Case Planning in the SDM System

Case planning begins after you have identified priority strengths and needs using the FSNA and creates a framework that will be used to assess the progress items on the risk reassessment or the reunification assessment.

1. Discuss results of FSNA prioritization with the family. Since you have completed the assessment with the family, there should be no surprises.

    1.1. Explain that the purpose of working together is to ensure child safety by helping adults in ways that reduce their areas of need and increase their areas of strength.

    1.2. Explain that for each need area, a plan will be developed to include one objective and strategies to reach it, with specific resources or services that will support that plan. The family's existing strengths will be used to help meet needs.

2. Increase understanding of priority need areas.

    2.1. One at a time, explore each need area with the family to get more information that will help set objectives and assist in the writing of the outcome statement. For example:

        2.1.1. Ask about exceptions (is there ever a time when it doesn't happen?).
        2.1.2. Is the need area a lack of knowledge, skill, or attitude?
        2.1.3. How long has the need existed?
        2.1.4. How eager is the family for change? Does everyone feel the same? Who wants it most?
        2.1.5. Have they tried to change before? What worked? What didn't?
        2.1.6. Consider whether more in-depth assessment would shed valuable light. For example:

Item	Additional Formal Assessment
CAREGIVER	
Substance abuse/use	Alcohol and drug assessment
Household relationships/domestic violence	Family therapy assessment Assessment of batterer
Social support	Social network assessment
Parenting skills	Parenting assessment
Mental health/coping skills	Psychological assessment
Resource management/basic needs	Financial assessment
Cultural identity	Consult with culturally specific professional
Physical health/disability	Medical assessment
CHILD	
Emotional/behavioral	Psychological assessment
Physical health/disability	Medical assessment
Education	Educational assessment
Family relationships	Family therapy assessment
Child development	Developmental assessment
Substance abuse	Alcohol and drug assessment
Cultural identity	Consult with culturally specific professional
Peer/adult social relationships	Social network assessment
Delinquent behavior	Probation consult

3. Setting the outcome. State the "issue" in terms of the outcome the family wants to achieve. This statement should express what the family will look like, how they will function, what they will be able to accomplish when things are better. Although this statement should be informed by the need areas, it is really about what the family wants to get out of the case plan.

4. Setting the objectives

    4.1. One at a time, review priority need areas. Remind the family what they said (or what others said, or what the worker observed) about this area. Ask the family what it would look like if everything in this area was better. Help the family state this as an objective. Provide guidance to make objectives concrete and measurable. You may use the a/b definitions for the domain from the FSNA for ideas.

    4.2 Provide guidance to make the objectives SMART. This can be achieved by writing additional indicators for each objective that describe in SMART details how you and the family will know when they have achieved the objective.

5. Developing the strategies. One at a time, take each objective and ask family members for ideas on how to achieve that objective. Examples:

    5.1. What is one small thing each of you can do to start?

    5.2. How can (another person, worker, etc.) help?

    5.3. Use a "scaling" question: On a scale of 1–10, where are you now? What would it take to get to (one less)?

    5.4. Use strengths: One of the things you are already doing well is *X*. How could you do something similar to help reduce this area of need? (Example: Your physical health is very good. How do you suppose you have been able to stay in good health? Are there some ways doing similar things could help as you try to stay sober?)

    5.5 Use additional information you gathered about the areas of need. Focus on exceptions.

6. Selecting services

    6.1. Formal vs. informal

        6.1.1. Some services are informal. They take advantage of resources available in the community at little or no cost. Remote areas may need to rely heavily on informal services because few formal resources exist. Informal services may seem less confrontational. Informal services are often overlooked, but can be very effective. However, serious problems may be insufficiently addressed through informal services.

6.2. Cultural considerations

6.2.1. Will a potential service provider be culturally competent for the family?
6.2.2. If the best service provider does not have experience working with a family's culture, are they open to learning? How can the provider be supported in achieving cultural competence? Can the family help?

6.3. Logistics

6.3.1. Transportation. Can the family get there?
6.3.2. Scheduling. Can appointments be made without compromising work and school, and without overloading the family? What is the balance between helping the family recognize the importance of working on their needs while not creating needless additional stress?

