# Common Core 3.0

## Writing Behavioral Objectives

Trainee Guide

CDSS

May 6, 2019

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# Introduction to Common Core

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: https://www.youtube.com/watch?v=BIQG65KFKGs

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:
https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf

CalSWEC

FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: http://calswec.berkeley.edu

# Curriculum Introduction

This half-day curriculum focuses on Writing Behavioral Objectives. There is the pre-requisite eLearning "Case Planning Basics" that provides foundational knowledge for this training. Behavioral objectives are developed in collaboration with the family, and should be tailored to family's unique needs. Behavioral objectives are written in strength-based language, describing desired outcomes.

Behavioral objectives and subsequent service activities to meet the goals of the objectives are inputted into CWS/CMS. This training will provide examples of tailoring CWS/CMS template language for a more specific and strength-based service plan to meet a family's needs to provide safety, permanency and well-being for their children.

# Agenda

| | | |
|---|---|---|
| Segment 1: | Welcome and Introduction | 9:00 – 9:30 |
| Segment 2: | Review of Key Concepts | 9:30 – 10:00 |
| Segment 3: | Writing Behavioral Objectives for the Wilson Family | 10:00 – 10:30 |
| Break | | 10:30 – 10:45 |
| Segment 4: | Practice Writing Behavioral Objectives | 10:45 – 11:20 |
| Segment 5: | Embedded Evaluation | 11:20 – 12:00 |

# Learning Objectives

**Knowledge**

**K1.** The trainee will be able to recognize the need to work collaboratively to formulate case plan objectives that:

a. Reflect behavioral changes needed to resolve safety and risk concerns
b. Are culturally relevant for the family
c. Address the specific strengths and needs of children, youth, including medical and mental health services
d. Address safety, permanency and well-being

**K2.** The trainee will be able to recognize that CWS/CMS is a templated tool that requires customizing for each family based on the strengths and needs of that family.

**Skill**

**S1.** Given a case scenario, the trainee will be able to write case plan objectives that are specific, measurable, achievable, relevant, and time limited.

**S2.** Given a case scenario, the trainee will be able to link assessment of strengths, needs, and protective capacities to case plan objectives.

**S3.** Given a case scenario, the trainee will be able to demonstrate working with a family to prioritize and sequence case plan objectives.

**Values**

**V1.** The trainee will value family voice and involvement in case plan development.

**V2.** The trainee will value case plans that:

a. Reflect the family's expression of their priorities and needs
b. Supports ongoing family involvement
c. Focus on behavioral change needed to address safety and risk concerns and meet the Minimum Sufficient Level of Care (MSLC)

**V3.** The trainee will value including standardized assessment results in the case planning process to reduce bias and maintain focus on the MSLC.

# S.M.A.R.T. Objectives and Service Descriptions


| OBJECTIVES ARE: | | EXAMPLE: |
|---|---|---|
| SPECIFIC | Objectives describe the specific behavioral outcomes that will result in achievement of the permanency goal. An objective clearly describes a behavior that must occur, or that must stop occurring, before the case is successfully closed. (Try to word objectives using positive terms.) | Specific Objective: Within 30 days, Mr. Lazarus will be able to explain to his social worker how he would use alternatives to corporal punishment methods and only use discipline methods that keep the children free from injury. |
| | | |
| MEASURABLE | The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished. | Some criteria are easy to observe but more difficult to measure. For example, one cannot write a measurable objective related to home cleanliness by quantifying the amount of dirtthat is allowable in a home. A practical solution is an objective that **includes many observable behaviors that are associated with cleanliness.** For example, "the floor will be cleared of dirt, dust, debris, food, and garbage." The objective provides realistic and measurable criteria against which to measure home cleanliness. |
| | | |
| ACHIEVABLE | Objectives must be realistic so that clients are able to accomplish them. | For example, "Over the next 6 months, Mr. Lazarus will demonstrate the ability to discipline his children during visits without using physical punishment" is achievable; "Mr. Lazarus will not discipline child" is neither achievable nor desirable. |
| | | |
| RESULTS-FOCUSED | Objectives must be selected in the context of the factors that put the child at risk. | If the assessed problem is that the mother is alcoholic and has blackouts during which time the child receives no care, a relevant and result focused objective would be, "Ms. Lazarus will remain sober at all times she is supervising her children and will ensure that her children are adequately supervised at all other times as evidenced by social worker observation, service provider observation and no new referrals for neglect during the next 60<br>days." |
| | | |
| TIME-LIMITED | A timeframe within which the objective can reasonably be expected to be completed should be included in the objective statement. | The assignment of a timeframe provides an additional criterion by which achievement of the objective can be measured. A time- limited would start or end with, "Within (number of days/months)…" or "whenever the parent…" |
| | | |

## Case Plan Objectives are S.M.A.R.T. *and* S.M.A.R.T. case plan objectives….

1. Engage Participants – *People support what they create* – Margaret Wheatley
   - The social worker role in helping families, children and young adults plan for change is critical to outcomes that ensure saf ety, permanence and well-being.
   - Families, children and young adults should be **active participants** in identifying case plan objectives and deciding what actions and services would best support them in meeting the case plan goal.
   - The social worker **elicits and listens to the stories of family members (*voice*)** while taking into consideration **cultural humility** and being sensitive to possible **historical trauma and grief and loss** while incorporating **the family members' expertise and ideas (*choice*)** in the case plan objectives based on the family's strengths and needs.
   - This exchange of information, guided by the use of **thoughtful solution focused questions**, is the foundation of a relationship of mutual respect and sets the tone for the process of self-discovery and commitment.

2. Meet Specific Requirements – *Because of ICWA, my son is growing up with his culture* - Chief Judge Allie Greenleaf Maldonado

   **Effective case plan objectives meet all county, state and federal requirements to address safety, permanency and well-being.**

   - Minimum Sufficient Level of Care (MSLC) - The **social standard** for the **minimum** of parent behavior below which a home is inadequate for the care of the child.
   - Reasonable Efforts - **Concerted efforts** to engage the family that is **different for different families.**
   - Active Efforts - ICWA mandates more **intensive efforts, a higher standard beyond "reasonable"** to prevent removal and/or facilitate reunification. (i.e. more frequent face to face contacts)
   - Standardized Assessment Results of Decision Making Tools (i.e. SDM) - Including standardized assessment results from SDM tools in the case planning process reduces bias and maintains focus on the MSLC.
   - Safety Assessment (behavioral changes needed to **resolve** identified safety threats)
   - Risk Assessment (behavioral changes needed to address family factors that will increase the **likelihood** of future maltreatment)
   - Family Strengths and Needs Assessment (identifies the specific strengths and needs of children, youth, including medical and mental health services- guides case plan development)

3. Are Highly Structured – "Begin with the end in mind" – Stephen Covey **CWS/CMS is a templated case plan tool with multiple components that will require customizing to generate strength-based case plan objectives that reflect the strengths and needs of the family, child and/or young adult**.

   - Case Plan Goals (*the What?)* - Child Welfare Case Plan Goals articulate **an aspiration** of what permanency will look like (i.e. remain home (fm), adoption with siblings, tribal customary adoption) for the children or young adult upon the timely completion of the case plan objectives. **Goals are broad and general in scope**.
   - Case Plan Objectives *(the How?)* - An objective is a statement that **describes a specific desired behavioral outcome that will achieve the desired permanency goal.** An objective is a statement of a behavior that must be achieved and maintained in order to achieve safety, permanency and well-being for a child or a young adult. Objectives are more specific in scope than goals.
   - Client Responsibilities/Client Services – describes in detail the specific service/activity the individual will participate in that supports the new behaviors or actions that the individual will complete in order to reach the objectives. They include a description of the activity, frequency and duration of time that the individual will need to participate.

4. Individually tailored – "Always address the person in his or her resources first" – Insoo Kim Berg

   - Despite the templated CWS/CMS, case plan objectives are uniquely tailored to the individual members of the family or the identified young adult. Therefore objectives are culturally relevant, representative of community standards of which the family is a member, strength-based and developed in collaboration with the family and their network of support.

# Writing S.M.A.R.T. Case Plan Objectives Quiz (the IRAT and TRAT)

This multiple choice quiz has two parts: first as an individual quiz, and second as a team-based learning activity. First, complete the Individual Readiness Assurance Test (IRAT) on your own. Then, as part of the team-based learning activity, discuss the rationale for your individual answers with your teammates. Work together to reach consensus and complete the Team Readiness Assurance Test (TRAT), which contains the same questions that you answered individually.

1. If the client responsibility is related to *Parent Education*, the best example of an "active effort" as defined in the 1978 Indian Child Welfare Act would be:
   - ◯ Providing the family a written referral to Catholic Social Services for Parent Child Interactive Therapy two times a week.
   - ◯ Coordinating by telephone with the Tribal Social Worker to provide the family a referral, the contact information and hours of operation of the Native American Wellness Center.
   - ◯ Conducted joint home visits with the Tribal Social Worker as frequently as once a week until such time that the family obtained answers to their questions, discussed their ambivalence with child welfare involvement, which eventually lead to their agreement to accompany the Tribal Social Worker to the Native American Wellness Center for only a tour and orientation of the facility.

2. If the case plan objective is: *Be willing and able to arrange appropriate child care and supervision when you are away from home.* Which item best meets the criteria for a client responsibility?
   - ◯ Natalie has agreed to contact the Child Care and Referral Resource Network within 30 days, and select at least three providers who provide care between 3 p.m. and 11 p.m.
   - ◯ Maternal grandmother Eliza agrees to care for the children whenever Natalie is working from 3 p.m. to 11 p.m.
   - ◯ Natalie will not leave the children home alone again until they are of an appropriate age to meet their basic needs and call for help in the event of an emergency.

3. Although more than one of these statements are true, which are the primary ways that a goal and objective differ according to the handout?
   - ◯ Goals describe the how and objectives describe the what.
   - ◯ Goals are long-term and objectives are short term
   - ◯ Goals are broad and objectives are specific in scope.

