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DYS CASEWORKER'S MANUAL

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Written by Bruce Taub:

With assistance from The DYS Case Management Steering Committee
Provider's Management, Inc.
Boston University School of Social Work
Boston Children's Service Association

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DYS Caseworker's Manual

Commonwealth of Massachusetts
Department of Youth Services

CASEWORKER'S MANUAL

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PREFACE

The Massachusetts Department of Youth Services (DYS) Caseworker's Manual provides a uniform set of guidelines, operating procedures, and standards for DYS caseworkers, casework supervisors, and private contracted programs. This document is complemented by an intensive twenty-four-week training curricula, a set of foster care standards, a comprehensive orientation packet, and a variety of other casework-related materials prepared by DYS. The manual is intended to be shared with others in the youth services/corrections field. DYS welcomes questions, comments, and criticisms about the manual and the casework practices and philosophy it presents.

The Caseworker's Manual was prepared by personnel from the DYS Case Management Steering Committee, with assistance from Commissioner Jack Calhoun and the staff of the Law Enforcement Assistance Administration-funded Case Management and Resource Development Grant #78J-133.5381. DYS staff most involved in the manual's development were: Phyllis Tourse, director of training; Jerry Docherty, coordinator of secure training; Elaine Danaher, assistant regional director, Region I; John Paladino, case manager, Region III; Joan Kilday, supervisor, Region V; Paul Carey, clinical director, Region VI; and Brenda Hughes, assistant regional director, Region VII. Ann Ward, Jim Donadini, and John Hirschfeld, of DYS, Rina Spence and Janice Drexel, of Provider's Management, Inc., and Bill Weber, of Document Development, Inc., also assisted in making the manual a reality. Bruce Taub, project director, at Boston Children's Service Association and Provider's Management, Inc. was the principal author.

The manual is designed to be an evolving document. It is three-hole punched and contained in a looseleaf binder so that additions and changes can be made. As policies and procedures are promulgated or refined DYS will add them to the manual. The document should be viewed as a baseline, an open-ended source book, and a point of reference.

The core of the DYS service delivery system is composed of many highly motivated employees, particularly caseworkers and caseworker supervisors, for these are the people who are responsible for managing DYS cases over weeks and months of care. It is they who must implement and maintain the DYS case management system. This is their manual.

CHAPTER I

INTRODUCTION:

On Approaching the Question of
Juvenile Delinquency Rehabilitation

A. THE SITUATION

Juvenile delinquency is a serious and complex social issue. Although delinquent behavior is found to some degree in all societies, it now appears to be increasing in both its frequency and severity. Given this growing incidence of juvenile delinquency, communities need to develop effective strategies for responding to it.

There are two major approaches to dealing with the problem of delinquency. One is aimed at preventing or decreasing its incidence. Preventive programs generally seek to provide richer opportunities and enabling skills to needy adolescents. Many of these programs stress educational, vocational, or recreational enrichment, while others address medical, familial, or psychosocial concerns.

The other major approach to delinquency control is geared to working with youths and families who have already demonstrated that they are in substantial turmoil. Many of these youths and their families have previously been unsuccessfully served by other human service agencies. Often their distress and despair pose serious dangers and risks. On an average day, there is a total of approximately 1,700 such youths committed to the care and custody of DYS. The youths have all been involved in some antisocial behavior. Many have committed serious crimes. These youths have not come to DYS as voluntary clients seeking services, but rather have been adjudicated delinquent and committed or referred to DYS by a court. The principal responsibility of DYS is to provide and advocate for rehabilitative services and treatment for these youths and their families.

Although efforts aimed at preventing delinquency or rehabilitating delinquents often make sense on paper, there is conflicting evidence regarding their overall effectiveness in reducing the incidence of juvenile crime. As a youth becomes further enmeshed in the juvenile justice system, the chances for that youth's rehabilitation decrease. There is, however, ample documentation of many cases in which DYS caseworkers and programs have positively touched the lives of troubled youths and succeeded in rejoining them with their families and communities.

B. THE MASSACHUSETTS DEPARTMENT OF YOUTH SERVICES*

DYS is headed by a Commissioner, who reports to the Massachusetts Executive Office of Human Services. The Department is divided into four bureaus -- Clinical Services, Girls' Services, Programs, and Aftercare -- and delivery of casework services is carried out by seven regional offices, which purchase services from private, nonprofit agencies. The Department has a staff of over 600 people and a budget of approximately \$21 million. It uses the skills of more than 250 private, community-based providers of services (also known as vendors). DYS offers a wide range of services to youths and their families, starting with secure programs when necessary and ending with community-based support efforts. DYS maintains formal inter-agency and resource-sharing agreements with the Massachusetts Departments of Education, Mental Health, Public Welfare, and Public Health, and with the Massachusetts Rehabilitation Commission, the Division of Manpower Affairs, and the Office for Children.

DYS's mandate is to promote the general welfare of committed youths and to correct socially harmful behavior in the interest of public protection. The basic rehabilitative strategy DYS workers use for serving delinquent youths is as follows:

DYS REHABILITATIVE APPROACH

- To provide an individualized assessment of the youth, based on interviews with the youth and his/her family and teachers (with psychiatric screening, psychological testing, medical examination, and educational evaluations provided as needed)
- To provide treatment in a setting which limits the youth's delinquent acting out behavior in the interest of rehabilitation and public protection

*See the DYS Organizational Chart in Appendix F.

DYS REHABILITATIVE APPROACH (continued)

- To develop a treatment plan, indicating what therapy, skill development, special education, or other services the youth will receive, including intermediate and long-range treatment goals and a projected timetable for their attainment
- To periodically review progress toward meeting treatment goals
- To assure a humane psychological and physical environment in which to pursue these goals

It is DYS's belief that most of the antisocial behavior expressed by adolescents is a product of many painful and complex phenomena, including family problems, other environmental and social strains, and psychological or neurological distress. Still, the Department operates on the assumption that, with clearly stated limits, consistent care, and compassionate counsel, most, although not all, youths can be helped and redirected.

Every youth in the custody of DYS is assured the right to dignified treatment, fairness and justice, meaningful services, confidentiality, and the right to know and understand all DYS procedures and policies.

CHAPTER II
DYS CASEWORKA. THE POPULATION SERVED BY DYS:
An Overview of Adolescence

Adolescence is a critical time in a person's psychosocial and biological development. It is a time of turmoil, change, and vulnerability accompanied by an acceleration of physical growth, especially primary and secondary sexual characteristics. As well as growing rapidly stronger, larger, and more sexually mature, a youth becomes more capable of both productive and destructive behaviors. Adolescents must cope with the impact of these changes at a time when their social status and psychological awareness are also changing. No longer considered a child, but not afforded the full liberties, freedoms, responsibilities, and authority of adulthood, the youth experiences both dependency and independence. This situation may generate considerable anxiety and a frantic search for relief which may culminate in delinquent behavior.

The struggle between dependence and independence is often difficult for youths, parents, and "parent figures" (e.g., caseworkers or teachers). As a younger child, it was appropriate for the youth to accept and adhere to consistent "parental" standards. These guidelines must now be tested, and the imposition of external controls often leads to resistance or withdrawal. Testing one's options and powers is a normal adolescent activity; this is a time of experimentation in the struggle to develop personal identity.

Adolescence is a time when many competing pressures, conflicts, and turmoils associated with social, biological, and psychological changes can produce serious emotional disorders. In the adolescent years, severe latent emotional problems may appear, although much of the groundwork for these problems occurred earlier in life. Common mechanisms for coping with these painful emotions include withdrawal, and/or rebellious turning away from society's values, standards, and restrictions.

Additionally, adolescence is a time when complex decisions involving sexuality, rules of social behavior, personal values, and the meaning of intimate relationships must be made. The adolescent must cope with these and many other challenges and decisions, particularly developing

the capacity for foresight, solidifying work habits, acquiring satisfactory recreational patterns, and identifying appropriate role models outside the family.

The adolescent's peer group also takes on extreme significance. This "social body" becomes the interpreter of codes of behavior and provides the context and opportunity for the adolescent to demonstrate independence. The peer group may serve to enhance the adolescent's sense of belonging and can thus command intense loyalty. The group may also function as an outlet for feelings of hostility and rebellion against adult standards, which the youth may view as contradictory and oppressive.

Youths committed to DYS, while experiencing similar adjustment problems as the average adolescent, have also demonstrated high levels of emotional distress and the inability to adequately cope with their life situation. The overwhelming majority of DYS committed youths come from broken families or families in crisis. Most DYS youths come from situations of extreme poverty and need. A majority of DYS youths have parents who abuse alcohol and drugs. A high percentage are school failures. Many have crippling neurological and psychological problems. They are frightened, frightening, angry, and hostile much of the time. At the end of a long line of problems and failures they have been committed to DYS. Many are "refugees" from their families and from other human service agencies. Some of these youths can be extremely unpredictable, dangerous, impulsive, and violent. Those most disorganized and disturbed will enter the DYS secure treatment system.

Youths like this will quite often have negative feelings about life in general and about the intentions of those who seek to assist them. It is understandable that they may not initially view the caseworker as a trusting, caring, or genuinely concerned person. The history of these youths tells them that others have repeatedly failed them and that they have repeatedly failed themselves, although this latter point is not readily recognized. Caseworkers must retain a realistic view about the nature of client/caseworker relationships and gauge their expectations for success accordingly.

B. THE DYS CASEWORKER: Roles and Tasks

The caseworker is the critical person within the DYS system of case management, decision making, and monitoring, whose job is to aid in the rehabilitation of troubled youths. The caseworker's essential task is to ensure that the individual needs of the youth are being met while society is being adequately protected.

CASEWORKER TASKS

- Setting limits in the interest of public protection and rehabilitation
- Establishing a continuing relationship with youths and their families
- Keeping informed of events in the lives of youths and their families
- Serving as a communication link with the family, the youth, and all agencies involved
- Collecting and recording data as necessary, e.g., court reports, school records, staffings
- Participating in the development of a treatment plan or strategy
- Providing direct counseling and treatment services
- Arranging for the provision and coordination of appropriate placement or treatment services
- Monitoring and following through on treatment plans
- Recommending changes in treatment, including discharge

The caseworker's role combines aspects of both a social control agent and a clinician. The predominating role varies with each case according to the clinical and environmental situation of the individual youth and according to the caseworker's own personality, self-perception, and training. Sometimes caseworkers serve as primary counselors; sometimes they serve as service brokers or service managers. At all times caseworkers help youths by defining and setting limits, by providing caring counsel, and by offering services that foster growth.

C. WORKING PRINCIPLES

After a youth has been committed to DYS, serious attention is given to assessment of the individual, because an accurate assessment is critical to the development of appropriate treatment strategies. While there are no guarantees of success for any particular strategy, there are some basic principles which should always be considered when working with delinquent youth.

- The likelihood of succeeding with any given youth is greatest when the treatment method chosen meets "real needs." If DYS's goal is to alter negative behavior, the caseworker must address the forces motivating that behavior. To do this, a caseworker must have the skills and resources necessary to match a client's needs with a program designed to meet those needs. This is one reason why accurate assessment is crucial for successful intervention. DYS knows that many of its interventions are helpful: some youths are committed to DYS only once, receive appropriate services, and are discharged and never again seen by the Department or the courts.
- Family participation in treatment must be fostered. Whenever families can be involved in treatment, the likelihood for success increases. DYS must help support families whenever possible. Just as caseworkers help youths to become responsible for themselves, so should DYS assist families in taking responsibility for supporting and raising their children. All youths should be encouraged to live with their family unless their behavior or family situation is unsafe or in opposition to treatment goals.
- Caseworkers should always give as much emphasis to describing a youth's and family's strengths as to noting weaknesses. Building on existing strengths facilitates treatment efforts.

- Behavioral or personality labels should be avoided. Mislabelling is common; but even when well intended, it can poorly affect diagnosis, treatment planning, and placement. Describing behavior is much more useful.
- Placements outside the home should be in the least restrictive setting practical. Incarceration should be used only when absolutely necessary; incorrectly prescribed, such treatment and placement can be damaging and can reduce the likelihood of rehabilitation. DYS advocates the use of secure settings only for youths who are dangerous to themselves or the community, or who are clearly in need of the treatment services offered in the secure system.
- Use and support community-based services. Successful deinstitutionalized care requires a wide range of services from skilled and experienced private providers. Many of the services DYS identifies as central to implementing treatment plans exist in the local community. It is DYS's responsibility to use these resources and to monitor their effectiveness.
- Treatment methods must be flexible and capable of being modified as needs become clearer. Increasing the percentage of youths helped by DYS requires maximum availability of treatment options along a continuum of care. It also requires being familiar enough with each youth to know what is happening in his/her life.