SAMPLE OBJECTIVES, STRATEGIES, AND SERVICES FOR FSNA PRIORITY NEED AREAS			
Priority Need	**Sample Objectives**	**Sample Strategies**	**Sample Services**
CAREGIVER			
Substance use/ abuse	Be clean and sober for at least 90 days.	• Detoxify from drugs or alcohol. • Stop hanging out with friends who use. • Understand how to avoid triggers for use. • Develop alternative interests. • Learn about addiction. • Develop insight into reasons you use.	• Detox. • AODA counseling (inpatient or outpatient). • Support groups. • Join a football league.
Household relationships/ domestic violence	• Adults love and respect one another. • Adults work out disagreements. • No one hits, throws, or hurts. • Have a safe place to live. • Have an emergency plan. • No adult has power over another adult. • Choose a partner who will not hurt you.	• Learn healthy ways to argue. • Decide who will live in the house. • Make and follow a plan for sharing responsibilities. • Restraining order. • Learn how to stop an argument before someone hits. • Learn how to trust one another. • Understand victimization. • Learn and use nonviolent ways to express anger.	• Home visiting. • Family counseling. • Elders/spiritual advisor. • Read a book about relationships and discuss. • Talk to a healthy couple. • Shelter. • Court. • Law enforcement. • Counseling. • Elders/spiritual advisor. • Child care.
Social support	Develop and maintain positive, mutually supportive relationships with at least three people.	• Participate in activities where you can meet people. • Do one thing every week to help another person. • Ask for help for one thing every week. • Do an activity with another person every week. • Ask advice from a trusted person every week. • Call [person] every week just to talk.	• Home visiting. • Support groups. • Psychotherapy (if needed to address underlying barriers). • Activity groups. • Churches or spiritual centers. • Email, chat rooms (as first step, or if very remote).
Parenting skills	• Know what my child can do at his/her age. • Help my child learn right from wrong. • Teach my child without hitting.	• Learn about child development. • Learn and practice three ways to discipline without hitting.	• Home visiting. • Parent training. • Parent aid. • Elder/spiritual advisor. • Read books. • Talk to a role model.

SAMPLE OBJECTIVES, STRATEGIES, AND SERVICES FOR FSNA PRIORITY NEED AREAS			
Priority Need	**Sample Objectives**	**Sample Strategies**	**Sample Services**
Mental health/ coping skills	• Caregiver has hope for the future. • Caregiver has positive feelings about self. • Caregiver is able to cope with stress and demonstrates by [making good choices, getting good sleep, etc.].	• Learn and practice meditation to reduce stress. • Learn ways to change self-talk. • Take prescribed medication. • Use exercise to feel better. • Develop a plan for the morning routine to reduce stress. • Identify patterns that lead to depression and develop alternative patterns.	• Home visiting. • Psychotherapy. • Reading books. • Spiritual advisor/elder. • Support groups. • Internet sites.
Resource management/ basic needs	• Maintain a safe home. • Provide adequate food. • Provide adequate clothing.	• Get a job. • Develop a budget and follow it. • Learn to make low-cost meals instead of eating out. • Learn ways to find bargains. • Spend money on necessary expenses instead of gambling (or other competing expenses). • Develop a plan to clean up the house, and follow it. • Understand and overcome emotional reasons for out-of-control spending.	• Supplemental income supports. • Housing supports. • Employment services. • Financial advisors. • Spiritual advisor/elder. • Books on budgets, cost-saving ideas. • Education, learning a trade. • Job seeking on the Internet. • Child care.
Cultural identity	• Identify positively as [culture]. • Peacefully coexist as [client culture] within a family and/or community of [other culture].	• Gain knowledge of [culture] (could be client's own cultural background if issue was lack of identification, or culture of family or community if issue was conflict with another cultural group). • Gain insight into potential conflicts between self and surrounding culture. • Learn ways to avoid or resolve conflicts with family and/or community who are members of [culture].	• Home visiting. • Books, Internet sources for information on cultural groups. • Participate in events of cultural groups. • Spiritual leader/elder. • Culturally specific support groups. • One-on-one dialogue with member of conflicting group.
Physical health	• Recover from [illness/injury]. • Achieve the best level of functioning possible given [illness/injury that will not resolve]. • Someone else assists with necessary responsibilities that can no longer be done because of [illness/injury].	• Get medical care, including physical therapy, medication, etc. • Follow doctor's orders. • Get necessary devices (e.g., wheelchair, walker, hearing aid). • Develop plan for other family members to help with (e.g., cooking, cleaning, getting children ready for school). • Family members gain knowledge of [illness/injury] and plan ways to help.	• Case manager to assist with arranging medical appointments, transportation, etc. • Home health nurse. • Extended family/community members. • Support groups. • Child care.

