

# BEHAVIORALLY-BASED CASE PLANS

## SUMMARY

Behaviorally-based case plans focus on specific, concrete strategies and actions to effectively and permanently change the parent's behavior with regard to its impact on the child, rather than mere completion of or compliance with services.

## BASIC PRINCIPLES

- A foundational principle of behaviorally-based case plans in Safety Organized Practice is that services and safety are not the same thing.
  - Service completion does not guarantee child safety. Behavior change, demonstrated and sustained over time, is the key to safety.
- In some circumstances, child safety can be attained without use of formal services.
- Services that are individualized and specific can be a useful tool to help a parent achieve behavior change; however, any services should be regarded as the last piece of case planning.
- *Compliance* is not the same as *engagement*. Engagement is about focusing on what people do right and what is important to families. Engagement takes work, but the plan will not succeed without it. Compliance is far less successful in achieving behavior change.
- A Safety Network is a necessary component of a Family Maintenance (FM) or Family Reunification (FR) case plan. This Quick Guide focuses on case plans for FM/FR cases.

## ENGAGING THE FAMILY

- Behaviorally-based case plans *cannot* be created without the guidance, active participation and willingness of the family and their Safety Network.
- Engagement skills, including use of solution-focused questions, are critical to the case planning process and the family's willing participation in the plan.
  - The more a family perceives the case plan as their idea, the more they will buy in to it.
  - A parent talking about "jumping through hoops" on their case plan is a sign to the social worker to work on engagement in case planning.
- Case plan development should occur after there has been a Child and Family Team (CFT) meeting (ideally before removal, but if the child has been removed, within 24 hours to 2 weeks after) to do Safety Mapping with the family and network; this can also be done as a "kitchen table" mapping. The Safety Mapping process helps us focus and develop the Harm Statement, Danger Statement and Safety Goal(s). Harm and Danger Statements and Safety Goals created with the family are key to developing behaviorally-based case plan objectives.

- Best practice and State mandates require that a CFT meeting occur to develop the case plan with the family and their team/network.
  - Complete the SDM Safety and Risk Assessments and a draft of the Child and Adolescent Needs & Strengths (CANS) before the CFT meeting where the case plan will be developed.
- Involvement of the family's network of natural supports in case planning is critical to help define and describe what the parent's behavior will look like when the worrisome behavior is not happening.
- Involve children/youth in case planning as they wish and as developmentally appropriate.
  - For younger children, you can utilize the Three Houses and/or the Safety House to incorporate the child's vision of their parent's future positive behavior into the plan.
  - Older children usually can explain their perspective on what their mom or dad is like when parenting at their best, and they can be part of a CFTM to develop the family's case plan (if they wish).
- Always involve the Tribe in the CFT and case planning for ICWA cases. This is legally required and also vital to help build a culturally relevant plan for the family.

## BUILDING THE CASE PLAN

- For an FM/FR case plan, keep a laser focus on what will alleviate the harm and danger that led to the family's CWS involvement and will meet the safety goal.
  - Avoid cookie cutter case plans that prescribe "the trifecta" of generic services — (1) parenting, (2) mental health, and (3) substance abuse — for all parents regardless of reason for CWS involvement.
  - Avoid casework drift; make sure the case plan actually addresses the harm/danger (impact on the child) and why CWS is involved, rather than focusing on complicating factors.
  - Including too many different case plan objectives can overwhelm a family and result in paralysis in moving forward. With the family and their network, pick the top three objectives for each parent that are genuinely necessary to ensure child safety.

## HELPFUL TIPS

*Services are useful on case plans only insofar as they support the parent to make and sustain actual behavior change. When including a service, specify expectations for the parent's behavior beyond mere attendance.*

*Use a trauma-informed lens when assessing reasons for the parent's behavior, and make sure the case plan objectives help get to the underlying trauma.*

- Only include more objectives if there are genuinely more than 3 different sources of harm/danger.
- The plan should focus on action steps that will help with the primary safety concern first.
- If a parent does not have a network, building one should be an objective of the initial case plan.
- Generally, when multiple safety concerns exist, substance abuse and/or mental health concerns should be prioritized before parent education, housing or employment, as success in these areas typically relies on the parent's sobriety and stabilized mental health.
- Mental health and substance abuse often need to be addressed simultaneously, as substance abuse is often self-medication of mental health challenges. However, for some individuals, it makes sense to treat one issue or the other first. If the parent has service providers for substance abuse or mental health, coordinate with them about how to best address and sequence treatment for both issues.
- Consider whether parenting classes are genuinely necessary to resolve the safety concerns. Unless parenting was the primary safety issue, parent education — if needed — should typically follow other case plan objectives.