* * * * *

In this chapter we have identified the DYS target population and outlined the agency's approach to rehabilitation. The chapters which follow, explain the procedures and options available to the caseworker to implement this system.

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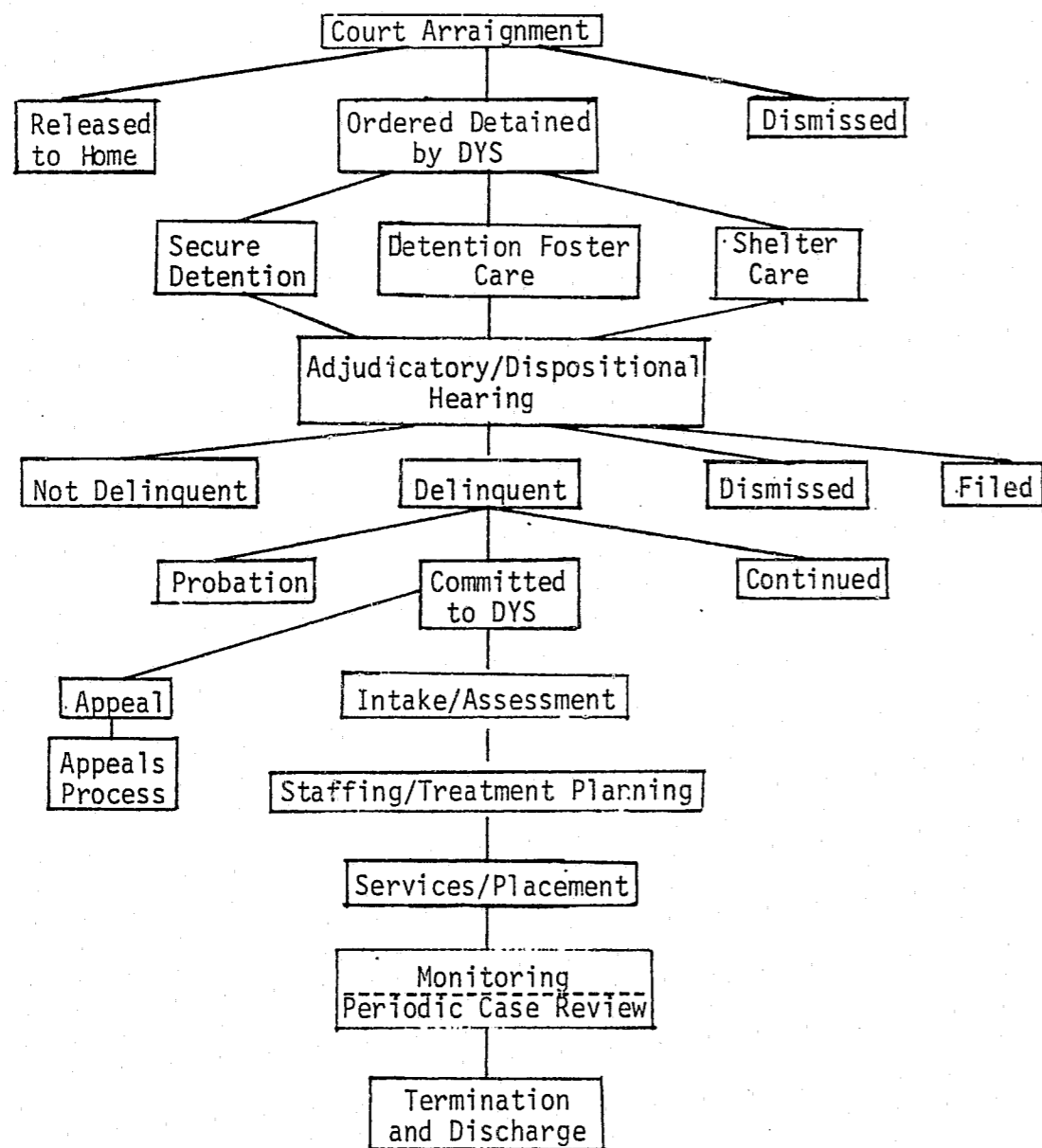
CHAPTER III

THE DYS CLIENT PATHWAY:

From Arraignment to Discharge

This chapter presents the DYS client pathway and the sequence of activities which a DYS caseworker must engage in in order to negotiate the service delivery system. The sequence is presented graphically below; the rest of the chapter describes the caseworker's responsibilities for helping youths to proceed through the system.

A. SCHEMATIC OVERVIEW



B. ARRAIGNMENT

When youths are arrested for any alleged delinquent act, they are brought before a court in what is known as an arraignment proceeding, where formal charges are presented and the date for an adjudicatory hearing is set.

Youths appearing at an arraignment hearing may be ordered detained by DYS until their return to court. Courts usually request detention only when they believe the youth will not voluntarily return to court on the set hearing date, or when it appears that the interests of the youth or public safety will not be best served by release of the youth to his/her home or community.

Besides ordering a youth detained by DYS, courts have the following options at the time of arraignment:

- To release the youth completely (dismiss the complaint)
- To set a continuance date and release the youth to home
- To have the youth held by an agency other than DYS, e.g., Department of Mental Health or Department of Public Welfare, especially if previous involvements exist with that agency

In the case of arraignment for a youth who has been committed previously, it is mandatory that the DYS liaison to the court contact the youth's regional caseworker. The assigned caseworker is responsible for ensuring adequate representation for the youth. Committed youths may be released at arraignment to DYS, which then decides where to house them until their return to court.

For youths requiring detention, DYS assures careful screening and placement in the most appropriate and least restrictive detention setting available.

Other than with youths facing detention, or with committed youths, DYS is not involved at arraignment proceedings.

C. DETENTION

1. The Placement Decision

In order to determine the necessary level of physical control required to safely hold a youth, and to ensure the client's return to court, DYS must gather the following information:

Information Necessary
to Make an Informed
Detention Placement Decision

- The court's purpose for ordering detention
- The current charges
- The past offenses and defaults, if any
- The youth's history regarding "runs," violence, impulsivity, drug, or alcohol abuse
- The family and peer situation
- Any outstanding medical, psychological or educational concerns

Information used to make a detention placement decision is gathered for DYS by court representatives: either by court liaisons, by regional caseworkers assigned to particular courts, or by intake workers, whose services are purchased from private, community-based programs. Court representatives have complete working knowledge of each detention center program and make recommendations to the regions concerning the level of security necessary for a particular youth. The final decision for a detention placement is made by the Detention Intake Coordinator.

The factors which most influence detention placement decisions are:

- Dangerousness
- Seriousness of charges
- History of running away
- Emotional condition
- Availability of openings

Once a youth has been assigned to a specific detention program, it is the program staff's responsibility to immediately contact the detained youth's family to inform them where their son/daughter is being held, answer any questions they may have, and outline their rights (e.g., visiting, telephone).

2. The Facilities*

DYS uses the following detention programs:

a. Secure detention units are the most restrictive placements. The facilities are physically locked and programmatically secure. They have a high staff-to-resident ratio and are used only for the most dangerous youths awaiting court action or alternative treatment planning.

b. Shelter care detention programs are group residences designed for short-term placement and have high resident turnover. Shelter care programs have a lower staff-to-resident ratio than secure detention and use many community resources outside the facility for programmatic support. Most shelter care programs are operated by private agencies.

c. Detention foster care is usually available through private foster care agencies that train and supervise foster parents to provide housing for youths undergoing short-term detention.

Total Number of DYS Secure Detention Events, 1978

Region	Male	Female	Total
I	318	95	413
II	350	80	430
III	165	45	210
IV	350	76	426
V	257	83	340
VI	472	102	574
VII	421	58	479
Total	2,333	539	2,872

*A more detailed description of specific DYS detention programs is found in Appendix H.

3. Detention Statuses

a. Straight detention refers to housing uncommitted youths who have been ordered held by the court pending their adjudicatory hearing. Approximately 50 percent of the youths in detention units are straight-detention cases and 10 to 12 percent of these youths will later be committed to the Department.

b. Dual-status detention refers to holding a youth who is presently committed to the Department and who now has been rearrested and detained pending his/her court reappearance. In recent years, 15 percent of youths in detention were dual-status cases.

c. Reception status refers to holding a committed youth in a detention program pending regional case review. This review may be required for one of two reasons:

- The youth was recently committed to the Department and is awaiting the development of a treatment or service plan and placement
- The youth was placed in a community program, but the treatment plan did not work out as desired, requiring temporary alternate housing

Youths returned from a community placement to a detention setting are said to have had their parole revoked.

4. Caseworker Responsibility for Detained Youth

For straight-detention youths, regions must be aware of a youth's situation and must be responsible for communicating with detention program staff and the client. For dual- and reception-status cases, the caseworker's goal is to prepare for a restaffing within twenty-eight days of detention and to move the youth from the detention setting as soon as possible. The caseworker must try to visit such youths at least once each week.

Detention placements are crucial resources for DYS. Detention unit staff and caseworkers must be aware of the need for cooperation. They should be especially alert to the possibility of being played off against one another by angry youths. As long as workers remain in contact, share information, and update conditions inside and outside of detention, the chances of being pitted against one another decrease. Teamwork helps everyone involved. This is especially true in secure detention units where a youth's freedom is most severely limited and the client population is most disturbed.

5. DYS Goals during Detention

DYS is responsible for insuring full compliance with all requirements of Massachusetts laws regarding the rights of youths held in detention. Although the average length of stay in detention is under forty-five days, detention is a crucial component of the DYS case management system. DYS goals during detention are to:

- Provide temporary custody and stabilization
- Insure the health and well-being of the youth
- Return the youth to court for his/her hearing
- Separate first offenders from repeat offenders
- Provide the youth with needed information about the juvenile justice process
- Maintain communication among DYS, the court, the detained youth, the family, and programs involved with the youth
- Provide psychological or psychiatric evaluation of the youth when requested by the court
- Insure that the youth is being housed in the most appropriate, least restrictive level of security
- Implement an educational assessment
- Advocate for a committed youth's right to treatment

D. COMMITMENT and REFERRAL

The Massachusetts General Laws, Chapter 119, Section 53, state that:

the care, custody, and discipline of children brought before a court shall approximate as nearly as possible that which they should receive from their parents, and that, as far as practicable, they should be treated not as criminals, but as children in need of aid, encouragement, and guidance.

Commitment to DYS is one of several options available to a judge considering disposition of a case involving an adjudicated youth between the ages of seven and seventeen. When a youth is committed by a court to DYS, the Department accepts responsibility for supervising the youth until discharge and for correcting "socially harmful tendencies" by providing diagnosis, treatment, instruction, and training. The methods DYS uses to accomplish this end are described throughout this manual.

Section 2 of the Massachusetts General Laws, Chapter 18A states that:

the Department shall provide a comprehensive coordinated program of delinquency prevention and services to delinquent youth and youth referred or committed to the Department by the courts (emphasis added).

A youth who is accepted by DYS through voluntary referral from a court is eligible to receive DYS funding and service placement. Service or treatment contracts for youths on referral status must be signed by the youth, the family, and the court. Referred youths remain under the jurisdiction and supervision of the court and the court probation officer.

E. INTAKE

1. Introduction

The Intake period refers to the first thirty days after a youth has been committed by court order to DYS. During this time DYS must gather all information relevant to the case, complete an initial assessment of the youth and his/her family, convene a treatment planning case conference (staffing), and submit a report to the committing court outlining the treatment plan DYS has devised.

The intake period is of critical importance. During this early phase of a youth's commitment, DYS solidifies its impressions of youths and their families, just as they solidify their impression and evaluation of the Department and its workers. First impressions have long-lasting effects upon the outcome of many cases. During intake, the caseworker's tasks are to:

Caseworker Tasks During Intake

- Provide a careful introduction of the youth and his/her family to DYS
- Conduct a thorough assessment of the youth and family
- Gather relevant data about the youth and his/her history and current situation
- Determine the youth's educational and Chapter 766 status
- Assess the need for a medical evaluation and assure that the youth's medical needs are being met
- Help the youth and family understand the significance of their DYS involvement
- Participate in a case conference, called a staffing
- Facilitate initiation of the agreed-upon service or treatment plan

2. Relationship Building

a. Initial contact

Whenever initial contact between a DYS youth and caseworker occurs -- in court, in detention, in a program, or in a regional office -- the caseworker's first tasks are to establish rapport with the youth and to define for him/her what involvement in the DYS system entails.

