health service system. Case management is a widely offered service within the children’s mental health system, but there is a scarcity of literature and research on models of case management and their effectiveness. This chapter introduces one model of case management, Strengths Model for Youth, and summarizes the current evidence on its effectiveness.

## **TRADITIONAL CASE MANAGEMENT FOR YOUTH IN MENTAL HEALTH SYSTEMS**

Case management is a commonly implemented community-based intervention that is offered to youth being served in the mental health system. However, the definition and purpose of case management is often ambiguous (Grube & Mendenhall, 2016a; Grube & Mendenhall, 2016b). Figure 1 illustrates common characteristics of the community mental health system based on two studies in a Midwestern state,

which included focus groups with mental health professionals and interviews with caregivers and youth.

Figure 1. Common Characteristics of Community Mental Health Services for Youth



### Case Management Culture

Describing the environment in which they work, mental health professionals identified the children’s mental health system as having a negative, deficit-based culture with many challenges to effective service delivery, including lack of caregiver knowledge and involvement, poverty or low family resources, restrictive policies, and high caseloads (Grube & Mendenhall, 2016b). This study also found that the lack of a formal framework or model for case management often results in case managers perpetually addressing the latest crisis without ever establishing goals or addressing skill development (Grube & Mendenhall, 2016b).

### Case Management Challenges

Caregivers and youth receiving case management services within the community mental health system have identified several challenges to receiving effective services including lack of fit between the youth and service provider (e.g. differences in gender), exclusion of the youth’s voice, provider turnover, and lack of coordination between services or providers as problematic (Grube & Mendenhall, 2016a; Grube & Mendenhall, 2016b). Additionally, the lack of formal structure for case management services, as well as a failure to adequately explain the services, left parents confused about the purpose of case management (Grube & Mendenhall, 2016a).

### Strengths Model for Adults in Mental Health Systems

In adult mental health treatment settings, the Strengths Model of case management is a theoretically driven, clearly defined model of case management (Rapp & Goscha, 2012). Based on the Strengths Perspective, this recovery-oriented approach to case management assists people with mental illness to recover and reclaim their

lives by helping them identify and secure resources to achieve their self-identified goals. The Strengths Model has demonstrated positive outcomes for adults including reduced hospitalizations and increased participation in secondary education, independent living and employment. This client-driven, strengths-oriented case management approach offers a comprehensive solution to addressing many of the issues present in the children's mental health system.

## STRENGTHS MODEL FOR YOUTH



*"We must look on children in need not as problems but as individuals with potential...I would hope we could find creative ways to draw out of our children the good that there is in each of them."*

- Archbishop Desmond Tutu

With adaptations made for implementation with youth and their families, Strengths Model for Youth case management provides a formal framework for delivering case management services in the mental health system (Mendenhall & Grube, 2017). The overall goal of Strengths Model for Youth is to help youth grow and succeed in their home and community. The model achieves this goal by identifying and amplifying the positive aspects of youth and empowering youth to identify their own personal, meaningful goals for treatment. The following sections describe the philosophy and key components of the model, the adaptations made to the adult model, and the impact the model has on professionals and clients.

### Strengths Model Philosophy

The philosophy of strengths case management is based on the theory of strengths which encompasses concepts from empowerment and systems theories. In regards to empowerment, in order to truly empower someone, an environment that emphasizes an individual's right to choose and provides an opportunity for choice is critical (Rapp & Goscha, 2012). These two ideas are inherent in the model's design. The model requires case managers to actively engage with youth regarding their goals and requires case managers to provide youth choices in achieving those goals. Systems theory concepts, specifically the concepts pertaining to ecological perspectives and environmental niches, are also found within the model's design. Taylor (1997) describes niches as "the environmental habitat of a person or category of persons". Strengths models of case management require a case manager to consider an individual within the context of their niche (home, school, peer network, etc.) and to identify the enabling aspects of those niches. Incorporating principals of systems and empowerment theories and previous strengths-focused work, the Strengths Model of case management emerged in Kansas in the 1980s as a formal practice model for the adult mental health system.

### Strengths Model Theory of Practice

Theoretically-driven adolescent case management models are scarce (Arnold, Walsh, Oldham & Rapp, 2007). However, the Strengths Model for Youth begins to address this gap in outpatient mental health care for youth. Using the theoretical concepts described previously and the adult version of the Strengths Model, specific Strengths Model for Youth practice modalities have been developed. The Strengths Model for Youth is designed to help youth grow and succeed in their home and community settings (Mendenhall & Grube, 2017). The model focuses on identifying and amplifying the strengths and resources that a youth has available in their lives to then develop and work towards personal and meaningful goals. The principles of Strengths Model for Youth (Table 1) parallel the principles for the adult model by keeping the youth as the director of the helping process but are also modified to include parental participation and to change language about mental health recovery to language about growth and success instead. These modalities and the adaptation process are further described in this section.

