



Children's Case Management

Placement Description

Provides intensive case management services to children to link to and monitor needed services at the CSB or in the community, such as therapy, medication management, school placements, and teaching of parenting skills. Practicum students are expected to abide by rules and regulations as outlined by the Standard Operating Procedures and the Student/Volunteer Agreement. Practicum students are expected to maintain effective relationships with co-workers and customers based on courtesy, compassion and respect.

Intern or Field Placement Responsibilities/Opportunities

- Role model appropriate parenting techniques
- Assist families in learning life-skills such as shopping and money management
- Write treatment plans
- Sit in on family sessions in home
- Networking with other agencies in town
- Demonstrating appropriate social skills by taking children out into the community
- Attend parent teacher conferences and other school meetings such as IEP or eligibility
- Accompany clients to doctor's appointments
- Accompany clients to psychiatric appointments
- Participate in staff meetings twice a month
- Participate in assessment and planning meeting (interagency) once a month

Contact Information

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Read about students' experiences at this site below:

Fall 2023 – Aween Ahmed

This semester, I had the opportunity to intern in the Children's Mental Health Case Management office at the Harrisonburg Rockingham Community Services Board (HRCSB). The HRCSB's goal is "to provide excellent services and to partner with each individual to achieve their best recovery." They serve individuals in all stages of their lives and across their lifespan with the hopes of creating and maintaining sustainable change in each client's life. Children's case managers are professionals who assess the situation and needs of their clients, link them to appropriate services, and monitor their progress. Their goal is to help clients, "maintain their independence while living with severe and persistent mental health, substance use, and developmental disorders." Case managers often collaborate with other staff members including psychiatrists, nurses, therapists, other qualified mental health professionals, and community partners to provide quality care. These community partners include agencies such as schools, primary care physicians, specialists, the department of social services, social security administration, etc. This emphasis on providing well-rounded care through various avenues is what attracted me to this specific site during my search for an internship site. While some of the other sites would have allowed a more hands-on experience, I knew that for my first internship experience, I wanted to observe all kinds of services and how they worked together to help those in need.

As I mentioned, this was my first ever internship experience, and my goal was to attain as much basic information regarding the field as possible. I knew that interning at the HRCSB would help me in my future goal of becoming a Licensed Clinical Social Worker, as it would allow me the opportunity to get accustomed to many of the services provided by mental health professionals. I would honestly recommend interning at the HRCSB if you are someone, who like me, had no experience prior and wanted to learn more about the kinds of services that are provided. I was able to shadow several types of meetings, home visits, and intakes, which provided me with greater insight into how different mental health services can come together to help an individual. The one limitation to this internship was the amount of free time I did have, while it was great having the time to get my coursework done, I would have appreciated having more opportunities to shadow meetings or doing things related to the internship itself. I will note that if you do plan to have a more packed schedule, like I did, then the free time will be helpful. One way of overcoming this is becoming more active at the site and directly speaking with the other case managers and Family Care Coordinators to create a more informative and helpful internship experience.



Having the opportunity to intern at the HRCSB provided me with a structured and welcoming environment which helped me cultivate my skills. I have learned the importance of setting boundaries with clients and other professionals, which was encouraged by my supervisor. I have become more confident in my ability to communicate effectively in a professional setting, through having the opportunity to network with other agencies and attending staff, FAPT, ITM, and board meetings. My time at the HRCSB also built my confidence in two ways, first in terms of building rapport with clients and secondly, I found confidence in knowing that my education at JMU (James Madison University) prepared me to work successfully in the field. I used to worry about saying the wrong things to clients and did not know how to approach certain situations when heightened emotions were involved. However, my time at the HRCSB exposed me to such situations, and I had the opportunity to discuss my thoughts openly with my supervisors without judgement. This was further supported by my education at JMU so far. Having the ability to clearly communicate my thoughts and concerns came from courses like PSYC 325: Counseling Psychology, where we discussed the various approaches to therapy, and PSYC 365: Developmental Psychology, where we discussed development and behavior from birth to adolescents. In PSYC 325, our professor would have us apply concepts taught in class through acting out case studies and practicing our therapeutic skills. These class discussions gave me the necessary knowledge needed to approach situations in sensitive and mindful ways, while also stating my thoughts clearly and concisely. PSYC 365 helped my understanding of knowing what is going on developmentally in a child's life, because as we all know, they are going through major developmental changes which can affect their behaviors.

Other than shadowing my supervisor at meetings and during intakes and home visits, I was able to transport clients to and from the HRCSB for their appointments, which turned out to be a wonderful way for me to connect with clients and build my skills in terms of building a connection with people. I can be very introverted, so I knew going into this experience that I wanted to get out of my comfort zone, and these transports were a wonderful way of doing that. I was able to have relaxed conversations with clients where they opened up about their lives, and I would even have some clients ask about where I had been if they had not seen me for a while. Knowing that clients were asking about me made me feel great about what I was doing, and it reinforced my passion for the field and the work I have done so far.