Many newly committed youths will be suspicious, antagonistic, or in some other way resistant, and many will project considerable anger or hostility, which caseworkers must manage without reacting personally. Early meetings with a youth may be made more comfortable by the caseworker's sensitivity to the youth's need for emotional or physical distance; otherwise, caseworkers can unconsciously drive youths away from important feelings and emotions.

Because the youth does not initially trust the caseworker, it is necessary for caseworkers to proceed in building a relationship with caution. Because the youth's self-esteem is low, it is necessary for caseworkers to be respectful if they want to get through the youth's defenses. Insensitivity can make communication more difficult.

Caseworkers must use the intake period for listening to and sorting out information. This is a very important time in the youth's life. Caseworkers should aim to understand the youth's situation as s/he understands it.

b. Some counseling issues

Working with youths who have been forced into treatment can be especially difficult. Treatment is most useful when a trusting relationship is established wherein youths realize that they are expected and encouraged to talk out their problems. There are two techniques basic to promoting a trusting atmosphere. The first is to "start where the client is." This means that the caseworker encourages the youth to talk about what is on his/her mind. The second technique is "empathizing with the client," which involves communicating to youths that the caseworker's focus is on helping them. The issues of trust and testing are crucial. Caseworkers can also help youths by setting and maintaining clearly stated behavior's limits.

It may be useful for caseworkers to remember that some of the feelings youths express toward them can be projections of feelings about someone else -- often another significant person, such as a parent. Just as naturally, a caseworker's feelings about a youth may be related to feelings about someone else. Caseworkers need to maintain constant awareness of their feelings about the youths with whom they are working.

Being a member of a "helping profession" can become an overwhelming responsibility. Caseworkers are expected to help their clients, but too often assume their task is to solve the youths' problems. This attitude can cause caseworkers to feel severely overburdened by their work load.

It is more appropriate to think of casework as a mutual task in which the caseworker and the youth work together to resolve the youth's difficulties by establishing a working understanding about the youth's problems and approaches to alleviating them.

3. Assessment

The caseworker's primary task during intake is to develop an accurate and complete assessment of the youth. The caseworker shares in this task as a person who is developing a close ongoing relationship with the youth. In this sense, treatment, diagnosis, and assessment are processes that begin when a youth first comes to DYS and are subject to continual review until the youth's discharge. A good diagnosis will evolve over time. The DYS treatment plan must also evolve and change as new understandings emerge.

The basic questions to be answered in a youth's assessment reflect DYS's need to know who the youth is, what is going on of significance in his/her life, and what services are needed. At first there may be a tendency to define youths by using gross behavioral categories, e.g., describing them as "runners" or "dangerous." Although such characteristics are important, they represent only one aspect of a complex personality. The way a youth is acting reflects a pattern of behavior that has emerged after a lifetime of experience. Behavior seen on one day is likely to be seen on the next.

The areas of a youth's life that caseworkers must address when developing an assessment are detailed on the DYS Youth and Family Background Form,* which is completed by the caseworker immediately after a youth's commitment. Subject areas include:

Questions in a
DYS Youth Assessment

- How does the youth present him/herself?
- What is the youth's style? Self-image? Attitude?
- What is the family situation? What are the family dynamics?
- What is the nature of the youth's offense?
- Has there been a history of delinquent behavior?
- How does the youth relate to others? Family? Peers?
- What is the youth's medical history? Educational history?
- What are the youth's strengths and interests?
- What other information is already available?

Knowing enough about a youth to devise an informed treatment plan is a difficult task. In completing their assessments, caseworkers should use existing records and the knowledge of others who are familiar with the case.

*See page 66.

4. Other Diagnostic Aids

a. Psychological tests

DYS caseworkers may call for additional diagnostic consultations, tests, or evaluations when completing a youth's assessment. Tests like the WISC or Bender Gestalt can provide information about intelligence and learning skills or disabilities. Projective tests, like the Rorschach or TAT, can reveal information about a person's conscious and unconscious pattern of thoughts. In cases involving a complicated clinical picture or a seriously disturbed youth, psychological tests can augment but not substitute for a complete psychosocial history.

When caseworkers call for psychological testing, they should share with the tester or evaluator their specific concerns and questions. Often the consultant may not see anything new or different from what the caseworker has seen, but even this may help by adding credibility to a less securely held assessment. Psychological testing is also often included as part of an educational assessment.

b. Psychiatric evaluations

Independent psychiatric evaluations are another resource DYS caseworkers may use when working on an assessment. DYS and the Judge Baker Guidance Clinic recommend calling for such examinations or referrals only under specific circumstances. This includes the presence of some of the following behaviors:

Criteria for Psychiatric Referral

- A pattern of serious aggressive offenses or assaults
- Sexual offenses
- Fire setting
- Manifest signs of psychosis: irrational speech or actions, strange emotional expressions and manner, offenses with bizarre motives or elements
- Suicide attempts or excessive depression

Other criteria that might suggest considering psychiatric evaluation include: medical concern, significant drug involvement, or serious legal cases carrying heavy penalties.

5. Health Screening

Part of the caseworker's overall responsibility to committed youths is to assure that their medical situation has been assessed and that identified needs are being met appropriately. A record of the date of a youth's most recent medical examination, the name of the examiner, and the location where the exam was held, must be included in each youth's folder.

There are many existing health services in each DYS region that can respond to medical needs by providing initial evaluations or facilitating referrals for follow-up care. Physical examinations are available from private physicians, community clinics, and outpatient programs. Payment for medical services is available from any of the following sources:

- Private payment, i.e., the youth or family
- Third-party reimbursement, such as Blue Cross
- AFDC, Department of Public Welfare
- Chapter 766-related medical services
- DYS

* * *

At the end of the Intake Period, caseworkers share with other persons involved in the case pertinent information they have gathered about a youth. Working together these persons then construct a treatment strategy.

* * *

F. STAFFING: A DYS Treatment Planning and Review Meeting

1. Introduction

An integral part of the DYS case management system is a formal case conference known as a STAFFING. The purpose of all staffings is to provide a forum for open discussion about a youth's treatment involving the youth, the family, the DYS caseworker and casework supervisor, and other involved agencies.

Staffings are designed to provide youths and their families with the opportunity to participate in and influence the development and implementation of a treatment plan. Through this process, the youths and their families can be shown that their opinions and desires have value in determining which services will be provided them. Properly conducted, a staffing can lead to improved self-image, increased self-confidence, and a willingness to speak out in one's behalf.

The staffing also provides an opportunity for agencies involved in a case to review their activities, to renew their commitments, and/or to construct new ones, assuring a consistent approach to treatment.

All staffings must produce written documentation concerning the content of the meeting. Responsibility for producing this staffing record lies with either the caseworker or the casework supervisor, depending upon regional preference.

In order to hold a productive staffing, DYS must have sufficient information to decide, in consultation with others, how best to serve each youth and family. Information that must be gathered by the caseworker and summarized for presentation at the staffing includes:

Information Gathered for DYS Staffings

- Caseworker assessment of youth and family
- Social history
- Probation report/court record
- School and educational reports
- Medical reports
- Outside assessments or evaluations

The outcome of a staffing is a detailed treatment plan* for meeting a youth's changing needs. Treatment plans have identified objectives to be achieved at specific times. Regular case review and monitoring are integral aspects of DYS casework. All treatment plans must be reviewed by the youth, the family, the caseworker, and the casework supervisor, then updated in a case review staffing held at least every six months. All treatment plans are also reviewed in ongoing regional supervisory sessions and in monthly case reports.

The role of the caseworker in a staffing is to serve as an advocate, an interpreter, a service broker, and a facilitator who helps the youth and family express their concerns and desires. Although staffings do have clinical implications, they are not intended to be therapeutic interviews. The staffing should not be used to elicit feelings inappropriately or to attempt to expose difficult personal and family subjects. If such feelings do emerge, they should be handled sensitively. Extensive discussion, however, should be postponed.

*See p. 31.

2. Components of DYS Staffings

The basic format of a staffing is designed to allow for maximum responsiveness and flexibility. Parents and youths are encouraged to participate in this process and to be involved in making decisions about their lives. How a staffing is carried out depends upon the needs and characteristics of the individual youth and DYS staff involved. Components of all staffings are outlined below:

Components of DYS Staffings

- The caseworker notifies all parties who have been invited to attend the staffing, and gives the exact time and location of the meeting. A copy of this correspondence and a list of participants should be included in the youth's case folder. Staffings should be rescheduled if the youth, parent, caseworker, or casework supervisor cannot be present. Standard participants in a staffing are (but not limited to):

DYS Staffing Participants

Youth
 Parents or guardian
 Caseworker
 Casework supervisor
 Probation officer
 Educational liaison
 A person who knows the youth
 from a recent placement
 Lawyer
 Outside evaluator, consultant
 or clinician

- The caseworker prepares the youth and family for the staffing, by explaining the purpose, length, and format of the meeting and the roles of the participants.
- A chairperson (the case supervisor or caseworker) is chosen for the staffing.
- An agenda is developed.

Components of DYS Staffings (continued)

- The staffing begins with a presentation (usually by the caseworker) that includes a summary of relevant information and a description of the youth's current status.
- Additional relevant information is presented by other participants.
- There is discussion about the youth and the material being presented.
- At a point decided upon by the staffing participants, the youth and the family may be asked to join the proceedings.
- Participants identify and discuss appropriate resources and treatment options. They develop the most appropriate, least restrictive treatment plan.
- The entire staffing should last no longer than two hours -- enough time to reach a solid decision, but not so much time as to turn the staffing into a family counseling session.
- The staffing record -- including the treatment plan, the long- and short-term goals, the estimated dates for their attainment, the names of participants, the anticipated date of case review, and a summary of the meeting -- is filed in the youth's case folder.

3. Types of Staffings

The goal of all staffings is to reach agreement about the best strategy for helping youths and their families. There are six kinds of DYS staffings:

a. Initial Staffings

Initial staffings are held for each youth who has been committed to DYS for the first time. This staffing takes place within thirty days of commitment. Its purpose is to review the youth's situation and to develop a treatment plan. Participants are invited to the meeting, and pertinent material is presented according to the agenda; agreement upon a treatment plan is the goal. A record of the staffing is sent to the committing court and filed in the youth's folder.

b. Referral Staffings

The purpose of a referral staffing is to assess the appropriateness of a noncommitted youth for a DYS-funded program and to identify additional funding sources for a specific placement. It is similar to an initial staffing in terms of participants, material collected and presented, and recording requirements, with the exception that the probation officer must present the background data on the case. The Probation Department also retains responsibility for case supervision and case management. Results of the staffing are documented and sent to the referring court, which retains jurisdiction over the youth.

In 1978, 254 youths were accepted for referral by the Department (see Appendix H, Table 4).

c. Case Review Staffings

Case review staffings are conferences held at least every six months to review and modify existing treatment plans. The format is the same as for an initial staffing and records must be filed in the youth's case folder.

d. Transfer Hearing or Bindover Staffings

A transfer hearing is a court procedure for determining whether a youth between the ages of fourteen and seventeen will be tried as an adult. When a region receives notice that a transfer hearing has been scheduled, a staffing must be promptly arranged. As with all staffings, the focus is on assessing the youth's needs and developing a treatment plan. In addition to the usual participants at a staffing, the caseworker invites:

- Probation officer
- Court clinic representative
- Youth's attorney
- Court prosecutor
- Regional intensive care representative

e. Interregional Staffings

An interregional staffing is held for any committed youth whose parent or legal guardian has moved from one DYS region to another. The purpose of this staffing is to transfer regional responsibility for the youth, to permit the receiving region to review and understand the present treatment plan, and to allow time for the termination of relationships with the transferring region. As with all staffings, relevant participants are invited, material is collected and presented, and the results are recorded.

Additional Interregional Staffing Requirements

- The accepting region should have one week's notification of the client transfer in order to verify the new address. The staffing should be held within two weeks after verifying the address.
- The staffing should be held at the new regional office or at the current placement.
- Caseworkers and casework supervisors from both regions, as well as the youth, family, and a representative from the youth's current placement, are invited and expected to attend, as are persons who are usually invited to attend initial staffings.