4. An effective way of acknowledging a mother's past experiences as a former foster youth into a case plan objective related to visitation might be:
   - ◯ Misty agrees to be supportive and nurturing during weekly visits with Makayla as demonstrated by completing parenting tasks such as helping with homework, playing board games and/or preparing a healthy snack.
   - ◯ Misty will identify at least three activities and/or actions she can use during visitation so that Makayla is supported and nurtured.
   - ◯ Misty agrees to be attentive and supportive during scheduled visitation by discussing her negative memories of being in foster care separate and away from her scheduled parenting time with Makayla.

5. Which question might deepen a social worker's understanding of the ways a father's cultural background is impacting child safety related to family violence.

- You saw your father hit your mother, do you think that has anything to do with how you are interacting with your girlfriend?
- Has there ever been a time you wanted to yell and "take a swing" at your girlfriend but instead you did something different?
- In what ways have individuals in your family and community kept their children protected from acts of violence?

6. Which of the youth's descriptions of developing a TILP provides the best example of engagement in the development of behavioral case plan objectives.

- My social worker visited me one to two times a month and always bought the TILP he completed in the office to show me what I was to be doing to meet the agency case plan objectives he wrote.
- I wanted to go to beauty school. Each time we met, my social worker asked me and my support network, "On a scale of 1 to 10, how much progress I had made towards getting my cosmetology degree". Based on my number we co-created next steps (who? what? how will we know it worked?) to move up the scale. "Those next steps became what my social workers call case plan objectives".
- I wanted to be a lawyer. My social worker always encouraged me and led me to believe I could do anything. I'm now a practicing attorney.

## TRAT Quiz Score Sheet

**As a group list the answer that you believe is most accurate for each question. List your first, second, and third choices in the boxes, as indicated.**

| **QUESTION** | 1st Choice | 2nd Choice | 3rd Choice | **Score** |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| **TOTAL** | | | | |

# CWS/CMS Case Plan Drop-Down Options

Please note that this is not a complete list, but was compiled for training purposes only.

| Service Objectives |
|---|
| Able and willing to have custody.<br>Show your ability and willingness to have custody of your children. |
| Accept disclosure made by child.<br>Listen to and show acceptance and support of the disclosure made by your child. |
| Acquire adequate resources.<br>Obtain resources to meet the needs of your child and to provide a safe home. |
| Acquire basic cooking skills.<br>Demonstrate basic meal planning and cooking skills. |
| Acquire basic skills to seek employment.<br>Be able to complete job applications and to participate in job interviews. |
| Acquire shopping, budgeting, and money management skills.<br>Demonstrate developing/balancing a budget and to shop within your means. |
| Allow victim confrontation.<br>Listen and respond appropriately when child is ready to confront you about your behavior. |
| Arrange child care/support during your absence.<br>Be willing and able to arrange appropriate child care and supervision when you are away from home. |
| Complete Domestic Violence Program.<br>Attend and demonstrate progress in County Certified Domestic Violence Prevention Plan. |
| Comply with visitation.<br>Maintain a positive relationship with your child by participating in your visitation plan. |
| Control anger/negative behavior.<br>Express anger appropriately and develop strategies for handling anger. |
| Cooperate w/Concurrent Services Planning.<br>Work together with services to achieve legal permanency. |
| Cooperate to establish guardianship.<br>Work together with staff to establish a guardianship for the child. |
| Develop Domestic Violence Prevention Plan.<br>Develop and use a specific domestic violence Relapse Prevention Plan for yourself. |
| Develop supportive interpersonal relationships.<br>Develop positive support systems with friends and family. |
| Do not abuse alcohol. |

| |
|---|
| Stay sober and show your ability to live free from alcohol dependency. |
| Do not abuse drugs.<br>Stay free from illegal drugs and show your ability to live free from drug dependency. Participate in all required drug tests. |
| Do not break the law.<br>Do not break the law. Avoid arrests and convictions. |
| Do not involve you child in Dom. Viol.<br>Do not involve your child in attempts to control or intimidate your partner. |
| Do not neglect your child's needs.<br>Meet your child's physical, emotional, medical, and educational needs. |
| Do not physically abuse your child.<br>Interact with your child without physical abuse or harm. |
| Do not sexually abuse your child. |
| Do not use physical punishment. |
| Eliminate danger to physical health.<br>Remove identified dangers to your child's physical health. |
| Follow conditions of probation/parole.<br>Follow all conditions of probation/parole. |
| Have no contact with your child.<br>You will not contact your child by phone, in writing, or in person. |
| Improve basic self-care grooming, dressing, hygiene.<br>Improve grooming, dressing, and hygiene. |
| Know age appropriate expectations.<br>Show that you know age appropriate behavior for your child. |
| Maintain problem-free school behavior.<br>Follow all school rules. Do not create any behavior problems at school. |
| Maintain suitable residence for child.<br>Obtain and maintain a stable and suitable residence for yourself and your child. |
| Monitor/correct child's behavior.<br>Show your ability to supervise, guide, and correct your child at home, school, and in the community. |
| Monitor child's health, safety, and well-being.<br>Pay attention to and monitor your child's health, safety, and well-being. |
| Obtain/finalize adoption.<br>Cooperate with staff person(s) working to finalize adoption for the child. |
| Obtain/maintain legal source of income.<br>Have and keep a legal source of income. |
| Positive interaction during child visits. |

| |
|---|
| Be nurturing and supportive when you visit your child. |
| Prepare for independent living.<br>Participate in independent living program. |
| Protect child from contact with abuser.<br>You will not allow any contact between the abuser and your child. |
| Protect child from emotional harm.<br>Protect your child from emotional harm. |
| Protect child from physical abuse.<br>Show that you will not permit others to physically abuse your child. |
| Protect child from sexual abuse.<br>Show that you will not permit others to sexually abuse your child. |
| Protect self from abusive relationships.<br>Take appropriate action to avoid being a victim of further domestic violence. |
| Provide appropriate/adequate parenting.<br>Consistently, appropriately, and adequately parent your child. |
| Provide care for child's special needs.<br>Show your ability to understand your child's feelings and give emotional support. |
| Provide emotional support for child.<br>Show your ability to understand your child's feelings and give emotional support. |
| Receive age appropriate services.<br>Receive age appropriate, child oriented services. |
| Refrain from domestic violence.<br>Do not behave in a manner that is verbally, emotionally, physically, or sexually abusive or threatening. |
| Stabilize mental health. Participate in medical or psychological treatment as directed by the court |
| Support placement with potential legal guardian.<br>Participate positively with staff person(s) to support the child's placement with a potential legal guardian. |
| Support long term placement for the child.<br>Participate positively with staff person(s) to support a long term placement for the child(ren). |
| Take responsibility for actions.<br>Show that you accept responsibility for your actions. |
| Treat others with respect. |
| Will complete vocational training.<br>Enroll and complete vocational training. |
| Will remain in school until graduation/GED.<br>Attend school on a regular basis until graduation or GED. |

| Planned Client Services/Client Responsibilities |
| --- |
| Domestic Violence Program |
| General Counseling |
| Psychiatric/Psychological Assessment |
| Psychotropic Medical Evaluation/Monitoring |
| Sexual Abuse |
| Therapeutic Day Treatment |
| Other (Education) |
| Parent Education Program |
| Special Education |
| Teaching and Demo Homemakers |
| Temporary Caretakers |
| Tutoring |
| Family Preservation Services |
| FP – Teaching and Demo |
| FP – Other |
| Counseling |
| Other (Substance Abuse) |
| Substance Abuse (inpatient) |
| Substance Abuse (outpatient) |
| Substance Abuse Testing |
| Twelve Step Program |
| Health/CHDP Services |
| Dental Visit |
| HEP-CHDP Equivalent Physical Exam |
| HEP-CHDP Physical Exam |
| HEP-Periodic Dental Exam |
| Medical Visit |
| Medication Management |
| Other (*Description Mandatory*) |
| Provide Medical Consent |
| Provide Medical/Dental Information |
| Independent Living Skills Program (ILSP) |
| ILP – Career/Job Guidance |