Throughout my time at the HRCSB, I noticed case managers would often be asked about different services and would not remember some of the specifics, so they would have to get back to them about their inquiries. I even saw this happening with some of the therapists, who are often not aware of what services the HRCSB provides because they are not included in the process of linking clients to different services. With this in mind, I decided to create a resource guide using Canva with short descriptions of the services that the HRCSB often works with and



how they are funded, whether it be through Medicaid or CSA/FAPT funding. My supervisors provided me with a list of services, answered any questions I had about the services, and would double-check my work. By the end of the semester, I was able to create a sleek and concise booklet with the basic information needed to jog any case manager's memory while also helping therapists better understand the work of other agencies in the area.

Fall 2022 - Catherine LeHanka

I completed an internship at the Harrisonburg-Rockingham Community Services Board (HRCSB) in the Children's Mental Health Case Management Division during the Fall 2022 semester. The HRCSB's goal is to aid the "community by offering high quality mental health, substance use, and developmental services." The Community Services Board is a community psychology focus organization that is funded through state funds from grants and human services agencies to serve the Harrisonburg and Rockingham communities. The children's subdivision of the HRCSB coordinates children and their families with services, such as therapy, psychiatry, school-services, at-home care, parent and community mentoring, and financial assistance. The HRCSB's clients are referred to services through a variety of methods, such as school administrators, law enforcement, the Department of Social Services, and others. The division is made up of family care coordinators and case workers managed by the Supervisor of Child Outreach Services, John Wilson.

Through my placement, I was able to gain a variety of experiences in the field. My immediate supervisor was Lindsey White, a Family Care Coordinator, working in the Children's Mental Health Case Management Division. The HRCSB's Family Care Coordination program assists families with children who are pre, post, or at-risk for a residential treatment placement. While at the CSB, I had the opportunity to attend family care coordination meetings, home and school visits, medical and psychiatric appointments, and Family Assessment and Planning Team (FAPT) meetings. Through sitting in on family care coordination meetings, I learned about how community supports, such as therapists, mentors, schools, parents, siblings, case managers, and sometimes law enforcement, can come together to help the clients. Additionally, I was able to read meeting reports when it pertained to cases I was observing. Furthermore, I assisted in the transportation of clients to and from community appointments. Also, one of the most hands-on opportunities I had, involved assisting in the adolescent support groups. The HRCSB has two main support groups, 2nd Chances, for substance abuse, and Choices, for anger management. Most of the participants are court mandated have some type of legal reason that led them to the class. I had the opportunity to attend the sessions, interact with the participants, and organize curriculum. Another experience that occupied my time was research. I frequently completed research for clients, find community services to link them to resources that met their needs.

I was very thankful for my placement at the HRCSB as it helped me to gain a unique and detailed understanding of community and children psychology. A major advantage of this



placement is that I received exposure to a large variety of situations and clients, such as working with clients with different mental health conditions. I also was able to observe and participate in many aspects of community psychology to see how they all interact to support the clients. In addition, in the Children's Mental Health Division all the employees are extremely welcoming and helpful. The team is a great asset to the HRCSB, and they made my experience immensely better because I felt so supported. However, one disadvantage of the HRCSB is that interns do not receive access to *Credible*, which is the client information management system. This is because *Credible* is where the extremely sensitive HIPPA protected health information and records are located. Although, I do understand the reasoning, sometimes the records could have helped me better understand the background for the meetings I was observing or aided in my research for client services. Another aspect of the internship that can be both an advantage and a disadvantage is the downtime. It is a positive because this gives you time to process the difficult parts of working in the mental health profession. However, it can also be a negative for when you are looking to get more client experiences, but everyone is occupied with administrative and management activities.

At this placement, I felt like my outside psychology education supported my work at the HRCSB. My clinical psychology course helped me conceptualize the work I was doing beyond the individual cases by using a community psychology lens. Additionally, the material I previously learned in my counseling psychology and abnormal psychology courses helped me analyze cases and offer suggestions of possible resources for clients to my supervisor. Since through my previous coursework, I learned about specific mental illnesses, I was able to participate in discussions about what services could be helpful for clients based off their diagnoses. Furthermore, along with my coursework, this placement affirmed my desire to be a children's therapist. It was so rewarding to watch the growth and progress from the children as they received support and were connected to community resources. Through observing situations where children showed monumental growth, it only served to increase my aspiration to want to be a part of that work and help other child build skills to live a healthier life. Moreover, speaking with the therapist that the HRCSB has on staff and hearing in meetings about the positive ways they have impacted the clients served as further motivation for me to pursue a career as a children's therapist.

During my time as the HRCSB, I completed a contribution project with the goal to leave behind something positive and informative. I focused my contribution projection on adverse childhood experiences (ACEs). Unfortunately, many of the HRCSB's clients had experienced ACEs, including abuse, neglect, and household challenges. I completed research on ACEs, their risk factors, prevalence, physical and mental effects, prevention, and solutions. Then I created resources to educate on ACEs and inform individuals of prevention and treatment. The first resource I designed was an ACEs information fact sheet to distribute around the HRCSB and make available to clients. I believe that for clients it can help them to have a way to describe what they have been through and conceptualize its influence. In addition, I created an ACEs packet, which included the information fact sheet, therapist-made cognitive behavioral evidence-



based worksheets, as well as a coping skills worksheet that I designed. The goal is for the packet to be used as an aid during the 2nd Chances and Choices adolescent support groups, since ACEs are extremely prevalent and can contribute to those problem behaviors addressed in the groups.

