

Case Manager

*Pine Street Inn — Men's
Stabilization Unit*

Jasper Duval – Cultural Anthropology/Health Science
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Men's Stabilization

Pine Street Inn is a major non-profit in Boston with the aim of reducing homelessness. It has many branches, including the Men's Stabilization unit. This is a 32-bed homeless shelter with an attached SOAP (structured outpatient addiction program). Clients come from medical detox and are in our program for 1-3 months, or until placement in a halfway house. While in our program, clients are in group therapy from 8AM - 4PM, and are offered individual counseling and case management services.





My Time on Co



Goals

- The goals of case management are to place clients in aftercare—further recovery with stable housing—such as a halfway house or sober home.
- We also assist with connecting to further care such as doctors' and dentists' appointments.

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Tasks

- Meet with clients to discuss aftercare ideas
- Send referrals and applications to halfway houses
- Set up clients with interviews with the halfway houses
- Schedule medical and social service appointments
- Coordinate discharge, including medications and transportation



My Time on Co



My Role

- There are no full-time case managers, meaning that Casey Kamali and I were the only people doing the job
- We were treated as full members of the clinical team and others were very grateful for us
- Our full duties were given to us from the get-go (with support from clinicians and our supervisor, Andrea)

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People

- Casey and I worked very closely throughout the co-op. We split clients 50-50, did the same tasks, and shared an office. We could only see one client at a time, so the other was always listening in and able to support. We became total work besties ♡
- The other part of the time was spent with clients and clinicians!






A Task I'd Never Done Before

- I had a client who was on the waitlist at a halfway house that was his top choice. Between his interview and him being offered a bed, his medications had changed. The halfway house asked me to resend his referral for their records, and called me saying they couldn't take the client because he had lied about his medications. I proceeded to defend my client and advocate for his place on the waitlist. They said they would talk about it with their board.
 - I honestly was nervous that I was being too unprofessional, but my supervisor was very supportive of how I handled the situation. I wasn't ever trained on how to contradict halfway houses; generally, we work under the assumption of making them happy, but they were combative and accused my client of lying, which I could not stand.
 - Casey helped me by bringing me documents and pointing to page numbers during the phone call so I could cite my sources. Max, the client's clinician, helped by calling the halfway house and advocating on the client's behalf as well. Andrea, my supervisor, supported me and called the halfway house as well.
 - While the halfway house ultimately decided not to accept him (for reasons that were unclear and likely tied to not wanting to admit they were wrong), I felt like I did all I could for the client and he appreciated how hard I fought for him.
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Biggest Challenge

- I had a client near the end of co-op that had 7 warrants out for his arrest, including some sex offenses. Most halfway houses require clients to clear their warrants before being accepted, and all halfway houses expect clients to be honest and open about their legal history. This client had no interest in those things. I had a lot of difficulty continuing to work with him because his priorities were so out of line with what the program's priorities were for him, and also because I had some countertransference around his legal history. I also had difficulties near the end of my co-op, because the client's clinician gave up on getting him placed and instead thought he would be arrested.
 - I ended up leaving the co-op before getting him placed, but I was able to get him thinking about clearing his warrants. I also worked through some of the countertransference in a healthy way with Casey by talking about it and how I can still serve him even with questions about "worthiness" and his resistance.
 - I learned that I am able to set aside my countertransference in order to assist clients, but I have the most difficulty with resistance to treatment and the steps we have to take to get clients where they'd like to be.
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Work Style

- This co-op further confirmed for me that I am super Type A. This job had the perfect balance for me of organizational/paper-pushing tasks and human interaction.
 - I learned that I really enjoyed not having my supervisor around all the time. Andrea was very busy and very hands-off, so we only saw her once a week or once every two weeks. I had enough to do and knew how to do it well enough that I felt like I didn't need much more supervision than that (though I really enjoyed her company and would have liked to eat lunches with her, and I would have appreciated her input on some social situations or particularly tough clients).
 - I learned about reporting to more than one supervisor—and that I dislike it. Hadar supervised the clinicians but not us, and Andrea was her boss. Because Hadar was in the office every day, it felt like she was more of our boss sometimes. I also found it hard to read her and so had some difficulties where I wasn't sure what she thought of me or a situation I handled. There were also sometimes mixed messages, with different instructions from Hadar versus from Andrea.
 - I loved the challenge of managing 15 clients' aftercare simultaneously. There was always something to do and never a dull moment.
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Weird Social Situation