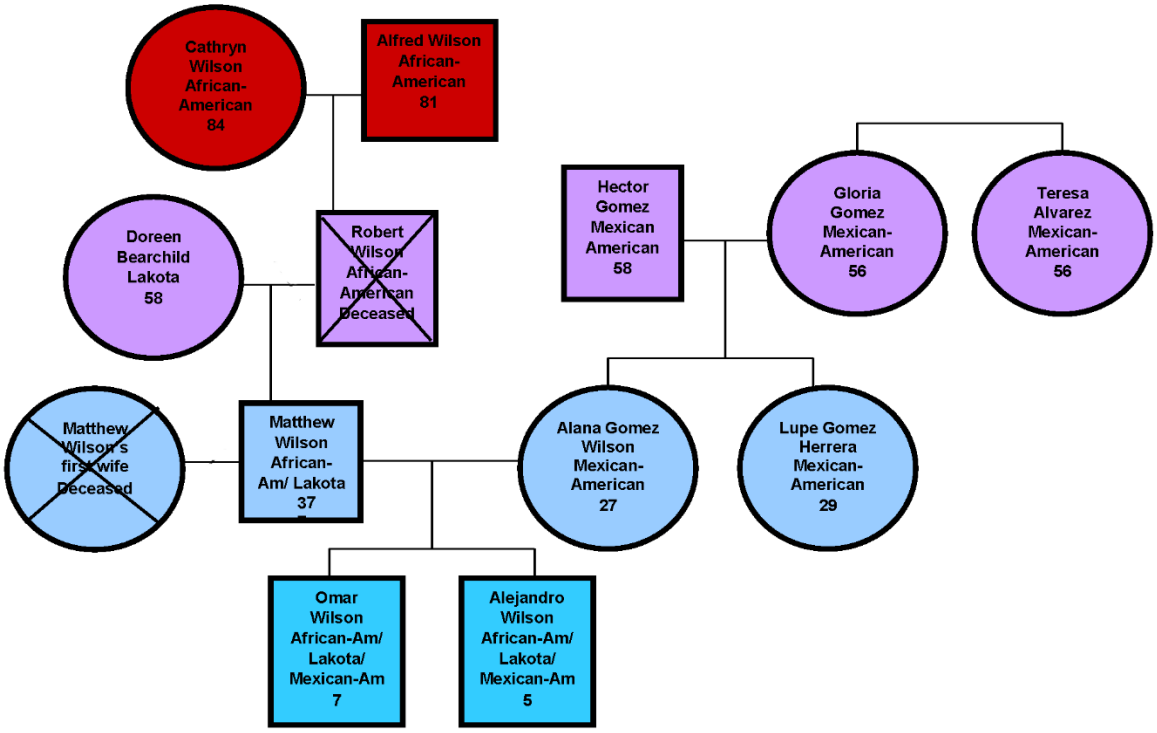
| |
|---|
| ILP – Consumer Skills |
| ILP – Education |
| ILP – Health Care |
| ILP – Home Management |
| ILP – Housing Options/Locations |
| ILP – Interpersonal/Social Skills |
| ILP – Money Management |
| ILP – Other (*Description Mandatory*) |
| ILP – Parenting Skills |
| ILP – Time Management |
| ILP – Transitional Housing |
| ILP - Transportation |
| Case Management Services/Agency Responsibilities |
| Arrange and maintain placement |
| Arrange emergency shelter care |
| Arrange service delivery |
| Arrange transportation |
| Arrange visitation (*See "Visitation Schedule" below*) |
| Arrange/Refer legal consent |
| Obtain medical consent |
| Other (*Description Mandatory*) |
| Perform case planning activities |
| Provide crisis intervention |
| Referrals to community resources |
| SW planned contact (*See "Contact Schedule on next page*) |
| Transport client |
| Concurrent Planning |
| CSP – Assess for Adoptions |
| CSP – Disclosure to Birth Parents |
| CSP – Joint Assessment |
| CSP – Other (*Description Mandatory*) |
| CSP – Recommend Permanency Alternative |
| CSP – Refer/Complete Adopt. Home |
| CSP – Refer/Complete Guardian Assmt. |

| |
|---|
| CSP – Refer/Complete Relinquishment |
| CSP – ID/Assess Permanency Plan |
| CSP – Place in Permanency Plan |

# Wilson Family Genogram

**Handout #2**

*Wilson Family Genogram*



# Screener Narrative

| CHILD(REN) NAME | CHILD I.D. # |
|---|---|
| Omar Wilson | 0000-0000-0000-0000000 |
| Alejandro Wilson | 0000-0000-0000-0000000 |

Referral Number: 0000-0000-0000-0000000
Referral Date 03/30/2016

**SCREENER NARRATIVE**

**Physical abuse to Omar Wilson (age 7) by father, Matthew Wilson. General neglect, failure to protect 7 year old Omar Wilson by mother, Alana Wilson. Five-year-old Alejandro Wilson is at risk.**

**REPORTER'S ACCOUNT (Who, What, When, Where, How and Why Now?)**

Summarize:
Per RP, 5-year-old Alejandro came to school very upset this morning. He could not focus on tasks and when asked what was bothering him, he began to cry. He said his brother Omar was hurt and his parents made Omar stay home from school. When asked how his brother got hurt, Alejandro said his dad got mad at Omar this morning and hit Omar with a belt. Alejandro stated that Omar now has red lines on his back and marks on his arms. Alejandro said he was afraid of his father when his father was hitting Omar, but he is not afraid now. Alejandro has no visible injuries and denied being hit. Alejandro said Omar stayed home today so no one will see the red lines. Alejandro said his mother was there when Omar got hit, Alejandro reports that he saw his mother cry when Omar got hit. .

Family has previous CFS history including previous referrals for neglect of Omar and services previously provided. Per case history, the family is English speaking. The mother is of Mexican American and the father is Native American and African American.

State of California Health and Welfare Agency
Department of Social Services
CWS Case Management System
IN-ALGDES (Rev 12/02)

**SCREENER INFORMATION**

Confidential in accordance with
Penal Code Section 11167.5 and/or
WIC Sections 827 and 10850
Page 1 of 1

# Investigation Narrative

CHILD(REN) NAME
Omar Wilson
Alejandro Wilson

CHILD I.D. #
0000-0000-0000-0000000

Referral Number: 0000-0000-0000-0000000
Referral Date 03/30/2016

## INVESTIGATION NARRATIVE

**Referral Demographic Information:** Mother – Alana Gomez Wilson, Mexican American, married, unemployed, age 27. Father – Matthew Wilson, African American - Lakota, married, employed, age 37.

**Current Allegations:** The father Matthew Wilson has hit 7 year old Omar Wilson with a belt. The mother Alana Gomez Wilson has been unable/or unwilling to protect Omar. Potentially, Alejandro is at risk from being hit with a belt and not being protected.

**Child Welfare History:** Two prior reports regarding Omar. The first report involved an allegation of general neglect due to Omar's positive toxicology screen at birth. The family completed in home services. The second report involved general neglect to Omar who was left home alone. The family completed reunification services.

No history for Alejandro. No history for Mr. or Ms. Wilson as children.

**Criminal History:**

Alana Gomez Wilson -

| DATE | OFFENSE | DISPOSITION |
|---|---|---|
| 09/15/2007 | Possess controlled substance | 24 mo. probation |
| 07/01/2010 | Possess controlled substance | 3 yr. probation |
| 04/22/2014 | DUI | 1 yr. probation |

Matthew Wilson -

| DATE | OFFENSE | DISPOSITION |
|---|---|---|
| 08/29/2009 | Disorderly conduct<br>possess controlled substance | 1 yr. probation |
| 07/23/2011 | Infl Corp inj spouse/cohab | 1 yr. probation |

Ms. Wilson was listed as the victim in Mr. Wilson's 2011 domestic violence arrest.

There are no other police reports for either parent or at the home address.

**Other Problems:** Both parents have a history of using subtances. Mr. Wilson is employed as a construction worker however he is not steadily employed..

**Assessment:**
03/30/2016 Unannounced home visit. The house was clean and organized. Seven-year-old Omar Wilson was at home with his mother and father. Ms. Wilson stated that she watched her husband, Matthew Wilson,

hit Omar with a belt for disobeying and for picking on his brother. She said that she did not try to stop Mr. Wilson because she is afraid of Mr. Wilson and felt that intervening would only make it worse for herself and Omar Also, she felt that Mr. Wilson would stop before he really hurt Omar, and she says that he did stop. Ms. Wilson said, "Omar, he gets so mad and he hits and bites and throws things and he won't stop until you grab him and hold him down. I don't know what to do with him." Mr. Wilson at first did not state he had struck Omar but later said that he had used a belt on Omar because "that's all he will listen to" and because that's the way he was raised. Both parents expressed remorse and frustration, saying they don't know what to do to about Omar's out of control behaviors. I asked a scaling question as to how often Omar is seen as difficult. Mrs, Wilson reported that Omar is a 5 and Mr.Wilson reported Omar's behavior as a 3. ( 1 being extremely difficult and 10 being extremely easy). Both parents gave examples of Omar being kind to his brother and helping to set the table for dinner.

I spoke with Omar alone. He confirmed that he was hit by his father. I observed 8 grab-mark bruises on Omar's upper arms and four strap marks on his lower back. Omar stated he was not picking on his brother, he was just playing around and his father got mad and hit him. Omar stated he thinks that Alejandro doesn't get spanked because his parents like his brother better than they like him Omar said he usually gets spanked when his father is mad, but this is the first time he had bruises and welts. Omar stated he loves his mother and father.

The parents agreed to develop a safety plan. Scheduled to meet later that day with the parents and the maternal aunt, Teresa Alvarez, who helps take care of the children and upon whom they rely as a support system. In the meantime, both parents agreed to use no physical discipline on either child and to call the social worker or Ms. Alvarez if either parent felt that he/she were losing control.

03/30/2016 I spoke to 5 year-old Alejandro Wilson at school. Alejandro cried and said, "Daddy hit Omar and mommy won't let him come to school." Alejandro stated he had never been hit with a belt. He stated that his father doesn't hit him because he doesn't talk back to his father. He stated that Omar is mean to him and hits him a lot when their parents are not looking. Alejandro stated that sometimes he plays with Omar and they have fun.

03/30/2016 I met with the family, including Teresa Alvarez and agreed to the following immediate plan to achieve safety in the short run:

- Both parents agree to use time-outs with Omar. I provided a referral to the Office of Education parenting classes which meet weekly, to learn additional discipline techniques for Omar's behaviors
- Ms. Alvarez agrees to spend each evening at the Wilson house in order to help them practice ways to provide positive feedback when Omar is doing something right, and provide consequences, such astime outs, taking away a favorite toy for a period of time, asking Omar to express his feelings rather than act on them, etc . She will also have Omar at her house on the weekends. As part of her licensure for operating a day care center, she has recently taken classes about children with difficult behavior, including those with ADHD. She has also learned about services that are available for children with developmental delays and disabilities.

| | |
|---|---|
| Referral Number: | 0000-0000-0000-0000000 |
| Referral Date | 03/30/2016 |

Mr. and Ms. Wilson agree to work with CWS voluntarily and to engage in developing a case plan with me. I spoke to both parents about the report is sent into the statewide CACI system and that I would be substantiating this referral for abuse. I spoke to them about the Department of Justice and their rights to disagree and procedure for grieving this decision.

**Services Offered:** I met with the family to complete safety assessment and develop safety plan. I provided a referral to parenting class at the Family Resource Center so the family can learn how to use time outs. We discussed alternative ways of disciplining Omar.

