

**Advanced SDM PowerPoint Slides Handout**

**Hotline**

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division of the National Council on Crime and Delinquency*

## Advanced Structured Decision Making® (SDM) Training Hotline Assessment

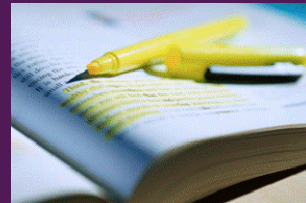


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### Agenda



- Review of hotline fundamentals
- Interview guidelines
- Practice
- Debrief



## Review

### Hotline Fundamentals

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## Hotline Assessments

Step 1: Appropriateness of a child abuse/neglect report for response (screening)

Step 2: Response priority

Step 3: Differential response path decisions

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## Screening Policy and Procedures

P&P  
26

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- Which Cases**
  - All referrals that are created in CWS/CMS
- Who**
  - Worker receiving the referral
- When**
  - During the call
- Decision**
  - Does the referral meet statutory definition for in-person CWS response?

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## Screening Assessment

P&P  
4-5

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- Screening criteria
  - » Four categories of maltreatment
  - » Define conditions that require a response
- Screening decision
  - » Evaluate out
  - » In-person response
  - » Review not required
  - » Overrides

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## General Definition Tips



- Read to the period
- Examples are examples
- Beware of AND and OR
- Use common sense
- The definitions are guides and are not a substitute for knowledge or good judgment
- Live within the definitions, and use overrides if you disagree with where the definition is taking you

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## Screening Assessment Definition Practice



A teacher at the local junior high school calls to report that one of her students, a 12-year-old girl, wrote in an essay for English class that when she was 10, her stepfather would punish her by hitting her or making her spend the night outside without shelter or protective clothing, sometimes while it was raining.

When the teacher asked the girl about the essay, she reported that the essay was about true incidents and that she is glad that her stepfather is now in jail (on unrelated charges) and her mother has almost finalized the divorce. She said that her mother always tried to help her and that their life has been “almost perfect” since her stepfather was arrested 18 months ago.

CWS/CMS record check confirms no reports on this family in the past two years.

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## Screening Assessment Definition Practice



A Little League coach calls in with a concern about one of his players, an 8-year-old boy. Today the boy came to practice with a jammed finger, scabs on his forearms, and bruised knees. He told the coach that he hurt himself while riding his bike in the neighborhood. He was trying to bunny-hop on the curb the way his older brother does and missed.

After practice, the coach talked to the boy's mother, who said that the injuries were from a bicycle accident when he was riding around the neighborhood with his 11-year-old brother over the weekend. She took him to the pediatrician and is annoyed that she has to buy him a new helmet because the old one was dented in the crash.

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## Response Priority Policy and Procedures

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### Which Cases

- All referrals that meet statutory threshold for an in-person response, per screening tool.

### Who

- Worker receiving the referral

### When

- During the call

### Decision

- How quickly to respond
- Should first face-to-face contact be attempted within 24 hours or ten days? (Within five days in Los Angeles)

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## Response Priority Assessment

P&P  
6-8



- Four decision trees
  - » Match to allegation type
  - » Complete for each allegation
- Overrides
- Final response priority
  - » 24 hours
  - » Ten days (five days in Los Angeles)

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## Response Priority Definition Practice

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There has been an allegation of neglect requiring a response. A neighbor reports a 4-year-old girl who is left alone by her single father for eight to ten hours at a time while he is at work. Sometimes a relative watches the girl, but today she is alone again. She is playing with her doll in the front yard, and when the neighbor asked, she said that there was no one in the house to take care of her.

The neighbor reported that the child seemed content and had no medical needs. The neighbor also reported that she had never been inside the house. The exterior of the home was clean and well cared for.

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## Definition Hot Spots



### Screening assessment:

- Threat
- Intent
- Injury

### Response priority assessment:

- Protective adults
- Perpetrator access
- Fear

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## Review

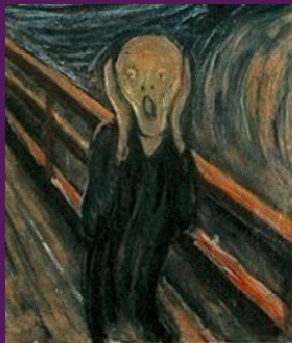
### Interviewing Guidelines

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## Review of General Interview Concepts



### Understand needs of the reporter



This is the hardest call  
I have ever made in  
my entire life



Just the facts

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## General Interview Concepts Continued



- Barriers to information gathering
  - » Caller knowledge of facts is incomplete
  - » Caller does not know what information is important
  - » Caller does not know specifics of law
  - » Caller has emotional response to reporting
  - » Caller has unknown/conflicting motivation

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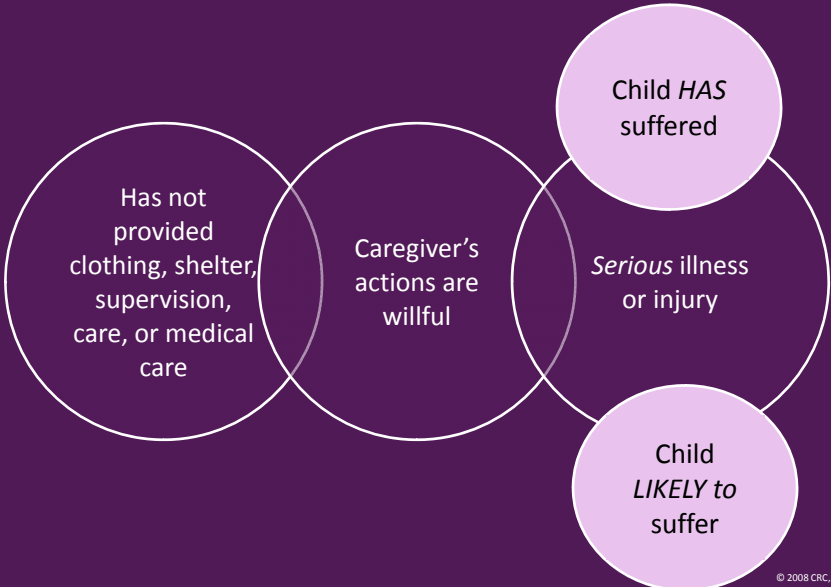
**Interview Ladder**

1. Open-ended: What are your concerns?
2. Narrative-anchored follow-ups: You mentioned that \_\_\_\_\_. Tell me more about that.
3. Fine-tuning: Specific questions to answer a screening item...identify the "missing link" questions.

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**Chain for Child's Health/Safety Is Endangered**

The diagram consists of four overlapping circles arranged in a horizontal chain from left to right. The text in each circle is as follows:

- Circle 1 (Left): Has not provided clothing, shelter, supervision, care, or medical care
- Circle 2: Caregiver's actions are willful
- Circle 3: Serious illness or injury
- Circle 4 (Right): Child *HAS* suffered

Below the rightmost circle, there is a separate circle containing the text: Child *LIKELY* to suffer.

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## Chain for Child's Health/Safety Is Endangered

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Has not provided clothing, shelter, supervision, care, or medical care

Caregiver's actions are willful

Child *HAS* suffered

Serious illness or injury

Child *LIKELY* to suffer

School states 15-year-old boy reported that three months ago his father hit him in the stomach. The boy reports discomfort since then. Father refuses to take him to the doctor.

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## One More Question...

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- MISSING LINK
  - » What is the one piece of information that would complete the definition chain?

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## Using the Definition Chain During the Call



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Open ended

- Listen for main categories (physical, sexual, emotional abuse, or neglect)
- Begin to scan subcategory criteria on main screen

Narrative-based follow-up


- Open definitions for likely criteria
- Ask narrative-based follow-up questions in areas definition requires
- Narrow down to possible criteria

"One more question"

- Create narrative chain and compare available information
- Where your chain is missing information, pose a detailed question
- If chain is complete, mark criteria

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## Example



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Open ended

- Police officer calls to report two children were at the house last night when responding to a DV report.
- Could be physical abuse, threat of physical abuse, emotional abuse, threat of emotional abuse



What questions could you ask to narrow down the criteria options?

"One more question"

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### Narrative-based Questions to Narrow Down Possible Criteria


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Physical  Accidental	<ul style="list-style-type: none"> <li>Was either child injured?</li> </ul>
Threat of physical abuse: dangerous behavior toward child or in immediate proximity of child	<ul style="list-style-type: none"> <li>Was the child present during the incident?</li> <li>What was the nature of the incident?</li> </ul>
 Abuse	<ul style="list-style-type: none"> <li>Does either child have any known mental health concerns?</li> </ul>
Threat of emotional abuse	<ul style="list-style-type: none"> <li>What was the nature of the incident?</li> <li>Was the child present during the incident?</li> <li>(If not present) Does child know about DV?</li> <li>(If not a severe incident) Has this happened before?</li> </ul>

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### Narrative-based Questions to Narrow Down Possible Criteria

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Threat  Abuse: dangerous behavior toward child or in immediate proximity of	<ul style="list-style-type: none"> <li>How close was the child? (compare to range of danger)</li> <li>Was child being held?</li> <li>Was something dangerous thrown that nearly hit child?</li> <li>Was gun involved?</li> <li>Was the child attempting to intervene?</li> </ul>
Threat of emotional abuse	<ul style="list-style-type: none"> <li>How did children react?</li> <li>Did children seem concerned or upset?</li> <li>What did the children say about what happened?</li> <li>Are the children worried about their mother?</li> <li>Are the children acting out, having school trouble, etc.?</li> <li>Also, from your knowledge of the effects of domestic violence, is the history and severity such that most children would eventually experience significant emotional harm?</li> </ul>

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## Chain for Threat of Emotional Abuse: Domestic Violence

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On more than one occasion, OR a single occasion involving weapons or injury

DV is persistent and/or severe

Child has witnessed or is aware of physical altercations

Likely to result in child's severe anxiety, depression, withdrawal or aggressive behavior

Police were at house for DV call last night. This is the third call in four months. No weapon.