- We would eat lunch with the clinicians. One clinician, Max, spoke really negatively about his job and was very sarcastic. He would make comments like, “you guys are always too eager to get back to work,” “I love taking a long lunch break,” “I don’t know why I became a social worker,” etc. We had trouble getting a read on him because he didn’t seem to be authentic very often. I really didn’t like his company and had trouble with him being so inauthentic. Casey, Abigail (another clinician), Hailey (program assistant co-op), and I would sometimes tease him and poke fun at him about how he didn’t want to do his job or did the bare minimum. He confided in us after one lunch that he’s self conscious about not doing enough at work and would appreciate if we stopped teasing him about it. We did, but he went back to his negative and sarcastic self. It resolved in that we stopped teasing him, but I still was exhausted and unhappy with him, and I’m not looking forward to eating lunch with him if I end up working with him again after graduation.
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Experience

- My co-op was an incredibly positive experience for me that helped my personal growth. I unlearned a lot of my biases around drug use, addiction, and homelessness. I try to say something if an unhoused person asks me for money, in order to recognize their humanity—"I don't have anything, I'm sorry," or "I wish I could help." I also watch my language around addiction, specifically not using the words "tweaking" or making jokes about "crackheads." I also am confronting my unfounded white fears of the Mass & Cass intersection of Boston.





Inequality

- I think the biggest inequalities I saw were through the population served. A majority of our clients had a history with the legal system, whether they were on probation or parole, or just came out of prison. These clients had so many barriers to their care, even for simple things. Sometimes a clinician would take the clients on a walk around the park during group time, and clients with ankle bracelets often had to stay in the program as a condition of their parole, not even allowed to take a supervised walk in a group. These clients also had to attend court dates, taking them out of therapy time. Even just seeing the proportion of clients with a legal history—about 75%—shows how incredibly marginalized people in recovery are. It's also a self-fulfilling prophecy due to the illegality of substance use in the U.S., taking a carceral approach instead of a public health approach. Even in Massachusetts, one of the most liberal states, this is very clear to me having worked both in the Dept. of Corrections and for Pine Street. MA is still quite conservative with the legal system, resulting in substance use crises that are visible, especially in certain areas of the state (Mass & Cass a.k.a Methadone Mile, the North and South shores, Worcester, and many others).
 - The biggest challenges were with those with a history of sex offenses. Many halfway houses wouldn't take them, whether due to location (proximity to a school for instance), having women in the program, or just discrimination. These clients also faced discrimination from their peers in the program, who would bully, exclude, or even threaten them.


Inequality (Cont'd)

- These inequalities impacted my work by limiting what I could do for these clients, and also forced me to reckon with how I think about criminality. My clients were sweet, genuine, strong people who I loved working with, and many of them were also convicted criminals. Criminality does not preclude being a good person, and in fact, has little impact on how much of a pleasure they were to work with or the kind of person they *can* be.





What's Next

- I am graduating this December and hoping my supervisor will hire me before I graduate. I offered to work during December after the current co-ops go on winter break because there was a lot of difficulty in the Fall/Spring co-op switch. There were no case managers for about a month and clinicians had to take over, which was very difficult for them. I am hopeful that I can also be involved in hiring the next co-ops!
 - Past that, I am heavily considering social work school for next fall and continuing to work for this co-op. They have an education reimbursement program as part of their benefits (\$4000/semester I believe). Even if I don't take advantage of that, I really loved this co-op and am strongly considering working in social services and getting an MSW.
 - Side note: I recommended my partner apply for case management jobs when he moved to MA with me, and he got a job working at a halfway house :)
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