<p><b>Principle #1: Capacity</b> Youth with behavioral and emotional difficulties have the ability to take active ownership of their lives, allowing them to continuously transform and grow.</p>
<p><b>Principle #2: Strengths</b> The focus is on a youth's strengths rather than deficits.</p>
<p><b>Principle #3: Community Resources</b> The community is viewed as an oasis of resources.</p>
<p><b>Principle #4: Youth Directed</b> The youth, along with parental/guardian participation, is the director of the helping process.</p>
<p><b>Principle #5: Relationship</b> The relationship is primary and essential.</p>
<p><b>Principle #6- Home and Community Setting</b> The primary setting for our work is in the home and community.</p>

### Adaptation Process

Adaptation of the Strengths Model case management for adults to fit with implementation in the children's mental health system occurred as an iterative year-long process in collaboration with a pilot team of case managers in one Midwestern community mental health center. When adapting the adult model for utilization with youth, changes were made to account for differences in three areas: youth development, family involvement, and systemic differences (Mendenhall & Grube, 2017). Modifications were necessary to ensure that the Strengths Model was developmentally appropriate. These modifications included changes in terminology and language, particularly on the Strengths Assessment and Personal Recovery Plan. For example, the domains on the Strengths Assessment were changed to be more

relatable for youth with “spirituality/culture” shifting to “personal/family beliefs and tradition,” and “financial/insurance” shifting to “personal belongings and stuff.”

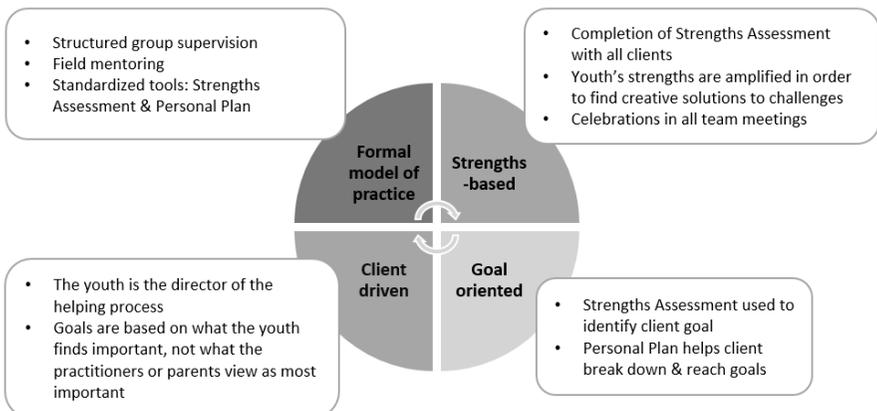
Another change that was made regarding language throughout the model was to eliminate the word “recovery.” Previous studies (Grube & Mendenhall, 2016a; Grube & Mendenhall, 2016b), as well as the pilot process, revealed that “mental health recovery” was not an idea or phrase that resonated with youth and could even be off-putting as they often did not think they had anything wrong, and it was associated with substance use. So throughout Strengths Model for Youth materials, the word “recovery” was removed or replaced with “growth” and “success.”

The model was also changed to incorporate parent and caregiver involvement. Modifications included adding signature boxes for parents on the model tools and development of materials to share with parents when starting case management explaining the purpose of services and the approach being used. Systemic adaptations to the model included incorporation of the additional support services and providers available within the children’s mental health system into the model, such as wraparound and parent support.

### Components of Strengths Model for Youth

Strengths Model for Youth has four main components or formal structures that drive the model. These components are: Strengths Assessment, Personal Plan, Field Mentoring, and Group Supervision. Each of the components is described in the following sections, and Figure 3 illustrates how the model philosophy and model components integrate together to shift services to operate from a formal practice model that is strength-based, client-driven, and goal-oriented.

**Figure 3. Strengths Model for Youth: Characteristics of Case Management**



### Strengths Assessment

The Strengths Assessment is a tool designed to help a youth and case manager identify not only the personal and environmental strengths and resources that a youth currently possesses but also has accumulated or made use of in the past (Mendenhall & Grube, 2017). Additionally, the assessment helps the youth to identify personal hopes, desires, and dreams for the future (see Figure 4).