Spring 2022 - Michelle Pineda-Hernandez

This semester, I had the pleasure to work in the Children's Case Management Department in the Harrisonburg-Rockingham Community Services Board (HRCSB). Children's Case Management is one of the many children's services offered by the agency. HRCSB's mission to "provide services that promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and their families whose lives are affected by behavioral health or developmental disorders". The case management professionals follow this mission by providing coordinated care to at-risk youth (i.e., individuals battling with behavioral, mental, or substance abuse issues). They do this through collaboration with other professionals and agencies, including, psychiatrists, nurses, schools, department of social services, etc. Another significant service offered by Children's Services is Family Care Coordination (FCC). FCC offers professional support specifically to individuals who are at risk for behavioral health residential treatment or coming out of residential placement.

Anyone in the community can go to HRCSB in search of services – given the population located in Harrisonburg and Rockingham, a typical client served by Children's Case Management usually identifies as low-income and as a result, the MHCM plays a significant role in linking the individual to important services in the community. When I had initially interviewed for the internship position with the supervisor of the department, I had voiced that I was interested in participating in opportunities in which I could develop my Spanish translating/interpreting skills. He was very happy that this was an interest of mine and informed me that this would be something I could explore at HRCSB. In Children's Case Management, there is only one MHCM who is bilingual in Spanish and English. As in many other professional settings, there is currently a high need of bilingual professionals in order to meet the needs of community members. Given the diverse population that HRCSB serves, I initially became interested in this placement because I wanted to work towards closing the gap that currently exists between Spanish-speaking individuals and mental health services.

I had the unique opportunity to work closely with one of the bilingual MHCM's throughout the semester. Due to her fluency in both Spanish and English, most of her caseload included Spanish-speaking families. In general, most of my tasks included community outreach, keeping track of contact notes, transportation, and contacting clients regarding certain services. I also spoke with other agencies in the local area on behalf of my supervisor's clients with the goal of connecting them to the necessary resources. As I described, I had an interest in possibly expanding my interpreting/translating skills – I was given many opportunities to practice this including interpretation for an outpatient therapist during an in-take process and translation of



documents for clients. Transporting clients to and from appointments was another important task that I would do on a regular basis throughout the semester. This can seem like a very daunting task because it can be scary to think about driving an agency vehicle with a child in the backseat but doing this was honestly one of the highlights of my placement. I transported children ranging from ages 5-17 which can keep you on your toes since you get to interact with a diverse group. Sometimes, I'd also be asked to transport for other case managers. For the most part, my transports would remain in Harrisonburg but sometimes I'd travel about 30 minutes away from town. Through these experiences, I was able to build rapport with clients and learn things about them beyond their clinical reports. In my experience, I'd transport one specific client on a bi-weekly basis to her therapy appointments – although my main role in her life was to pick her up from school every other Tuesday to go to therapy, it was still an honor to see her grow throughout the semester.

As an intern, I would typically shadow my supervisor during various meetings including, Family Assessment and Planning Team (FAPT) meetings, FCC meetings, court proceedings, or medical appointments. These are great shadowing experiences to learn from especially when I would actively listen and ask questions about the topics discussed. Another great aspect of this placement is the welcoming and kind atmosphere. From my first day, I felt very supported by my case manager and by other professionals in the department. They helped me with tasks related to my internship and supported my personal professional goals.

I work best in environments in which I have the opportunity to engage with a variety of people and in which I am able to explore diverse settings. This field placement is a perfect example of this! There was variability on the type of tasks I would be assigned, and some of the tasks would require me to step in and out of the office. If you are the type of person who loves working with children and variability throughout their day, this is the perfect placement for you. Through this experience, it affirmed my career goal of becoming a school psychologist in the future. Further, shadowing inter-professional meetings taught me the importance of maintaining relationships with the adults involved in a child's life. I have noticed that what I have learned from other courses, including Learning Psychology, Developmental Psychology, and Biological Psychology has helped me understand clients and their experiences. Moreover, the interpersonal skills I have learned from other experiences related to the major including, SREUU and peer advising, have also prepared me for field placement.

As I have previously mentioned, I had the privilege to work alongside one of the bilingual MHCM's and as a result, I also had the opportunity to engage with Spanish-speaking families. As the semester progressed, I observed a disparity between this community and the use of mental health services. Due to language barriers, many of the Spanish-speaking clients did not understand what case management was and, in some cases, even refused services. My supervisor explained to me that often, her role seemed to have a negative connotation and her clients sometimes feared deportation. From a collection of these circumstances that I observed throughout the semester, I decided to focus my research paper on the current cultural and structural gaps that exist between immigrants and mental health services. Based on research I



found, language barriers and harmful immigration tactics/laws are two of the main barriers to access to adequate services. Based on these findings, I chose to create a pamphlet in Spanish that explained what case management is and what rights undocumented individuals have in the United States. My goal with this material was to create a resource that the case managers could have easy access to and diminish language barriers that exists. My supervisor had voiced that many translated documents exist that explain what services HRCSB offers but there was not one available with information about case management. Overall, I left this experience feeling empowered to continue to work for the immigrant community and prepared to move forward towards the next step in my professional career.

