

**Episode 134 - Dr. Kelli Canada: The Role of Caseworker-Client Relationships Within Mental Health Courts**

[00:00:08] Welcome to in social work. The podcast series of the University of Buffalo School of Social Work at [www.socialwork.org](http://www.socialwork.org). We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure Hi everyone. Start off the new year right. By signing up for our online mailing list to receive updates on newly released podcasts go to our Web site at [www.insocialwork.org](http://www.insocialwork.org) and click on the envelope icon near the center right of the page and just above our most recent episode. You will be taking to a new page where you can sign up to stay in touch with social work. I'm Peter Sobota relationship has often been referred to as the container or the vessel for most of what happens in direct social work practice. In this episode our guest Dr Kelli Canada discusses the impact of relationship between case workers and their clients as they participate in mental health courts. Dr. Canada begins by describing the distinguishing features of mental health clinics versus traditional courts. She goes on to discuss her study of the role of the bonding or conflict perceived in these relationships and outcomes for this population. Kelli Canada Ph.D. LCS W is assistant professor at the University of Missouri School of Social Work. Her research focuses on the treatment of serious mental illnesses and chronic health conditions in adults and older adults in the criminal justice system.

[00:01:56] She is also interested in the processes that can be utilized to improve the quality of life of populations facing disproportionate risk when mental health and the criminal justice system interact. Dr. Canada was interviewed by our own Charles Syms LCS w associate professor at the school of social work and the taller of the two hosts of the social work podcast series. This interview was recorded in June 2013. This is Charles Syms and I'm talking with Dr. Kelli Candida and she's done some work on mental health courts. Kelli can you tell us a little bit about what a mental health court is and how and why did they come about. Sure. So mental health courts are essentially an alternative to the traditional way that courts process criminal activity. So mental health courts specifically connect people with mental illnesses to mental health and substance abuse treatment and social services rather than sentencing people to spend time in prison. So we actually see quite a bit of variation in the mental health court models by judicial circuit particularly in their target populations. The referral process plea arrangement the way that the mental health court team supervises individuals and obviously the availability and the type of treatment which does vary quite a bit from place to place. Mental health courts there are presumed to kind of tailor their programs to meet the local needs of the communities. But we do have a kind of common components that distinguish mental health courts from traditional courts. So I can tell you a little bit about those components mental health courts have a specialized docket for people with mental illnesses.

[00:03:39] So it's a completely separate docket that only has this group of individuals and it is a voluntary program so even if someone is eligible for the mental health court they have to decide that they want to participate in the program. Individuals are like I said diverted from going through trial and possible incarceration to receiving monitored community based treatment. And that is a condition of program participation. While individuals are in the program they are supervised very intensive supervision process with regular status meetings before the judge so it's a formal court hearing and that can be up to once per week where individuals are required to talk to the judge directly rather than through a lawyer like in a traditional court. And then finally a mental health court program which is quite different than traditional court if they utilize a number of rewards and sanctions to encourage compliance with court mandates and with treatment. So I know that you've said that jurisdictionally they may look a little differently but what kinds of rewards and sanctions

did you or did your group. Or did you work find. Well so for the rewards you know individual I mean they really varied quite a bit. The most common reward would be the judge giving praised individuals who were doing wrong on the program. Maybe the core team and other participants would clap for the individual people that actually had a lot of interesting and creative ways that they provided rewards. They may have like candy bars or treats all the way through baseball tickets. So actual activities that people can engage in obviously the ultimate reward is graduation. But there are a number of variations on the reward kind of in between. Sanctions again is the worst sanction that an individual could get would be spending time in jail.

[00:05:31] So individuals may have to spend a night in jail or a weekend but most of the time sanctions would include maybe reporting more frequently to a probation officer or having to stay with the mental health court participants have to come to the court hearings together and I think she might be having to go last. So spending kind of the longest time in a status hearing that you possibly could. Can you the bit about what kinds of crimes did these individuals or do individuals commit in order to find a way into mental health courts sir some people worry about well are violent offenders referred to mental health care. So what was your finding there. Well you know that is actually one point that varies quite a bit. When mental health courts were first established we saw a lot of courts that primarily only took individuals with misdemeanor crimes. So that would be more of kind of the crimes that you might think of when we talk about the criminalization hypothesis or individuals with mental illnesses being picked up for more petty crimes maybe trespassing or retail SAP things that typically don't involve victims but would require incarceration if there were a number of misdemeanors that have accumulated over time. What we found though is that people with misdemeanors often would spend longer in the mental health court than they would if they were just processed normally through the court. So these second generation of mental health courts that we've seen are taking more felony charges. So the courts that I actually studied are one only accepted felony charges and the other accepted felony primarily but also did take some misdemeanor crimes.