Boy (8) and girl (6) were at home when police arrived. Children were with parents when altercation began

Physical altercation between parents went on for 20 minutes. Children hid in their rooms and were crying when police arrived.

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## One More Question...

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A nurse at the local hospital calls in to report a positive toxicology screen on a new mother who has just given birth.

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## One More Question...



A teacher calls in to report that she is worried because one of her first-grade students has worn the same clothes to school for a week. Today she asked why the girl has worn the same outfit for so long, and the girl replied that her mommy doesn't care.

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## Working With Callers Headed for Evaluate Out



- Gauge caller's expectation
  - » Called because he/she thought they had to...no real worry about child
  - » Called expecting something was going to happen
- If latter:
  - » Explain criteria
  - » Ask about the following:
    - Any other concerns
    - What is making them worried
  - » Provide information on alternative interventions/supports

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## Response Priority During Call



After determining that an in-person response is indicated:

- Open definition for first question on decision tree
  - » Has caller already provided information needed to answer yes/no?
  - » If not, what else do you need to know?
- Continue with additional questions as needed

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## One More Question...



A caller reports an incident at his neighbor's house, where an 8-year-old girl lives with her mother, the mother's boyfriend, and an aunt. He reports seeing the boyfriend hit the girl in the stomach when she wouldn't bring him a beer from the refrigerator. He says that the boyfriend is always drunk, and he's worried for the girl's safety.

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## Unknown



- Unknown is different than unasked
- If asked AND STILL unknown, respond in most protective way
  - » Does not require you to consider the remotest possibility
  - » Does not require you to prove a negative

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## Unknown, Example



Caller is reporting neglect of neighbor children based on lack of supervision. Parents go to work in the morning and kids are home alone all day when they are not in school. Oldest is 9, youngest is 4. Today, Monday, they are in school and will be all week. Parents don't work on the weekend.

For question of hazardous living environment, neighbor states he has never seen the inside of the house.

How do you answer Q2 on the neglect tree?

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## Practice Exercise



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## Exercise



- Divide into groups of two
- Assign role A or B to each person
- Four rounds: five minutes per round

Round	Person A	Person B
1	Interviewer	Reporter
2	Reporter	Interviewer
3	Interviewer	Reporter
4	Reporter	Interviewer

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## Roles



### Interviewer

- Objective is to determine if a response is required.
- Ask questions as needed, attempting to stay as high on the ladder as possible while reaching a decision on score within five minutes.

### Reporter

- Do NOT disclose your intended decision.
- Cooperate with interviewer.
- Using the information provided and your imagination, answer interviewer's questions.

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## Debrief

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## **Safety Interviewing**

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## Interviewing for the Safety Assessment



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### Agenda



- Brief fundamentals review
- Interviewing/observing: How deep do you dig?
- Safety assessment review: ruled out, resolved, controlled, or discovered

## Purpose of Safety Assessment



- Imminent danger of serious harm
- Basis for protective placement
  - » One or more threats of harm
  - » Insufficient protective capacities to mitigate threat

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## Safety Assessment Form

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30-32




- Header- "initial" vs "subsequent"
- Child vulnerabilities
- Safety threats
  - » Other
- Protective capacities
- Safety interventions
- Safety decision

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## Safety Assessment Policy and Procedures: Referrals

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<b>Which cases</b>	<ul style="list-style-type: none"> <li>Every referral that is assigned for in-person response (<i>use SCP safety assessment for allegations in foster homes or relative care providers</i>).</li> <li>Every open referral in which changing circumstances require safety assessment.</li> <li>Before closing IF case will not be opened AND there were prior safety threats.</li> </ul>
<b>Who</b>	<ul style="list-style-type: none"> <li>The social worker responding to the referral.</li> </ul>
<b>When</b>	<ul style="list-style-type: none"> <li><b>REQUIRED:</b> Completed during first in-person contact. Form completed within two working days.</li> <li>If new circumstances, form is completed within two working days.</li> </ul>
<b>Decision</b>	<ul style="list-style-type: none"> <li>Child is safe and will remain in home with no intervention.</li> <li>There is at least one safety threat AND there is an in-home <b>SAFETY PLAN</b>.</li> <li>There is at least one safety threat and child is removed.</li> </ul>

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## Safety Assessment Policy and Procedures: Cases

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<b>Which cases</b>	<ul style="list-style-type: none"> <li>Every open case in which changing circumstances require safety assessment.</li> <li>Prior to closure.</li> </ul>
<b>Who</b>	<ul style="list-style-type: none"> <li>The assigned social worker.</li> </ul>
<b>When</b>	<ul style="list-style-type: none"> <li>Assessment is done immediately; form is completed within two working days.</li> </ul>
<b>Decision</b>	<ul style="list-style-type: none"> <li>Child is safe and will remain in home with no intervention.</li> <li>There is at least one safety threat AND there is an in-home <b>SAFETY PLAN</b>.</li> <li>There is at least one safety threat and child is removed.</li> </ul>

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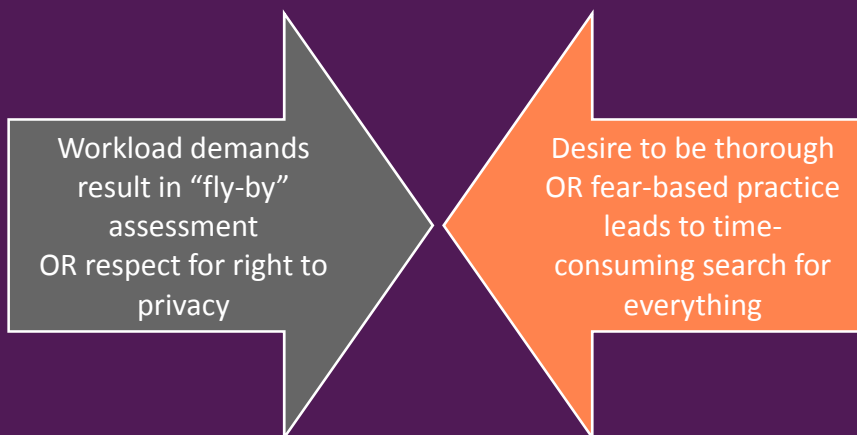
## How much time do you spend doing a safety assessment?



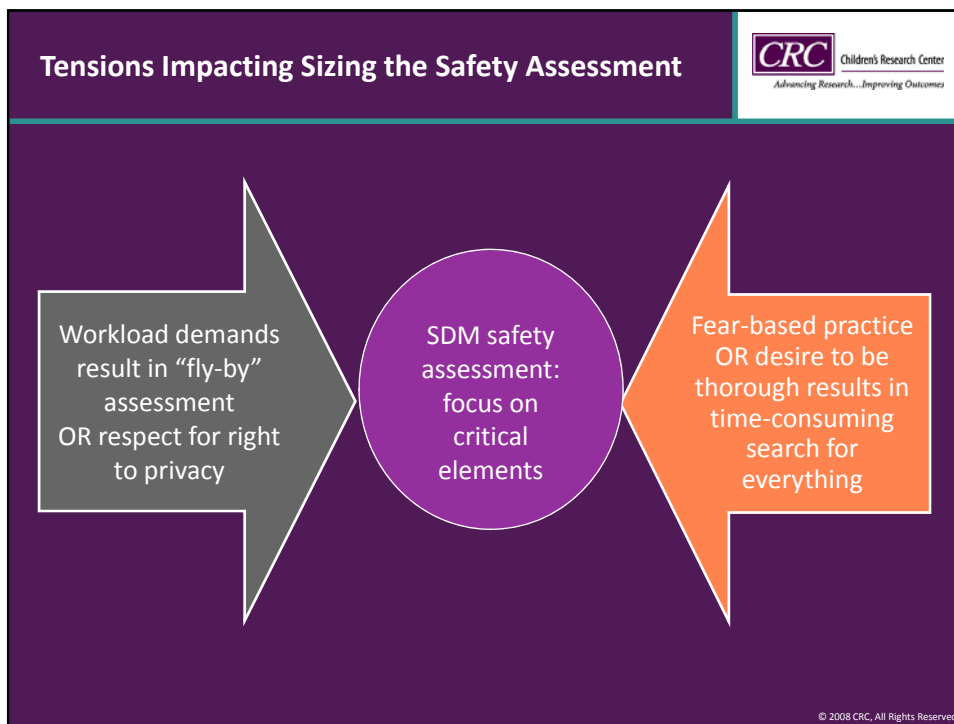
- How extensive are your interviews?
- Do you talk to collaterals?
- How much of the house do you look at?
- Do you do body checks?
- Do you ask about sexual abuse?
- DO YOU SPEND THE SAME TIME ON EVERY REFERRAL?