Figure 4. Strengths Model for Youth: Strengths Assessment Categories

<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>		
<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?***

On the Strengths Assessment, youth are asked to identify current and past strengths and resources across seven domains as well as any that they would like to have in those domains in the future. These domains are: home/daily living; personal belongings/stuff; school; family/friends; wellness/health; hobbies, sports, and other activities; and personal/family beliefs and traditions. The form concludes by encouraging the youth to consider potential goals with the following question: “Which of my goals, wants, hopes or dreams in the middle column [future strengths and resources] are most important to me?” The bottom of the form includes boxes for youth, parent, and service provider signatures. See Figure 7 in the case example at the end of this chapter for a full example of a completed form.

Importantly, the Strengths Assessment is intended to be used by case managers as a tool to guide ongoing conversation and work with the youth rather than as a single formal assessment to be completed in one sitting. Strengths should be added to the Strengths Assessment as discovered throughout the course of services. The assessment can also be shared with caregivers to highlight youth strengths and to provide them the opportunity to add strengths they recognize in the youth.

### Personal Plan

The Personal Plan is a tool designed to help a youth make progress on a goal that they identify as important to them (Mendenhall & Grube, 2017). Figure 5 shows the categories to be completed in the collaboratively developed plan. The goal is derived from information provided in the “future strengths” column of the Strengths Assessment, and goals should be specific, measurable, attainable, relevant, and timely. The youth and case manager use strengths and resources in combination with other naturally occurring resources to develop a plan divided into small, attainable steps for accomplishing the goal. Each time the youth and case manager meet, they should revisit the plan, gauge progress, and develop next steps.

**Figure 5. Personal Plan Categories**

**For:**

**My Goal:**

**Why is this important to me:**

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

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

For each step, the Personal Plan provides space to identify the date, what the step is, who is responsible for the step, a target date for completion, a date when it was completed, and relevant comments. Case managers are encouraged to utilize the comments section to include notes about successes or why a step was not completed each week (e.g. weekly appointment canceled, youth was ill).

The top of the Personal Plan asks the youth to not only identify the goal but also why it is important to them and how it relates to their overall clinical Plan of Care. Identifying the goal’s connection to the clinical reason for services is important for demonstrating to the youth, their family, and the case manager that progress and success in the goal area can positively impact symptoms or other presenting issues. See Figure 8 in the case example at the end of this chapter for a full example of a completed form.

### **Field Mentoring**

Field mentoring is a structured supervisory process used to help case managers develop and refine their use of skills and tools further within the context of an actual session with youth and their families (Mendenhall & Grube, 2017). A field mentoring session provides an opportunity for supervisors to model specific skills for case managers or for supervisors to observe case managers using skills and provide feedback after the session. Not only can field mentoring be a key component of training for new case managers but also provides experienced staff with the opportunity to receive support when they are feeling stalled in their work with a particular youth or family.

In the Strengths Model for Youth, supervisors are encouraged to conduct at least two hours of field mentoring a week, with each case manager having the opportunity to receive field mentoring monthly. Prior to field mentoring, the mentored case manager should outline in detail the current status of work with the family and what support the case manager is hoping to gain from field mentoring.

### **Group Supervision**

Group supervision is a formal, structured team meeting process that centers on support and affirmation, idea generation, and learning. Strengths-based group supervision establishes a positive team culture that centers on the youth, actively avoiding negativity and focusing too much on the client's history or struggles. These two-hour team meetings start with team celebrations (an opportunity for any team member to share a positive event in their life, whether professional or personal), followed by one or two strengths-based case presentations, and closing with limited administrative content. Case presentations are not assigned, rather any case manager wishing to present is encouraged to, giving the case managers the opportunity to present on youth and families for whom they are struggling to move forward on a goal.

In the case presentations, the case manager shares the client's Strengths Assessment with the team, describes the youth's goal, and explains what he or she (the staff member) is seeking assistance with. The team is given time to review the Strengths Assessment and ask questions related to it or the goal, with the intent to understand the youth and family so that creative, specific, and useful suggestions can be offered. Following the question-asking period, the team brainstorms ideas to help the presenting staff member in their work with the youth. The goal is to have at least 20 ideas generated for the case manager, with a focus on ideas that involve naturally occurring resources. Following the brainstorming session, the presenting staff person reviews the ideas and decides which one(s) they will pursue with the youth in the following week. In the next group supervision meeting, the team checks in with the case manager who presented the previous week to discuss how the suggestions were implemented and what the next steps are with the youth. In order for the group supervision process to remain strengths-focused, the team supervisor is responsible for ensuring that questions asked by the team are based on the strengths assessment and that the presenting case manager is limited in the amount of irrelevant or problem-focused background information being shared.