[00:07:10] Most programs don't take individuals who have actually violent crimes that they were currently charged with or in their history although that did vary somewhat. It was sometimes a case by case situation in when there were victims involved in the crime the courts would have to get permission from the victims to allow an individual to be invited to be in a mental health court. I see the time differential to but earlier is something that they're seeing also in drug courts where individuals are making clear decisions about whether or not they want to go into court because they could spend more time in drug treatment court instead of going to incarceration. So they've made that kind of decision. You've talked a lot about some of the work that you've done. I was wondering if you could talk to us a little bit more about your study and some of the things that you found in your study. Sure. Well one thing that we know from the Mental Health Court literature that we have right now is that at least for the people that decide to participate in mental health court there have been some positive outcomes that have been noted. So primarily we see studies showing a reduction in recidivism. So they may look at individuals arrest record prior to mental health court participation and after. And we do see a reduction for those individuals who have participated in mental health court. We've also seen an increase in access to mental health and social services in a reduction in the use of more crisis related services.

[00:08:39] But we don't really know a lot about what happens within the mental health court what it's like to be in the mental health court and most importantly what factors that might be important in reducing some of the criminal recidivism that we see. I'm a licensed clinical social worker and I'm really interested in treatment and how practitioners working within a criminal justice environment and deliver services. So I wanted to investigate a little bit more about what role caseworkers play in mental health courts and in the research that we have right now. I mean there is some speculation that relationships within the mental health court team do matter. But we're

primarily seeing research that was conducted with the judge. So I looked to the therapeutic alliance literature which is just such a rich history of research that supports the importance of the role that relationships can play poorly with treatment providers in the therapeutic alliance in particular has been a robust predictor of clinical outcomes among people with mental illnesses and substance use disorders. So what we did is we used the definition of the alliance that came from Borden's work which is really a theoretical conceptualization of what I call the working relationship which is really that the tasks and the goals and the bond that caseworkers can create with their clients and suggest the individual level change would occur as a result of that ongoing collaboration. The formation of a really strong relationship and client provider partnership kind of threw out their work together. So what would be predicted is that having a strong relationship with one's case worker would predict positive outcomes among individuals with mental illnesses. We've seen with work that it's improved gafe scores the global with us now functioning reduce symptoms temerity. It's also increased treatment participation and treatment here and it even contributed to sobriety.

[00:10:30] I think that what is interesting about mental health courts though is that our therapeutic alliance literature is really for providers that are only in one setting so they're only in that treatment provider setting. We don't really know what happens when we take providers and we put them in a criminal justice environment so that is what we wanted to study in this project. We do know that mental health caseworkers kind of play a pivotal role in the mental health court. So for people that aren't familiar they are one member of the Mental Health Court team. That's one thing that does vary from court to court in the courts that I studied in one court the mental health court case workers were in a central location. There was one treatment provider for the mental health court participants. The case workers were a member of the team and they provided direct services overdrink services that individuals would need. So therapeutic intervention to brokering linking individuals with benefits and coordinating different services for them. The other mental health court I studied caseworkers were also an integral part of the Mental Health Court team. But the actual direct services that were provided to them were coordinated with community providers so those caseworkers although they did provide some direct services they did much more coordinating of services and kind of acting as a liaison between community providers and the court. So what we did is we sample from the two cords that we collected information from 80 actives mental health court participants. Now what we wanted to see is if that perceived bond or perceptions of conflict with mental health court case workers impacted outcomes.

[00:12:10] So we collected information over six months for a number of days. Individuals spent in jail. The number of social services that individuals use which include mental health services substance use treatment and other social services. And then also at the end of the six month follow up period if individuals had retained in the program or not. Okay. And what did you find with that. So we expected that the bond that individuals proceed with their case workers would matter quite a bit and we were a little bit surprised with with what actually found. So the bond didn't matter the Bond had a positive relationship with US service youth in particular. We used regression analysis so there was a number of variables that we controlled for the symptom severity individuals attitudes toward psychiatric medications were controlled and analyses and the brined as perceptions of the bond increased. We also saw an increase in the services used in that period. But the bond wasn't significantly associated with the number of days spent in jail or program retention. The surprising result really was that perceptions of conflict with caseworkers mattered quite a bit for three outcomes that we studied. So we found that as perceptions of conflict with caseworkers increased number of Social Services Youth decreased and the follow up we saw that as conflict increased with youth workers we know that the number of days spent in jail increased and the up. And then we saw among people who graduated from the program or remained active in the program reported less conflict with their caseworkers in comparison to the individuals who were terminated unsuccessfully or who went missing during that period. People are wondering how could someone go missing.