### USING A SOLUTION-FOCUSED APPROACH

- Building a behaviorally-based case plan requires skilled engagement, a willingness to partner with the family and their team to creatively identify strategies, and understanding that the family and their network are best equipped to describe what the parent's behavior will look like when the problem is not happening.
- Solution-Focused Questions are a critical tool to guide the case plan conversation during the CFT meeting, including:
  - Exception questions to help the family and their team/network identify when the concerning behavior wasn't happening, i.e., "Has there ever been a time when you were able to stay clean and sober? How did you manage to do that? How was your parenting different when you were clean; what did it look like?"
  - Position/relationship questions to identify behavior from other perspectives, i.e., "What would your son say is his favorite thing about you as a mom when you're sober?" "What new behaviors might your children want to see you doing to feel safe that no one will get hurt in your house again?"

*Make sure case plan objectives are clear, understood and agreed to by the parent and their network, and realistically achievable in the timeframe of the case plan (i.e., six months).*

*When including services, avoid specifying one provider in case the parent is not able to enroll in their services due to waiting lists or they aren't a good fit.*

**HELPFUL TIPS**

- Preferred future questions to identify the family's vision for what could be, i.e., "When this is all behind you, what will be different for you and your children?" "If you woke up tomorrow and all of your problems were gone, how would things be different for you and your family?"
- Scaling to identify the family's and network's willingness to participate in the plan, agreement to the plan, and confidence that the plan will ensure safety. Remember to ask how the person got to the number they picked and what it would take to move up one (or why they did not pick a lower number).

### VISITATION/FAMILY TIME

- Visitation, or "family time," is one of the most important pieces of the case plan. Family time should happen in the least restrictive way that is safely possible; for example, with a member of the network supervising, and/or in a location such as the home of a family member or friend.
- In the CFT meeting, be sure to address what visitation could look like with the support of the network, what activities the parent can do during family time to show behaviors that will help them meet the safety goal, and at what case decision points visitation may be reassessed or made less restrictive.

### DOCUMENTING THE CASE PLAN

- After creating the case plan as part of a CFT meeting with the family and their network and selecting the top three or so objectives to address the Danger and Safety Goal, find the CWS/CMS objective that best fits these objectives. In the description section, rewrite the CWS/CMS objective language as a SMART objective, as developed with the family, and include the action steps/strategies to meet the objective.
- Use language the family can understand. Write for a sixth-grade reading level. Avoid acronyms or jargon.

### CREATING OBJECTIVES THAT ARE "SMART"

TERM	DEFINITION
<b>Specific</b>	Objectives should be written simply and should clearly define what the person will do.
<b>Measurable</b>	Objectives should be measurable so there is tangible evidence that they were accomplished.
<b>Achievable</b>	Objectives should be possible for the person to achieve.
<b>Relevant</b> <i>and</i> <b>Results-Focused</b>	Objectives should be focused on something that relates to why the family is involved with child welfare (i.e., the objective is relevant to the Danger Statement and Safety Goal).  Objectives are outcomes, not activities. They describe, in future perfect tense, the behavior the parent will have done that tells us the child is safe.
<b>Time-Limited</b>	Objectives should be linked to a timeframe.

- Objectives are outcomes, not activities. They describe, in future perfect tense (“will have \_\_\_\_\_”), the behavior the parent will have done that tells us the child is safe. Action steps detail the activities and strategies the parent will undertake to meet the objective, with the support of their network.
- Work around the CWS/CMS Microsoft Word case plan template as needed to develop a family-friendly plan that reflects the work you did with the family and their network. You can keep services under the Objective action steps or put them in the Client Responsibilities section, depending on practice in your county.
- Add the Danger Statement and Safety Goal that were developed with the family and network to the first page of the case plan document.