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## Tensions Impacting Sizing the Safety Assessment and Decisions



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### Is everything between no and yes of equal concern?

YES Hot Warm Cool NO

undecided

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### Where do I begin?

Before knocking on the door, prioritize the safety items for THIS report....

- Safety items in the report
- Non-safety items in report
- Prior safety assessments/history
- Remaining items

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**Example**

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Report is that 1-year-old child has subdural hematoma and retinal bleeding. Parents have no idea how it happened. Doctor suspects inflicted sudden impact. Nurse smells alcohol on dad's breath. No known history.

- Serious injury
- Questionable explanation
- Substance abuse
- All others

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**Example**

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Report is from parent's DD caseworker. Parents have significant developmental disability and caseworker reports they have a newborn. Worker is concerned that parents have no idea how to care for a baby. Today they seemed surprised to hear that their non-breastfeeding infant needs formula. Caseworker has not seen infant.

- Caregiver DD
- Inadequate food
- [none]
- All others

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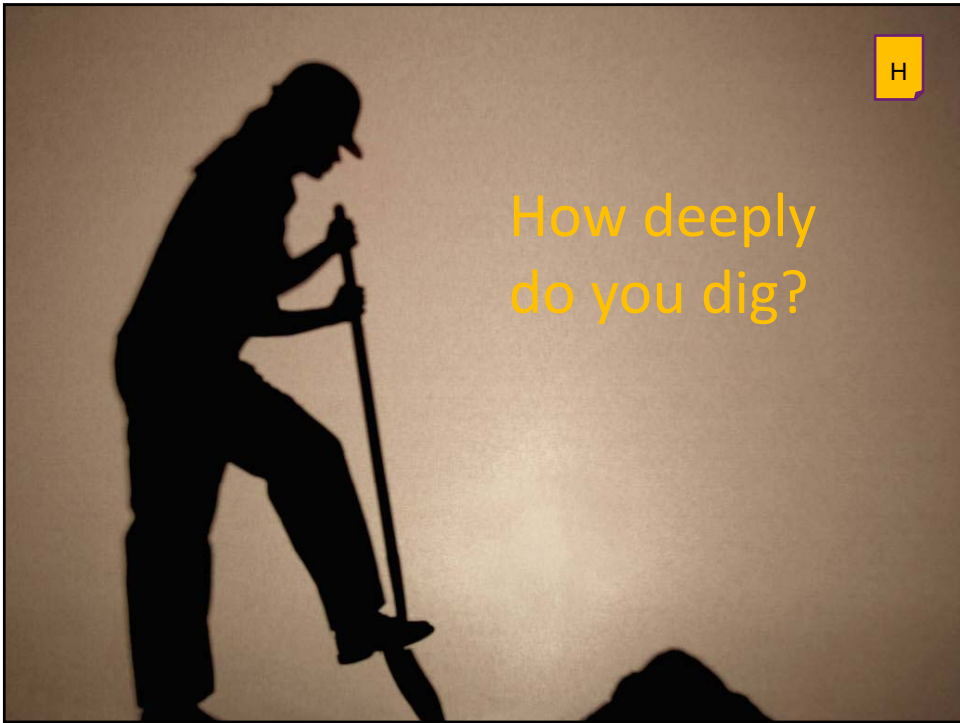
**Example**

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Report is that mom was high on meth and left 2-year-old alone. Prior history includes information that mom is bipolar.

- Substance abuse  
Inadequate supervision
- Caregiver mental health
- All others

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Cool



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- Items not in report or history
- If nothing emerges, safety threat is not present. If something emerges, increase priority and pursue.

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Warm



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- Non-safety items in report
- Items in the history or
- New information

- » Still not directly pointing to a safety threat, but signs observed that require further inquiry


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Hot




- Safety items in the report
- New information
  - » If confirmed, a safety threat is present, but still unconfirmed

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## Exercise 1A



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Hot, warm, or cool?

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Cool

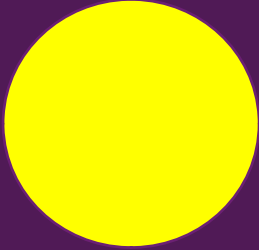


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- Observe
- Listen for spontaneous statements
- Question(s) may be very general

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Warm




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- Observe
- Ask more detailed questions
- Ask in more than one way

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Hot




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- Observe/seek
- Questions should be very specific
- Get other points of view if needed
- Pursue until you have a clear yes/no response

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**Exercise 1B**



Following up

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### How do I adjust during the contact?

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Initial interviews and observations may result in some items "heating up" and some items "cooling down"

- Safety items mentioned in the report that have not been quickly ruled out AND any new unconfirmed safety threats
- Non-safety items in report or items in prior safety assessments that have not been quickly ruled out AND any new suspicions
- Remaining items

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### Example—remember this report?

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Report is that mom was high on meth and left 2-year-old alone. Prior history includes information that mom is bipolar.

- Substance abuse
- Inadequate supervision
- Caregiver mental health
- All others

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**Example**

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In first five minutes as you explain the reason for your visit, you see mom is not high, shows no signs of meth use, reports having completed a treatment program a year ago, and is active in NA. There are no visible signs of drug use.

Inadequate supervision

Caregiver mental health AND substance abuse

All others

NOTE: We have not decided that the substance abuse item does not present a safety threat yet. But our focus shifts priority. We have not concluded that there is no substance abuse issue, but simply that it is not the most pressing area of inquiry NOW.

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**Example**

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You see the child, who appears healthy; talks; seems happy, comfortable. Mom is attentive to child.

Inadequate supervision

Caregiver mental health AND substance abuse

All others

NOTE: We have not decided that the inadequate supervision item does not present a safety threat yet, since it could change the moment we leave. It is still a top priority to explore. Since child is supervised in the moment, we can work our way to questions about it after establishing rapport.

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**Example**

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In first five minutes mom is angry that CPS is back, but you observe no signs that her mood is unstable or erratic.

Inadequate supervision

Substance abuse

Caregiver mental health AND all others

NOTE: We have not decided that the caregiver mental health item does not present a safety threat yet. But our focus shifts priority. We have not concluded that there is no mental health issue, but simply that it is no the most pressing area of inquiry NOW.

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**Example**

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In first five minutes mom mentions that her boyfriend is going to be mad that CPS is there. She seems very worried about his reaction. You observe a hole in the drywall that could have been caused by a fist. Mom has a faded bruise on her jaw.

Inadequate supervision


Substance abuse AND domestic violence

Caregiver mental health AND all others

NOTE: We have not decided that domestic violence exists, let alone that it creates a safety threat. But our observations include some indicators that we will want to pursue before we leave.

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## My Adjusted Interview Priorities



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- Inadequate supervision
  - » Does it occur? Is it likely to occur soon?
- Substance use
  - » Is mom still using? If so, how does it affect her parenting?
- Domestic violence
  - » What caused the hole in the wall? What caused mom's bruise? Does boyfriend pose danger?
- Mental health
  - » Is mom's bipolar disorder under control?
- All others
  - » Listening and observation, general questions

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## Interview Styles for Initial Visit



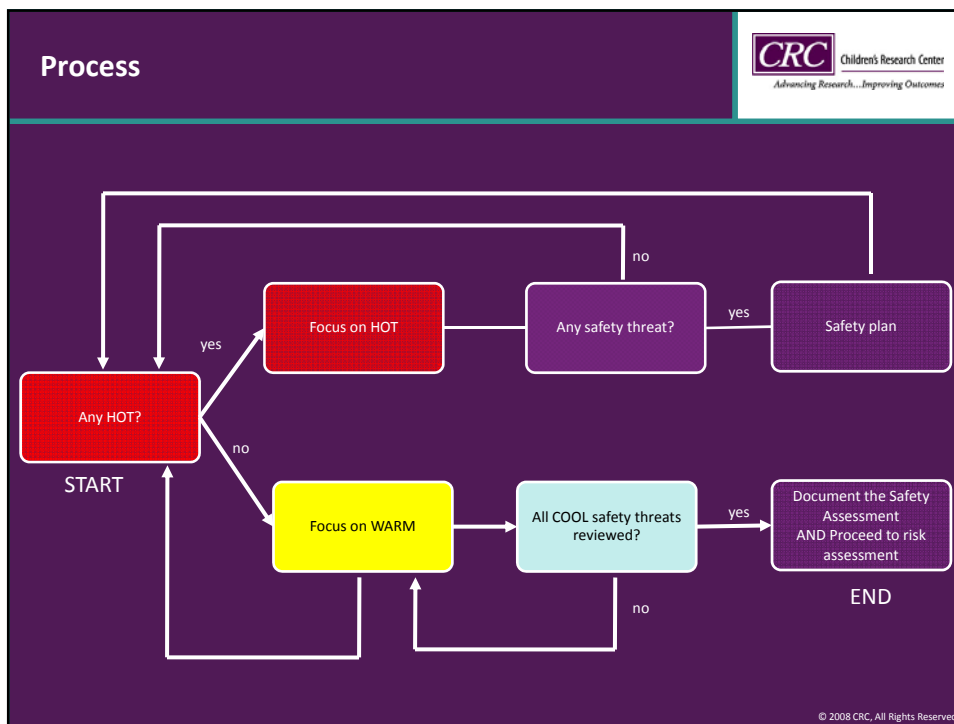
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Open-ended,  
start general