[00:14:02] There actually a group of individuals that the mental health court team just couldn't find. So these are people that are living in the community so they can leave. And we did find it during those initial interviews recorded conflict with caseworkers was significantly higher with that group than graduates and people who remained active. Very interesting. Did you look primarily at caseworkers or were you able to look at other members of the team actually in a post hoc analysis. After we did this analysis we were curious and the same thing going on with probation officers and we had a measure that we use that assessed for perceptions of conflict with probation officers and there were no significant associations whatsoever with perceptions of conflict with case workers and these three outcomes and so you know we did a lot of thinking like why would this happen if their probation officers and caseworkers they're a part of the same team. Why would perceptions of conflict with case workers matter more and this is speculation that we had after the study. But we wondered perhaps this is because conflict with probation officers is expected there. Part of the criminal justice system but caseworkers are a part of the treatment community and if individuals can experience or conflict with mental health caseworkers that relationship may be much more positive in light of the fact that these caseworkers are operating within a criminal justice program. OK. You've talked about caseworkers and I'm wondering where these caseworkers professional social workers. I guess I'm thinking about the idea of relationship and what we try to teach in social work education about the importance of relationship.

[00:15:38] I was curious about their backgrounds much as you know. Yes. So the case worker is actually varied quite a bit from court to court. So some peace workers were BFW other case workers were master's level counselors that didn't have a background in social work. In one court we saw BFW in the other court we actually saw MSW and LCS studies that were providing services. The court that I had talked about where there was one treatment team that all mental health court participants were kind of channeled through. They had youth workers that really have less traditional casework roles. They were really providing much more of a therapeutic intervention than just kind of your typical case work services that very greatly then when you talk about how services are provided. I see also as you kind of gone through the work here and you've kind of looked at this. What do you think are the potential implications of your work particularly given the variations between casework or social work intervention or how that might inform practice going forward. Seems that more of these courts have been springing up were more variants of these courts have been springing up. So I'm wondering if you've had a chance to think about that as well as future places for your research. Well you know I think this is a really exciting area to be researching right now because we really are seeing such an increase in the specialty courts. And I think there is a great need for social work to be a part of these programs really to ensure that individuals are receiving good therapeutic care but also kind of paying attention to the rights of individuals who are in these programs.

[00:17:23] The problem is is that we really don't know a lot about the variations of caseworkers across mental health courts I mean what we primarily see are reports on the process and the policies within individual mental health courts and that therapeutic side in my opinion is really lacking from what we know right now. So we need to gather a lot more information about what casework will look like what rules practitioners are playing within the mental health courts and have more of a descriptive picture of what that looks like. I mean what we know is that conflict. Anyone that's practiced in the field of social work knows that conflict is really inevitable when we have these therapeutic relationships with individuals especially over the long term. And so I think that as we move forward specific interventions for social work practice would really be to help providers address this conflict as it arises by exploring the nature and the meaning of conflict with clients. And I think even more important than not is helping social workers who are working within criminal justice settings particularly like the specialty court is helping them develop tools that can very clearly lay out the boundaries of their work with clients. So telling clients I'm required to

report this information and this information is confidential between the two of us and you know really helping to preserve that important piece of the therapeutic relationship that we know works from previous research and how we can preserve that within this criminal justice context. I can see how social workers or caseworkers might be pulled in two different directions with the idea that you have a relationship with the court that you have to maintain that that's important.

[00:19:07] What you also have a relationship with clients so how can we help individuals learn to manage that tension. Yeah. And it's there. I didn't talk about it in this particular analysis that we talked about but I did interview staff from the mental health courts and community treatment providers and from administrators there's an expectation that the team has no secrets that kind of any information that is shared with mental health court participants is up for grabs from the team and keeps workers and practitioners had a very different story. You know they said there's this constant tension of how little can I tell but still report to the judge when I'm asking how can I help my client use this therapeutic process when they know that I'm part of that team and I sit at that table and I report things yeah absolutely understand and can agree with that. This discussion kind of brings me to another one is I think about it and that is I know that there's been some discussion social work circles about you know what are the ethical implications of being part of these mandated or coercive teams of individuals who are working with folks in mental health disorders. And I'm wondering if you've had a chance to think about this idea of social workers being part of this mandated process or course of process. If you thought about what is the role of clients self-determination in this process do they give that up.