Additional Interregional Staffing Requirements (continued)

- The case record should be presented to the new region by the transferring region. This record should be as complete as possible, including up-to-date educational records, clinical reports, and a social history.
- The original caseworker should assume the role of chairperson and present the initial report.
- The new caseworker must write to the transferring region, acknowledging acceptance of the youth and noting the date of transfer.

It is Departmental policy not to transfer youths "on the run."

f. Discharge Staffings

Discharge staffings are case conferences held prior to successful termination of a youth's formal involvement with DYS. A discharge staffing is the final component of a well-conceived treatment plan: properly conducted, it can affirm transition and growth and can be used to identify potential supportive resources for the youth and family.

4. Educational Evaluations

Under Massachusetts General Laws, Chapter 766, all DYS committed youths are eligible for an in-depth educational assessment, or TEAM evaluation.* A full TEAM evaluation contains five basic elements:

- A review and summary of the youth's educational history
- A review and summary of the youth's classroom performance
- A home visit
- A medical evaluation
- A psychological assessment

The TEAM evaluation group includes teachers, social workers, medical personnel, and diagnostic specialists who gather substantial amounts of information about a youth. TEAM evaluation results are translated into:

- General long-term educational objectives
- Specific performance-oriented objectives
- Descriptions of when, where, how often, and by whom the services will be delivered

The goal in developing the educational plan is to build upon strengths and give youths additional skills with which to negotiate their environment. A completed TEAM evaluation can reveal important diagnostic and treatment-planning information.

*"TEAM evaluation" is the current term used to identify the educational evaluations which had been called CORE evaluations.

From the caseworker's perspective, a TEAM evaluation can be easily and valuably integrated into an overall assessment of a youth. Similarly, the individualized educational plan (IEP) that emerges from the TEAM can become an integral part of the DYS treatment plan. The responsibilities of the caseworker in relation to the TEAM may include:

Caseworker Involvement with TEAM Evaluations (in conjunction with educational staff)

- Initiating the referral
- Preparing the youth and family for the evaluation process
- Preparing the social assessment (home visit)
- Monitoring implementation of the educational plan

5. The Treatment Plan

Through the staffing process, the DYS caseworker and casework supervisor formulate or update a treatment plan for their client. Treatment plans are agreed-upon strategies to help reintegrate youths into their communities. They describe the services to be provided and the goals to be achieved in helping youths grow and change. Every DYS treatment plan is an evolving document, based upon a caseworker's continual assessment of a youth, which identifies specific services that will meet medical, educational, psychological, vocational and recreational needs. An example of a DYS treatment plan is included in Appendix E.

Every treatment plan should be a tool which helps to:

- Identify specific needed services and resources
- Select a stable, consistent, and supportive living situation which has the necessary balance of structure and freedom
- Aid in the continued development of a youth's personal, sexual, racial, and ethnic identity
- Develop a positive self-image in the youth
- Develop functional behaviors and skills
- Change maladaptive behaviors
- Increase a youth's ability to control his/her behavior
- Teach a youth to negotiate constructively for his/her needs and desires
- Coordinate contact with other agencies
- Offer counseling in order to enhance the family's ability to offer its children emotional support while encouraging independence

G. SERVICES/PLACEMENT

1. The Caseworker's Role

After a caseworker has helped identify treatment goals and has participated in developing a plan to meet these goals, it is time to arrange for the delivery of services.

Assessment → Treatment Plan → Services/Placement

DYS services are offered in residential and nonresidential settings; they are provided by community-based providers, DYS caseworkers, non DYS caseworkers, and other state agencies. Services offered include secure placement, group homes, foster care, counseling, family work, education, vocational training, medical assistance, recreation, restitution, and tracking. At all times DYS assists in setting limits and controlling negative behavior.

A caseworker arranges for treatment plans to be implemented with the help and support of regional supervisors and placement specialists. Together they initiate meetings and interviews, share information, provide transportation, and negotiate placement agreements.

Caseworkers must present and introduce youths to programs and programs to youths as honestly as possible. Caseworkers should preview programs with youths, help them understand what to expect, and help them recognize what programs offer. The Department's in-depth psychosocial assessment of a youth should be shared with program staff once it is determined that a program is interested in interviewing a particular youth.

Caseworkers should document all contacts with existing and potential service placements or providers. If a youth is rejected by a program, the caseworker should obtain written documentation regarding the reasons for such a decision and should request that any referral material sent to the program be returned to DYS.

2. Treatment Options*

The two major categories of DYS care are RESIDENTIAL PLACEMENT and NONRESIDENTIAL PLACEMENT. The first, residential placement, is required in some form by many youths during their commitment to DYS. Active involvement on the part of the DYS caseworker must be maintained whenever a residential setting is used for a DYS youth.

a. Residential placement

- Secure Treatment

Secure treatment programs offer highly structured treatment settings for severely disturbed and dangerous youths (10 to 12 percent of DYS's total population). The treatment milieu of such programs includes in-house counseling, education, recreation, and vocational components. Secure treatment programs are either DYS operated (e.g., Worcester Intensive Treatment), DYS contracted (e.g., DARE Chelmsford), or Department of Mental Health-sponsored Regional Adolescent Programs (e.g., Centerpoint IV, Solomon Carter Fuller VI). Secure treatment programs help to protect the public by partially or totally isolating a youth from the community. The average population in secure programs is about twelve youths and thirty staff.

Youths who enter the secure treatment system are DYS's most disorganized and disruptive clients and are generally unable to benefit from treatment in community-based programs. Caseworkers need to remember that continuity and consistency are critical elements in the treatment of these youths for they have experienced little predictability or trust in their lives.

Consistency in treatment requires frequent and open communication and a caseworker's commitment to maintain contact with a youth in the secure system. Copies of the Department's policy regarding caseworker contact and delivery of aftercare services for youth in the secure treatment system are available in all regional offices.

*A complete listing of DYS Basic Service Categories is included in Appendix B.

- Group Care

Group care programs are residential facilities which usually house six to fifteen youths. Group care settings range from highly structured and supervised to loosely structured and much less intensive environments. Highly structured group care residences are prescribed for those youths who cannot function in the community and who have severe emotional problems. Structured group care programs have an intentional therapeutic milieu, a comprehensive system of rules and privileges, and in-house education or job-training components. Many group homes used by DYS also house residents who are referred from other state and private agencies. Examples of highly structured and supervised residential programs are 735 House and Alpha Omega.

Less structured group care programs are geared for youths capable of partial functioning in the community -- working at outside jobs or going to school. Less structured group care is appropriate for youths who require only moderate supervision. In order to function in an open group care environment, a youth must be cooperative and able to relate well with others.

- Foster Homes

Foster home care is a third residential treatment option used by DYS. Foster care is mostly appropriate for moderately delinquent youths who cannot remain living with their families.

- Residential Schools

Residential schools offer complete educational and counseling services in an open but structured setting to moderately delinquent youths with special education needs, learning disabilities, or poor academic histories. About fifty DYS youths are placed in such schools each year.

- Camps and Outward Bound Programs

Camps and outward-bound programs are specialized, short-term residential programs used by DYS to help a youth stabilize while making a transition. These placements are often ego-enhancing and growth-producing experiences. Examples of such programs are Hurricane Island and the Forestry Camp at Brewster.

b. Nonresidential Placement

The second major category of DYS care, nonresidential placement, includes all services except live-in programs. Youths receiving nonresidential services reside in their own homes, with relatives, or with foster families. Active participation by the regional caseworker in advocating for and monitoring nonresidential services is a critical aspect of this category of care. Some youths receive only residential services; others receive nonresidential services after termination from a residential program.

The Department contracts with more than 100 social service agencies to assist and augment the nonresidential services it offers. Some examples of nonresidential services are:

- Counseling
- Education
- Family work
- Vocational training
- Work study
- Diagnostics
- Tracking
- Restitution

When a DYS caseworker is the primary professional working with the youth and family, s/he is said to be providing direct caseworker services. In these situations, DYS caseworkers play a major coordinating and monitoring role. As a counselor and advocate for youths living in the community, the caseworker must be in contact with the youth and family every week. Additionally, in a nonresidential setting the caseworker must assume primary responsibility for ensuring that a youth is participating in, and benefiting from, the treatment plan and contract agreed upon in the staffing.

Some nonresidential services may also be used as adjuncts to residential service plans.

H. ONGOING CASE MANAGEMENT

1. Maintaining Contact with Youths

Caseworkers are responsible for ensuring the delivery of services to their clients and for maintaining contact with youths throughout the youth's commitment to DYS. The caseworker stays involved both to keep informed about a youth's evolving situation and to ensure that treatment is progressing in accordance with agreed-upon goals and plans. A caseworker must be part of a treatment plan as well as an advocate for services.

Because many clients experience a number of different placements during their commitment to DYS, it is especially important that one person remain consistently involved and informed about a case at every point in time. The caseworker is both an advocate for appropriate services and the most consistent person in a youth's treatment. Coordination between the Department and the provider of services is a key factor in determining the success of a placement. The caseworker must provide for continuity in the care and treatment of a youth.

2. Caseworker/Program Contact

When a youth is placed in any program, an agreement that makes explicit the specific responsibilities of DYS, the regional caseworker, the program, and the youth should be negotiated. A written copy of this agreement should be included in the youth's DYS case record. Programs must also submit for incorporation in the case record their treatment objectives for a youth. Caseworkers and program staff should develop clear understandings about the following issues:

- How often it is expected that the caseworker will visit or telephone the youth
- What each person's or agency's role is in providing direct treatment
- How other case responsibilities are delegated or shared, e.g., transportation

- What the dates are for formal case review
- What each agency's involvement is in modifying or adjusting treatment plans
- How new information or altered circumstances are communicated among the parties

Programs are expected to submit written reports to the region every month which indicate progress in attaining identified treatment goals. Whenever treatment contracts are substantially changed or violated, the region must also be informed. Case review meetings should be held by residential programs and caseworkers at least every ninety days, and a case review staffing must be held every six months.

A youth who is receiving nonresidential services while living at home, with relatives, or in foster care needs consistent contact with the caseworker. The caseworker should monitor progress, see that treatment goals are being met, and provide assistance, services, advocacy, and counseling as needed. Caseworkers should also assess a family's need for assistance and, when possible, make recommendations or referrals for family services. Often a written contract can be developed by the caseworker, the youth, and the parent or guardian. The contract should identify the expectations each person has of the others and should detail specific goals and responsibilities. A review of the contract should be conducted at least every ninety days.

When treatment is going well and goals are being met, the caseworker and program staff should work together establishing termination and aftercare plans. This planning should begin at least two months prior to the expected termination date.

After any program termination, whether positive or negative, a final program report must be submitted to DYS. It is the caseworker's responsibility to assist in holding programs accountable for their actions in relationship to DYS youths.

3. Monitoring Program Quality

Contracted programs are monitored and evaluated from an administrative perspective by regional program monitors and by Program Bureau personnel. Nonetheless, in order for DYS to receive high-quality community-based program services, caseworkers must also maintain regular contact with service providers. A caseworker's first responsibility is to assess both how their clients are faring and whether a program is meeting a youth's identified needs. Caseworkers assess a program's strengths by visiting it and by becoming familiar with the program staff. They should observe the environment and find answers to the following questions: What is the atmosphere like? Who is working directly with the youths? How is the youth relating to the program? What is being offered in the way of educational, medical, vocational, and recreational services? Are there counseling services? Who provides therapy? How do the youth and family feel at this time?

All these questions are factors in the caseworker's active case review. They describe some of the material the caseworker brings to case supervisory and review meetings.

It is the caseworker's responsibility to support programs whenever possible, to be critical when necessary, and to help provide technical assistance if requested.

J. TERMINATION

1. Introduction

Treatment relationships with particular programs or caseworkers inevitably end. It is in the best interests of the program, the caseworker, and the youth to acknowledge and prepare for this termination from the beginning of treatment. Termination is appropriate when the youth is able to reach out for help in a positive manner and function without supervision from the caseworker, or when goals identified in the treatment plan have been attained.

Termination is not just "good-bye." The youth's gradual separation from the helping source is an integral part of the treatment process. It is the caseworker's responsibility to help the youth deal with the feelings evoked by the impending separation.

