

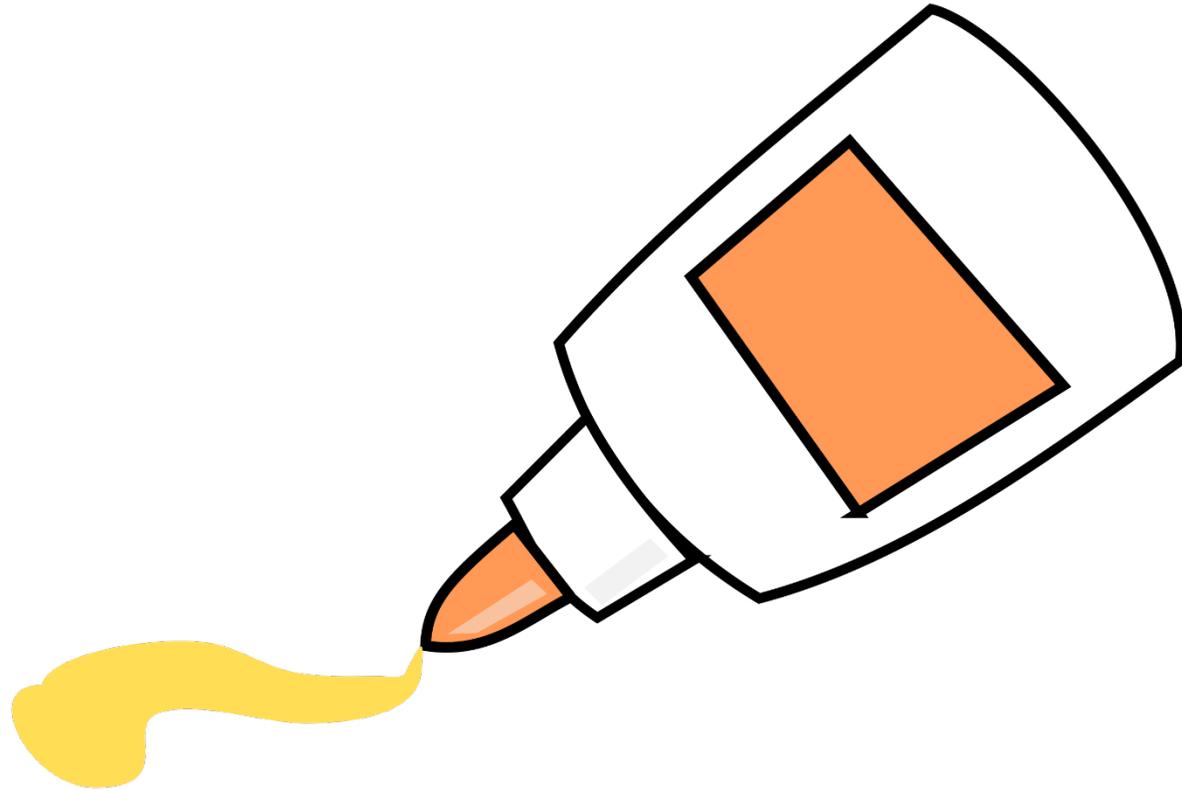
Strengthening the *Linkages*:  
Referral Pathways and Case Management

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Translating the steps of case management into action?

*Case management and referral mechanisms are the "glue" that binds populations affected by HIV with services (4Children, n.d., p. 55).*