**Allegation Conclusion:** The allegation of physical abuse is substantiated. The allegation of general neglect ( nother unable to protect) is substantiated. The children are at risk for further abuse and neglect. SDM Safety Assessment Safety Threat is 2 and Risk Assessment Level is High.

**Referral Disposition:** Open Voluntary Family Maintenance Case.

# California SDM Safety Assessment

**CALIFORNIA**
**SDM® SAFETY ASSESSMENT**

r: 10/15

**Referral Name:** Alana Gomez Wilson **Referral #:** 0123-4567-8910-1112124

**County:** Any County **Worker:** Super Social Worker

**Is either caregiver Native American or a person with Indian ancestry?** ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

**Date of Assessment:** 03/30/2016 **Assessment Type:** ☒ Initial ☐ Review/update ☐ Referral closing/case closing

**Names of Children Assessed:** (If more than six children are assessed, add additional names and numbers on reverse side.)

1. Omar Wilson, age 7
2. Alejandro Wilson, age 5
3. _____
4. _____
5. _____
6. _____

**Are there additional names on reverse?** ☐ 1. Yes ☒ 2. No

**Household Name:** Wilson **Were there allegations in this household?** ☒ 1. Yes ☐ 2. No

**Factors Influencing Child Vulnerability** (Conditions resulting in child's inability to protect self; mark all that apply to any child.)

☒ Age 0–5 years
☐ Significant diagnosed medical or mental disorder
☐ Not readily accessible to community oversight
☐ Diminished mental capacity (e.g., developmental delay, nonverbal)
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

**SECTION 1: SAFETY THREATS**

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark all that apply.

| Yes | No | | |
|---|---|---|---|
| ☒ | ☐ | 1. | Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:<br>☐ Serious injury or abuse to the child other than accidental.<br>☐ Caregiver fears he/she will maltreat the child.<br>☐ Threat to cause harm or retaliate against the child.<br>☐ Domestic violence likely to injure child.<br>☐ Excessive discipline or physical force.<br>☐ Drug-/alcohol-exposed infant. |
| ☐ | ☒ | 2. | Child sexual abuse is suspected, AND circumstances suggest that the child's safety maybe of immediate concern. |
| ☐ | ☒ | 3. | Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| ☐ | ☒ | 4. | The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| ☐ | ☒ | 5. | Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in severe psychological/emotional harm AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| ☒ | ☐ | 6. | Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| ☐ | ☒ | 7. | Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern. |

☐ ☒ 8. The family refuses access to the child, or there is reason to believe that the family is about to flee.

☐ ☒ 9. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

☐ ☒ 10. Other (specify): _____

**Safety Decision: If no safety threats are present, complete the safety decision below.**

☐ Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.

**SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS**

If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

☒ Substance abuse ☒ Domestic violence ☐ Mental health ☐ Developmental/cognitive impairment
☐ Physical condition ☐ Other (specify): _____

**SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS**

**Household Strengths:** These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

**Protective Actions:** These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. *Mark all that apply to the household.*

| | **Household Strengths** *(Mark all that apply)* | **Protective Actions** *(Mark all that apply)* |
|---|---|---|
| Caregiver problem solving | ☒ At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions. | ☐ At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation. |
| Caregiver support network | ☒ At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.<br>☐ At least one non-offending caregiver exists and is willing and able to protect the child from future harm.<br>☒ At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child. | ☒ At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to provide protection for the child. |
| Child problem solving | ☐ At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat. | ☐ At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s). |
| Child support network | ☐ At least one child is aware of his/her support network members and knows how to contact these individuals when needed. | ☐ At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe. |
| Other | ☐ Other | ☐ Other |

**SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS**

If safety threats have been identified in the household and after consideration of child vulnerabilities, household strengths, and protective actions, it is determined that a safety plan will allow the child to remain in the home, the safety decision is "safe with plan." Mark the decision below. If a safety plan that would allow the child to remain in the home safely cannot be created, go to Section 4.

**Safety Decision**

☒ Safe with plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

- ☒ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
- ☒ 2. Use of family, neighbors, or other individuals in the community as safety resources.
- ☒ 3. Use of community agencies or services as safety resources.
- ☒ 4. Use of tribal, Indian community service agency, and/or ICWA program resources.
- ☐ 5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- ☐ 7. Have the non-offending caregiver move to a safe environment with the child.
- ☐ 8. Legal action planned or initiated—child remains in the home.
- ☐ 9. Other (specify): _____

**SECTION 4: PLACEMENT INTERVENTIONS**

**Safety Decision**

☐ Unsafe. One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

- ☐ 10. Have the caregiver voluntarily place the child outside the home, consistent with WIC § 11400 (o) and (p).
- ☐ 11. Child placed in protective custody because interventions 1–10 do not adequately ensure the child's safety.

# California SDM Family Risk Assessment

**CALIFORNIA**
**SDM® FAMILY RISK ASSESSMENT**

r: 06/15

**Referral Name:** Alana Gomez Wilson **Referral #:** 0123-4567-8910-1112124 **Date:** 03/30/2016

**County Name:** Any County **Worker Name:** Super Social Worker **Worker ID#:** 1717

| PRIOR INVESTIGATIONS | Neglect | Abuse |
|---|---|---|
| 1. Prior neglect investigations | | |
| ○ a. No prior neglect investigations | 0 | 0 |
| ○ b. One prior neglect investigation | 0 | 1 |
| ☒ c. Two prior neglect investigations | (1) | (1) |
| ○ d. Three or more prior neglect investigations | 2 | 1 |
| 2. Prior abuse investigations | | |
| ☒ a. No prior abuse investigations | (0) | (0) |
| ○ b. One prior abuse investigation | 1 | 0 |
| ○ c. Two prior abuse investigations | 1 | 1 |
| ○ d. Three or more prior abuse investigations | 1 | 2 |
| 3. Household has previous or current open ongoing CPS case (voluntary/court ordered) | | |
| ○ a. No | 0 | 0 |
| ☒ b. Yes, but not open at the time of this referral | (1) | (1) |
| ○ c. Yes, household has open CPS case at the time of this referral | 2 | 2 |
| 4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child | | |
| ☒ a. None/not applicable | (0) | (0) |
| ○ b. One or more apply (*mark all applicable*)<br>☐ Prior physical injury to a child resulting from child abuse/neglect<br>☐ Prior substantiated physical abuse of a child | 0 | 1 |

| CURRENT INVESTIGATION | Neglect | Abuse |
|---|---|---|
| 5. Current report maltreatment type *(mark all applicable)* | | |
| ☐ a. Neglect | 1 | 0 |
| ☒ b. Physical and/or emotional abuse | (0) | (1) |
| ☐ c. None of the above | 0 | 0 |
| 6. Number of children involved in the child abuse/neglect incident | | |
| ☒ a. One, two, or three | (0) | (0) |
| ○ b. Four or more | 1 | 1 |
| 7. Primary caregiver assessment of the incident | | |
| ☒ a. Caregiver does not blame the child | (0) | (0) |
| ○ b. Caregiver blames the child | 0 | 1 |

| FAMILY CHARACTERISTICS | Neglect | Abuse |
|---|---|---|
| | | |
| 8. Age of youngest child in the home | | |
| ☒ a. 2 years or older | (0) | (0) |
| ○ b. Under 2 | 1 | 0 |
| | | |
| 9. Characteristics of children in the household | | |
| ○ a. Not applicable | 0 | 0 |
| ☒ b. One or more present (*mark all applicable*) | | |
| ☒ Mental health or behavioral problems | (1) | (1) |
| ☐ Developmental disability | | |
| ☐ Learning disability | | |
| ☐ Physical disability | | 0 |
| ☐ Medically fragile or failure to thrive | | |
| | | |
| 10. Housing | | |
| ☒ a. Household has physically safe housing | (0) | (0) |
| ○ b. One or more apply (*mark all applicable*)<br>☐ Physically unsafe; AND/OR<br>☐ Family homeless | 1 | 0 |
| | | |
| 11. Incidents of domestic violence in the household in the past year | | |
| ☒ a. None or one incident of domestic violence | (0) | (0) |
| ○ b. Two or more incidents of domestic violence | 0 | 1 |
| | | |
| 12. Primary caregiver disciplinary practices | | |
| ○ a. Employs appropriate discipline | 0 | 0 |
| ☒ b. Employs excessive/inappropriate discipline | (0) | (1) |
| | | |
| 13. Primary or secondary caregiver history of abuse or neglect as a child | | |
| ☒ a. No history of abuse or neglect for either caregiver | (0) | (0) |
| ○ b. One or both caregivers have a history of abuse or neglect as a child | 1 | 1 |
| | | |
| 14. Primary or secondary caregiver mental health | | |
| ☒ a. No past or current mental health problem | (0) | (0) |
| ○ b. Past or current mental health problem *(mark all applicable)* | 1 | 1 |
| ☐ During the past 12 months | | |
| ☐ Prior to the last 12 months | | |
| | | |
| 15. Primary or secondary caregiver alcohol and/or drug use | | |
| ○ a. No past or current alcohol/drug use that interferes with family functioning | 0 | 0 |
| ☒ b. Past or current alcohol/drug use that interferes with family functioning *(mark all applicable)* | (1) | (1) |
| ☒ Alcohol (☐ Last 12 months and/or ☒ Prior to the last 12 months) | | |
| ☐ Drugs (☐ Last 12 months and/or ☐ Prior to the last 12months) | | |
| | | |
| 16. Primary or secondary caregiver criminal arrest history | | |
| ○ a. No caregiver has prior criminal arrests | 0 | 0 |
| ☒ b. Either caregiver has one or more criminal arrests | (1) | (0) |

| | Neglect | Abuse |
|---|---|---|
| **TOTAL SCORE** | 5 | 6 |

**SCORED RISK LEVEL.** Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart.

| Neglect Score | Abuse Score | Scored Risk Level |
|---|---|---|
| ☐ 0–2 | ☐ 0–1 | ☐ Low |
| ☒ 3–5 | ☐ 2–4 | ☐ Moderate |
| ☐ 6–8 | ☒ 5–7 | ☒ High |
| ☐ 9 + | ☐ 8 + | ☐ Very high |

**OVERRIDES**

**Policy Overrides.** Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override the final risk level to very high.

☐ Yes ☒ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☒ No 2. Non-accidental injury to a child under age 2.
☐ Yes ☒ No 3. Severe non-accidental injury.
☐ Yes ☒ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

**Discretionary Override.** If a discretionary override is made, mark yes, increase risk by one level, and indicate reason.