Highly focused  
on reported  
issue and safety  
threats

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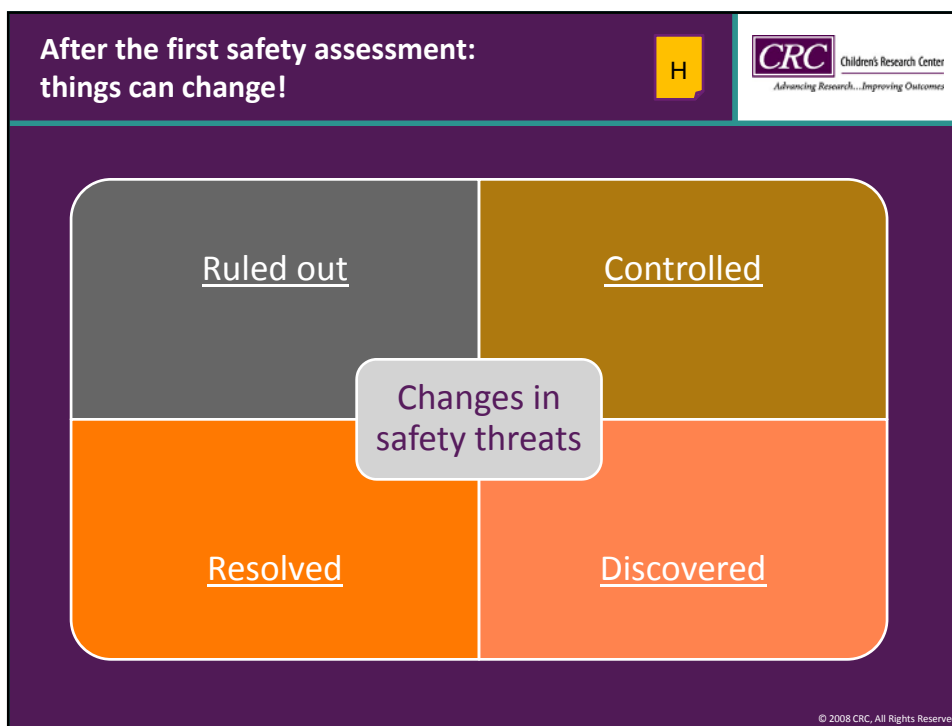


**Exercise 2**

Safety threat: Yes or no?

H

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## Ruled Out

- New information
- Supports that safety threat was never there in the first place
  - » Injury previously thought to be caused by abuse is now ruled accidental
  - » Sexual abuse is ruled out
- Do new safety assessment showing the safety threat no longer applies

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## Resolved




- Situation was present initially, but is no longer present AND no longer relies on external intervention to maintain safety.
  - » Person causing harm is no longer part of household and there is confidence person will not return to household.
  - » Family has moved from hazardous environment and there is confidence they will not return or introduce hazards to new environment.
  - » Medical care has now been provided and there is no further need OR there is confidence it will continue to be provided.
- Do new safety assessment showing the safety threat no longer applies. 

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## Controlled



- Safety threat remains but is being controlled by interventions in safety plan
  - » Water and utilities are still off, but parents are staying with relatives while they work on getting them back on
- OR
- Safety threat is temporarily resolved, but continued intervention is required to prevent imminent reappearance of safety threat
  - » Water and utilities are back on, but parents have dubious ability to keep them on
- No new safety assessment required 

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## Discovered



- A safety threat that was not previously marked is now confirmed as present
  - » During first assessment there was no indication of domestic violence, but police were called for a DV incident last night and children were involved in it
- Do new safety assessment showing new threat, and
  - » Either create safety plan, add to existing safety plan, or make new safety decision



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## Exercise 3



Ruled out, resolved, or controlled?

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# Debrief

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## **Safety Planning**

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## Safety Planning



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### Agenda



- Engaging the family in safety planning
- Safety planning basics
  - » Exercise
- Steps in safety planning
  - » Exercise
  - » Debrief

## Engagement



### Families Gaining Their Seat at the Table

*"Engagement is often synonymous with involvement. Involvement of families in child welfare services is important, but real engagement goes beyond that. Families can be involved and compliant without being engaged. Engagement is about motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change" (Steib, 2004).*

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## Safety Planning




If you are just starting engagement now...





...it may be too late

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## Engagement




- Begins with the knock on the door
- Is not contradicted by an initial focus on child safety
- Is more likely when worker is respectful, empathetic, objective, and culturally aware

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## Introduce Safety Planning



- The concept is familiar to you, but may be new to family
- Be clear that if a plan cannot be made, protective placement will be the result
  - » Placement is not a threat; it is a consequence
- Clearly explain the safety concern
  - » Acknowledge disagreement
- Invite family to decide who to include in planning
  - » Time limitations

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## Family to Family



- Follow Team Decision Making protocol for convening a pre-placement or immediately post-placement meeting

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## Elements of the Safety Plan



- Description of safety threat(s)
- Family-friendly description of facts that create safety threat(s)
- Detailed information for each planned intervention
- How will plan be monitored
- Signatures

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## Safety Planning Over Time



It is possible that the safety plan will evolve:

- Child placed in foster care, safety plan next day, child returns home
- Child remains home with preliminary safety plan to get through one night, larger group gathered next day to do longer-term plan
- Plan developed with just one parent on day one; later, include second parent, others in more extensive plan
- Initial plan is falling apart. Convene meeting to strengthen plan.

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## Special Caution: Domestic Violence



- ALWAYS discuss safety plan with victim first
- ONLY discuss safety plan with perpetrator if victim agrees AND your professional judgment is that it would be safe to do so
  - » Some parts of victim's safety plan should always remain private (e.g., escape plans)
  - » You may need to do a separate safety plan with the aggressor

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## Safety Plan vs. Case Plan



### Safety plan

- Starts NOW
- Controls immediate safety threat

### Case plan

- Developed after thorough, comprehensive assessment
- Addresses underlying dynamics
- Promotes long-term change

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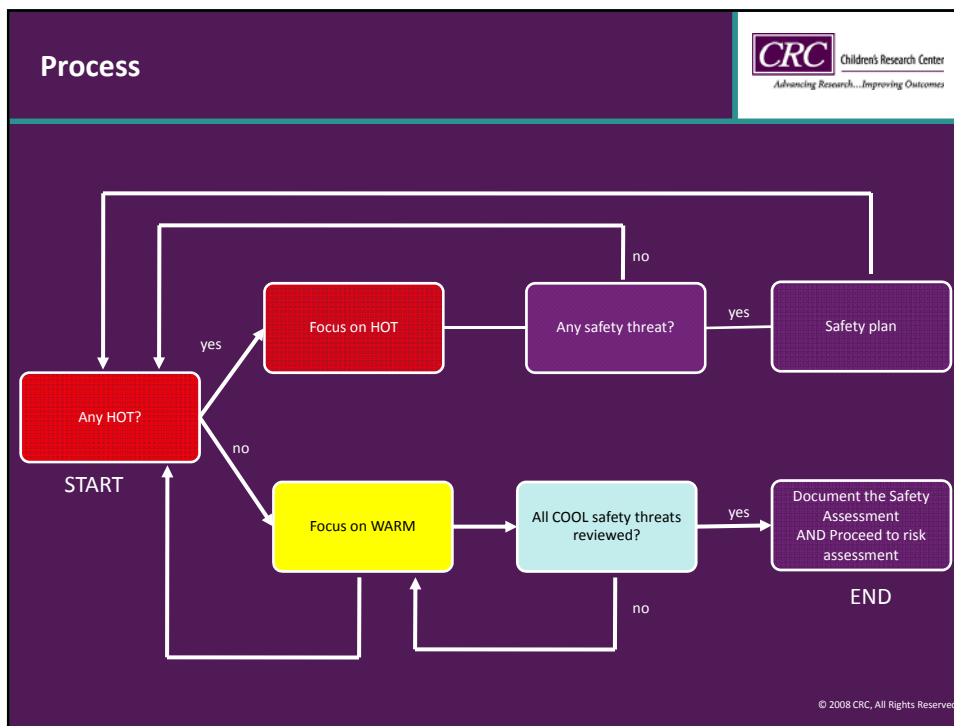


## Exercise

H

For each safety threat, write one possible safety intervention and one intervention that would be more of a case plan.

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## Step 1: What do we have to work with?

P&P  
31

### Interview around protective capacities

- Incorporate information you've already learned
- Start by stating at least one thing you've already observed that is positive
- Ask additional questions

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## Step 2: Generating Ideas

H



- What does family think they can do?
- Worker suggestions
  - » "Some families have tried this..."

*"The 'here's your prescription' approach, without discussing options, doesn't serve patients well....It's well documented that many patients don't fill prescriptions or they fail to complete a course of medication."*

Doctor Victor Montori, Mayo Clinic

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### Step 3: Test Ideas



- Test ideas/combinations against each safety threat:
  - » Will it work?
  - » What could go wrong?

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### Step 4: Finalize Written Plan



- Agree on elements
- Agree on monitoring

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## What if we don't agree?