2. Reactions to Terminations

Youths react very differently to termination. Often their reactions are connected with painful prior experiences and with fears of separation and loss. Reactions may include relief, anger, anxiety, sorrow, depression, and rejection. There will always be some conscious or subconscious feeling of rebuke. As these feelings appear in a youth, they may also appear in the caseworker. Just as the caseworker was required in the beginning of the relationship to give extensive attention and care to "processing" feelings, s/he must now give equal care and assign equal importance to its ending. It is ironic that sometimes in the beginning of a caseworker-youth relationship, while the caseworker is most available and ready to be involved, the youth seems not to want help; whereas in the end phase, the caseworker may have become less available, just when many youths are better able to acknowledge their needs.

A regularly updated treatment plan will include an estimated termination date and strategy. As a rule, caseworkers begin discussing termination with the youth at least two months prior to the potential termination date. Caseworkers must be prepared for the prospect that termination can evoke a wide range of reactions, which will ultimately touch the youth's family and all others close to the case. Because of the youth's sense of rejection, caseworkers may observe youths reverting to early, less healthy forms of behavior. This often represents the youth's only available mechanism for reacting to pain and fear.

Also associated with regression can be last-minute flight, which may account for many of the "runs" at this point in treatment. Caseworkers should react to these behaviors by helping youths verbalize their feelings and fears. Termination can be a period of growth in which previously unresolved issues may reappear or when new issues may surface.

Anger is also a natural response to loss and should be allowed to surface. Important to the treatment of delinquents is helping them find acceptable avenues to express troublesome feelings.

In the face of these possible reactions -- regression, flight, anger, guilt, and denial -- the caseworker is called upon to exert the maximum amount of caring, understanding, and self-control. The caseworker and youth have gone through a lot together. Both have demanded mutual sharing and caring from one another, and the caseworker is now withdrawing direct support. Although it must be done, it is no surprise that the youth reacts with anger and distrust. Perhaps the youth perceives him/herself as having let feelings in and now being hurt. It is a familiar pattern. A good caseworker uses this material to encourage greater strength, autonomy, and understanding in the youth. If termination is worked on seriously, both the caseworker and the youth can grow in their ability to cope with feelings of loss and separation from those with whom they have shared their lives.

K. DISCHARGE

Whereas termination is a concept used to describe ending any relationship with a person, program, or agency, discharge signifies the formal conclusion of a youth's legal involvement with DYS. DYS acknowledges a bias to hold most youths committed to the Department for eighteen to twenty-four months.

As with termination in general, many people have strong feelings about discharge. Although some of these feelings can be positive ones -- of joy, of hopefulness, and of goals achieved -- other feelings evoked can be associated with sadness, fear, loss, and separation.

These strong emotions are allies in changing DYS youths; they are natural aspects of personal growth. DYS committed youths have the right to be discharged from the Department if they have improved in their ability to control and deal with self-destructive or antisocial behavior. The ability to reach out for help and see other people as potentially positive is also an indicator that discharge is appropriate.

Successful resolution of difficulties is an implicit goal in all DYS treatment plans. All youths should be helped to know and understand the criteria that will be used to evaluate their readiness for discharge. A youth's struggle with the question of personal autonomy and independence will be a central issue when s/he faces the prospect of separation or discharge.

Any youths for whom discharge is being considered should be involved in their progress evaluations and in discussion and planning of actual discharge plans. Caseworkers should be sensitive to a youth's reaction to discharge. Maybe the youth is not ready to be discharged quite yet. How will discharge affect legal status or ability to receive needed services? How will it affect the family?

Factors Affecting Discharge Planning

- Has the youth avoided new court appearances and new charges? Have behavior patterns altered or is the youth just not getting caught?
- What is the current social and/or home situation?
- How has the youth reacted to treatment?
- How is the youth currently behaving and feeling?
- How old is the youth? How long has DYS been involved?
- What is the prognosis for the next six months to one year?

Once the caseworker and casework supervisor are clear that discharge is indicated and that it will be a positive experience, a discharge staffing should be convened. At the staffing, the case should be reviewed, and the discharge decision and conditions should be formalized.

Approximately 50 percent of all DYS committed youths are discharged from the Department because they have been successful in achieving identified treatment goals. After discharge many youths remain involved in a number of relationships and activities initiated while at DYS. Many youths are better able to cope with a range of everyday life problems after their discharge because of the skills they developed while in DYS's care.

CHAPTER IV SUPERVISION

A. INTRODUCTION

The casework supervisor's goal is to facilitate casework practice by administering, supporting, and training regional caseworkers. All DYS cases are regularly reviewed and discussed by caseworkers and supervisors. Each explores the case by examining issues and responding to problems. Both supervisors and caseworkers have information and skills helpful to creative case thinking and planning.

B. CASE REVIEW

DYS cases are reviewed every week at regularly scheduled supervisory conferences. The supervisory conferences should be arranged for a quiet time, when an hour to an hour and a half is available for in-depth case discussion and review.

Supervisors and caseworkers share responsibility for developing their helping skills. Each brings valuable knowledge and experience to the case review process. During supervisory conferences the caseworker and supervisor review the choices that need to be made in relation to a case. The attitudes and practices of the caseworker and supervisor are also explored. Supervisors and caseworkers help each other examine their feelings, as well as their actions.

In a working partnership between caseworker and supervisor, each will use the other for clinical consultation and for sharing thoughts and feelings. The goal of supervision is increased development and application of good casework skills.

C. ADMINISTRATION

An important part of the supervisor's role is evaluating the caseworker's job performance. In order to avoid some of the more threatening aspects of performance evaluation, the supervisor and caseworker should work on establishing clearly articulated expectations of one another. If expectations are clearly identified, and if mutual confrontation and assessment is regularly a part of casework supervision, then formal periodic evaluations will be a synthesis of work already accomplished and thus contain few surprises.

Caseworkers are accountable to their supervisors. The supervisor is the link between the statewide DYS administrative structure and regional caseworkers. Some supervision includes communication and information sharing about issues not necessarily related directly to client care. Other administrative tasks, however, do have direct clinical implications: maintaining good case records, for example, or preparing a referral. All administrative casework tasks, e.g., report writing, time management, or setting priorities, are appropriate topics for supervisory review.

D. SUPPORT

Helpfulness, encouragement, and praise are crucial ingredients in effective supervision. Good practice must be rewarded and reinforced. Sharing ideas and discussing difficult subjects is greatly helped if a base of trust exists among co-workers. Trust is increased when people respect one another and are open, honest and reciprocal. Maintaining confidentiality is critical in the supervisory relationship. In the unusual circumstance where a supervisor feels the need to discuss a confidential matter that surfaced in supervision with someone other than the caseworker, s/he must first discuss it with the caseworker.

Many "relationship issues" will arise in supervision, as they will in all casework practice. It is generally a good idea to identify such issues and discuss them. How supervisors and caseworkers relate to one another will ultimately affect the quality of services received by youths. Caseworkers and supervisors should expect that disagreements will arise and should work to bring these matters out into the open in order to explore potential solutions.

E. OTHER FORMS OF SUPERVISION

In addition to supervisory case consultation, supervisors assist caseworkers in preparing for staffings, court appearances, and secure treatment meetings. Supervisors model good casework techniques by occasionally assisting a caseworker with any task, including report writing, interviewing, or meeting with a family.

Supervisors provide both in-service and orientation training to new workers on the regional level. They also encourage peer supervision and may offer group supervision, although neither of these forms of supervision should replace individual supervisory conferences. Supervisors also work in conjunction with regional trainers and consultants.

Supervisors should reflect on their supervisory style and should themselves receive ongoing supervision and training. Although supervisors may carry a limited number of cases (no more than three) they should devote most of their time to supporting others in the performance of their casework functions. Effective supervision includes:

- Listening skill
- Information sharing
- Problem solving
- Suggestion/direction
- Support

CHAPTER V
DYS. AND THE COURTS

A. COURTROOM APPEARANCE

1. Preparing for Court

Caseworkers must prepare for court. The most critical item for anyone to have in court is credibility. Many people come before judges every day, and often judges have to make important decisions based solely on the representations of the people before them. Judges give more weight to people they trust, and they tend to trust people who are prepared and well informed. Judges are more likely to respect caseworkers who are concise and to the point, and who also appear truthful.

Caseworkers must review the case files as part of their preparation for appearing in court. Caseworkers should then consider what is likely to happen in court -- a status report, presentation of a plan, transfer hearing, etc. -- and should prepare for what they think the judge may want in the way of information. Before going into court, the caseworker should assemble a sheet of basic facts responding to the following questions regarding the youth: When was the youth committed? What is the family situation? What is the current situation? Where did DYS place the youth? When did the youth leave other programs? Does the youth have other active cases? Where? On what charges?

Caseworkers must also make sure they have up-to-date information. The judge may ask caseworkers if they are aware that the client has been found delinquent on a particular charge, or if they are aware that the youth has charges pending in other courts. If the caseworker is not aware of these facts, the judge is less likely to believe other things the caseworker says.

The judge is also going to want the caseworker's "opinion." Why is the youth acting this way? Why has this program been chosen? What does it offer the youth? What has the caseworker done to look for other options? How does the caseworker explain the youth's prior failures? How does the judge know the youth is not going to run or commit other crimes, etc.? A caseworker should think about all of these questions before court and should be confident about giving concise and believable answers.

If the pending charges are very serious, the judge is going to want to know why the caseworker has chosen a particular course of action. For example, if the youth has committed a series of break-ins and entries while residing at home and the caseworker still thinks home is an appropriate placement, the judge is going to ask the caseworker to credibly defend that choice. Caseworkers should especially consider potential questions that can hurt their clients. These are the ones for which a really thoughtful answer is needed.

Finally, before the case is called, caseworkers should speak to the attorneys and the probation officer to find out what they are doing and to let them know what the caseworker intends to do. The last thing a caseworker wants is to be surprised or confused in court. The information that attorneys and probation officers give a caseworker can prevent this from happening.

2. Caseworker Presentations in Court

It is important for caseworkers to remember that they are in court on behalf of a DYS client. Caseworkers are employees of DYS, they represent DYS, and are accountable to the Department.

Caseworkers should advocate for youths in court and ought to believe in the treatment plans they have devised. Caseworkers should not let it appear that the plan or program chosen was selected because it was the only one available. Judges will be more responsive if they believe that the caseworker knows his/her client, is familiar with the client's needs, and has chosen the plan carefully and knowingly.

Caseworkers should be specific about the youth's needs and how the particular treatment strategy will satisfy those needs. Caseworkers should avoid generalities like "This is a very structured program and Johnny has poor impulse control" and instead explain how the program is structured and how it will meet specific needs of the youth. If the court believes the caseworker is unfamiliar with the youth or the program, the caseworker will have little or no credibility.

Caseworkers should be firm and avoid retreating as soon as a judge begins to criticize a plan or a program. They should listen carefully to criticism. If the judge misunderstands, caseworkers should attempt correction and clarification. Persistence counts. If the courts think that the caseworker is not convinced that this is the best plan available, they too will have doubts.

Caseworkers must also be honest. The judge may ask a caseworker to explain the youth's past failures. The caseworker should not deny them or act surprised, nor step away from the youth and say, "Well, I have done everything I could, Judge, it's the kid who has screwed up." The caseworker should give an answer that recognizes past failures, but goes on to include mitigating facts that can make the failures more understandable to the judge.

Lastly, caseworkers should be on time, be neat, be involved, and be realistic. This is their client. If the court is considering bail, caseworkers should respectfully let the court know if they think bail is necessary or not, and why. Caseworkers should not be overly optimistic about a youth's chance of success at any particular program, since subsequent failure could cause the caseworker to lose credibility. If a caseworker has carefully assessed the client's needs and has found a program s/he believes can meet those needs, success does not have to be guaranteed to the court.

B. STANDARD COURT REPORTS

A formal written report must be presented by the caseworker or casework supervisor to the court that committed a youth to DYS. This report must be in the hands of the court within thirty days of the youth's commitment and should include the results of regional staffings. If requested by the court, caseworkers should be prepared to provide an additional progress report within ninety days.

Caseworkers must exercise their best professional judgment when preparing the court report. It must be logical, factual, well stated, and attentive to detail. It is expected that regional casework supervisors will review all reports before they are sent to the courts.

All DYS court reports should conform to the following format:

DYS Court Reports1. Heading

This report is respectfully submitted to the court for confidential use by the judge and probation department.