SAMPLE OBJECTIVES, STRATEGIES, AND SERVICES FOR FSNA PRIORITY NEED AREAS			
Priority Need	**Sample Objectives**	**Sample Strategies**	**Sample Services**
CHILD			
Emotional/ behavioral	• Child is well-adjusted. • Child has a range of emotions that fit the situation and can express them in healthy ways. • Infant smiles and coos, can be alert, and enjoys being held by caregiver. • Child learns age-appropriate behaviors (be specific).	• Caregiver helps child learn things to do when (angry, sad, bored, frustrated). • Child has a chance to talk about how he/she feels about [loss, trauma, etc.] with [someone he/she trusts]. • Caregiver consistently responds to child (be specific; e.g., notices when infant is hungry and responds). • Caregiver sets consistent limits for child.	• Child therapy. • Family therapy. • Books. • Parent mentor. • In-home support services. • Child care.
Physical health/ disability	• Child recovers from [illness/injury]. • Child obtains the best health possible given [illness/injury].	• Caregivers provide medical care needed (be specific). • Caregivers follow medical advice at home (be specific). • Caregivers help child learn about [illness/injury]. • Caregivers provide needed supplies (be specific).	• Medical providers. • Home health. • Support groups. • Books, Internet sites. • Child care.
Education	• Work at or above grade level (or at expected level if in special education). • Attend school regularly.	• Develop good study habits. • Plan for how to get ready for school on time, every day. • Create a special place to study (could be under a shade tree!).	• Special education. • Tutor/mentor. • Educational games. • Online resources.
Family relationships	• Child feels loved and accepted within family. • Child feels safe and secure in family.	• Family does things together (be specific; include fun and work). • Caregivers learn ways to help child know he/she is loved and accepted. • Caregivers discuss differences outside of child's awareness (or caregivers model peaceful ways to discuss differences, depending on child's developmental and emotional level). (All items included above for caregiver relationships, domestic violence, as applicable.)	• Family therapy. • Spiritual advisor/elder. • Mentor family. • In-home support services. • Books. • Internet sites for ideas on family activities. (All items included above for caregiver relationships, domestic violence, as applicable.)

SAMPLE OBJECTIVES, STRATEGIES, AND SERVICES FOR FSNA PRIORITY NEED AREAS			
Priority Need	**Sample Objectives**	**Sample Strategies**	**Sample Services**
Child development	• Child is functioning at developmental level. • Child is functioning as close to developmental level as possible.	• Caregiver provides opportunities for child to learn and grow (be specific). • Caregiver learns about [child's developmental limitations] and ways to provide opportunities for child to learn and grow.	• Child development specialist. • Preschool. • Special educational settings. • Books on child development. • Support groups for parents. • Play groups for child. • Child care.
Substance abuse	Be clean and sober for at least 90 days.	• Detoxify from drugs or alcohol. • Stop hanging out with friends who use. • Understand how to avoid triggers for use. • Develop alternative interests. • Caregivers know all child's friends. • Caregivers set curfew and know child's whereabouts at all times. • Caregivers conduct periodic checks of child's room and belongings. • Caregivers learn about substance use and how to help child remain clean and sober.	• Detox. • AODA counseling (inpatient or outpatient). • Support groups. • Join a football league. • Support group for parents.
Cultural identity	• Child develops positive identity as [culture]. • Child lives peacefully as [culture] within family/community.	• Gain knowledge of [culture] (could be client's own cultural background if issue was lack of identification or culture of family, or community if issue was conflict with another cultural group). • Gain insight into potential conflicts between self and surrounding culture. • Learn ways to avoid or resolve conflicts with family and/or community who are members of [culture].	• Books, Internet sources for information on cultural groups. • Participate in events of cultural groups. • Spiritual leader/elder. • Culturally specific support groups. • One-on-one dialogue with member of conflicting group.
Peer/adult social relationships	• Gets along well with friends. • Gets along well with adults.	• Have a play date with at least one other child once a month. • Learns how to share. • Learns how to have conversations.	• Home visiting. • Mentor. • Team sport or activity. • Books, videos, and discussion with parent.

SAMPLE OBJECTIVES, STRATEGIES, AND SERVICES FOR FSNA PRIORITY NEED AREAS			
Priority Need	**Sample Objectives**	**Sample Strategies**	**Sample Services**
Delinquent behavior	Avoid offending behavior.	• Learn about effect of behavior on others. • Learn about consequences for behavior. • Choose friends who are not involved in offending behavior. • Develop alternative activities. • Earn money legitimately. • Make plans for trade school or college. • Caregiver sets boundaries.	• Probation/parole. • Spiritual advisor/elder. • Mentor. • Learn to play a musical instrument.

7. Working the case plan—How we can make this manageable for families?

   7.1 The refrigerator case plan. Break down the case plan into week- or two-week-long sections and list the activities the family (and the worker!) must accomplish in that time to stay on track towards the objectives.

   7.2 Use face-to-face contacts and/or weekly telephone calls to discuss which tasks have been accomplished and which have not. Can you move on to set new tasks for the next week? Were there unanticipated obstacles you need to address first?

   7.3 Organize your contact notes around these tasks to measure progress towards case plan objectives. At each contact, ask if the family is on track to achieve their objectives before the next reassessment. If not, what can be done?

8. Using the case plan at reassessment

   8.1 Review objectives and indicators—has the family achieved the objectives? If not, how much progress has been made?

   8.2 If the family has not achieved the objectives, use your contact notes to determine the frequency of improved behavior. Has participation been active or partial? Is desired behavior demonstrated frequently or occasionally?