☐ Yes ☒ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

**FINAL RISK LEVEL** *(mark final level assigned)*: ☐ Low ☐ Moderate ☒ High ☐ Very high

**RECOMMENDED DECISION**

| Final Risk Level | Recommendation |
|---|---|
| Low | Do not promote* |
| Moderate | Do not promote* |
| High | Promote |
| Very high | Promote |

*Unless there are unresolved safety threats.

**PLANNED ACTION**

☒ Promote
☐ Do not promote

If recommended decision and planned action do not match, explain why:

_____

_____

**SUPPLEMENTAL RISK ITEMS**
Note: These items should be recorded but are not scored.

1. Either caregiver demonstrates difficulty accepting one or more children's gender identity or sexual orientation.
   - ☐ a. No
   - ☐ b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.
   - ☐ a. No
   - ☐ b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.
   - ☐ a. No
   - ☐ b. Yes
   - ☐ c. N/A

3a. Is the other adult in the household employed?
   - ☐ a. No
   - ☐ b. Yes
   - ☐ c. N/A

4. Either caregiver is isolated in the community.
   - ☐ a. No
   - ☐ b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.
   - ☐ a. No
   - ☐ b. Yes

# California SDM Family Strengths and Needs Assessment

**CALIFORNIA**
**SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT**

r: 10/15

**Case Name:** Alana Gomez Wilson **Case #:** 0123-4567-8910-1112124 **Date:** 04/28/16
**County Name:** Any County **Worker Name:** Super Social Worker **Worker ID#:** 1717
**Household Name:** Alana Gomez Wilson

**SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT**

☒ Primary **Primary Caregiver Name:** Alana Wilson

☒ Secondary **Secondary Caregiver Name:** Matthew Wilson

**Race (mark all that apply):** ☒ African American/Black ☒ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Latino/a ☒ Multiracial ☐ White ☐ Other

**Ethnicity:** Mexican (primary caregiver)

**Tribal Affiliation:** ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

**Tribe Name:** Rosebud Sioux Tribe **Federally Recognized:** ☒ Yes ☐ No

**Sexual Orientation:** ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☐ Not discussed

**Gender Identity/Expression:** ☒ Female ☒ Male ☐ Transgender ☐ Other

**Religious/Spiritual Affiliation:** Christian/Native American beliefs

**Other Cultural Identity Important to Caregiver** (e.g., immigration status, disability status): _____

**A. Household Context**

**The caregiver's perspective of culture and cultural identity:**

| P | S | |
|---|---|---|
| ☐ | ☒ | a. Actively helps create safety, permanency, and child/youth/young adult well-being. |
| ☒ | ☐ | b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. |
| ☐ | ☐ | c. Is a barrier to safety, permanency, or child/youth/young adult well-being. |
| ☐ | ☐ | d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |

Consider how the family's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?

- Mr. Wilson and his 2 children are enrolled members of the Rosebud Sioux Tribe
- Mr. Wilson once lived on the Rosebud Sioux Reservation
- The paternal grandmother, Doreen Bearchild, still lives on the reservation
- Mr. Wilson returns to the reservation every 2-3 years for summer wacip (powwows).
- Primarily Latino church

**B. Caregiver Domains**
Indicate whether the caregiver's behaviors in each domain (a) actively help create safety, permanency, or well-being for the child/youth/young adult; (b) are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions "c" and "d," select "d."

**Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d."**

| | | |
|---|---|---|
| **SN1.** | **Resource Management/Basic Needs**<br>The caregiver's resources and management of resources:<br>P S<br>☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.<br>☒ ☒ b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Are barriers to safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN2.** | **Physical Health**<br>The caregiver's physical health:<br>P S<br>☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.<br>☒ ☒ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN3.** | **Parenting Practices**<br>The caregiver's parenting practices:<br>P S<br>☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.<br>☐ ☐ b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Are a barrier to safety, permanency, or child/youth/young adult well-being.<br>☒ ☒ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN4.** | **Social Support System**<br>The caregiver's social support system:<br>P S<br>☐ ☒ a. Actively helps create safety, permanency, and child/youth/young adult well-being.<br>☒ ☐ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN5.** | **Household and Family Relationships**<br>The caregiver's relationships with other adult household members:<br>P S<br>☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.<br>☐ ☐ b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Are barriers to safety, permanency, or child/youth/young adult well-being.<br>☒ ☒ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN6.** | **Domestic Violence**<br>The caregiver's intimate relationships:<br>P S<br>☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.<br>☐ ☐ b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ c. Are barriers to safety, permanency, or child/youth/young adult well-being.<br>☒ ☒ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| **SN7.** | **Substance Use**<br>The caregiver's actions regarding substance use:<br>P S<br>☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.<br>☐ ☐ b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being.<br>☒ ☒ c. Are a barrier to safety, permanency, or child/youth/young adult well-being.<br>☐ ☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |

**SN8. Mental Health**

The caregiver's mental health:

P S

☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.

☒ ☒ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.

☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.

☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN9. Prior Adverse Experiences/Trauma**

The caregiver's response to prior adverse experiences/trauma:

P S

☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.

☒ ☒ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.

☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.

☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN10. Cognitive/Developmental Abilities**

The caregiver's developmental and cognitive abilities:

P S

☐ ☐ a. Actively help create safety, permanency, and child/youth/young adult well-being.

☒ ☒ b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.

☐ ☐ c. Are barriers to safety, permanency, or child/youth/young adult well-being.

☐ ☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

**SN11. Other Identified Caregiver Strength or Need (not covered in SN1–SN10)**

☒ Not applicable.

An additional need or strength has been identified that:

P S

☐ ☐ a. Actively helps create safety, permanency, and child/youth/young adult well-being.

☐ ☐ b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.

☐ ☐ c. Is a barrier to safety, permanency, or child/youth/young adult well-being.

☐ ☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

**C. Priority Needs and Strengths**
Enter the item number and description of all of the most serious needs ("d"s first, then "c"s) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). Then identify which are a priority for closure.

The family's priority needs should all be included in the family case plan.

| NEEDS | | | |
|---|---|---|---|
| **Score ("d"s then "c"s)** | **Domain Name** | **Caregiver** | **Priority for Closure? (required if score is "d")** |
| d | Parenting Practices | ☐ Primary ☐ Secondary ☒ Both | ☒ Yes ☐ No |
| d | Household and Family Relationships | ☐ Primary ☐ Secondary ☒ Both | ☒ Yes ☐ No |
| d | Domestic Violence | ☐ Primary ☐ Secondary ☒ Both | ☒ Yes ☐ No |
| c | Substance Abuse | ☐ Primary ☐ Secondary ☒ Both | ☐ Yes ☒ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |

Enter the item number and description of all of the family's strengths ("a" answers) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). These family strengths can be used to address the priority needs identified above.

| STRENGTHS | | | |
|---|---|---|---|
| **Score ("a"s)** | **Domain Name** | **Caregiver** | **Include in Family Case Plan?** |
| A | Social Support System | ☐ Primary ☐ Secondary ☒ Both | ☒ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |
| | | ☐ Primary ☐ Secondary ☐ Both | ☐ Yes ☐ No |

**SECTION 2: CHILD/YOUTH/YOUNG ADULT STRENGTHS AND NEEDS ASSESSMENT**
Repeat this section for each child/youth/young adult in the family.

**Child/Youth/Young Adult Name:** Omar Wilson

**Race (mark all that apply):** ☒ African American/Black ☒ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Latino/a ☒ Multiracial ☐ White ☐ Other

**Ethnicity:** African American/Sioux/Mexican American

**Tribal Affiliation:** ☒ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

**Tribe Name:** Rosebud Sioux Tribe **Federally Recognized:** ☒ Yes ☐ No

**Sexual Orientation:** ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☒ Not discussed

**Gender Identity/Expression:** ☐ Female ☒ Male ☐ Transgender ☐ Other

**Religious/Spiritual Affiliation:** Christian

**Other Cultural Identity Important to Child/Youth/Young Adult** (e.g., immigration status, disability status):

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**A. Household Context**

**The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:**
☐ a. Help him/her create safety, permanency, and well-being for him/herself.
☒ b. Have no effect on his/her safety, permanency, or well-being.
☐ c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
☐ d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

Enjoys being part of the family gatherings and celebrations

**B. Child/Youth/Young Adult Domains**

Indicate whether the behaviors of the child/youth/young adult in each domain (a) actively help create safety, permanency, or well-being for him/herself; (b) are neither a strength nor a barrier for his/her safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "c" and "d," select "d."

Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d".

**CSN1. Emotional/Behavioral Health**

- ☐ a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.
- ☐ b. The child/youth/young adult does not have an emotional/behavioral concern OR the child/youth/young adult has an emotional/behavioral health concern, but no additional intervention is needed.
- ☒ c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need.
- ☐ d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult.

**CSN2. Trauma**

- ☐ a. The child/youth/young adult's response to prior trauma contributes to his/her safety.
- ☐ b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.
- ☒ c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.
- ☐ d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.

**CSN3. Child Development**

- ☐ a. The child/youth/young adult's development is advanced.
- ☐ b. The child/youth/young adult's development is age-appropriate.
- ☒ c. The child/youth/young adult's development is limited.
- ☐ d. The child/youth/young adult's development is severely limited.