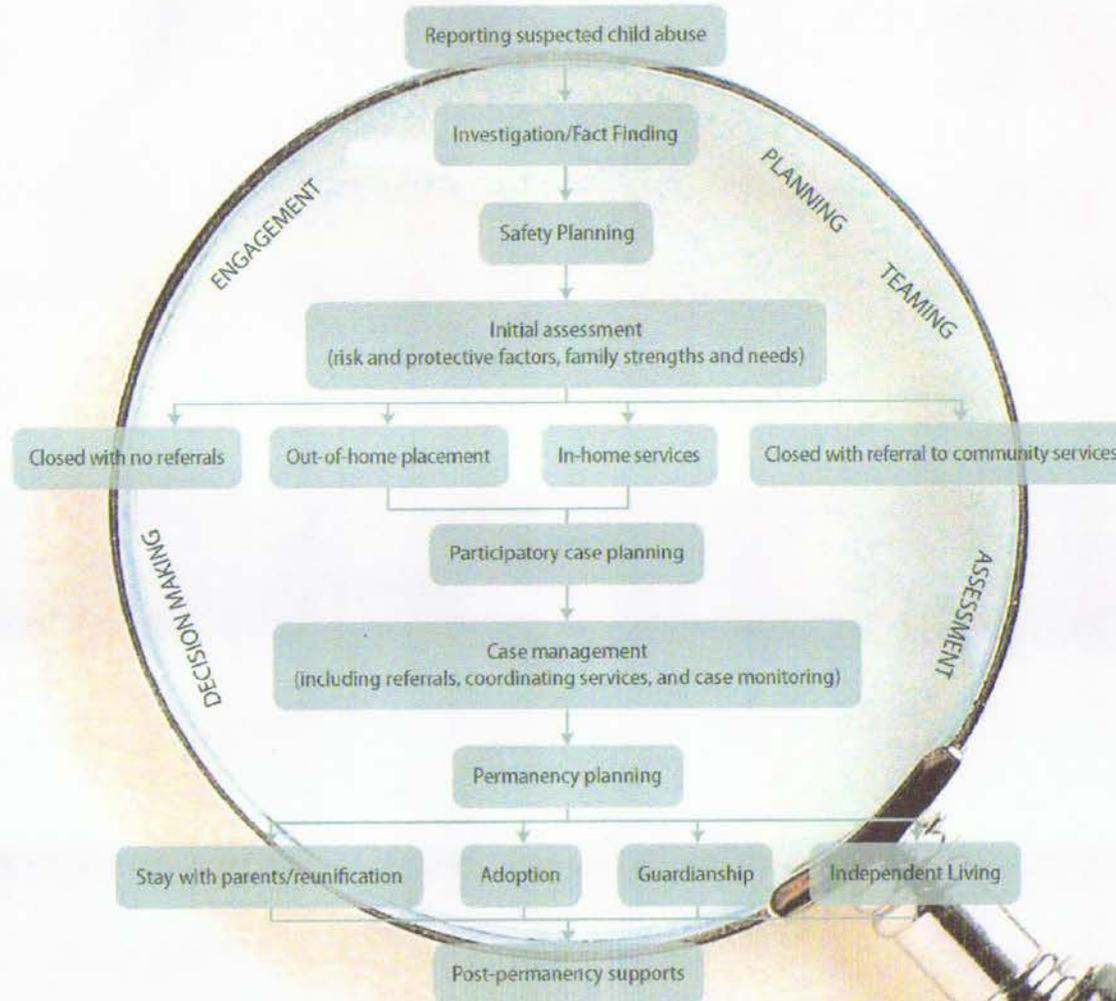
*So, what's in the glue? What is the "sticky" stuff?*



# Knowledge and skills in *systems and processes*

- Engaging
- Supporting
- Participating
- Facilitating
- Leading
- Guiding
- Referring
- Networking
- Advocating
- Managing
- Empowering

# APPLYING A TRAUMA LENS TO A CHILD WELFARE PRACTICE MODEL



## Responsibilities to Mitigate the Impact of Trauma

### Agency

- Mission, vision, and core values
- Underlying theoretical framework/rationale for the practice model
- Policy
- Practice principles
- Standards of professional practice
- Staff development and retention
- Evaluation of desired outcomes
- Evaluation of practice model impact on outcomes

### Supervision

- Coaching staff and case consultation
- Monitoring staff performance and activities
- Monitoring and supporting staff safety and well-being
- Addressing secondary traumatic stress
- Monitoring worker fidelity to practice model
- Documentation

# Trauma-informed case management services:

## Applying a trauma lens (National Child Traumatic Stress Network & Chadwick Trauma-Informed Systems Project [CTISP], n.d.).

- Incorporates an approach that recognizes that many behaviors and responses (symptoms) expressed by children and caregivers are potentially related to traumatic experiences.
- Suggests that sensitivity and attention to the stress, anxiety, and trauma that potentially result from having experienced abuse and/or exploitation are critical.
- Each step is guided by these principles so that children are not repeatedly victimized (CTISP, 2012, p. 22).

# What can social workers do?

Case management services that incorporate a trauma-focused lens may include:

- assessment for possible trauma-related reactions;
- helping caregivers understand that behavior “problems” may be trauma-specific reactions;
- informing substitute caregivers about child trauma history and potential triggers;
- engaging child and caregivers in care planning;
- building a network of trauma-specific services; and
- advocating for access to these specialized services