Spring 2022 - Anya Keurajian

This semester I have had the privilege of interning at the Harrisonburg Rockingham Community Services Board (HRCSB) in their Children's Case Management (CCM) department. The HRCSB is one of 40 community services boards in the state of Virginia and aims to provide mental health, substance abuse, and developmental disability services to anyone in the community who needs it. The HRCSB's mission is to "promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and families whose lives are affected by behavioral health or developmental disorders." Children's case management focuses on helping at-risk youth in the community manage their mental health. A case manager assesses the individual's situation, connects them with the proper services, and monitors their progress for the treatment period. A case manager is often coordinating between the juvenile court, school, and the home. The HRCSB offers a handful of children's services including medication management, nursing/psychiatric, individual/group therapy, in-home/in-school, 24-hour emergency services, case management, infant/toddler connection, family care coordination, residential services and more. The HRCSB is split into a children's wing and an adult wing and offers these services for both departments.

As an intern in CCM, I had the opportunity to experience a wide variety of these services. I was assigned to an immediate supervisor, named Andrea, who is one of the senior case managers. Andrea has been there for 15+ years, manages around 40 cases, and has had some of her cases for as long as she's been at the CSB. On most days, I arrived and went straight to Andrea's desk to find out the plan for the day and see if there was anything she needed help with. I was given my own desk, computer, and phone, so I had the flexibility to work independently on quarterly write ups, community outreach, or whatever else she needed help with.

Since Andrea managed close to 40 cases, there was usually something to do; whether it was a client coming in for an appointment, a home visit, a meeting with the parents to fill out paperwork, or a school meeting, each day was different. I was able to attend all home visits, sit in on medication/psychiatry appointments, help parents fill out paperwork, and attend school meetings via zoom. One of my favorite tasks was attending home visits. We typically went to the



home to complete the initial intake. These home visits were eye-opening and sometimes a little bit sad but seeing the home environment was important in connecting the client to the best services for their situation. I also attended a good amount of psychiatric/medication management appointments. The HRCSB has a couple of in-house psychiatrists/nurse practitioners who are licensed to prescribe medication to clients, and these clients are required to come in every couple of months for a med check. I have always had an interest in psychiatry/neuroscience, so this was one of my favorite experiences. Having a background in abnormal psychology from psych 335 was very beneficial here, as I witnessed a wide variety of psych disorders as well as the medication that is used to treat them.

While I was with Andrea most of the time, sometimes I was tasked with driving to a family's home to get paperwork signed or transporting a client to and from appointments. Transporting became a big part of my job and something that I really enjoyed! A lot of these parents either work full time or do not care enough to bring their child in, so a lot of the time, it was up to me to bring the client in for their appointment and take them back to home or school. This was the only one on one time that I had with clients, and I really enjoyed being a friend and even a mentor for them. I think that knowledge from clinical psychology and counseling psychology was beneficial here. These classes emphasized the importance of active listening and empathetic understanding when speaking to a someone who is experiencing symptoms of their mental disorder.

I also did a lot of community outreach. On one of my first days, Andrea gave me the task of finding a home for an electric guitar that someone donated to the HRCSB. We wanted to find a teenager who would use it and whose family might not be able to afford such an instrument. I spent a whole day calling around and emailing school band directors in the community. Once I found a recipient, I hand delivered the guitar to the student at school. Other community outreach looked like searching for available counselors in the community who took Medicaid.

One of the best parts of my experience was the people. Everyone was so welcoming and was always there to answer my questions, give me advice, and even get to know me on a personal level. On days when I didn't have much to do for Andrea, other case managers would offer for me to come to their meetings, court hearings, or appointments, and it was evident that they wanted me to get the most out of my experience. Mainly, I really loved working with the children. I do wish that I got to work with younger children, as most of the transports that I did were for teenagers. In addition, one limitation of this internship was the lack of hands-on experience with the kids. I wish that I could have been more involved in providing services instead of just observing and documenting. Although each day was different, I spent a lot of time at my desk either summarizing quarterly reports, reaching out to community orgs, or doing homework. I had to remind myself that the "desk" work was just as important as interacting with the child. An advantage of this is that I was given the responsibility and independence to do important work, which really increased my confidence and taught me how to be a professional in the field. Another true advantage of this site is that I got to see a variety of mental health



occupations in action. I was able to see the impact of psychiatry, counseling, mentoring, and social work.

Another aspect of my experience that I really enjoyed was my contribution project. Over the course of the semester, I noticed that a good number of the children who were experiencing mental health issues were also overweight. My research focused on the impact of nutrition on pediatric mental health, and for my contribution project, I created a set of slides for the waiting room TV that aimed to educate parents and children on the harmful effects of unhealthy eating. Another idea that I had was to create a “menu” of healthy snack ideas, but my supervisor and I both agreed that most parents wouldn’t take a copy. Another idea that I had was to implement a food drive, but I figured that educating parents about nutrition would be more worthwhile. Both of my supervisors were supportive of my contribution project and were open to all of my ideas.