Child's Name:
Address:
Date of Birth:
Place of Birth:
Region:
Caseworker's Name:

2. Introduction

State the youth's name, age, court and the charge s/he was committed on. Indicate the present location of the youth. If in detention, indicate the location and date of confinement.

Example: Wendy A. is a 15-year-old white girl from East B., now before the Brockton court on charges of assault and battery with a dangerous weapon. She has been in the Pelletier Center since September 1, 1978.

3. Staffing

a. Participants. Record all the people who attended the staffing and their relationship to the youth. If the youth attended any part of the staffing, record his/her name as well.

Example: Participants in staffing: Jane P., caseworker; Ann W., casework manager; Mrs. J., youth's mother; Mrs. S., probation officer.

b. Nonparticipants. In the second paragraph, record those who were invited but did not attend.

Example: Mr. Joseph A., Wendy's attorney, was invited to participate but did not attend.

c. Information available. Record all the information available before the staffing.

1) From the court:

Court record
Probation officers' assessments
Court Clinic reports

2) From DYS caseworkers:

Client and family assessment
Results of caseworker/intake interview with youth
Judge Baker or other diagnostic

3) From schools:

TEAM evaluation
Educational reports

4) Medical:

Medical report
Medical release forms

5) Additional reports:

Caseworkers should note what is available, with comments where necessary.

4. Service Plan

Based upon the material reviewed, the participants in the staffing recommend:

- a. Service category. In this section, record the type of care that is believed to be most appropriate. Choices are: non-residential (perhaps with a school or job program), foster care, intensive foster care, boarding school, group home, structured group home, secure treatment, structured psychiatric facility, etc.

Do not record your reasons in this section, but simply the general service type.

- b. Potential placements (in order of preference). In this section, record three options for specific programs that you will look to if residential care is proposed. If you need foster care or nonresidential placement and are sure that you can assign the youth to a program, then simply note that program.

5. Rationale for the Service Plan

Write a brief, logical explanation of why the participants at the staffing chose the service category they did. The following questions should guide you in writing the half- to one-page rationale required.

- a. Can the youth go home at the present time? If not, why? What is going on at home now that prevents such a return?
- b. If the youth cannot go home now, is s/he expected ever to return home? Can the family stabilize? If not, why not?
- c. Could the youth benefit from a short break from home and the community? Would a short-term placement such as forestry or shelter enable the client to return home, perhaps with nonresidential services?
- d. Does this youth have any special medical problems or diagnosed learning disabilities that guided the selection of the service plan?
- e. What is the youth's history with the neighborhood and community?
- f. Do the youth's family conflicts run so deeply that s/he cannot be placed in a family setting? Has there been any previous history with foster care that points one way or the other?
- g. Can the youth control his/her own activities, or does s/he need twenty-four-hour supervision and clearly imposed rules? Can s/he set his/her own limits?
- h. Does the youth do well in the local schools? Or does the youth have such difficulty in school that s/he will need a residential program with an in-house school?
- i. Could the youth benefit from a more structured and confrontative group care program? Has there been any prior experience in open group care facilities?
- j. Has the youth presented such a danger to the public that the participants at the staffing recommend presentation to secure treatment? Is a special therapy program within a residence required?
- k. Is there a persistent pattern of violence and emotional disturbance that would lead to referral to a Department of Mental Health Regional Adolescent Program?

Included in Appendix E is an example of a complete treatment plan.

SUMMARY

The preceding sections of the manual identified DYS's casework philosophy and practice. Special emphasis was placed upon the assessment of a youth's needs, the development of a treatment plan, and the ongoing contact of the DYS caseworker with the client and the service provider.

DYS is clearly not a perfected human service system. There is much still to be learned about the management and treatment of juvenile delinquents. In the field of youth rehabilitation and corrections, however, DYS caseworkers and supervisors are respected and able professionals. They must continue to talk together and with others in order to share their experiences and to improve their casework skills. The DYS Caseworker's Manual is a part of that important dialogue. As policies and procedures are developed and refined, they must be incorporated into this work.

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APPENDIX A

A GLOSSARY OF COMMONLY USED TERMS

Adjudicate - to make a judicial determination or finding of fact. In the juvenile court adjudication is a finding of fact which is the equivalent of a guilty or not guilty verdict in the adult court.

Advocate - to assist or defend another person.

Affidavit - a written declaration or statement of facts prepared for a court, normally under oath, before a person qualified to administer such an oath.

Appeal - the request by a person found guilty of a crime to have his/her case reviewed by a higher court.

Arraignment - the judicial proceeding where a defendant is formally charged with a crime to which s/he pleads not guilty, guilty, admit, non-admit or other.

Arrest - to take into custody.

Assent of Ward - agreement by a youth prior to age eighteen that s/he wishes continued services from DYS. Such an arrangement also must be agreed upon by the Department and may be terminated by either party.

Bail - release from custody pending trial by promising to appear at a later specified place and date. The types of promises and security appear below:

Personal recognizance: a defendant's (or his/her parent's) personal promise to appear (or have their child appear), without money security.

Personal sureties, or cash bail: defendant's or another's promises to appear, backed up by money to be forfeited if no appearance occurs.

Surety bond: personal promise of defendant to appear w/ an required, conditioned on the promises of a surety (bail bondsman or insurance company) to forfeit a specified sum if the defendant fails to appear.

Bail Review - review by a higher court of the type and/or amount of bail money set for a defendant.

Bind Over Hearing (also, Transfer Hearing) - judicial hearing where a judge decides whether a juvenile fourteen or over who has been previously committed to the Department and has committed a new offense should be tried in an adult court or remain for hearing in a juvenile court.

Capias (also called a bench warrant) - an order by a judge to pick up and bring a defendant or a witness into custody; an arrest warrant.

Care and Protection Petition - a civil petition to a juvenile court (or juvenile session of a district court), which may be brought by anyone in contact with a youth under age eighteen, seeking court relief of the juvenile's unsatisfactory upbringing in his/her home. Such relief may include care in a foster home, counseling, or advocacy services.

Caseworker - the primary social service employee of DYS who works with youths and their families; formerly called juvenile parole agents.

CHINS Petition - a CHINS (Children in Need of Services) petition may be filed in a juvenile court by a school attendance officer for children between the ages of six and sixteen who are alleged to habitually fail to attend school, by a police officer for children who are runaways and are under the age of seventeen at the time of petition, or by a parent if the child is truant, a runaway, or "stubborn." If the facts are proved beyond a reasonable doubt, although the petition is in the nature of a civil, not criminal petition, a judge may order the youth to receive services from an agency or individual recognized as expert in the care of CHINS youths.

Clerk of Court - an administrative officer who is responsible for all court documents, may issue warrants, may conduct preliminary hearings, and has other magisterial powers.

Commitment - a decision by the court to order a juvenile placed under the supervision, care, and custody of DYS.

Contempt of Court - any act which embarrasses, hinders, or obstructs a court, or a knowing failure to obey an order of the court. Contempt may be punishable by fine or imprisonment.

Continuance - a postponement of a court case.

Continuance Without a Finding - a procedure to postpone an adjudication. It is a "trial period" which can lead to the dismissal of charges if no further difficulties arise.

Court Referral - non-binding placement of a juvenile with DYS; often a condition of probation.

Decree - an order of the court, in the nature of a disposition, which provides that certain acts be done or not done.

Detainer - a "hold order" preventing the release of a youth held in custody.

Detention - holding of a juvenile in a DYS operated or approved facility awaiting a court hearing or DYS transfer.

Dismissal - conclusion of a charge against a juvenile without any further consideration or hearing.

Disposition - the action taken by a court in concluding a case.

Due Process of Law - a series of standards that protect every youth against arbitrary decisions by the courts, police, or social service agencies.

Felony - a major crime for which the law provides greater punishments than for misdemeanors.

Filing - a disposition short of adjudication which closes a case without a finding.

Finding - a judge's decision on any disputed fact or issue.

Grand Jury - a group of people who listen to evidence in order to decide whether or not to indict individuals for crimes allegedly committed.

Habeas Corpus - an order issued by a judge requiring that a person be brought before him/her.

Hearing on the Evidence (also, Evidentiary Hearing) - a judicial hearing where evidence is brought before the court.

Indictment - an accusation charging that the person named has committed a felonious offense.

Intake Period - the first thirty days following a youth's commitment to DYS.

Interstate Compact - an agreement among the states which mandates similar responsibilities and treatment of interstate travel and care of committed juvenile offenders.

Misdemeanor - a minor offense for which the law provides a lesser penalty than for a felony. Punishable by sentencing to a house of corrections.

Mittimus - a court order sending a person to the custody of another.

Nolle Prosequi (also, Nol Prossed) - the disposition of a case which the prosecution decides not to continue.

Order of Observation - a court order to temporarily commit a person for diagnostic evaluation to the Department of Mental Health for a period not to exceed thirty days.

Personal Recognizance - release from the custody of the court while awaiting further action. No money security is required.

Preliminary Hearing - a judicial hearing to determine whether there is probable cause to believe that a person accused of a crime has committed that crime.

Prima Facie Evidence - evidence that is sufficient to establish a fact.

Probable Cause - an apparent state of facts or evidence which would induce a reasonable person to believe that an accused person has committed a crime.

Probation - the conditional release of a convicted defendant under supervision of a court probation officer in lieu of incarceration.

Probation Officer - an administrative officer of the court who supervises the probation periods of individuals and advises the court as to the previous record, family background, and social situation of adjudicated and/or accused persons so as to aid in the proper disposition of their cases.

Probation Officer Surety - release in the custody of a probation officer.

Prosecutor - the district attorney or police officer who presents the evidence against a youth in court.

Public Defender - an attorney appointed by the court to assist people who are unable to pay for their legal defense.

Recidivism - the return of a person to criminal activity after treatment.

Release on his/her Own Recognizance (see Bail and Personal Recognizance)

Restitution - the repayment to the victim of money or goods by a juvenile adjudged delinquent.

Staffing - a DYS treatment planning case conference.

Subpoena - a document from a court which requires that a witness appear in court or provide the court with documents concerning a case.

Summons - a document or writ notifying a person of a judicial action against him/her, and requiring him/her to appear in court to answer the charge or complaint.

Suspended Sentence - a sentence which is imposed on a convicted person, but lifted or waived by a judge during the good behavior of said person.

Treatment Plan - an agreed-upon strategy for reintegration of a youth into his/her community.

Trial De Novo - a new trial in a higher court which proceeds as if the first trial in the lower court had not occurred. (see Appeal)

Vertical Transfer Hearing - a required hearing any time a child is removed from his/her home or when a youth is being placed in a secure unit.

Waive - to abandon or surrender a privilege or a right.

Warrant - a legal document required before search and/or arrest.

APPENDIX B

BASIC DYS SERVICE CATEGORIES

I. RESIDENTIAL PROGRAMS (from least to most structured)

- Independent Living - A program for older youths which provides them with an apartment and a job. A DYS caseworker counsels the youths and monitors their ability to function independently in the community.
- DYS Foster Care - Foster families which are located and supervised by a DYS worker. All casework services for the family are provided in the home by the caseworker.
- Contracted Foster Care - Foster homes where a private contractor does the homefinding, supervising and continuing casework.
- Intensive Foster Care - A private contractor responsible for homefinding, training, and casework, as well as for full "day programming." One alternative to intensive foster care provides for a full-time worker to live with the youth and offer a structured day program. In a further variation of intensive foster care, DYS sometimes provides two house-parents with a small supplementary staff for up to three youths.
- Boarding Schools - A full-time educational or vocational education program, certified as a school, with more than twenty youths in residence. The program offers limited counseling and psychological testing. It does not have a comprehensive clinical services component. There are few custodial or recreational staff. The school is not dependent upon referrals from state agencies in order to remain open.
- Group Care Facility - A residence for up to ten youths. The program has a ratio of approximately three staff to five residents. It may or may not have an educational program. There will be a social worker or psychologist on the staff and often a consulting clinician. Youths usually spend their day in the community -- at jobs, school, or in recreational activities.