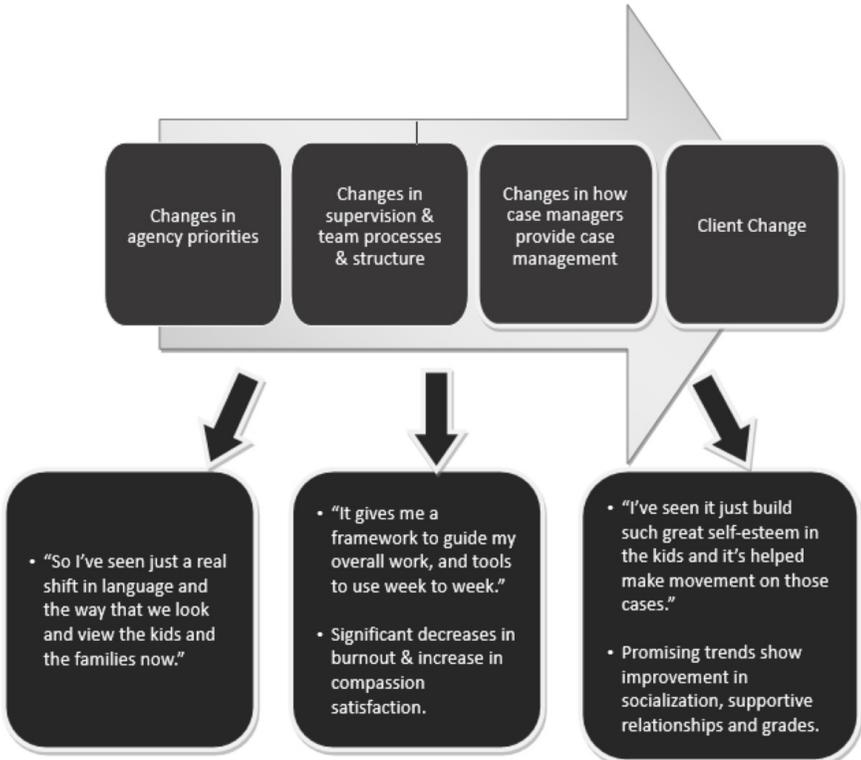
## IMPACT OF STRENGTHS MODEL FOR YOUTH

Significantly, a shift to a strengths-based culture in a child-serving system seems to prompt and encourage changes at all levels. The impact of Strengths Model for Youth begins with changes in agency structure and culture, followed by changes in service delivery, which ultimately generates client or youth change. Figure 6 illustrates the stages of impact with examples from implementation at a community mental health center.

When implementing Strengths Model case management, the agency's views of clients become more strengths and goal-focused. Consequently, how services (specifically case management) are delivered becomes more structured and positive. The additional support for case managers through Field Mentoring and Group Supervision combined with the more positive and holistic perspective of clients leads to improved professional quality of life for case managers. Engaging the youth in mental health services in a way that centers their voice and desires increases their motivation and treatment buy-in. With more service engagement and goal-directed work, youth outcomes improve and they are able to graduate from services more quickly

**Figure 6. Impact of Strengths Model for Youth from Agency to Client Change**

(Mendenhall et al., 2019; Schuetz et al., 2019; Schuetz et al., 2020)



and effectively. Notwithstanding the importance of this change to benefit youth, the shift in focus to youth-centered strengths impacts all parties involved, from the organization to the provider to the youth and family being served.

### **Agency Impact**

One study explored how agency-wide implementation of the model affected the organizational culture and approach to case management services with this population. The study found that case managers appreciated having a framework which guided them, but also allowed them to use their own judgment to fit the model to each specific client. An unexpected side effect of the model was that the team-based focus of the model strengthened the case management team dynamic, increasing a sense of support amongst the groups. The additional documentation required for the model was broached as a problem, especially with the initial implementation, but more case managers who had been implementing the model for longer explained that as you learn the model, it doesn't take as much extra time, and the benefits outweighed any additional time needed.

Finally, workers described how the model changed how they think about and talk about the clients they serve. They expressed that they felt more hopeful for their clients, and thought about them with more positive regard. Even the language they used to discuss the clients became more positively oriented. This change appeared to deepen the workers' empathetic understanding of the clients' dispositions. Whereas previous team meetings could sometimes spiral into venting sessions about frustrations with clients and anything not going well, they now focused on more inspiring attributes while still validating the hard work of the team members. The effects from the change extended beyond direct client contact, and even beyond the context of work entirely, as many workers noticed they experienced similar changes in how they thought and spoke about their families and friends.