[00:20:34] What does that mean for social workers who may be working well as they just mentioned I did do some interviews with staff and I think that it can be challenging for people to know how to work within that team context. For example I think that working within the constraints of the criminal justice system that practitioners try their best to involve the Mental Health Court clients in treatment planning and that actually treatment planning process and inclusion of participants actually vary quite a bit from the two courts. I studied there was the one size fits all prescription to treatment in one court and a much more individualized approach and another one. And I think that that one size fits all model was a trickle down effect of the service restraints that we see in that community. I mean there were only a number of beds at a number of facilities that were kind of being reserved for mental health corporate expense. And if one was opened you had to go there you know even if he'd been there before and it didn't work for you or it was in a neighborhood that triggers of substance in your past I mean that didn't matter as much. And I know that at least among the people that I talked with the staff that that was really hard because they felt that they were working with very few options and not always being able to address the client's needs in the way that they needed you know to have their needs met. So I think that there are a number of constraints. I do think that one thing from the people that I talked to in my study is really that balance that we already briefly talked about with confidentiality with clients and really knowing that if certain information is disclosed individuals mental health court participants can essentially be violated. There are significant ramifications for disclosure to the team.

[00:22:25] Individuals can go to jail. They can have their time in the mental health court program extended in some of those decisions are really fully on the discretion of the provider. Wow. So I'm guessing as long as social workers are going to work in these environments we're going to continue to see these kinds of struggles from a professional standpoint you know where does your allegiance lie and how do I resolve these kind of dilemmas inefficient practice. I have one more question for you and then I will give you an opportunity to add anything that you would like to it that you think we might have missed and you alluded to this earlier on that you were a licensed clinical social worker so I guess is a piece of me just wondering how did you come to this work how did you come to working being interested in looking at mental health courts. Well prior to getting my Ph.D. I worked in psychiatric rehab and a portion of my client had come into contact with the criminal

justice system. Some were on probation. So I worked with probation officers. Some of us that work in mental health act like we've got a long history in psychiatric rehabilitation. Somehow you end up in the criminal justice system you know because we really see such an enormous percentage of individuals in the criminal justice system with mental illness. I mean over the last 20 years or so it's been a pretty consistent estimated 15 percent of people in jails and prisons have a serious mental illness not just a mental illness but one of the more serious mental illnesses like bipolar schizophrenia getting affective disorder.

[00:23:55] So it maybe was inevitable for me to kind of get involved in criminal justice research. But when I started developing my research interests the idea that so little research on mental health courts involves the perceptions of mental health court participants with other clinical social worker just shocking to me. I wanted to know from the people that participated in these programs what it was like for them and what does it do day to day. People are not going into the mental health courts because they are required by law to take treatment to take medication. That's not the case. Mental Health Court participants have committed a crime or have been charged with a crime and they're being sentenced. And so that was an ethical consideration. I wondered how it looked in practice what it felt like for individuals to voluntarily go into these programs. But no with the alternative being prison I wonder what it was like for people to make the decisions to be in these programs and what it was like day to day to be in them. So I'm wondering if you're planning to continue this line of research because I think it has potential of being very important in the social work. I do see these courts as continuing to expand and become more a part of the landscape and I think social work has a role to play in there. The question is how do we manage that professionally. I think that this is as I've probably mentioned multiple times. It's an exciting area for research.

[00:25:23] If you think about the multiple roles that social workers could play I mean they can play caseworkers they can be the treatment providers in the community that are coordinating with mental health court. They can be the lawyers. JD MSW is working within mental health courts and they can even be probation officers. One of the probation officers in my study was NLCS W. So she actually provided the global Medicaid hours like billable services for her therapeutic interventions with her clients. And I think there is so much we don't know about what that looks like. There are so many interesting directions to go. So I think I have a whole career and can research in that area. Absolutely. Before I let you go. Is there anything that we might have missed that you would like to highlight or to draw attention to. You know I'm an advocate myself in my work and in my practice and I just would want to encourage social workers in general to not shy away from the criminal justice system because we have so many people that don't quote unquote deserve to be in the criminal justice system. And there's so many opportunities for people who end up in the criminal justice system to have good services to try to help them stay out of the criminal justice system for people with mental illnesses. We know they are at an extraordinarily higher risk of recidivism than the general population. I mean we just see these chronic revolving doors. And I always feel that it's my duty if I see injustice. I want to try to tackle it.

[00:26:58] And I teach direct practice with new social workers and so many people seem intimidated by the criminal justice system and I just I hope that social work can really make push forward to make a difference for people to end up there. Well I agree I think it's a fascinating area of study as well as work and I hope that as you progress in your career and more particularly in your research that we have an opportunity to bring you back to talk about more things that you've learned and help us think about how to incorporate into professional social work. Yeah great. I would love to. Thanks for being interested in this and why don't you talk about my work. I appreciate it. Absolutely. Thank you for your time once again thank you so much. You have been listening to Dr. Kelli Canada discuss the role of the caseworker and client relationships within mental health courts on in social work. Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the

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