(shown in webSDM if "d" is marked)

- ☐ A regional center referral has been completed.

**CSN4. Education**

- ☐ a. The child/youth/young adult has outstanding academic achievement.
- ☐ b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.
- ☒ c. The child/youth/young adult has academic difficulty.
- ☐ d. The child/youth/young adult has severe academic difficulty.

Also indicate if:

- ☒ The child/youth/young adult has an individualized education plan.
- ☐ The child/youth/young adult has an educational surrogate parent.
- ☐ The child/youth/young adult needs an educational surrogate parent.
- ☐ The child/youth/young adult is required by law to attend school but is not attending.

**CSN5. Social Relationships**

- ☐ a. The child/youth/young adult has strong social relationships.
- ☐ b. The child/youth/young adult has adequate social relationships.
- ☒ c. The child/youth/young adult has limited social relationships.
- ☐ d. The child/youth/young adult has poor social relationships.

**CSN6. Family Relationships**

- ☐ a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.
- ☐ b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.
- ☒ c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.
- ☐ d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

**CSN7. Physical Health/Disability**

- ☐ The child/youth/young adult's immunizations are current.
- ☒ a. The child/youth/young adult has no health care needs or disabilities.
- ☐ b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- ☐ c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- ☐ d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

**CSN8. Alcohol/Drugs**

- ☒ a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- ☐ b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- ☐ c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- ☐ d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

**CSN9. Delinquency**

- ☒ a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- ☐ b. The child/youth/young adult has no delinquent behavior in the past two years.
- ☐ c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- ☐ d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.

  Also indicate "d" if:
  - ☐ The child/youth/young adult has been adjudicated a WIC Section 602 ward.
  - ☐ The child/youth/young adult is in need of a WIC Section 241.1 hearing.

**CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)**

- ☒ Not applicable; child/youth/young adult is not in care.
- ☐ a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- ☐ b. The child/youth/young adult has no conflicts with the substitute care provider.
- ☐ c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- ☐ d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

**CSN11. Independent Living (if age 15.5 or older)**

- ☒ Not applicable.
- ☐ a. The youth/young adult is prepared to function as an adult.
- ☐ b. The youth/young adult is making progress toward being prepared for adulthood.
- ☐ c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- ☐ d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

**For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.**

- ☐ The youth/young adult is receiving assistance from a regional center.
- ☐ The 15.5-year-old assessment has been completed.
- ☐ For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- ☐ For youth/young adults age 17 and older, an independent living plan has been completed.
- ☐ An exit plan meeting has been held.
- ☐ An exit from foster care meeting has been held.
- ☐ The youth/young adult is participating in the extension foster care program (AB 12).

**CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1–CSN11)**

☒ Not applicable.

An additional need or strength has been identified that:

☐ a. Actively helps him/her create safety, permanency, and well-being for him/herself.
☐ b. Is not a strength or barrier for safety, permanency, or well-being.
☐ c. Is a barrier to his/her safety, permanency, or well-being.
☐ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

**C. Priority Needs and Strengths**
Enter the item number and description of all of the most serious needs ("d"s first, then "c"s) from items CSN1–CSN12 for each child/youth/young adult.

The child/youth/young adult's priority needs ("d" answers) should all be included in the family case plan.

| Score ("d"s, then "c"s) | Domain Name and Description |
|---|---|
| c | Emotional Behavioral |
| c | Trauma |
| c | Child Development |
| c | Educational |
| c | Social |
| c | Familial Relationships |
| | |
| | |
| | |
| | |
| | |
| | |

Use the table below to identify child/youth/young adult strengths ("a" answers) from items CSN1–CSN12 that can contribute to addressing the priority needs identified above.

| STRENGTHS | | |
|---|---|---|
| **Score ("a"s)** | **Domain Name** | **Include in Family Case Plan?** |
| a | Physical Health | ☒ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |

# Wilson Vignette

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



DELIVERED SERVICE LOG
All Contacts, Services & Visits

FROM: 03/30/2016 TO: 04/30/2016

FOR: **Omar Wilson, Alejandro Wilson**

**Contact** Date: **03/30/2016** On Behalf Of: **Omar Wilson, Alejandro Wilson**
Contact Purpose: Investigate Referral Staff Person:
Participant(s): **Alana Wilson, Matthew Wilson, Omar Wilson**
Method: In-Person Location: Home Status: Completed

I met with the mother, father and Omar face to face in the home. See investigation narrative

**Contact** Date: **03/30/16** On Behalf Of: **Omar Wilson, Alejandro Wilson**
Contact Purpose: Investigate Referral Staff Person:
Participant(s): **Alejandro Wilson**
Method: In-Person Location: School Status: Completed

I met with Alejandro Wilson face to face at school. See investigation narrative.

**Contact** Date: **04/04/16** On Behalf Of: **Omar Wilson, Alejandro Wilson**
Contact Purpose: Deliver Service to Client Staff Person:
Participant(s): **other**
Method: Written Location: Status: Completed

Allegations substantiated. Open case. Transfer to Voluntary Family Maintenance.

**Contact** Date: **04/14/16** On Behalf Of: **Omar Wilson, Alejandro Wilson**
Contact Purpose: Deliver Service to Client Staff Person:
Participant(s): **Alana Wilson, Matthew Wilson, Omar Wilson, Alejandro Wilson**
Method: In-Person Location: Home Status: Completed

I met with the Wilson family for initial home visit in the family home. Face to face contact with Mr. and Ms. Wilson, Omar and Alejandro. Omar's bruises are faded and there are no new injuries. Alejandro has no visible injuries. During separate, private interviews, both boys report their parents have not hit them since the last social worker came to their house. The boys appeared clean and physically healthy. Their shared room was clean and they seemed to like showing off their collections of toys and video games. Omar reports that he gets mad at Alejandro for taking his toys without permission. Alejandro knows his colors and can count to 100.

I met with Mr. and Ms. Wilson. We discussed their participation in the initial parent class suggested by the previous social worker. They have attended 2 sessions. They are learning about the use of positive rewards as part of a time out system and they are working on letting the boys earn trips to the dollar store.

We discussed that as part of the development of their case plan I would be doing an

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



assessment and asking questions and getting their input over the next two home visits. We discussed what would be realistic for them to accomplish in given time frames. Both stated they wanted to make parenting classes a priority to learn how to handle Omar. We discussed three strategies for Mr. Wilson to use, when Omar is exhibiting difficult behaviors. The three strategies include: walking away for 10 minutes, calling Teresa and having Alana give Omar a time out, until he and Omar can talk about the behavior.

Mr. Wilson's father was African American and his mother is Lakota. Mr. Wilson is enrolled in the Rosebud Sioux tribe. His father was killed in action while in the military when Matthew was 2 years old. He was raised primarily by his mother and her family in South Dakota, although he spent parts of several summers in Baltimore with his father's family. He moved to California when he was 19 to be trained in concrete work and has since worked in this field off and on. He is currently employed. Eleven years ago, while visiting in South Dakota, his first wife received severe head injuries and died in a car crash caused in part by Mr. Wilson driving while intoxicated. He was not charged in the incident. Matthew entered alcohol treatment. He had two relapses in the first four years after treatment, but has now been sober for seven years. Matthew married his current wife eight years ago.

Ms. Wilson was born in Texas to first generation Mexican Americans. She and two sisters moved to California when she was 18 because it was easier to find work here. Ms. Wilson began experimenting with drugs at this time. She married Mr. Wilson the next year. She has been in in-patient treatment twice for drug dependency since then – once when her older son was almost one year old and once two years ago. She is sporadically in touch with some of her large, extended family, most of whom live in Texas, although her problems with drug dependency have contributed to tensions with her family. At this point she is not using drugs. A maternal aunt and one sister live in California. Her aunt lives nearby and her sister lives 200 miles away.

Omar is the son of Matthew Wilson and Alana Wilson. Omar is enrolled in the Rosebud Sioux Tribe. He is in kindergarten for the second year and has been diagnosed with Attention Deficit Hyperactivity Disorder and learning disabilities. He was born with crack-cocaine in his system due to his mother's substance abuse at the time. Mr. Wilson reports that Omar was a particularly difficult baby, rarely sleeping through the night, and nearly impossible to comfort. Omar lived with his aunt, Teresa Alvarez when he was a baby and the two still share a very good relationship.

Alejandro is the son of Matthew Wilson and Alana Wilson. Alejandro is enrolled with the Rosebud Sioux Tribe. He is in kindergarten and was recently diagnosed with mild developmental delays. A plan has not yet been developed for him. He was not born with drugs in his system – his mother was in drug treatment for most of his gestation.

The family rely on some other family members for support:

Ms. Wilson's maternal aunt, Teresa Alvarez is widowed and operates a day care near

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



the Wilson's home. She has maintained steady contact with the Wilson family and she knows the children well. She was Omar's second foster mother during his time in foster care.

Ms. Wilson's parents Hector and Gloria Gomez live in Texas. They took care of Omar and Alejandro for the summer two years ago while their mother was in drug treatment for the second time. Hector speaks English; Gloria has limited English ability.

Other family members remain in contact with the Wilsons, but are not as easily available for support.

Ms. Wilson's sister Lupe Gomez Herrera lives with her husband and her two small daughters 200 miles from the Wilson home. She and Ms. Wilson have an off-and-on relationship depending on whether Ms. Wilson is drug-free. The Herreras are worried about the Wilsons due to Ms. Wilson's periodic battle with drugs and the fact that Mr. Wilson has a quick temper and has been known to hit his children and his wife, especially when his wife is using drugs.

Mr. Wilson's mother Doreen Bearchild lives on the Rosebud Sioux Reservation and is the mother of three adult children in addition to Mr. Wilson. She keeps in contact with Mr. Wilson by phone and sees his children every two to three years when he returns home for summer wacipi (powwows).