### **Provider Impact**

At the individual provider level, Strengths Model for Youth case management affects the day-to-day delivery of case management with individual clients. Case managers note that having structure for their weekly sessions helps them stay focused and organized, and less worried about what they will do with a client for each session. Additionally, the formal model helps the case managers stay focused on the bigger picture of guiding a client to their own goals, rather than becoming sidetracked by common crises. Case managers also noted the model relieved some of the pressure of trying to determine what the client really wanted or needed because with the model, the client decides for themselves what to work towards. There is less worry that the client will not want to work during each session, because it is a goal the client chose and is excited about. As a result of the formal structure and the resulting positive client outcomes, staff noticed that they were able to successfully close cases more frequently once they started implementing Strengths Model for Youth, which allowed them to serve more youth.

Additionally, an exploratory study found preliminary evidence suggesting the Strengths Model for Youth may positively impact aspects of child and adolescent mental health case managers' professional quality of life (Mendenhall et al., 2019). The study found a significant increase in case managers' compassion satisfaction and a significant decrease in burnout after implementing SM-Y for six months. A decrease in secondary trauma also was observed but was not statistically significant. While not every result had large effect sizes, these initial findings indicate the model could help improve the work experience of case managers.

### **Youth Impact**

Preliminary evidence indicates case managers using the Strengths Model for Youth believe the model has a positive impact on their clients (Schuetz, Mendenhall, & Grube, 2019). Case managers noted that the model has an intermediate impact on their relationship with the youth and on how the youth views themselves and services, as well as a longer-term impact on well-being outcomes. These intermediate impacts include increased youth investment in services and improvements in youth motivation and self-esteem. Many youths who struggled to identify personal strengths when beginning services, after receiving services for some time, came to discover many positive aspects of themselves that they proudly list on their assessments. Case managers noted changes in how parents regarded their child(ren)'s strengths, reporting that parents gained a more positive perspective of their child. As for long term impact on youth well-being outcomes, case managers and parents observed improvements in school grades and attendance, family relationships, and increased socialization.

## **CONCLUSIONS**

Preliminary findings suggest that Strengths Model for Youth is a promising approach for providing case management services to youth in community mental health settings. However, more rigorous research centered in other community mental health settings needs to be conducted to understand and assess the impact of the model on agencies, families, and individual youth.

Strengths Model for Youth was adapted and evaluated specifically for youth twelve to eighteen years of age. Case managers reported that some aspects of the model might be utilized successfully with some children younger than age twelve who are cognitively advanced. Additionally, a small number of case managers reported success in utilizing versions of the Strengths Assessment or Personal Plan which includes simplified language and pictures adapted for younger children. Nonetheless, these versions have not yet yielded measurable outcomes. To assure rigorous assessment, a thorough adaptation process should be designed and tested to determine how the model can be effectively utilized with younger children. Likewise, the experience of transition-age youth who receive Strengths Model case management should be explored to determine whether or not their unique needs are met by either the adult or youth strengths model of case management.

As the Strengths Model for Youth case management approach has been utilized in community mental health, the crossover potential of the model has emerged from the evidence gathered thus far. Mental health case managers reported positive anecdotal feedback from both school and child welfare staff when they have shared aspects of the model (e.g., Strengths Assessment) or when they have utilized group supervision to address struggles the youth is facing in interaction with other systems. Future efforts could focus on how to frame the philosophy and tools of Strengths Model for Youth for adoption by other youth-serving systems including child welfare, education, and juvenile justice.

Finally, the role of parents and the family is a critical component of successful work with youth and families. Strengths Model for Youth has incorporated informed parent involvement in various aspects of the model, but additional efforts should be explored to enhance parents' engagement with the model and to develop and test methods and tools to encourage or promote strengths-based parenting.

Strengths Model for Youth is a formal model for providing case management in community mental health which allows youth to drive goal development and attainment by identifying and capitalizing on their strengths and resources. The model has the potential to positively impact youth mental health services from the agency level all the way to the individual client level. It equips supervisors and case managers with a formal model and tools, helping case managers feel more prepared in their roles, and empowers youth to engage in services that are positive and driven by their passions. Below is a case example of the successful utilization of Strengths Model for Youth with one youth in a community mental health setting.