Overall, I learned that there is such a need for children’s mental health services, and it is something that is not going to improve anytime soon. During my experience, I learned that I do really want to work with children, but I dislike the “desk job” aspect, and would rather be actively interacting with the clients all the time, either as a psychiatric nurse or a counselor. A case manager is very knowledgeable about mental health disorders, but this experience made me realize that I want to be an expert in the field.

I cannot recommend this site enough for anyone who thinks they might be interested in case management. I feel that I was exposed to a variety of situations that helped me see all sides of being a case manager. I think that I will end up pursuing another path, but this internship taught me so much about myself and improved my skill set in writing, talking with people, working with mental disorders, and developing relationships.

Fall 2021 - Michelle Los Arcos Balasch

During Fall 2021, I worked at the Harrisonburg-Rockingham Community Service Board (HRCSB), specifically at Children’s Case Management. The mission of the HRCSB is “to provide services that promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and their families whose lives are affected by behavioral health or developmental disorder.” The HRCSB has diverse services such as emergency services, residential crisis stabilization, behavioral health wellness and prevention, case management for children and adults, developmental disabilities, infant and toddler’s services, outpatient therapy, and substance abuse services, among others. More specifically, children’s case management provides assessment of the situations and needs of clients, provides referrals to appropriate services, monitors care and conditions of clients, helps clients maintain their independence, supports at-risk individuals, and provides family care coordination (FCC). FCC is a more intensive, specialized aspect of children’s case management services that provides assessment, treatment planning, direct monitoring, and proactive utilization management. In order to be eligible for these services, the child has to live in the



Harrisonburg-Rockingham area, be less than 18 years old, and it must meet the Commonwealth of Virginia definition of serious emotional disturbance (SED) or meet the definition for being at risk of SED.

In a regular year, children's case management serves around 300 children, and a typical client at the HRCSB is between the ages of 8 and 13, lives in Harrisonburg-Rockingham County, attends public school, has a lower socioeconomic background, has severe emotional disturbance (SED), and comes from all types of ethnicities. I personally chose this site because I wanted to have the experience to work around children with all different types of backgrounds. I wanted to learn from their cultures and their experiences and use my own experiences and background to help them. Also, learning more about the community and how community-based services work was very important to me. Another reason that I chose this site was to participate in staff meetings, where I would be able to create a network and acquire more knowledge from my peers. One very amazing experience that I was hoping to gain in the time that I was at my site was to go to court. Fortunately, I experienced this once and it was very interesting to observe the process.

My own experience at the site was good in general. The site moved from the McNulty Center to the new building three months before I started my internship, so there was still a period of adjustment. I mostly picked-up and drove clients to their appointments from their school or house, which was a great opportunity to talk with the children and learn more about them. I participated in four staff meetings, and one of them was an entire staff meeting to get to know each other since they were now going to be under the same director, which was not the case before. I also joined in on the group meetings with the case manager, the child, and the family, I did two home visits where we met with the family in their home for different reasons. During these visits, I was able to be a part of an assessment that done with the mother to see if the child was eligible for a waiver. Lastly, I did research on various things such as housing, immigration, Medicaid, food pantries and clothing.

I believe that everyone at Harrisonburg-Rockingham Community Services Board wants the best for their clients. Everyone works very hard to accomplish what is necessary to help their clients. The people who I worked with were very helpful and were always available in case I needed something. At times, I felt that I could do more and be more useful, but I know it is difficult because of the HIPPA regulations. Also, because of the move, I felt that things were slow at the beginning. By the end of the internship, it got better.

I learned so much in the four months that I spent at HRCSB. First, I learned about the different schools that exist in Harrisonburg. As an international student, the only thing I knew in Harrisonburg was JMU. However, this internship made me leave my comfort zone and go to different areas in the county. I chose this site mainly because I wanted to see if I would like to work with children, and I ended up realizing how difficult it could be. It made me realize that I would prefer to work with people who are 16 years old and older. I also learned how to manage different situations in the best way possible. For example, I had some concerns about something and the only way that I could resolve my concerns was to talk to my supervisor, which I did.



However, if it was not for my time at this site, I would not have had the courage to go talk to my supervisor.

I think that the class that helped the most in this site was Abnormal Psychology, because most of the children who I met suffered from a disorder. Even though I did not know every time what disorder they had, the times that I did know, I felt that I was prepared to interact with them and manage any situation in case that something got out of control. In addition, Counseling Psychology was also helpful during times that I was able to talk to children. One thing I remembered during my interactions with clients was to be authentic, and that is what helped me the most when I interacted with children.

During my fourth week at the site, I realized that a lot of the parents of the children that use the services lost custody or were mandated from court to attend different meetings. The reason for this is mostly because of child maltreatment. My research paper was focused on five types of child maltreatment: substance abuse from the parents, physical abuse, sexual abuse, psychological abuse, and neglect. I included a definition for each type of child maltreatment, risk and protective factors, signs, consequences, and possible solutions. My additional materials included a brochure that included statistics about child maltreatment and the schedule of the programs offered for free at the HRCSB. Such programs include anger management, IOP, women's recovery, decisions, wellness and recovery, seeking safety, and strategies. In addition to the brochure, I translated a book from English to Spanish for the anger management program. A large percentage of clients are Spanish-speakers and for the program to work, they must understand what they are reading and doing. The reason why I decided to translate the book was to give the Spanish-speakers a chance to understand and improve. The idea is to print the brochures and put them everywhere at the site and in different parts of the community where people can see them. The book will be given to the person in charge of the program to be used at the person's discretion.