Mr. Wilson's paternal grandparents Alfred and Cathryn Wilson live in Baltimore, Maryland and they have provided emotional support and modest financial support to Mr. Wilson throughout his life. He is their oldest grandchild and the only child of their son, Robert. They are both in frail health. They have never seen Omar or Alejandro or met his second wife because they do not travel anymore. They send holiday presents regularly and call occasionally.

We discussed the previous court involvement. Ms. Wilson was emotional about the case as she feels guilty that Omar was born with drugs in his system. She completed treatment, but then 10 months later she relapsed and left Omar home alone. He was taken into foster care at that time because Mr. Wilson did not feel able to take care of him on his own. The family did not initially provide information to contact family members because they were embarrassed. After a month, Teresa Alvarez applied to be a relative caregiver. After her application cleared, Omar was placed with her and remained there for six months. Omar did not have any contact with his mother for the first three months in placement as she was in a treatment program too far away. After the first three months, she visited him weekly in the foster home. Mr. Wilson visited Omar weekly, at first in the visitation center and later in the foster home. The Lakota tribe had been noticed and agreed to the placement of the children with the maternal aunt.

Omar was reunified with his parents after seven months in placement. Alejandro was born four weeks after Omar returned home.

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



**Contact Date:** 04/28/16 **On Behalf Of:** Omar Wilson, Alejandro Wilson
**Contact Purpose:** Deliver Service to Client **Staff Person:**
**Participant(s):** Alana Wilson, Matthew Wilson, Omar Wilson, Alejandro Wilson, other
**Method:** In-Person **Location:** CWS Office **Status:** Completed

A family meeting was held at CWS with Mr. and Mrs. Wilson and Teresa Alvarez. Ms. Wilson's pastor, Rev. Jorges Orrante, also came to the meeting to offer support. Mr. Wilson's AA sponsor, James Jeffers attended, as did Omar's school psychologist, Jennifer Wang. Additionally, the mother of Mr. Wilson's mother, Doreen Bearchild joined the family meeting by phone. Using the three questions, the family identified strengths, worries and what needs to happen.

The group identified some important strengths and what is working well in the family:

Both parents have maintained sobriety for over 2 years.
The parents have sought medical treatment to address Omar's behavior and are providing him with the prescribed medication as directed.
The parents have a positive working relationship with the school.
The children attend school regularly.
The children are well-cared for and supervised closely.
The parents have attended parenting classes and have begun using the new skills they learned in class.
There are multiple relative and community supports available to the family.
Mr. Wilson has a job.

The group identified several stressors and worries about the family:

Mr. Wilson's anger – Mr. Wilson has frequently threatened and sometimes hit his wife, Omar, and occasionally Alejandro. Ms. Wilson and the children are afraid of him whenever he is angry or even annoyed. Mr. Wilson minimizes the number of times that this happens and denies he has this effect on his family.

Omar's behavior – Omar has frequent tantrums at home and hits his parents and brother when he is frustrated. The school has assigned an aide to be with him one hour a day and they say that he needs one-on-one attention to calm himself and concentrate. Omar has been on medication for ADHD for the past three months and his behavior at school is more controlled now, but his parents say that it has not helped enough at home. The parents argue frequently about Omar and acknowledge that they sometimes hit him out of frustration. It was discussed that Omar maybe acting on unresolved trauma for past trauma (Omar was in care before and reunified with his parents) as well as current trauma, (being physically disciplined with bruising).

Substance abuse – Both parents say that the stress in their lives makes them vulnerable to returning to alcohol or drugs and that they are proud of themselves for resisting the temptation. Matthew has been sober for seven years and Alana has not used drugs for nearly two years. Aunt Teresa confirms this.

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



Marital conflict - Mr. and Ms. Wilson have a history of intimate partner violence. They disagree frequently over issues related to parenting and finances. Mr. Wilson threatens violence, but has not hit Ms. Wilson in over a year. Ms. Wilson acknowledges that she has hit Mr. Wilson back during arguments in the past.

Parent's response to Omar who has difficulty in controlling his behaviors - Both parents acknowledge that they do not have the skills to effectively discipline Omar. Mr. Wilson stated "It's really hard when he is throwing a fit or hitting his brother." Both acknowledge that they sometimes hit Omar when he won't obey and that this has left mild bruising.

The group then discussed several options and what needs to happen to address the family's needs:

ADHD support group - Ms. Wang offered to connect the parents with the local parents' group for ADHD children. This group conducts parent support groups, education programs and makes matches between parents for one-to-one support. She said the group has parents of various ethnicities and that she does not feel they will feel out of place. Both liked this suggestion and agreed to participate.

Domestic Violence Treatment - Family members confronted Mr. Wilson about injuries he caused his wife and children. Mr. Jeffers asked Mr. Wilson some pointed questions about his anger and violence, which Mr. Wilson answered with less defensiveness than usual. Mr. Wilson agreed he needed and would accept help. Mr. Jeffers said he would accompany him to any program if he wanted that support. Provided referral to Healing Circle, a support group for men with anger issues and interpersonal violence. The group is part of a local Native American religious organization. Mr. Wilson agreed to give it a try to and to not engage in interpersonal violence. .

Substance Abuse Treatment - Mr. Wilson said he still fights against the urge to drink but feels he has it licked. Mr. Jeffers suggested he start coming to AA again. Mr. Wilson said he would think about it, but doesn't think he really needs it, and is pretty busy. Ms. Wilson said she felt no urge to use drugs anymore, but family members disagreed with her self assessment. Neither parent committed to substance abuse treatment services.

Alternate parenting strategies - Both parents said they are trying to use other methods besides hitting, and that the parenting class is helping them, but that they worry that Omar doesn't seem to be improving. Ms. Alvarez confirmed both points -- they are trying to use other methods and Omar is not improving. The parents have a hard time implementing the tools they learn in class because Omar doesn't cooperate. They would like someone to come to their home and help them practice parenting skills while Omar is there. Agreed to make a referral for the family to a in home parenting program. Teresa Alvarez also agreed to provide respite whenever the parents are feeling overwhelmed. She also agreed to coach them on parenting skills she uses in her day care.

Marital conflict and family stress - Rev. Orrante said that a parishioner in his

Wilson Vignette Part 1B – For purposes of brevity, please note that sections of the investigation narrative would be entered into the delivered services log. For training purposes, we have noted this as "see investigation narrative".



church is now running a bible study group for couples who are interested in strengthening their family life. He offered the parents the opportunity to come to a meeting to try it out. Both agreed they would come to one meeting and would decide after that. They acknowledged that they want their marriage and family life to be less stressful. Mr. Wilson wonders if the primarily Latino church will accept him. He says he speaks limited Spanish. Rev. Orrante says that two of the men in the group are Anglo and so the group often speaks in both English and Spanish. Mr. Wilson indicates he still has concerns about being comfortable in the group. He says that he and Ms. Wilson have talked before about religion and his feeling is that her views are "traditional Christian" while his are more mixed with Native American beliefs.

Mental health and developmental assessment for Omar and Alejandro – I will make referral for mental health and developmental assessment for both boys due to the trauma experienced and Omar's behavior.

**Contact** Date: **04/30/16** On Behalf Of: **Omar Wilson, Alejandro Wilson**
Contact Purpose: Deliver Services to Client Staff Person:
Participant(s): **Omar Wilson, Alejandro Wilson, other**
Method: In-Person Location: School Status: Completed

Face to face contact with Omar and Alejandro at school. I met with each child separately. Both report no physical punishment. Alejandro says Omar is mean to him, but his parents make Omar stop. SW asked Omar how he feels about his home life. He said he feels mad and bored a lot at home and that when he is at school he is happier than when he is at home, and that is why he can behave better there.

# Summary of Delivered Services Log

Please review the following documents about the Wilson family on the right side of your yellow folders: The Screener Narrative (green) and the Investigative Narrative (lavender). Along with the SDM Safety (pink) and Risk (yellow) Assessments, these documents illustrate what the social worker saw on first contact with the family. Take 10 minutes to read the first 2 documents—the Screener and Investigative Narratives—and scan the SDM Risk and Safety tools.

Now let me tell you what we've seen and learned about the Wilson family one month later.

This is a voluntary family maintenance case and the family's second contact with child welfare services.

**Here's what we know about Omar and Alejandro**: As we saw from the genogram, Omar and Alejandro are both sons of Matthew and Alana Wilson. Omar's bruises have faded and neither he nor Alejandro have any visible injuries; both boys say that their parents have not hit them, and they appear clean and healthy. Both boys attend school regularly. They share a room which is clean and they like showing their toys and video games. Omar says he gets mad when Alejandro takes his toys without permission.

**Omar (7)** is enrolled in the Rosebud Sioux Tribe, is in kindergarten for the second year, and has been diagnosed with ADHD (Attention Deficit Hyperactivity Disorder and learning disabilities; he has taken medication for the past 3 months and while his behavior at school has improved, he has problems at home. At school, an aide works with him one hour a day to help Omar calm himself and concentrate. The social worker has offered to connect his parents with a support group for parents with children who have ADHD. The local group has parents of various ethnicities; Matthew and Alana Wilson have accepted this offer agreed to join the support group. At birth, Omar tested positive for cocaine; according to Alana, as an infant he rarely slept through the night, and "nearly impossible" to comfort.
Omar lived at home for the first 10 months of his life; when his mother relapsed and entered a treatment program, he was removed and eventually placed with his great aunt Teresa for 6 months— both still have a close relationship. The Lakota tribe was noticed and agreed to this placement.
Alejandro was born 4 months after Omar returned home to his parents. He has frequent tantrums at home and hits his parents and brother when he is frustrated.

**Alejandro (5)** is also enrolled in the Rosebud Sioux Tribe, is in kindergarten, and was recently diagnosed with mild developmental delays. Alejandro says Omar is mean to him, but his parents make him stop. He told the social worker that he gets mad and bored at home and is happier at school He knows his colors and can count to 100. There is no indication of perinatal substance use with Alejandro.