### **CASE MANAGEMENT EXAMPLE: IMPLEMENTING STRENGTHS MODEL FOR YOUTH**

The following is a case example of the application of Strengths Model for Youth. This example is derived from Strengths Model for Youth implementation in a community mental health center. The example tells the story of how the Strengths Model for Youth, with a case manager working in tandem with the youth client, accomplishes a goal identified as most important to the youth.

#### **Presenting Problem**

Prior to being trained in Strengths Model for Youth practice, a case manager began working with a 12-year-old male. The case manager described the first appointment with the adolescent and family as extremely challenging. At the initial appointment, the case manager met with the child and the child's family at the family home. During this meeting, the child's behaviors which were identified as problematic were discussed, and an initial plan of care was developed. Problem behaviors included aggression, poor academic achievement, frequent anger outbursts, suicidal

ideation, and lack of ability to control emotions. All of these behaviors were detailed and discussed in depth.

At the conclusion of the meeting, per agency and Medicaid requirements, the case manager attempted to obtain signatures from all participating members, including the adolescent. At this time, the adolescent became extremely agitated and began to destroy things in the home. The case manager and the family were unable to de-escalate the adolescent. The police were called and the adolescent was taken and admitted to an adolescent unit at an acute care psychiatric hospital.

The adolescent remained hospitalized due to suicidal behaviors and was placed in a residential psychiatric treatment facility for several months. During this time, the community mental health center made an agency-wide decision to train all staff in Strengths Model for Youth practice. By the time the adolescent was discharged and returning to his home, the case manager had been trained in the Strengths Model for Youth. After discharge, case management services utilizing a Strengths Model for Youth framework were initiated.

### **Strengths Assessment**

When the case manager began working with the adolescent for the second time, the behaviors that were described at the initial appointment were the same. However, the case manager began the first appointment post-discharge by introducing the Strengths Model for Youth Strengths Assessment, as opposed to developing the plan of care. The case manager had already identified some of the adolescent's strengths and pre-filled in those sections. The case manager then shared what they had identified as strengths with the adolescent. The case manager slowly filled in the Strengths Assessment at each meeting with the adolescent and spent the first several meetings engaging with the adolescent and learning about his interests. The clinical plan of care was developed simultaneously with the Strengths Assessment. The case manager described the Strengths Assessment process as extremely helpful, as it allowed him to build trust with the adolescent, and they could slowly begin to address some of the problem behaviors by identifying the youth's strengths that could be used to alleviate some of the clinical symptoms the youth was experiencing. For example, the adolescent identified his interest in athletics and weight training. The case manager suggested the idea of joining a community gym or the school's weights club, and he could attend when the adolescent began feeling overwhelmed or began noticing feelings of stress.

**Strengths Assessment**

For        **YOUTH**        Date        **XX/XX/XX**       

<p><b>Current Strengths and Resources:</b> What are my current strengths? (personal qualities, talents, skills, or personal, family, social, and environmental resources)</p>	<p><b>Future Strengths and Resources:</b> What are my wants, hopes, and dreams?</p>	<p><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)</p>
<b>Home/Daily Living</b>		
<p>- I am good at playing PS3 - I take the trash out, it helps mom - I can be nice and polite - I like to play football and ride a scooter around my neighborhood</p>	<p>- I want to be able to do more chores and be more independent - I want to get a set of weights so I can be better at wrestling</p>	<p>- I used to have more friends in our old neighborhood</p>
<b>Personal Belongings/Stuff</b>		
<p>- Like to use my fidget spinner because it takes my mind off stuff - Like to use my bike when I need to get some air</p>	<p>- I would like an x-box 360 so I can play video games more - I want a new weight set</p>	
<b>School</b>		
<p>- I am pretty good at math. - The wrestling coach seems to be cool and I like him</p>	<p>- I want to join the wrestling team - I want better grades so I can do stuff at school - I want to be in normal classes</p>	<p>- I used to have a lot of friends at school - Really loved recess and was good at the jungle gym</p>
<b>Family/Friends</b>		
<p>- I have online gaming friends that I can talk to sometimes. - I am close with Dad. I feel like he understands me. - I live with my mom and two sisters. I sometimes see my grandma.</p>	<p>- I want to have more friends I can do things with. - Want to get along better with my mom. I want to have a better relationship with my mom and listen to her</p>	<p>- I used to be pretty funny and could make people laugh. At our old house, we could play football outside in the yard.</p>
<b>Wellness/Health</b>		
<p>- I am in good shape for wrestling/ I am pretty healthy/Like to lift weights, it seems to help me think</p>	<p>- Get in better shape to be better at wrestling/get stronger/ have better emotions. Be able to think.</p>	