I. RESIDENTIAL PROGRAMS (continued)

- Institutional School - A school with more than fifty youths, it offers counseling services and psychological testing in a structured clinical setting. There is a lower student to staff ratio than in a boarding school. The program explicitly accepts troubled youths. Most referrals come from state agencies. It offers a complete educational or vocational education program, certified by appropriate state agencies.
- Specialized Group Care - A program with a unique treatment modality. Staffing patterns vary significantly. Each program is individually designed and able to meet the specialized needs of each youth.
- Structured Group Care - A highly regimented residence with a higher degree of isolation from the community. Education or job programs occur in-house. The program operates in a developed therapeutic milieu, with a full system of rules, group meetings, and continuous reinforcement. Some residents may go to school in the community or have jobs, but fewer than in other group care models.
- Structured Mental Health Group Care Facility - A structured therapy program directed by licensed clinical personnel, it embraces all aspects in the life of the resident. The staff-to-resident ratio is higher than most other types of residential care. A full educational or vocational program is included in the residence.
- Psychiatric Hospitals - Programs that are licensed as psychiatric hospitals by the state.
- Secure Treatment - Locked, closed treatment facilities with full inside programming, run by the DYS Bureau of Clinical Services. Staff-to-resident ratio of at least one-to-one.

II. DETENTION PROGRAMS

- DYS Foster Care - as above.
- Contracted Foster Care - as above.
- Intensive Foster Care - as above.
- Shelter Care - A structured residence, usually in a YMCA or some other building that can meet institutional fire safety codes. Ten to twenty-five youths per program with staff supplying awake coverage twenty-four hours a days, seven days a week. Ratio of approximately three staff to five youths. Heavy recreational programming. Some education and some clinical services provided. Expeditions with considerable staff coverage occur frequently. Open settings.
- Secure Detention - A locked facility with twelve to thirty-five youths and a staff-to-resident ratio of one-to-one. All programming inside the facility, or in fenced areas.

III. NONRESIDENTIAL PROGRAMS

- Diagnostic Testing - Specific testing services for individual youths.
- Detention Intake - A program designed to provide intake services, i.e., transportation, for youths requiring detention.
- Counseling/Casework Services - Maintaining contact with youth, family, police, courts, schools. No sophisticated clinical therapy. Advocating for services. Attempts to modify or adjust behavior. Strives to help youth to develop a positive identity and self-image.
- Outreach/Tracking - More aggressive and intensive program than casework counseling. Low youth-to-caseworker ratio. Full daily program prescribed and enforced. Worker maintains daily contact, negotiates specific behavior contracts with the youth, and closely monitors the youth's situation. The accent is on caseworker supervision.

III. NONRESIDENTIAL PROGRAMS (continued)

- Vocational Training - Formal training and work program designed to prepare youths for specific trades or types of employment.
- Work Experience - Differs from vocational training in that work experience is designed to teach good work habits and keep youths employed in order to earn money.
- Family Therapy/Counseling - Trained clinical therapists are involved in working with and counseling the entire family.
- Counseling/Education - Well-defined, fixed educational setting with a formal classroom curriculum, regular schedule, and regular subjects.
- Restitution - A voluntary program providing youths with an opportunity to take responsibility for their behavior. Youths are required to meet their victims, and to work in order to pay in dollars for their crimes. Counseling and educational services support this effort.

APPENDIX C

LAWS, POLICIES, AND RULES

There is a substantial body of laws and regulations, far too voluminous for inclusion in this manual, which govern Department of Youth Services operations. Caseworkers with specific questions concerning legal or policy issues should refer to:

- Chapters 18A, 119, 120, and 123 of the Massachusetts General Laws, copies of which are maintained in all regional offices;
- The DYS Orientation Training Packet, also in the regional office;
- Juvenile Law Practice, copyright 1977, Massachusetts Continuing Legal Education, New England Law Institute, Inc.;
- Massachusetts Office for Children: Group Care, Foster Care, and Temporary Shelter Regulations.

DYS regulations govern a wide range of topics, i.e. courtroom procedure, legal rights, confidentiality, vertical transfer, out-of-state placements, etc. It is the caseworker's, the supervisor's and the regional director's responsibility to maintain an accurate and up-to-date awareness of these regulations. Any questions on matters of policy or law may be referred through the casework supervisor to the DYS Legal Unit, 294 Washington Street, Boston.

APPENDIX D

RECORDKEEPING

Well maintained and up-to-date records are an important aspect of sound case management practice. Well kept records give DYS workers the chance to formulate and review individual cases and to update assessments, treatment plans, treatment goals, and progress notes. Good records provide meaningful material for case review and supervisory conferences and assist caseworkers or regions who have existing cases transferred to their care.

The minimum contents of any youth's case folder will include the following information:

- The Family and Client Background (Youth Intake Form/FHI)
- Court Records
- Educational Records
- Prior Service Records
- Medical Records
- Psychosocial Evaluations
- Narrative Psychosocial History
- Staffing Results
- Treatment Plans

GUIDELINES FOR A DYS
NARRATIVE PSYCHOSOCIAL HISTORY

The last section of the Regional Youth Intake Form requires a narrative description of the psychosocial background of the youth and his/her family. Caseworkers should include all pertinent information in their narrative. Use the following outline as a guide and accurately address all of the identified subject areas.

- I. Youth's Background
 - A. Early childhood history
 - B. Youth's assessment of self and situation, attitude
 - C. Strengths, interests
 - D. Medical history
 - E. Educational history
- II. History of Delinquent Behavior
 - A. Initial delinquent acts
 - B. Family response and involvement
 - C. Other agency involvement
 - D. Patterns of behavior
- III. Family Dynamics
 - A. Family description
 1. Family make-up, economic status, description of home
 2. How family members interact and communicate
 3. Youth's role in the family
 4. Overall strengths and weaknesses
 - B. Significant family history — divorce, death, multiple moves, successes
 - C. Other significant persons in the youth's life

APPENDIX E

EXAMPLE OF A DYS TREATMENT PLAN

Name of Youth Johnny D. Age 14 Date of Plan 1/11/79

Name of Caseworker Jane Doe

Primary placement: Highly structured group residence
(Future Heights Home)

Other service goals: - Speech therapy (Golb Clinic)
- Part-time job
- Evaluation for contact lenses
- Family counseling for Johnny's natural parents (FSA)
- Alateen for Johnny

Parental Home Status

Johnny's current home is chaotic and troubled as a result of his father's alcoholism and his mother's resulting withdrawal. Johnny leaves the home when troubling family episodes occur, and it is at these times that Johnny has picked up new charges.

Parental Attitude Towards Youth

Johnny's mother states that she feels overwhelmed by her "troubles" and states she cannot control Johnny. She does not acknowledge the relationship of Mr. D.'s drinking to the family problems and Johnny's repeated delinquent behavior. She indicated that it might help her get things together if Johnny could be cared for where he would behave. Both Mr. and Mrs. D show great concern and interest regarding where Johnny would go, when he would come back, and what contact there would be while Johnny was gone. They stated emphatically that they were not "giving Johnny away."

Youth's Attitude Towards Home

Johnny clearly does not want to be placed away from home. He thinks that a group home is no different than a foster home and is reluctantly accepting the fact that he cannot go home.

Prospects for Youth's Return to Home

DYS social history of the family revealed that, prior to two years ago, the family was cohesive and functioned adequately. Johnny at that time was non-delinquent and a good student. For this reason, and because Johnny has stated an apparent attachment to his parents, we plan to build on Johnny's strengths and reunite him with his family.

DYS will supply family counseling for the parents via the Family Service Agency. The parents have tentatively agreed to accept this service. They are not yet ready to discuss specific services beyond this.

Need for Care and Services

The service plan for Johnny requires structured group care rather than foster care because he has not succeeded in prior placements with either foster families or relatives. In each case he has not attended school or participated in any planned teen activities and has consistently run home, only to leave home when things got tough there. This usually resulted in new charges. As a result of Johnny's lifestyle, he has developed friendships with youngsters who also are chronically truant or drop-outs, some of whom are delinquent and with whom he breaks the law.

Both Johnny and his parents reluctantly acknowledge that a residence where there is some scheduling, good controls, and peers who are striving to make a non-delinquent adjustment may be necessary to his rehabilitation. Since he is a chronic runner, twenty-four-hour supervision appears necessary.

Johnny has the capacity to make friends and enjoy youths his age. He is a follower who could benefit from positive peer relationships. He needs training in understanding his role as a follower, his methods of choosing friends, and a way to structure his life and schedule his time. He needs consistent reinforcement of positive interests. Positive male role models are essential.

As revealed in the case conference which led to this plan, Johnny is a basically healthy youth, well-developed and attractive. He has two problems affecting his adjustment: he has had a stammer ever since he and his family can recall, but it has worsened dramatically over the last two years; and his vision cannot be fully corrected with spectacle lenses. These problems seriously affected his school performance. In order to correct these handicaps he is to receive speech therapy and to be evaluated for contact lenses. He is willing to accept these services.

Johnny has always been "a good worker." He is now behind in school, is not a good athlete, and sorely needs a success experience. For this reason, an effort will be made to help him get a job as soon as possible. This has been very hard for him to do on his own, partially because of his stammer and delinquent history. Johnny is extremely excited about the prospect of a job.

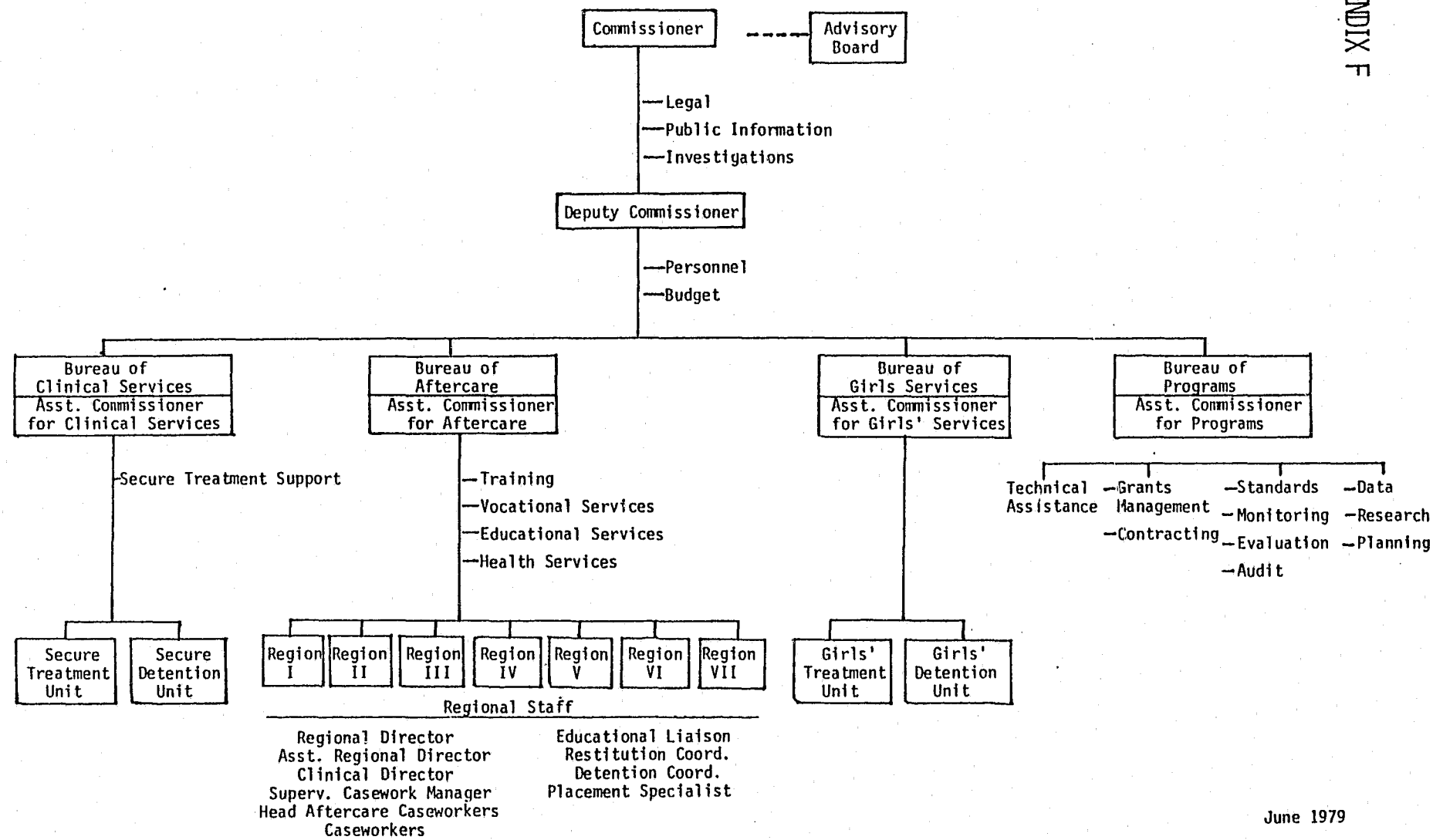
An important treatment goal is to involve Johnny in Alateen so that he can receive peer assistance in coping with the alcoholism in his home. Johnny has not been willing to discuss this as yet. His parents have clearly stated an objection to AA, but Johnny has not openly pressed the subject.