My experience was very good, and I learned a lot in the time that I spent at the HRCSB. I hope that the next interns have as good as an experience as I did, and that they enjoy it like I did.

Fall 2021 - Katherine Gardenier

This semester I worked at the Harrisonburg-Rockingham Community Services Board (HRCSB) in the Children's Case Management unit. Children's Case Management provides support to at-risk individuals by assessing and linking them to appropriate services within the community. The HRCSB's mission is to "promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and families whose lives are affected by behavioral health or developmental disorders." In order to fulfill this mission, the HRCSB provides a large variety of services such as case management, family care coordination, outpatient therapy, medication management, and psychiatric services. These services are offered to both adults and children, resulting in case management that is split into Adult Case Management and Children's Case Management. Case



managers assess the client when they first come in, connect them to the appropriate services that HRCSB provides, and work with the schools and the Juvenile justice system in order to best treat the client. Once a client is connected with the correct services, the case managers continue to assess their progress and see if anything in their treatment plan needs to be changed.

As an intern for Children's Case Management, I was able to observe a large variety of services provided for children, specifically services that were handled under family care coordination. Family care coordination works with children and their families who are at-risk for Residential Placement or are coming out of Residential Placement. They work with the case managers to assess their situation and find a treatment plan that suits the child and family's needs. Working with the family care coordinator, I was able to attend home visits, family care coordination meetings, and attend court. During home visits, the family care coordinator would see the client and their family in the home setting and discuss their treatment plan and anything that has recently happened with the client. This was my favorite experience at Children's Case Management, because I was able to see the client in an environment that they were comfortable in and see how they interacted outside of treatment. Another job of mine as an intern was transporting the clients to and from appointments. I enjoyed the transportations because it gave me one on one time with the clients, and I was able to learn more about them and what they enjoy doing. I was able to form connections with the clients from our conversations about their hobbies and what they enjoy doing.

Being an intern at Children's Case Management, I was able to experience and observe many different specialties in the field of psychology. Being able to observe a large range of specialists was one of the things I was looking for when choosing a field placement, and I was able to achieve that while working at Children's Case Management, which was a large advantage for me. I was able to observe Medical Management meetings, which are when a client discusses their treatment with their psychiatrist, and I was able to observe Court meetings that determined the placement of a child. There were many days that they did not have many things for me to do or to observe, so my supervisor allowed me to work on schoolwork, which was an advantage for me, because I did not have a lot of free time between my classes and my job outside of field placement. Having days that there were not many things for me to do was also a disadvantage, because I did want to be able to observe more and experience more parts of the work done by Case Managers but was not able to because they had nothing going on.

One limitation of Children's Case Management was that the work was not as hands on as some other sites are. Although you are given the opportunities to sit in on meetings and work with the clients during transports, you are not doing documentation or working with counselors or psychiatrists like some of the other placement sites. This can be seen as a disadvantage, but because I enjoyed my work and being able to attend meetings and court, I do not view it as a disadvantage because I got experiences that other placement sites do not provide. The atmosphere at Children's Case Management is very open and comfortable. The supervisor is very respectful of the case managers time outside of the office and does try to get to know everyone personally. The case managers did their best to include me in any meetings that they



had with clients, and would give me research to do for a client when there was not much else to do during the day. It is a very inclusive environment, and the case managers were always happy to answer any questions that I had because they understood that I was still learning about the profession.

Something that I learned while interning at Children's Case Management was how to be more confident in my work and working with professionals and clients. Being in a position of authority with the clients was hard for me to adjust to at first, but many of the clients, both parents and children, asked me questions because they viewed me as a professional, and I learned how to interact with having a professional title attributed to me. I also learned how to be confident in the work that I presented to the Case Managers, and how to be confident when meeting with clients for the first time. This has influenced my career goals by reaffirming that I want to be a psychiatrist and work with children, because I feel like I know have a better understanding of the field and have more confidence in my abilities to work in a mental health facility.

From the other psychology courses I have taken, I was able to attribute much that I had learned during Abnormal Psychology to Children's Case Management. Since the population that case management works with has individuals with developmental or behavioral disorders, I was able to observe how topics that I had learned in relation to behavioral disorders affect the client's life. Being able to learn about a disorder and how it affects the person, and then help with the treatment plan of a person with the same disorder is a great advantage because you get to learn about the individual first and then learn about their life with the disorder. Children's Case Management allowed me to meet many individuals with disorders that I had previously learned about, and allowed me to have conversations with the case managers about the client and what could possibly work for the client in terms of treatment.