<b>Hobbies, Sports, and Other Activities</b>		
- I am a pretty good athlete. I like to play sports because I am good at them. They also help me make friends. They give me things to do. - I am good at videogames and have friends that I play with online.	- I want to get better at wrestling and be on the team in high school. I would like to play football maybe	
<b>Personal/Family Beliefs and Traditions</b>		
- I believe in God	- I want to spend more time with my Dad	- We used to go to church every Sunday

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

- |   |   |
|---|---|
| 1. Being good at wrestling                | 3. Getting more videogames              |
| 2. Having a good relationship with my mom | 4. More friends at school and wrestling |

Additional comments or important things to know about me:		
<p><b>First Signature:</b> 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.</p> <p>_____</p> <p>My Signature &amp; Date</p>	<p><b>Second Signature:</b> 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.</p> <p>_____</p> <p>Service Provider's Signature &amp; Date</p>	<p><b>Third Signature:</b> 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.</p> <p>_____</p> <p>Service Provider's Signature &amp; Date</p>

### Personal Plan

After several weeks of engagement and strength identification, the adolescent shared with the case manager that he was interested in participating in a school activity, specifically wrestling. However, his grades were extremely poor, and he did not think his parents would allow him to participate due to prior behaviors. At this time, the case manager began to use the Personal Plan tool to help the adolescent achieve this goal. The case manager shared the adolescent's goal with the parents and helped the parents understand how participating could help improve some of the mental health challenges the adolescent was experiencing. The parents agreed

to allow the adolescent to participate if the adolescent would begin attending school regularly and would achieve passing grades. The case manager began using the Personal Plan on a weekly basis. At this time, the case manager also reached out to the school’s wrestling coach and included the wrestling coach in the child’s clinical plan of care and Personal Plan.

**Personal Plan**

For \_\_\_\_\_ #####, 12 years old \_\_\_\_\_

**My Goal:** 1/10/18- “I have fallen behind in Math so I would like to change my Personal Goal of getting all my Math assignments completed and turned in so I can continue to be a part of Wrestling Club and available for tournaments.”

**Why is this important to me:** 1/10/18- “Again I really enjoy wrestling and have been told that I’m good at it. I could get a scholarship someday for college.”

**This relates to my Plan of Care because:** 1/10/18- “Getting my grades back up benefits my Plan of Care because I am working on bettering myself and getting involved in out of the home activities

Date:	What we came up with today? (Measurable Steps)	Date to be completed:	Date Completed:	Comments:
1/10/18	Gather a list of all missing math assignments for the semester from math teacher; talk about extra credit options	1/17/18	1/13/17	Had 4 missing worksheets
1/17/18	This week complete two of the missing math worksheets; study math index cards for one hour one day this week	01/24/18	1/22/18	Completed one math worksheet; did study cards

1/24/18	Check-in with math teacher about finishing remaining missing work; finish 2 missing math worksheets	01/31/2018	01/30/18	Completed all missing math worksheets and did extra credit; have test that needs to be retaken
1/31/18	Create a study schedule for the week in order to retake math test	02/7/2018	02/04/18	
2/7/18	Check-in with teacher about grade and progress	02/14/18	2/11/18	
<p>I agree that the goal listed above is something important for me to complete as part of my journey,</p> <p>_____</p> <p>My signature</p> <p>_____</p> <p>Date</p>		<p>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.</p> <p>_____</p> <p>Service Provider's Signature</p> <p>_____</p> <p>Date</p>	<p>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.</p> <p>_____</p> <p>Parent/Guardian Signature</p> <p>_____</p> <p>Date</p>	

### Field Mentoring

While working with the adolescent and his family, the case manager utilized field mentoring several times and described it as extremely beneficial. The case manager used field mentoring to help make weekly steps with the adolescent for the Personal Plan and break down some of the adolescent's goals into small, manageable goals. The case manager also said field mentoring helped him remain optimistic with the adolescent, as the supervisor continually encouraged the case manager to be curious with the adolescent and encouraged him to keep the adolescent focused on his tangible goal of joining the school's wrestling team. The case manager also indicated field mentoring sessions with his supervisor helped elicit new information for the Strengths Assessment.