**Matthew Wilson (37)** His father is African American and his mother is Lakota. He is enrolled in the Rosebud Sioux Tribe. His father was killed in action when Matthew was 2; he was raised by his mother and her family in South Dakota, spending several summers with his father's family in Baltimore. At 19, he moved to California where he trained for work with concrete, and has been in this field since then. His first wife died during a car accident; he was driving while intoxicated; no charges were filed. Matthew began alcohol treatment, had 2 relapses during his first 4 years and has been sober for the past 7 years. He married his second wife, Alana, 8 years ago. His mother Doreen Bearchild lives on the Rosebud Sioux Reservation, keeps in touch with Matthew by phone and sees Omar and Alejandro when they visit for wacipi (wah-see-pea). His grandparents, Alfred and Cathryn Wilson have provided Matthew with emotional and financial support throughout his life, are in frail health and cannot travel. They have never seen Alana, Omar and Alejandro but call occasionally and send holiday presents regularly.

**Alana Wilson (27)** was born in Texas to first generation Mexican American parents, Hector and Gloria Gomez. Hector is bi-lingual. She moved to California when she was 18 to find work, and married Matthew the next year. She experimented with drugs after she moved to California, and has had in- patient treatment twice for drug dependency. She has not used drugs for the past 2 years. Her aunt Teresa Alvarez lives nearby; her sister Lupe Herrera lives 200 miles away. Teresa is widowed and operates a day care center near the Wilson's home; Lupe lives with her husband and two small daughters and has an "off and on" relationship with her sister Alana. The Herreras worry about Alanna's history with drug dependency and Matthew's quick temper and history of hitting Omar and Alana. Alana is sporadically in touch with her parents who still live in Texas and took care of Omar and Alejandro during the summer while Alana was in treatment for the second time.

Alana was emotional when the social worker asked about the family's first contact with the Department, and says she feels guilty that Omar was born with drugs in his system. She completed treatment but relapsed 10 months later and left Omar home alone. Mr. Wilson said he was not able to care for Omar, and neither parent provided the names of other family members because they were embarrassed. So Omar entered foster care and was initially placed with a stranger until his great aunt Teresa applied to be his relative caregiver.

A few days ago, there was a Child and Family meeting with the Wilson family and their relative and community support members including great aunt Teresa Alvarez, Alana Wilson's pastor, Jorges Orrante, Matthew Wilson's AA sponsor James Jeffers, and Omar's school psychologist, Jennifer Wang. Paternal grandmother Doreen Bearchild joined the meeting by phone. Using the three questions, this group identified 7 family strengths, 5 worries, and what needs to happen next. That information is detailed on the last 3 pages of the Delivered Service Log. As a consequence of this meeting, Matthew and Alana Wilson agreed to join a support group for parents whose children have ADHD, continue with their parenting class and asked for an in home parenting program since are having a hard time implementing the tools because Omar doesn't cooperate. Both parents said they can continue their sobriety without further meetings or services. Both parents agreed to attend one meeting of a bible study group for couples at Alana Wilson's church and see whether they felt welcome. Matthew Wilson agreed to attend the Healing Circle program, a support group for men who have issues with anger and interpersonal violence, and to not engage in interpersonal violence. This program is part of a local Native American religious organization.

# S.M.A.R.T. Objectives and Service Descriptions

**Specific**
**Measurable**
**Achievable**
**Results-focused**
**Time-limited**

An objective is a statement that **describes a specific desired behavioral outcome that will achieve the desired permanency goal.** An objective is a statement of a behavior that must be achieved and maintained in order for the child to be safe.

**Objectives are about behavior change**

**Objectives are "end states"**

Objectives are more specific in scope than goals. An objective describes in measurable terms **the end state of exactly what change is desired.** The outcome described by an objective represents the elimination of the identified need or problem.

Objectives must have certain characteristics**: they are specific, measurable, achievable, results-focused, and time-limited (S.M.A.R.T.).** In addition, an objective should be formulated for the **factors that place the child(ren) at risk**. This will assure that planned services are directed toward eliminating the problems that brought the family into the child welfare system, and that they are individualized to meet each need. Part of the worker's responsibility, through casework intervention, is to engage and empower the client to become invested in these objectives in order to succeed.

It is important to remember to focus only on those objectives that relate to the risk of recurrence of maltreatment. Many client families (as well as the rest of us) have multiple areas in our lives where we could make changes that could improve parenting. If these areas are not related to risk they should not be the focus of objectives unless families feel strongly about including them.

- **Objectives Are Specific**

  Objectives describe the specific behavioral outcomes that will result in achievement of the permanency goal. An objective clearly describes a behavior that must occur, or that must stop occurring, before the case is successfully closed. (Try to word objectives using positive terms.)

  This can create confusion for workers when distinguishing between descriptions of parental behaviors that represent "end states" (objectives) and descriptions of parental behaviors that represent activities (planned services). Like objectives, services are also always written in behavioral terms, because by definition, they are statements of a person's actions.

**The differentiating factor is whether the change in the parent's behavior is**

- **the desired end in itself (an objective)**

  **-OR-**

- **a step towards and a means of achieving the objective (a planned service)**

- **Objectives Are <u>Measurable</u>**

  The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished.

  **The objective must include some easily discernible criteria by which achievement can be measured.**

  Writing measurable objectives is one of the most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend themselves to easy, precise quantification.

  Some criteria are easy to observe but more difficult to measure. For example, one cannot write a measurable objective related to home cleanliness by quantifying the amount of dirt that is allowable in a home. A practical solution is an objective that **includes many observable behaviors that are associated with cleanliness.** For example, "the floor will be cleared of dirt, dust, debris, food, and garbage." The objective provides realistic and measurable criteria against which to measure home cleanliness.

  Workers may be accustomed to writing objectives that contain the word **improve** such as "improved child care" or "improved housing conditions." **Objectives that contain the word "improve" are neither observable nor measurable.** "Improve" implies the existence of a describable baseline and a describable increase from the baseline. It also sometimes implies underlying values that define some behaviors as more desirable than others. If observers have different values, they may not agree on what can be considered an improvement. In neither case is there an adequate description of an end state that can be measured.

- **Objectives Are <u>Achievable</u>**

  **Objectives must be realistic so that clients are able to accomplish them.**

- **Objectives Are <u>Results-Focused</u>**

  This characteristic of objectives appears deceptively self-evident. It is not uncommon, however, for workers to derive their objectives from a "laundry list" of potential conditions that might improve parenting or care of the child. For example: "Ms. Lazarus uses non-violent methods of disciplining her child, including time-out and restriction of privileges as reported by the child and as witnessed by the social worker" could be an appropriately written objective but not for all situations in which there has been child maltreatment.

  **Objectives must be selected in the context of the factors that put the child at risk.**

- **Objectives Are <u>Time-Limited</u>**

  **A timeframe within which the objective can reasonably be expected to be completed should be included in the objective statement.**

  The assignment of a timeframe provides an additional criterion by which achievement of the objective can be measured.

Time should not be thought of just in terms of “court time.” Smaller blocks of time for specific activities to be completed work best with clients who may be overwhelmed with the prospect of completing the whole case plan. However, in order not to have to revise the written plan unnecessarily, it is best to have larger blocks of time (consistent with court times) stated for objectives. Smaller blocks of time are more appropriate for services that are known to be time-limited.

# CWS/CMS Documentation

| CMS Drop Down Objective | |
|---|---|
| Do not physically abuse your child. | |
| **Re-Worked Behavioral Objective** | |

For the next 6 months, Mr. Wilson agrees to always discipline Omar and Alejandro in ways that do not injure them.

- Within two weeks, Mr. Wilson will be able to list five ways to discipline Omar and Alejandro, other than using physical discipline.
- Within 30 days, Mr. Wilson will practice one skill learned in a parenting class when he is struggling to get Omar and Alejandro to follow directions and log the results in a journal.
- Mr. and Mrs. Wilson will demonstrate to two people in their safety network the ability to set firm limits with Omar and Alejandro.

**Client Responsibility**

| Activity | | Times | Frequency | Completion Date |
|---|---|---|---|---|
| Education Services | Parenting Program | 1 | Weekly | 9/30/16 |
| | Description | | | |
| | Mr. Wilson will attend and demonstrate progress in learning non-physical disciplining strategies that are developmentally age appropriate for Omar and Alejandro. | | | |
| Counseling | Parent Child Therapy | at least 1 | Weekly | 9/30/16 |
| | Description | | | |
| | Mr. Wilson will attend therapy with Omar to interpret and respond to his behaviors in nurturing and supportive ways. | | | |

# CWS/CMS Objectives and S.M.A.R.T. Descriptions Worksheet

Find the best CWS/CMS option and write a S.M.A.R.T. Description. Remember to use language easily understood by people of any educational level.

Scenario Wilson Initial Case Plan

| CMS Drop Down Objective | |
|---|---|
| | |
| Re-Worked Behavioral Objective | |
| | |

## Client Responsibility

| Activity | | Times | Frequency | Completion Date |
|---|---|---|---|---|
| | | | | |
| | Description | | | |
| | | | | |
| | | | | |
| | Description | | | |
| | | | | |

# Resources

Some content in this curriculum was developed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum (SOP). SOP is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. SOP is informed by an integration of practices and approaches including:

- Solution-focused practice[1]
- Signs of Safety[2]
- Structured Decision making[3]
- Child and family engagement[4]
- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- Cultural Humility
- Trauma-informed practice

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Case Plan Field Tool (Parents) https://calswec.berkeley.edu/sites/default/files/case_plan_field_tool_for_parents_122014.pdf

Case Plan Field Tool (Children and Youth) http://calswec.berkeley.edu/sites/default/files/case_plan_field_tool_for_children_and_youth_122014.pdf

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