For my Contribution Project, I researched the advantages and disadvantages of Residential Placement and the benefits of having a Discharge Plan. Because I worked with the Family Care Coordinator, I saw many clients who were at-risk for Residential Placement or coming out of Residential. I created a Family Inclusive Discharge Plan from Residential because I was interested in how important the family is during the transition period of an adolescent out of Residential. Having a discharge plan can decrease the readmittance of an adolescent into Residential and help them continue with their treatment with the support of their family and community. The family is important during the transition period because the adolescent needs the support from them so that treatment progresses and the transition back into the community is smooth. I designed my Discharge Plan like a contract where both the adolescent and the parents write what they need and expect from the other party and also write what they want to see happen during the transition period. The goal was that communication would improve between the parents and the adolescent and so that the adolescent had a greater chance of not being readmitted into Residential.

Overall, I thoroughly enjoyed my time at Children's Case Management and learned a lot about the treatment process of a children with mental disorders. I also learned a lot about



Residential and the process of going into Residential and returning to the community. I feel like I have improved as a professional and feel more prepared to enter the psychology profession. I had many different experiences with the case managers, and they all helped me to improve my critical thinking about treatment and how to work with clients and give them all the appropriate services that they need.

Fall 2020 – Caitlin Vu

This semester I worked at the McNulty Center, specifically helping in the Children's Case Management department. The McNulty Center provides and links services to children and their families that are needed for that family to live a full life in the community. Their mission statement is "To enable clients to manage their mental health symptoms effectively across all settings. To improve client's level of functioning and overall well-being. To promote participation of recommended services." Because of the pandemic, my experience was a lot different than what I have heard past interns explain, but I was still surprised on how much I was able to experience. I was able to transport various children around Harrisonburg to get them to doctor's appointments, therapy sessions, or medication evaluations. I also made a lot of phone calls to set up appointments for clients or ask questions about various services so the clients can be more informed about what they may be signing up for. A lot of the time, I had to research various services around the community for clients. For example, a case manager asked the other intern and I to look for free grade 2 children's books for a client along with free clothes. I researched on Facebook and found a page where people in the community give various items for free and I was able to reach out to someone that had free children's books. The other intern was able to find the clothes around the community, as well. I also went out of my way to be available for my site in order to learn more about what they do. I came in on extra days for a month or so to shadow my supervisor in classes for children dealing with substance abuse and anger management. Although it is not always the case, these children are typically signed up because of a court order, so they have to attend, or they may be sent to juvenile detention. I found it really interesting how my supervisor was able to help these kids be more informed about anger and substance abuse without sounding judgmental or condescending.

I ended up really enjoying my internship at McNulty. McNulty was not one of the options that I picked, but they ended up asking me for an interview. To be completely honest, I did not know what case managers did before my internship. Now that I have learned and I have seen what they accomplish, I think case managers are crucial in every community. At McNulty, all of the staff members are super nice and welcoming; they really make it seem like a little family. Although I was not busy a lot of the time, I found it helpful that the case managers tried to give me tasks to do so I can make the best use out of my time there. Because of that, I was able to learn a lot about what case managers do and how integral they seem to be for this community. I can honestly say that I enjoyed coming in to the internship twice a week because of how nice everyone is and when I am doing a task, I feel that I am putting in effort to help the client and the



community. One downside is that because of COVID-19, a lot of the case managers had fewer clients and appointments to minimize in-person contact. I have heard that in a normal semester, the interns would be on their feet running to and from meetings. Working here has really made me rethink my future and I can see myself staying and being a case manager myself. I am really excited for next semester so I can gain even more experience and see if this is the right path that I want to walk down.

These case managers, like all healthcare workers, focus a lot of their energy on helping these clients, but no one really looks at how this may, in turn, affect the case managers. This is why for my contribution project, I wanted to focus on these effects and find a way to help case managers. This will not only help their personal well-being, but increase work effectiveness, as well. I researched a lot about secondary traumatic stress (STS) and vicarious trauma (VT) and their effect on case managers. These two phenomena occur when healthcare workers are working directly with clients who have experienced trauma in their lives. This can create a traumatic stress that is similar to post-traumatic stress disorder (PTSD) and change the way that case managers view themselves and the world. The implications of these things happening is decreased work efficiency and satisfaction, as well as decreased personal life and relationship satisfaction. In the research, there has come a conclusion that while personal stress-relief mechanisms may help, the best way to reduce STS and VT is to be educated about them. This way, case managers will be able to recognize the symptoms and be able to find help or do something about it. For my contribution project, I created a pamphlet that the company can give their workers that encourages them to attend a class that will inform them about STS and VT. This class will also share tools and ways to minimize these symptoms and also acknowledge opportunities available that the company will implement for case managers (therapy, teamwork activities, etc.). I am hoping that this will put a spotlight STS and VT so that they are less stigmatized in the healthcare field.

Fall 2020 – Tiffany Rodriguez

During this past semester, I had the wonderful opportunity of interning at the McNulty Center for Children and Families in their Children's Case Management Department. The McNulty Center is part of the larger Harrisonburg-Rockingham Community Service Board (HRCSB), and its mission is to "promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and families whose lives are affected by behavioral health or developmental disorders." The center provides a variety of mental health services, with its main services being case management, family care coordination (FCC), medication management, outpatient therapy, infant and toddler connection services, and children's mobile crisis. These services target children and adolescents who are dealing with behavioral health or developmental disorders, as well as assisting their



families throughout the process.