### INCORPORATING THE CANS

- The CANS is an information integration tool that is designed to be the output of a collaborative assessment process. Completion of the CANS requires effective engagement using a teaming approach. The CANS must be informed by members of the CFT, including the youth and family. The CANS must be discussed, used and shared within the CFT process to support case planning and care coordination.

#### CANS CAREGIVER RESOURCES & NEEDS

DOMAIN	DEFINITION
<b>Supervision</b>	Capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.
<b>Involvement with Care</b>	Participation in the child/youth’s care and ability to advocate for the child/youth.
<b>Knowledge</b>	Knowledge of the child/youth’s strengths and needs and any problems experienced by the child/youth; ability to understand the rationale for the treatment or management of these problems.
<b>Social Resources</b>	Social assets (extended family) and resources the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.
<b>Residential Stability</b>	Housing stability of the caregiver(s).
<b>Medical/Physical</b>	Medical and/or physical problems the caregiver(s) has that prevent or limit ability to provide care for the child/youth.
<b>Mental Health</b>	Any serious mental health issues (not including substance abuse) that limit capacity to provide care for the child/youth.
<b>Substance Use</b>	Any notable substance use by caregivers that limit capacity to provide care.
<b>Developmental</b>	Limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to provide care for the child/youth.
<b>Safety</b>	Ability to maintain the child/youth’s safety within the household. Does not refer to the safety of other family or household members based on danger presented by the caregiver.

- A draft of the CANS should be brought to the case planning CFT meeting. Ideally, information to inform the CANS would have been gathered during an ER CFT meeting. Otherwise, the social worker, Behavioral Health staff or whoever is responsible for completing the CANS would need to interview the child/youth, parents, resource parent, teacher and other providers and natural supports to gather the information to complete the draft CANS.
- CANS items that are identified as a priority need by the Child and Family Team must be incorporated into the case plan. The team should identify which priority needs to take action on and what other needs they expect to improve as a result. Priority items where the child needs to build a strength should also be included with a plan for how to achieve this.
- The CANS Caregiver section, completed for each parent (and resource parent), helps to prioritize areas of need that affect the parent’s ability to care for the child. Create case plan objectives that address the priority needs for each parent, utilizing the Caregiver Resources as strengths that can help address areas of need where possible.

### SPECIAL CASE ISSUES

- In cases where there is domestic violence, defined as a pattern of perpetrator behavior characterized by coercion and control, separate networks should be developed for each parent, and separate CFT meetings should occur to develop the case plan for each parent. Additionally, visitation should occur at a different time and location for the perpetrator than for the survivor of the violence.
- In cases where a youth has dual status (involvement with Child Welfare and Juvenile Probation), Probation needs to be part of the CFT and case planning process with the social worker, youth, family and their network.

### CASE PLAN ACCOUNTABILITY

- Add to the case plan the frequency of CFT meetings, when the network will check in on the progress of the plan, and how the parents, network and social worker will hold the mother, father and each other accountable for following through.
  - CFT meetings are required at least every 6 months with the case plan for all children in foster care, and every 90 days for children receiving Intensive Care Coordination, Intensive Home-Based Services or Therapeutic Foster Care services.
- At each CFT meeting, review the case plan with the team to assess progress and make any updates as needed. Be sure to address how the parent has demonstrated progress toward their behavioral objectives as a measure for whether family time can become less restrictive.

## CASE PLAN OBJECTIVE EXAMPLES

Here are some examples of what behaviorally-based case plan objectives with family-friendly language might look like.

- Use the parent's name, not "Mom" or "Dad."
- Under each objective, include the specific action steps (activities or strategies) to achieve that objective; these go in the description section of the CWS/CMS case plan.
- Descriptions of services, and how parents will show the changes made by participating in them, can go in the Client Responsibilities section of the CWS/CMS case plan.
- Real-life case plan objectives and action steps the parent and network will do should always be developed with the parent and members of the network.