The worker is ultimately responsible for child safety.

- Will a compromise with caregivers compromise child safety?
- How far should you go trying to persuade reluctant caregivers to try plan (alternative is removal)?



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## What if family agrees with everything, but I don't have confidence they mean it?



The worker is ultimately responsible for child safety.

- Increase monitoring?
- Place, but give family opportunity to demonstrate willingness and ability and facilitate quick return with plan?

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## Exercise



### Building a Safety Plan

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## Role-play Prep

H



- Groups of two to four
- Select roles
- Read scenario
- Read relevant definitions
- Review protective capacity interview ideas and safety plan ideas

### ROLE-PLAY RULES

- *Raise hand to "freeze" role play*
- *Everyone in group steps out of role to discuss question*
- *Trainer will respond*

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## Role Play

H





**20-minute role play:**

- Explain safety planning
- Explain safety threat
- Describe known protective capacities and briefly interview to see if there are others
- Generate ideas
- Test ideas
- Finalize plan OR decide to place
  - » Include monitoring

**ROLE-PLAY RULES**

- *Raise hand to “freeze” role play*
- *Everyone in group steps out of role to discuss question*
- *Trainer will respond*

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# Debrief

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**Thank you!**



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## **Interviewing for the FSNA**

*The Children's Research Center is a nonprofit social research organization and  
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## Interviewing for the Family Strengths and Needs Assessment



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### Agenda



- Overview of the family strengths and needs assessment (FSNA)
- Didactic review of interview guidelines
- Practice
- Debrief



## Review

### Fundamentals of the FSNA

## FSNA

P&P  
75

- Objective format to consider core set of strengths and needs
- Case-planning reference for workers and supervisors
- Allows for assessment of changes in family functioning and impact of services

## FSNA Policy and Procedures

P&P 88

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Which cases	<ul style="list-style-type: none"> <li>• Every referral that is promoted to a case</li> </ul>
Who	<ul style="list-style-type: none"> <li>• The social worker responsible for the case plan</li> </ul>
When	<ul style="list-style-type: none"> <li>• No more than 30 calendar days prior to the case plan</li> </ul>
Decision	<ul style="list-style-type: none"> <li>• Identifies three priority caregiver needs to be addressed in the case plan</li> <li>• Identifies priority areas of strength to incorporate into the case plan</li> </ul>

erved

## FSNA

P&P 89

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- Eight caregiver domains plus "other"
- Nine child domains plus "other"
- Four-tiered response
  - » "A" is a strength response, generally indicating a proactive approach
  - » "B" is an adequate or "average" functioning response
  - » "C" is a moderate need
  - » "D" is a significant need

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FSNA

P&P  
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### Identifying priority needs and strengths

- Priority needs
  - » Three LOWEST scores
- Priority strengths
  - » Three HIGHEST scores

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Definition Practice

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- Six practice definitions
- Use the Policy and Procedures Manual
- Do the best you can with the information you have
- Allegations are included, but they're not important to scoring the items

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## Caregiver Strengths and Needs Assessment #1 Substance Use/Abuse



When discussing the role of substances in his household, Bill reports that he has never tried drugs, and rarely drinks. When he was a child, his father was often drunk, and maltreated Bill and his sister. Now his father's liver has failed, and he is facing serious health consequences. Bill has never discussed this family history with his children or how it influenced his choices. Seeing what happened to his family growing up and what is happening to his father now, Bill is very cautious about drinking except on major holidays, when he will have a glass of wine or a beer.

The allegation was threat of physical abuse.

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## Caregiver Strengths and Needs Assessment #4 Parenting Skills



James and his girlfriend, Jen, work several jobs in order to pay the rent and bills. Most days, neither of them is home when Kyle, who is 8 years old, comes home from school.

On those days, Kyle is expected to let himself into the house, do his homework, and make dinner. James reports that he never helps Kyle with his homework because he should be getting all the help he needs from school. James gets frustrated with Kyle when he doesn't plan the grocery list and is missing ingredients, or when a recipe turns out wrong. When this happens, he grounds Kyle for a week and won't let him out of the house except to go to school.

Jen says that she tries to get home as fast as she can after work because she thinks that Kyle's still very young and needs help. She makes dinner as often as she can. She asked the next-door neighbor to check in on Kyle in the afternoon, but James says she's coddling him. Sometimes, though, she is so tired after work that she worries she isn't much help to Kyle with his homework, but she always tries to help him, especially with practicing his spelling words.

The allegation was general neglect.

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## Caregiver Strengths and Needs Assessment #8 Physical Health



You ask Alice, the primary caregiver, about her health. She reports that she is in generally good health, although her cholesterol is a bit high. She had it checked at her annual physical, and her doctor hasn't put her on medication yet.

Alice's sister, Jane, lives with her and watches Alice's children while Alice is at work. She is a smoker and has asthma. She doesn't always have a current prescription for her inhaler because she doesn't have health insurance. She sometimes uses her expired inhaler until she can go to the local clinic to get a new one. Last month she had a serious attack while she was watching the children and Alice's daughter called 911 for her.

The allegation was physical abuse, non-accidental injury.

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## Child Strengths and Needs Assessment #3 Education



Julie is 7 years old and has been diagnosed with AD/HD. She has an IEP at school, and attends a mainstream classroom with the assistance of a special education support aide. This year, she has met the goals of her IEP.

Joe is 4 years old and will start kindergarten after his next birthday in the fall.

The allegation was threat of emotional abuse.

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## Child Strengths and Needs Assessment #4 Family Relationships



Susan (9 years) doesn't like going home after school because her father is always fighting with Sarah or her grandpa. Sometimes her father says that he wishes that he didn't have to deal with Sarah anymore, and Susan's scared that if she isn't good, he won't want her anymore either.

Sarah (12 years) doesn't like to go home either, and she usually stays late at school. At home, her father wants her to help care for her grandfather, who is confined to his bed, but she isn't strong enough to help with some things. She just wants to go out with her friends, but her father won't let her because she has to help at home. Last month, her father was so mad at her that he smacked her in the face. Sarah's guidance counselor reports that she has been increasingly withdrawn over the past six months and that her grades have been falling. She suggested that Sarah's father should seek counseling for Sarah and community-provided assistance for his father, but he declined all help, saying it was a "family matter."

The allegation was general neglect.

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## Child Strengths and Needs Assessment #9 Emotional/Behavioral



Kyle's teachers report concerns with his behavior over the past two years. He had been a well-behaved child, with friends who were studious. However, when his parents divorced, he started acting out in class and hanging out with a more difficult group of children. Kyle denies that he gets in anymore trouble now than he did. He does admit to shoplifting last year, but he didn't get caught, so it's okay.

The allegation was threat of sexual abuse.

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## Review

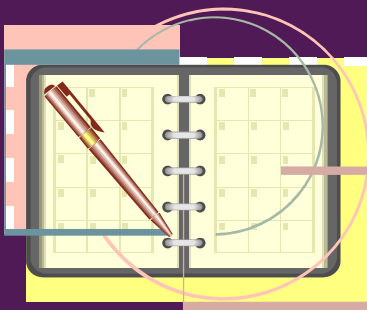
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## Interviewing Guidelines

## The FSNA appointment

Make an appointment to complete an FSNA interview



## Engagement



- Join with family
- Respectful
- Culturally appropriate
- Human to human
- Assume nothing

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## Explain the FSNA



- Purpose
- Scope

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## Interview Ladder

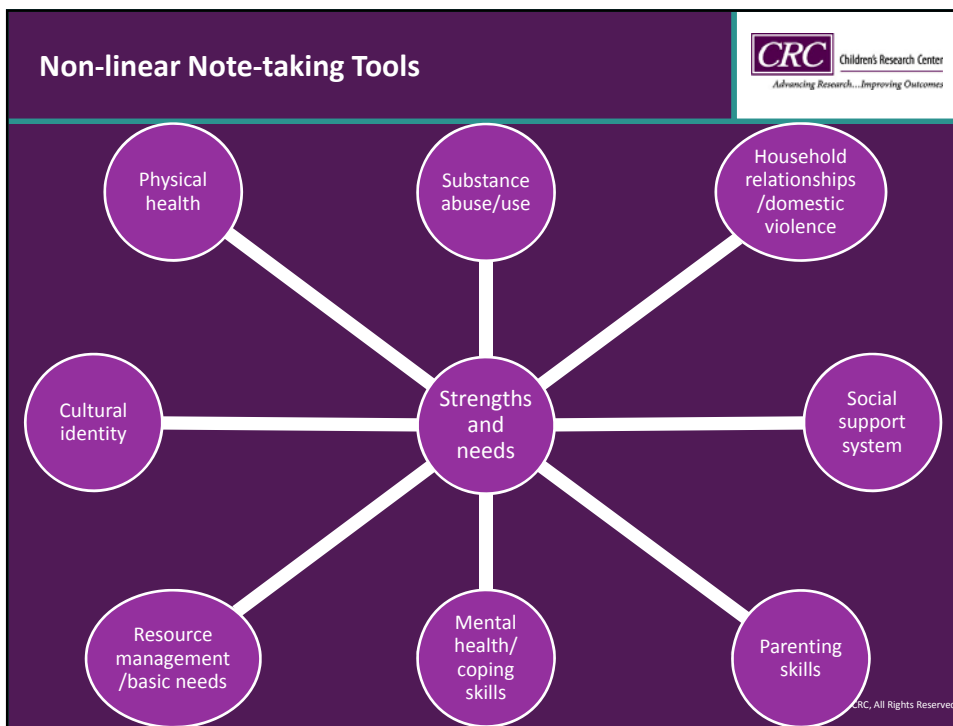
Open-ended: Strengths and struggles

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## Non-linear Note-taking Tools