Due to the COVID-19 pandemic, there were limitations and restrictions put in place in order to protect the safety of the workers and their clients. Thus, the nature of my tasks as an intern looked quite different from that of previous semesters, as a much smaller percentage of clients were actually coming in person to the McNulty Center. Telehealth visits and virtual meetings often took the place of in-person interactions, and case managers followed an alternating remote/in-office work schedule. But as the weeks progressed, there were more opportunities for in-person interactions with clients, and the variety of my daily responsibilities increased as well. One of my main tasks was to transport clients to and from their psychiatric appointments. Most days I would pick a client up from school or their home and drive them to the McNulty Center for therapy or a medication management appointment. Transporting clients grew to be one of my favorite tasks, because it really gave me the opportunity to bond with the children and provide them with an outlet where they could just talk freely about their day and the occurrences of their home or school environment. Through these frequent conversations, I was able to develop a connection with the children. This was not only rewarding for me but also for the child's case manager, because, by having richer conversations with the clients, we would be able to understand the present situation of the client more fully. After conversing with or transporting clients, I would then meet with the case manager about concerns that arose throughout our conversation and document the details of our interaction in a contact note.

As an intern, I was also able to observe many different aspects of case management such as Family Assessment and Planning Team (FAPT) meetings, the intake process, and home visits. During FAPT meetings, various medical providers and community partners meet to discuss the plan for a particular child and to approve funding for the specified services. Many services are reviewed and discussed as options throughout these meetings, such as forms of outpatient therapy, residential placements, and therapeutic mentors. These meetings were especially interesting to observe because the providers and the family reviewed the progress of the child and collaborated to determine which next steps would be most beneficial for the child. Because of COVID-19, house visit protocols were drastically modified. Everyone wore masks and conversations took place outside of the house, where the risk of infecting one another was significantly lower. In spite of the precautions, I was still able to observe how a case manager conducts themselves on a home visit and the way in which they aid families through their visits. On one of the home visits I observed, the case manager was helping the family to understand the transition of their adolescent into adult services. The case manager presented herself in a confident manner and answered all of the family's questions and concerns in a way that put them at ease regarding this major period of change. Observing this home visit truly allowed me to further my understanding of the role of a case manager and see their importance to these families. I was also tasked with collaborating with community agencies, such as Mercy House, to obtain items like shoes and clothing to help families at the McNulty Center. My other responsibilities included reaching out to different programs in the Harrisonburg-Rockingham area to determine if their services would be of benefit to our clients and scheduling appointments



for clients.

After being at the McNulty Center for a few weeks, I realized that it was a common occurrence for clients to miss or forget an appointment. This was what gave me the inspiration for my contribution project and research paper. I wanted to evaluate client engagement in community-based mental health services. There are many barriers when it comes to client's engagement level, but one way to combat this is through case management and accessible transportation. Case managers at the McNulty Center often remind their clients about appointments and provide free transportation to and from appointments. However, I realized that the McNulty Center's website does not have a large amount of information describing their services in detail that can be easily understood; nor does it describe what a new client should expect when first attending community-based mental health services. Taking part in mental health services for the first time can definitely be an intimidating and nerve-racking experience for children, adolescents, and their families. Thus, I wanted to focus on mitigating one of the barriers of engagement—the mental health stigma. In our current age of technology and social media, adolescents are often searching the internet for accurate health information, but the information online is often provided by an unqualified source or inappropriate for their specific mental health concerns. To combat this misinformation, I felt that it would be important and beneficial to create videos that put forth appropriate and accessible health information for adolescents and their families to understand what the services being provided actually are and how they can help individuals specifically. In creating my contribution project, I really wanted to educate the population and start a conversation with the community so that more people would be willing to seek the mental health services they need and receive the appropriate care. To date, these videos have not been implemented at the McNulty Center. However, I am hopeful that within the next few months they will be added to the HRCSB website and streamed on televisions throughout HRCSB locations.

I am beyond grateful for the many unique experiences that I gained at the McNulty Center. I have always had a passion for working with children, and the McNulty Center gave me the opportunity to work with children of all ages and diverse backgrounds. There was one child that I transported from school to therapy almost every week, and our frequent encounters allowed me to get to know him quite well, and always made me smile. During my last week at the McNulty Center, the case manager for this child informed me that, upon going home, the child would tell his mom about me and the fun we had throughout the day. Hearing about the impact I had on this one child's day reaffirmed my passion for working with children and continually reminds me of how a career like this can really make a difference in the lives of others. I also enjoyed the opportunity of working with various case managers, because it allowed me to observe the ways that case managers approach different situations with their clients. The only downside to this internship was the impact of the pandemic. Due to COVID-19 limitations, there were not as many in-person court proceedings, IEP meetings, and residential placement visits. Thus, the number of opportunities to observe was limited. Despite these down periods, I really enjoyed the structured environment of the McNulty center and the wonderful case



managers that I had the chance to work with. It was evident that the case managers are empathetic and hard-working individuals, and my experience allowed me to understand and really respect the work that case managers do each day. This experience has even impacted my future career goals, as I am now applying for social work job opportunities and psychology graduate programs.