### Safety Network Example

**Objective:** Mom agrees to have developed a positive support network with friends and family who will help her keep her children safe, and have demonstrated how she has used her network at least once per month for 6 months.

*CANS Caregiver Need: Social Resources (2)*

**Action Steps:** Mom agrees to:

- Invite her sister and AA sponsor to join her network in the next week.
- Within 2 weeks, come up with a list of people within who might be supports for her and activities that will help her build her network.
- Work with her network and social worker to complete the Safety Circles in the next month, move at least one person into the center, and invite that person to the next Child and Family Team meeting.
- [Children's names] can call any of the safety people at any time, and they will come visit right away. The network will have at least 3 "fire drills" in the next 3 months where they practice this. After each fire drill, the children will share how safe they feel, and the plan will be updated as needed.

### Substance Abuse Example

**Objective:** Dad agrees to have demonstrated that he can remain clean and sober for the next 6 months and that he has followed a plan to maintain his sobriety.

*CANS Caregiver Need: Substance Abuse (3)*

Dad agrees he will:

- Work with his sponsor to develop a plan to maintain his sobriety. He agrees to have the plan developed in the next 30 days and will refine it for the following 5 months. He will share the plan with his network and social worker.
- Within one week, tell his network what he does when he is thinking about using and develop ways for his network to help him during those times.
- In the next 2 weeks, tell his network 3 things that have helped him stay sober in the past. He and the network agree to find ways to help him continue to do the things that have worked.

### CLIENT RESPONSIBILITIES

#### Substance Abuse Services

- Dad agrees to go to 90 NA meetings in the next 90 days, find a sponsor within 14 days, talk to the sponsor about his plan with CWS, and ask the sponsor to be part of his network. He will talk to the social worker and network about what he has learned in NA, the strategies he thinks will help him stay clean long-term, and how he has practiced them.

- Dad agrees to drug test as directed by the social worker. He understands that failure to test will be counted as a positive test.

### Mental Health Example

**Objective:** Mom agrees to have developed 3 ways to manage and control her depression and will have demonstrated those skills to her therapist and network for the next 6 months.

*CANS Caregiver Need: Mental Health (2)*

**Action Steps:** Mom agrees that she will:

- Within 3 weeks, meet with a therapist and develop a plan together to manage her depression, and share this with the social worker and her network. The network members agree one of them will check in every day and ask Mom how the plan is going. If this does not work, Mom will work with the social worker to develop another way to meet her objective of managing her depression.
- Re-evaluate her medication in the next 60 days and show that she can follow that plan for the next 6 months.
- Call her dad or another network member if she is starting to feel depressed to the point that she does not want to do anything, and they will come over right away.

### CLIENT RESPONSIBILITIES

#### Counseling/Mental Health Services

- Mom agrees to attend weekly therapy sessions to work on developing a plan to manage her depression so that she can demonstrate her ability to care for her child when she is becoming depressed.
- Members of the network agree to take turns watching [child] when Mom goes to see her therapist. They will also help with transportation if there is a problem.
- Mom agrees to work with the social worker and her network on her plan to manage her depression and let her social worker know what is working for her.
- Mom agrees to meet with a psychiatrist within 4 weeks to evaluate the use of medication for her depression.

### Domestic Violence Example

**Objective:** Dad agrees that he will have demonstrated for 6 months that he has used 5 ways of resolving conflict that don't scare his partner or children and use only words.

**Action Steps:** Dad agrees to develop a plan with his brother and another network member for what he will do when he feels upset, stressed or angry. A network member will check in with dad daily to see how he followed through with his plan.

### CLIENT RESPONSIBILITIES

#### Domestic Violence Services

Dad agrees he will go to all of his batterers' intervention meetings each week. After every meeting, he will call a network member and talk about what he learned and how he will practice it. He will practice, then talk to a network member about what he thought he did well and what he wants to do differently next time.

#### Counseling Services

Dad agrees he will go to counseling every week for at least 16 weeks, starting within 2 weeks, to talk about growing up with a dad who hit his mom, the feelings and actions of anger and sadness he has because of that, and his awareness of how hitting his children's mom is a parenting choice. He will practice using tools he learns in counseling and discuss how he has practiced with the counselor, social worker and his network.