<u>Substance abuse/use</u>	<u>Household relationships/domestic violence</u>
<u>Social support system</u>	<u>Parenting skills</u>
<u>Mental health/coping skills</u>	<u>Resource management/basic needs</u>
<u>Cultural identity</u>	<u>Physical health</u>
<u>Other:</u>	

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### Non-linear Note-taking Tools





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<u>Substance abuse/use</u>	<u>Household relationships/domestic violence</u> Mom feels like she can go to dad with any problem and they'll think it through together.
<u>Social support system</u> They just moved here from out of town and Mom feels like she doesn't know anyone yet. It's hard to get good advice for which teachers are the good ones at the school.	<u>Parenting skills</u> Mom has trouble getting the kids to settle down and listen to her. She knows she's supposed to use time-outs, but they don't seem to work.
<u>Mental health/coping skills</u>	<u>Resource management/basic needs</u> Dad brings home a regular paycheck. It's not much, but they can be creative and stretch it far enough.
<u>Cultural identity</u>	<u>Physical health</u>
<u>Other:</u>	

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## Interview Ladder






### Open-ended: Strengths and struggles

Follow Up:

- Non-directional
- Positive anchor
- Negative anchor



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## Non-linear Note-taking Tools



<p><b><u>Substance abuse/use</u></b> Mom experimented with marijuana in high school, but hasn't used any drugs since her first pregnancy.</p>	<p><b><u>Household relationships/domestic violence</u></b> Mom feels like she can go to dad with any problem and they'll think it through together.</p>
<p><b><u>Social support system</u></b> They just moved here from out of town and Mom feels like she doesn't know anyone yet. It's hard to get good advice for which teachers are the good ones at the school.</p>	<p><b><u>Parenting skills</u></b> Mom has trouble getting the kids to settle down and listen to her. She knows she's supposed to use time-outs, but they don't seem to work.</p>
<p><b><u>Mental health/coping skills</u></b> Sometimes mom gets a little stressed out with all the things her family is facing.</p>	<p><b><u>Resource management/basic needs</u></b> Dad brings home a regular paycheck. It's not much, but they can be creative and stretch it far enough.</p>
<p><b><u>Cultural identity</u></b> Mom identifies herself as a member of a particular religious denomination, and has been active in her new congregation, particularly building connections to services for her family.</p>	<p><b><u>Physical health</u></b> Mom has never had any major health problems. She sees a doctor every few years, but mostly doesn't think about it.</p>
<p><b><u>Other:</u></b></p>	

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**Interview Ladder**  


Open-ended: Strengths and struggles


Follow Up:

- Non-directional
- Positive anchor
- Negative anchor

Level Clarification: A vs. b, b vs. c, c vs. d.

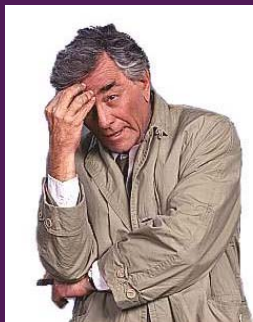
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**Question Suggestions** 

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## Conflicting Information



- Go back to source for clarification
- Ask for help to reconcile
- Consider privacy/safety needs of sources of contradictory information
- May not be a right/wrong
- Consider obtaining additional professional assessment

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## Finalizing the FSNA



Evidence	Scoring
Strong, clear fit with definitions	Mark according to evidence
Equivocal, marginal fit with definitions	Use family perspective unless doing so would affect child safety

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## Finalizing the FSNA



Final Scoring	Narrative
Family and worker agree	Facts supporting scoring
Used family perspective, worker has different view	Facts supporting scoring AND worker perspective
Used worker perspective, family has different view	Facts supporting scoring AND family perspective

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## Practice Exercise





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**Roles**

H

P&P  
79







- Interviewer
  - » Objective is to score the social support item.
  - » Ask questions as needed, attempting to stay as high on the ladder as possible while reaching a decision on score within seven minutes.
  
- Parent
  - » Do NOT disclose your intended score.
  - » Cooperate with interviewer.
  - » Using the information provided and your imagination, answer interviewer questions.

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**Exercise**






- Divide into groups of two
- Assign role A or B to each person
- Two rounds: Seven minutes per round



Round	Person A	Person B
1	Parent	Interviewer
2	Interviewer	Parent

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Round 1

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- Groups of two
  - » A: Parent
  - » B: Worker
- Two minutes prep
  - » Read the scenario and think of additional details you might add
  - » Look up policy or definition as needed
- Seven-minute conversation
  - » Worker goal is to score the social support item


**ROLE-PLAY RULES**



- *Raise hand to “freeze” role play*
- *Everyone in group steps out of role to discuss question*
- *Trainer will respond*

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Round 2

H



- Groups of two
  - » A: Worker
  - » B: Parent
- Two minutes prep
  - » Read the scenario and think of additional details you might add
  - » Look up policy or definition as needed
- Seven-minute conversation
  - » Worker goal is to score the social support item

**ROLE-PLAY RULES**

- *Raise hand to “freeze” role play*
- *Everyone in group steps out of role to discuss question*
- *Trainer will respond*

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# Debrief

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# Thank you!



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**FSNA Case Planning in SDM**

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## Case Planning in the SDM<sup>®</sup> System



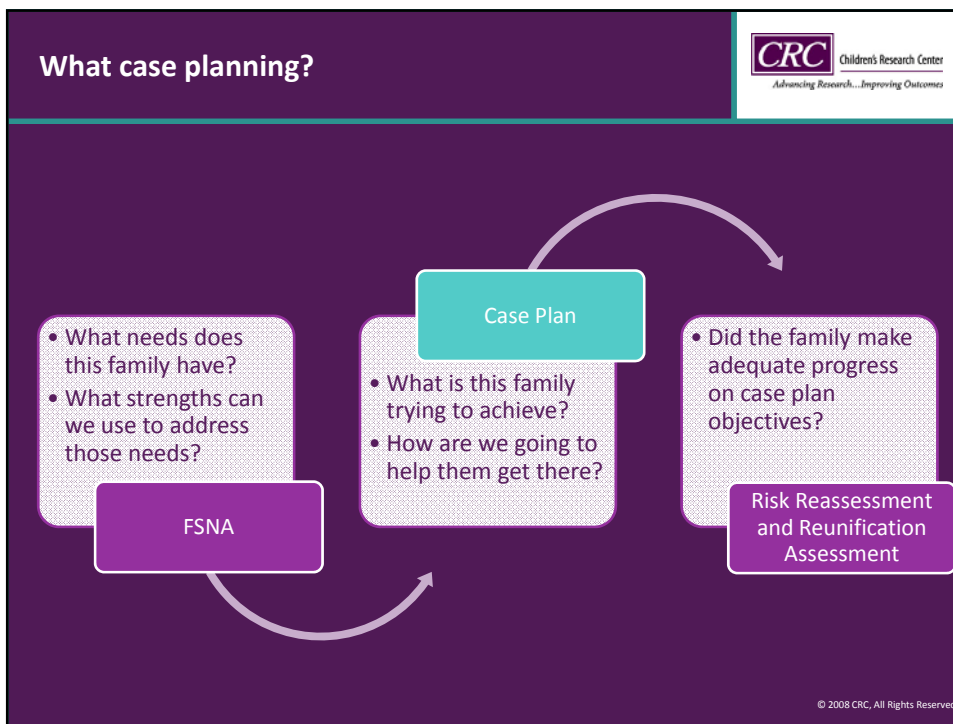
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### Dear Participant



#### Transfer of learning study

- Pre-class survey
- Embedded evaluation
- Post-workshop survey



### A Tale of Two Case Plans

CASE PLAN 1	CASE PLAN 2
	<b>Outcome: My children feel safe with me because I am clean and sober, they can trust me not to hurt them, and I can manage my everyday activities.</b>
Objective 1: Don't use alcohol/drugs.	Objective 1: I am clean and sober. <ul style="list-style-type: none"> <li>• Indicator 1: I maintain my sobriety for XX days.</li> <li>• Indicator 2: I learn about addiction and develop a relapse prevention plan.</li> <li>• Indicator 3: I have new friends who are also clean and sober.</li> </ul>
Objective 2: Don't hit children.	Objective 2: My children can trust me not to hurt them.
Objective 3: Eliminate depression; take medication.	Objective 3: I can manage everyday activities.

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## Agenda



- Structured Decision Making® (SDM) Review
- Basic principles of case planning
- Practice
- Debrief

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## SDM® Review

Where do we start? Where are we going?