Termination of Service Plan

Though the ideal goal is the return of Johnny to his home, it is not clear that this can be accomplished in six to eight months. In the event it cannot, we will evaluate the possibility of a relative's home or foster care. This assumes Johnny will have shown increased good judgment and controls, by participating in school programs, working, not attempting runs, and other such behavior.

A case review staffing has been scheduled for three months from this date.

DYS ORGANIZATIONAL CHART



APPENDIX F

DYS Caseworker's Manual

June 1979

APPENDIX G

DYS REGIONAL OFFICES

REGION I	John McElligott, Regional Director Department of Youth Services 91 School Street Springfield, MA 01105	(413) 736-0362 727-1258 727-1259 (800) 332-3234
REGION II	Paul Leahy, Regional Director Department of Youth Services 75-B Grove Street Worcester, MA 01605	791-9220 791-9228 791-9229 727-4120
REGION III	Charles Boardman, Regional Director Department of Youth Services 336 Baker Avenue Concord, MA 01742	369-8713 727-6172 727-6173
REGION IV	George Cashman, Regional Director Department of Youth Services Goldsmith Building Gregory Street Middleton, MA 01949	774-5850 774-5851 727-7835 (800) 892-0210
REGION V	Frank Masciarelli, Regional Director Department of Youth Services 725 Granite Street Braintree, MA 02184	848-8770 848-8771 727-7409 727-7618
REGION VI	Ray Mason, Regional Director Department of Youth Services 150 Causeway Street-9th Floor Boston, MA 02114	727-7952 727-7953 727-9405 727-8448
REGION VII	Charles Dunlap, Regional Director Department of Youth Services Lakeville Hospital P.O. Box 622 Lakeville, MA 02346	947-7650 947-7651 727-1440, Ext. 235 (800) 242-2864

APPENDIX H
RELEVANT DYS STATISTICS

TABLE 1. OVERVIEW OF SECURITY PLACEMENTS

Secure Treatment Programs	Number of Placements
Worcester	18 male
DARE	14 male
Boston State	12 male
BASICS	15 male
Westboro *	15 male
Challenge *	14 male
Worcester YMCA *	8 male
Cameron House	5 female
DARE *	12 female
CROP *	10 female
	123 Total Available Placements **
Secure Detention Programs	Number of Placements
Roslindale	35 male
Westfield	21 male
Taunton	24 male
Danvers	12 male
Madonna Hall	12 female
Brockton	8 female
Charlestown YMCA	29 male and female
	141 Total Available Placements

*These programs have start-up dates for intake in early 1979, pending renovations, staff training, etc.

**Does not include 30 secure placements provided by the Department of Mental Health.

TABLE 2. DYS SHELTER CARE PROGRAMS (1979)

Name	Regional Location	# of Placements
Center for Human Development	I	21
Worcester YMCA	II	15
DARE Mentor	III	12
Northeast Family Institute	IV	18
Brockton YMCA	V	25
Challenge	VI	15
Greater Boston YMCA	VII	24

TABLE 3. DYS DETENTION FOSTER CARE CONTRACTS (1979)

Name	Regional Location	# of Placements
Ctr. Human Devel.(Detention)	I	8
KEY Intensive Foster Care	VII	12
Northeast Family Inst. Foster Care	IV	21
BASICS	VI	10
DARE Intensive Foster Care	VII	20

TABLE 4. NUMBER OF REFERRALS TO DYS (1978)

Region	Male	Female	Total
I	65	7	72
II	22		22
III	5	3	8
IV	12	2	14
V	92	5	97
VI	31	9	40
VII	1		1
Total			254

TABLE 5. TOTAL NUMBER OF COMMITMENTS AND BINDOVERS

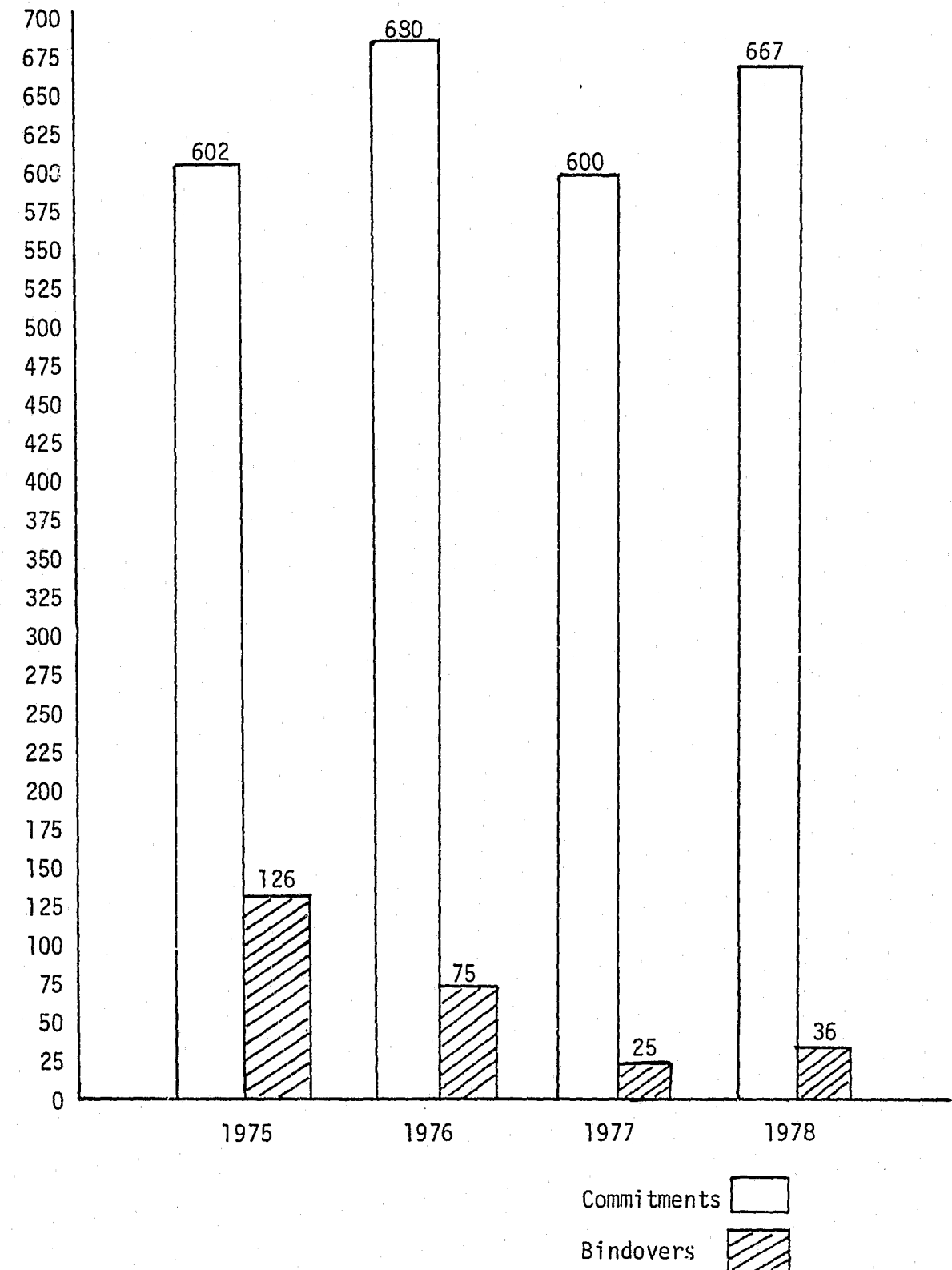
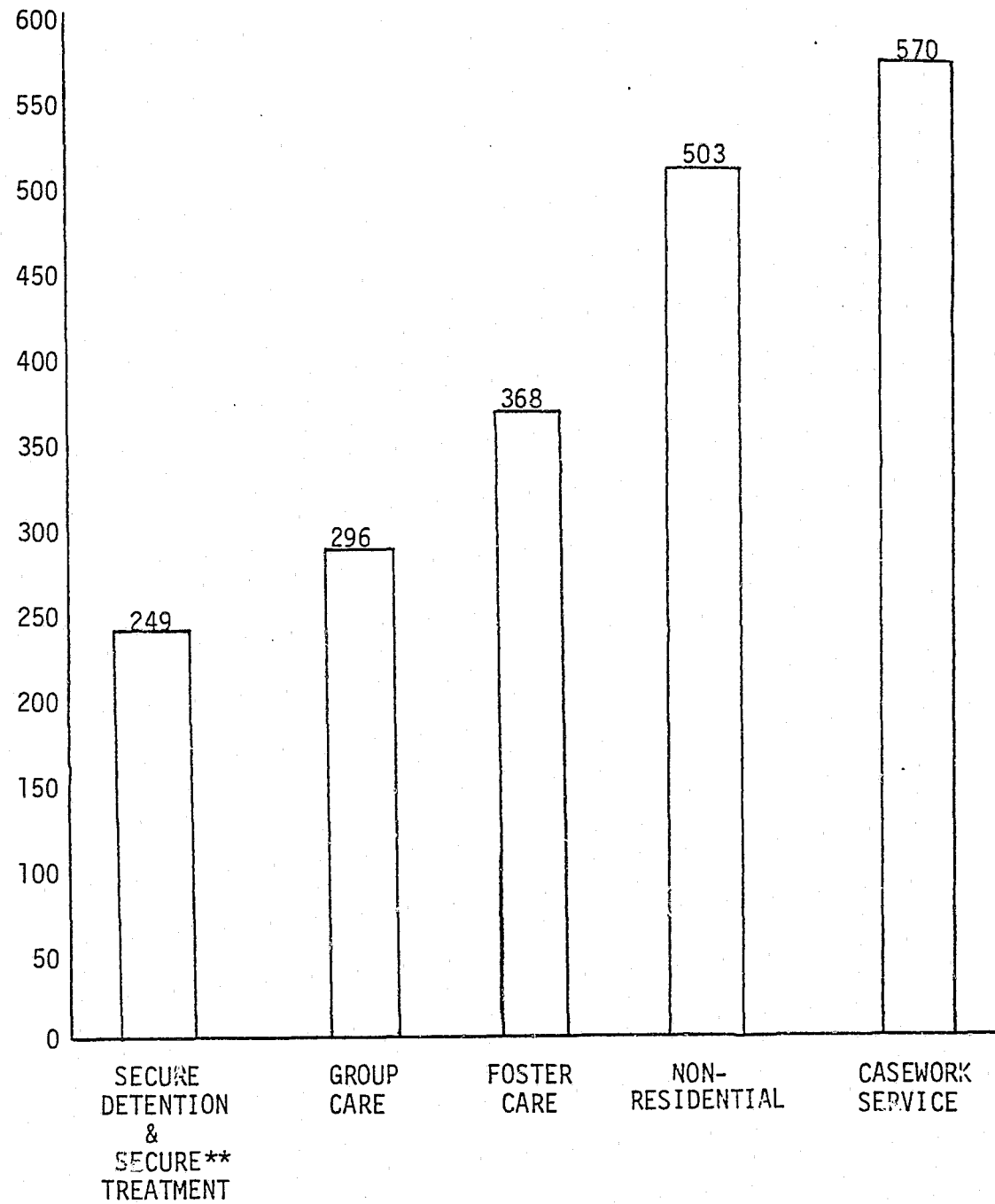


TABLE 6. CATEGORIES OF DYS CARE AND THEIR USE, 1978*



*Includes approximately 300 dual placements, i.e. youth in both Foster Care and Alternative School.

**Includes 30 beds available through the Department of Mental Health's Secure Programs.

TABLE 7. NUMBER OF YOUTHS SERVED ON AN AVERAGE DAY IN SEVEN CATEGORIES OF CARE

Category	77	78	79
Secure Detention	126	146	146
Foster and Shelter Care Detention	211	186	186
Secure Treatment	49	88	109
Group Care	171	210	200
Foster Care	281	289	275
Nonresidential	566	468	446
Casework Services Only	606	623	623

☺ = 20 children

APPENDIX J

A Selected Topical BibliographyA. Adolescence

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