### **Group Supervision**

In addition to utilizing field mentoring and the Strengths Model for Youth tools, the case manager also utilized the group supervision process while working with the adolescent. Through the group supervision process, the case manager obtained several ideas to present to both the adolescent and his family. The topics for the group supervision brainstorming sessions were aimed at coming up with ideas for how the case manager could better engage with the adolescent at the initiation of services and when the adolescent lost motivation towards his goal. The following list of ideas that were generated from the group supervision process when the adolescent was struggling to remain motivated. These ideas were generated by the team of case managers, clinicians, and the team supervisor.

1. Go to a local college wrestling meet
2. Go over next year's wrestling schedule
3. Have adolescent talk with upperclassman about pros of doing team all 4 years
4. Have adolescent talk with coach
5. Go to a sporting goods store and have adolescent look at new equipment
6. Look up colleges that offer wrestling scholarships
7. Use field mentoring
8. Suggest taking a brief break from weight lifting in order to refocus
9. Research wrestling clubs
10. Do a vision board
11. Play card game in which you sort values
12. Plan one night to socialize with someone from the wrestling team
13. Review progress so far
14. Have mom and dad identify adolescent's progress
15. Identify something else adolescent wants to do at end of season

### **Case Conclusion**

After several weeks of case management sessions, the adolescent eventually achieved his goal of joining the school's wrestling team and was able to maintain the behavior in school, achieve passing grades, and attend regularly. The case manager began to initiate a maintenance plan for when the wrestling season concluded. The case manager was brainstorming ways to keep the adolescent motivated in school post-wrestling season with the adolescent's care team, which now included his wrestling coach. At this time, the wrestling coach informed the family that he was also a coach of a year-round wrestling club. The parents were in agreement that if the adolescent could maintain his behaviors, he could participate in the wrestling club. The case manager then utilized the Personal Plan tool to develop a closure plan. Using the Strengths Model for Youth tools, the adolescent successfully graduated from services.

## REFERENCES

- Arnold, E. M., Walsh, A., Oldham, M., & Rapp, C. (2007). Strengths-based case management: Implementation with high-risk youth. *Families in Society: The Journal of Contemporary Social Services*, *88*(1), 86-94.
- Baruch, G., Vrouva, I., & Fearon, P. (2009). A follow-up study of characteristics of young people that drop out and continue psycho-therapy: Service implications for a clinic in the community. *Child and Adolescent Mental Health*, *14*, 69–75.
- Grube, W., & Mendenhall, A.N. (2016a). Adolescent Mental Health Case Management: Consumer Perspectives. *Families in Society*, *97*(2), 86-94.
- Grube, W., & Mendenhall, A. N. (2016b). Adolescent Mental Health Case Management: Provider Perspectives. *Social Work in Mental Health*, *14*, 583-605.
- Hoste, R., Zaitsoff, S., Hewell, K., & le Grange, D. (2007). What dropouts teach us about retention in eating disorder treatment studies. *International Journal of Eating Disorders*, *40*, 668–671.
- Kataoka, S., Zhang, L., & Wells, K. (2002). Unmet need for mental health care among US children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, *159*(9), 1548-1555.
- Mendenhall, A.N., & Grube, W. (2017). Developing a New Approach to Case Management in Youth Mental Health: Strengths Model for Youth Case Management. *Child and Adolescent Social Work Journal* *34*(4), 369-379.
- Mendenhall, A.N., Grube, W., & Jung, E. (2019). Implementing Strengths Model for Youth in Community Mental Health: Impact on Case Managers' Professional Quality of Life. *Children and Youth Services Review*.
- Merikangas, K. R., Nakamura, E. F., & Kessler, R. (2009). Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuro-Science*, *11*(1), 7-20.
- Miller, L., Southam-Gerow, M., & Allin, R. B., Jr. (2008). Who stays in treatment? Child and family predictors of youth client retention in a public mental health agency. *Child Youth Care Forum*, *37*, 153–170.
- Oruche, U. M., Downs, S., Holloway, E., Draucker, C., & Aalsma, M. (2014). Barriers and facilitators to treatment participation by adolescents in a community mental health clinic. *Journal of Psychiatric and Mental Health Nursing*, *21*, 241–248.
- Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., Gfroerer, J.C., Huang, L.N. (2013). Mental health surveillance among children: United States 2005-2011. *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report*, *62*(02), 1-35.
- Schuetz, N., Mendenhall, A.N., & Grube, W. (2019). Strengths Model for Youth Case Management: Professionals' Perceptions of Model Impact on Clients. *Social Work in Mental Health*, *17*(4), 426-448.
- Taylor, J. (1997). Niches and practice: Extending the ecological perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (2<sup>nd</sup> ed.). New York: Longman.