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## Where do we start? FSNA

P&P  
75



- Objective format to consider core set of strengths and needs
- Case-planning reference for workers and supervisors
- Allows for assessment of changes in family functioning and impact of services

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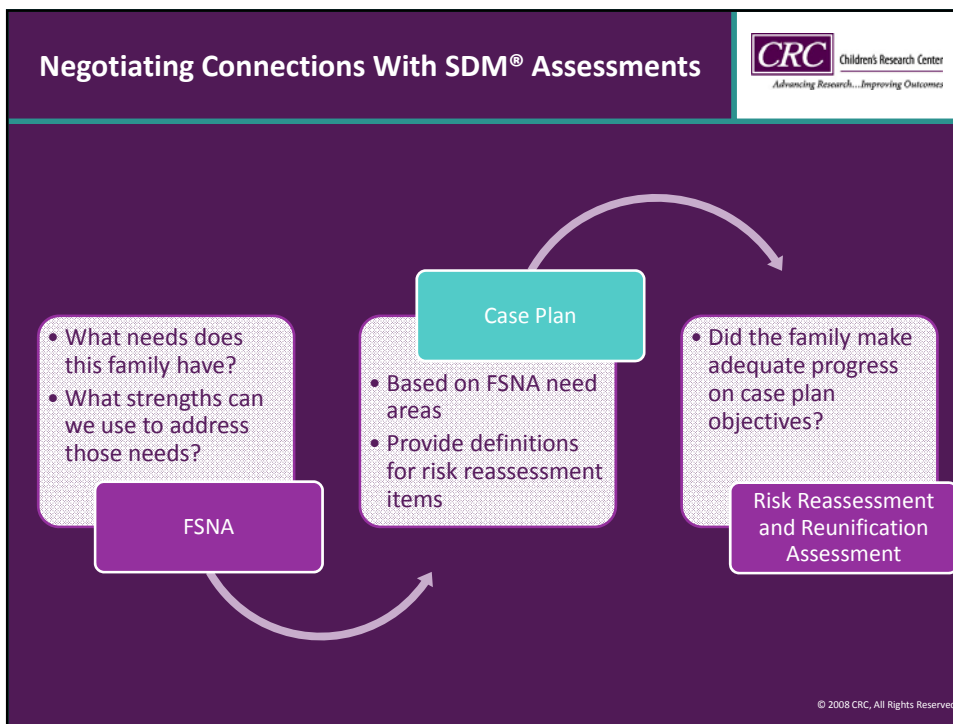
## Where are we going? Risk Reassessment and Reunification Assessment

P&P  
98,  
108



- Risk Reassessment Item R10
  - » Demonstrates new skills consistent with case plan objectives OR is actively engaged in services and activities to gain new skills consistent with case plan objectives
  - » Does not demonstrate new skills consistent with case plan objectives AND/OR participation is minimal and insufficient to contribute to achieving case plan objectives
- Reunification Assessment Item R3
  - » Successfully met all case plan objectives and routinely demonstrates desired behavior
  - » Actively participating in programs; routinely pursuing objectives detailed in case plan; frequently demonstrates desired behavior
  - » Partial participation in pursuing objectives in case plan; occasionally demonstrates desired behavior
  - » Refuses involvement in programs or has exhibited a minimal level of participation with case plan; rarely or never demonstrates desired behavior.

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## Case Planning

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### Basic Principles

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## Why do we need to involve the family in case planning?

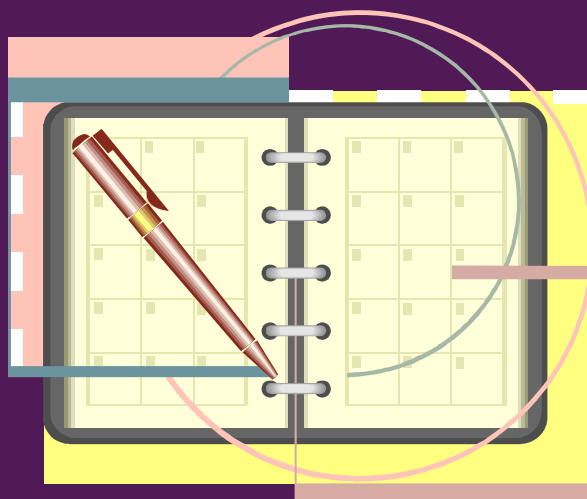


“The ‘here’s your prescription’ approach, without discussing options, doesn’t serve patients well....It’s well documented that many patients don’t fill prescriptions or they fail to complete a course of medication.”

— Doctor Victor Montori, Mayo Clinic

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## Make an Appointment



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## After prioritization, then what?



- Discuss results with family
- Get buy-in for priorities, or adjust if indicated
- Explain purpose of services
- Explain process of planning

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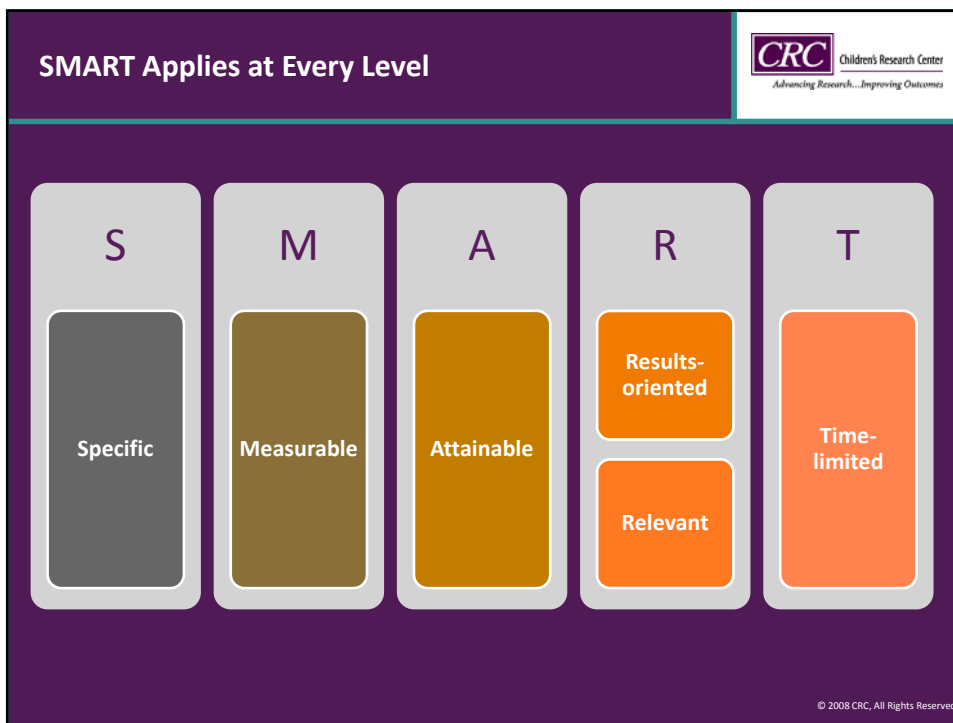
## Deepening Understanding of Priority Domains



What else do you need to know to develop the case plan?  
(Not EVERYTHING!)

- Exceptions?
- Knowledge, skill, attitude?
- How long?
- Change motivation?
- Prior services?
- Additional formal assessment?

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## What is an outcome, and how do I write one?



# Outcome

- Statements that contain picture of how it will look when it is better
- Should be informed by, but not limited to, priority needs
- Develop with family
- Motivates change

## Outcome—Conseco Example



- Priority Needs:
  - » Parenting skills
  - » Mental health
  - » Cultural identity
- What does Maria want for her family?
- What does Lucy want for her family?

## How are these objectives different from the ones in CWS/CMS?



### Outcome

Objective  
Parenting Skills

Objective  
Coping

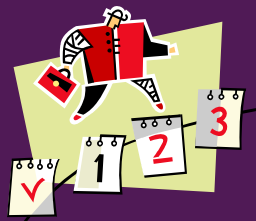
Objective  
Cultural Identity

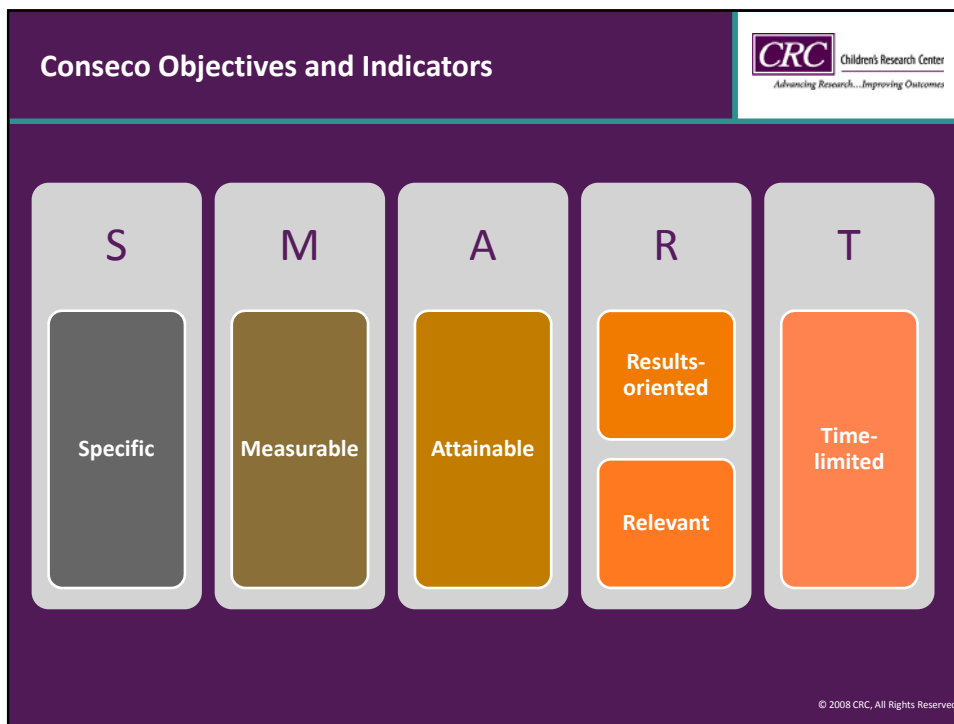
- Necessary conditions to reach outcome
  - » Measurable
  - » Concrete
- Develop using FSNA priority needs
  - » Use A/B definitions to help define improved condition
- Develop with family

## Objectives Need Indicators




- How will you know?
  - » Reports
  - » Interviews
  - » Behaviors
  - » Achievements
- Fill in the SMART details
- Define progress on service plan objectives





### Indicators: Exercise

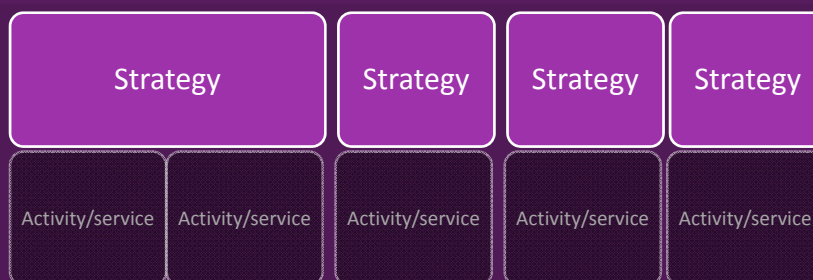


Priority Need	CWS/CMS Objective	New Objective	Indicators
SN1: Substance abuse/use	Do not abuse alcohol		
SN2: Household relationships	Protect yourself from abusive partner		
SN3: Social support system	Arrange child care/support during your absence		
SN4: Parenting skills	Do not neglect your child's needs		
SN5: Mental health	Take responsibility for actions		
SN6: Resource management	Maintain suitable residence for child		
SN7: Cultural identity	Acquire adequate resources		
SN8: Physical health	Eliminate danger to physical health		

## What is a strategy, and why do I need one?



- Lay out the path to achieve the objectives
- Create the connection between objectives and services
- Use information gathered about areas of need:
  - » How do you address a knowledge gap? A skill gap?
  - » How can you recreate exception conditions?



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## Conseco Family Strategies



- How can Maria and Lucy work toward their objectives?
- Areas of strength?
- Past exceptions to current need domains?
- Knowledge, skill, attitude?
- What combination of actions do they need to reach the objective?

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## Finally! Services!



- Specific actions to facilitate strategies
  - » Formal vs. informal
  - » Cultural considerations
  - » Logistics
- » Use strengths identified to get a good fit
- Select with family

Activity/service

Activity/service

Activity/service

Activity/service

Activity/service

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## Conseco Family Services



- What supports do Maria and Lucy need to put their strategies into action?
- Which services are a good fit?

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## Strengths: Exercise



Need = Parenting

- Strength
  - » Cultural
  - » Physical health
  - » Basic needs
  - » Social support
  - » Substance use
  - » Household relationships

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## Exercise




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## Exercise

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- Groups of three: One person is worker; one is parent. Third person can wear multiple hats as needed, such as child, school staff, medical staff, probation agent, grandmother, etc.
- Write outcome, objective, strategies, and activities/services for parenting, given the additional information provided about the family. (You may make up details, as long as they are consistent with the information provided.)
  - » Start by brainstorming
  - » Narrow list until you have an achievable plan

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## Exercise

H





- Focus on parenting skills
- Consider context of scenario
- Brainstorm first
- Twenty-minute conversation
  - » Goal is to write an achievable plan

### ROLE-PLAY RULES

- *Raise hand to “freeze” role play*
- *Everyone in group steps out of role to discuss question*
- *Trainer will respond*

Outcome	• Motivating vision
Objective	• Improved functioning in need domain
Strategy	• Path to get from current state to improved state
Activities/services	• Supports to enact strategy

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## Debrief



- Outcome
  - » Expressed as vision of desired final state
- Objective
  - » Stated in positive terms
  - » Stated in terms of new behaviors caregiver will demonstrate
  - » Indicators—concrete, observable, measurable?
- Strategy
  - » Connect objectives to activities/services
  - » Stated in terms of actions caregiver will take
- Activities/services
  - » Clearly related to strategy
  - » Mix of formal/informal
  - » Logistics addressed?
- Use strengths?

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## Transfer of Learning: Case Plan Exercise 20 Minutes



- Read Johnson family case scenario
- For parenting skills, parenting a fragile newborn with feeding difficulties, write:
  - » One outcome
  - » One objective with indicators
  - » Three strategies
  - » Three activities/services
- ID =
  - » First three letters of mother's maiden name PLUS
  - » Two digits of month you were born (01, 02, etc.)
  - » Two digits of date you were born (01, 02, etc.)
  - » I.e., SMI0101 for birthday January 1, mother = Smith

THANK YOU!

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## What are we really asking families to do?




- Everyone needs support to make changes.
- CPS-involved families may be more chaotic than most and may need more support than most.


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## The Refrigerator Case Plan




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The Refrigerator Case Plan	
	
Objective	This Week
<b>Outcome: My children feel safe with me because I am clean and sober, they can trust me not to hurt them, and I can manage my everyday activities.</b>	
Objective 1: I am clean and sober.	<ul style="list-style-type: none"> <li>✓ Call 777-7777 to schedule drug treatment</li> <li>✓ AA meeting, Tuesday, 7:30 p.m., at library</li> <li>✓ Tell John, Joe, and Jim to not come around or call</li> <li>✓ Go to 444 Main Street for drug test</li> <li>✓ Call sponsor every day</li> <li>✓ Worker will look for new AA group closer to apartment</li> </ul>
Objective 2: My children can trust me not to hurt them.	<ul style="list-style-type: none"> <li>✓ Call Aunt Jo and ask if she will be my parent coach</li> <li>✓ Watch video from worker</li> <li>✓ Practice using time-out for five minutes for Jamie and two minutes for Joan instead of hitting if they break rules</li> <li>✓ Worker will find local parent support group</li> </ul>
Objective 3: I can manage everyday activities.	<ul style="list-style-type: none"> <li>✓ Take my antidepressant every day</li> <li>✓ Play with children five minutes every day</li> <li>✓ Talk to pastor about how I feel</li> <li>✓ Worker will help find financial support to pay for antidepressant prescription</li> </ul>

Contact Notes	
	
Objective	Progress
Objective 1: I am clean and sober.	
Objective 2: My children can trust me not to hurt them.	
Objective 3: I can manage everyday activities.	

## What Happens at Reassessment?




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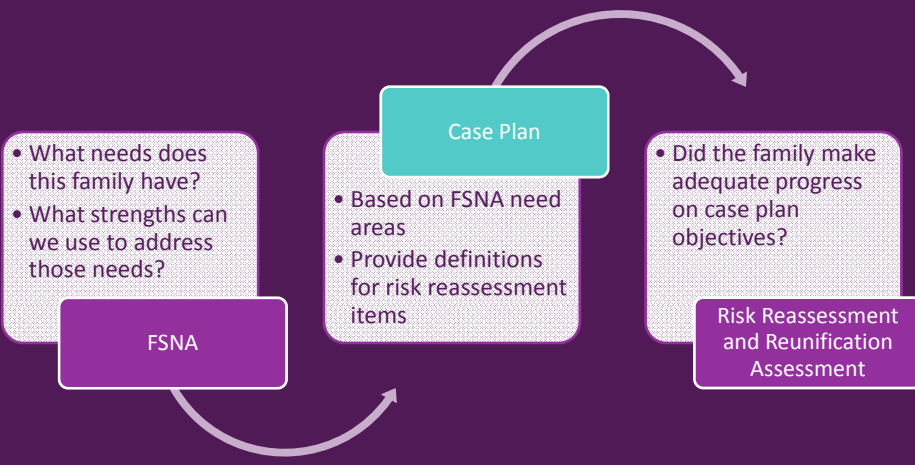
- Review objectives and indicators
- Review contact notes for frequency of behavior

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## Negotiating Connections With SDM® Assessments



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```

    graph LR
      FSNA[FSNA] --> CP[Case Plan]
      CP --> RRA[Risk Reassessment and Reunification Assessment]
      RRA --> FSNA
  
```

The diagram illustrates a cyclical process for negotiating connections with SDM® assessments. It begins with an FSNA (Family Strengths and Needs Assessment) box containing two questions: "What needs does this family have?" and "What strengths can we use to address those needs?". An arrow points from the FSNA box to a Case Plan box, which contains two bullet points: "Based on FSNA need areas" and "Provide definitions for risk reassessment items". From the Case Plan box, an arrow points to a Risk Reassessment and Reunification Assessment box, which contains the question: "Did the family make adequate progress on case plan objectives?". A final arrow points from the Risk Reassessment and Reunification Assessment box back to the FSNA box, completing the cycle.

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**Thank you!**



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**NASW Code of Ethics 3.04**



(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.



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