California Social Work Education Center

C A L S W E C

Child Welfare Case Study Module:

Emergency Response
Family Maintenance
Permanency Planning

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Title IV-E Child Welfare Training Project

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CALSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 18 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum sections that employ varied

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research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum sections are made available through the CalSWEC Child Welfare Resource Library to all participating school and collaborating agencies.

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

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- **Annette Marcus,** a Title IV-E Child Welfare Training Student, graduated from the School of Social Work at San Francisco State University in 1994. For the past year, she has been employed at Alameda County, Social Service Agency, Family and Children Service. Materials for the vignettes come in part from Ms. Marcus's experience in her first year in child welfare services.

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NOTES TO THE INSTRUCTOR

The three case studies provide an overview to the essential areas of child welfare services. The cases may be use together for a class or they may be used individually. Each case has an introduction that briefly discusses the area of child welfare practice that governs the family's situation. Each study has a variety of classroom exercises. We have not repeated each exercise for each case, but suggest that useful exercises be adapted. For example, we have not suggested the use of a genogram in each case, but have found it useful in our own work to have students draw one for each situation. We would strongly suggest the use of collaborative teaching, with guest speakers from local Departments of Social Service, substance abuse programs, etc., to supplement the case studies.

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INTRODUCTION

These case presentations were written to directly relate to the child and family's status, as they interact with various parts of the child welfare system. While California counties have a variety of organizational structures, they follow PL 96-272 in their implementation of services. Child welfare social workers in public agencies work mainly in emergency response, family reunification and family maintenance, and permanency planning. Therefore, we wanted to create teaching materials that address where students in graduate schools are actually placed, where clients are served in the child welfare system, and where graduates will eventually work in the system. These materials reflect critical areas of concern for the field such as entry into the system; substance abuse; and special circumstances, such as HIV/AIDS.

Three child welfare situations were created for this project. They reflect training needs in crucial parts of the child welfare system: Emergency Response, Family Reunification/Family Maintenance, and Permanency Planning/Long Term Placement. Each study details case materials, classroom activities, resources, and discussion questions. An effort was made to include *ethnically sensitive practice* by emphasizing language and cultural diversity, differences in family lifestyles as expressed in parenting and disciplinary styles, and varying cultural norms and values.

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CASE 1: EMERGENCY RESPONSE

This family situation involves a newborn, who tested positive to cocaine, who was referred from the local county hospital. His mother and grandmother are actively involved with him. There is a past CPS history.

Children and families who enter the system through emergency response are often nonvoluntary and interviews may take place in the home or in a variety of institutions. The skillful emergency response worker is the gatekeeper to the system and has a significant impact on how a family is treated and introduced to child welfare services.

CASE 2: FAMILY REUNIFICATION

This family situation involves two children who have been placed in foster care due to physical abuse and neglect. The case situation involves the parents, children, school, and foster parents. Alcoholism is a contributing factor.

Working with the children and families who are already in the child welfare system presents challenges to practice, both within the child welfare system and within the larger community, for resources and support. A major set of issues often revolves around substance abuse. Competency in the area of substance abuse is essential when workers attempt to reunify families or work with in-home dependency.

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CASE 3: PERMANENCY PLANNING

This family situation involves a child whose mother has AIDS. The concern is permanency planning for the child. An older sister is in the care of the maternal great-aunt. Children who will be raised in the system and may never return home present a different set of issues from children who may be reunified with their parents. One of the factors that only recently has had an impact in this arena is HIV/AIDS. The death of a parent has always been a devastating issue for children, but it is significantly complicated when a child is in foster care and when that death is from AIDS.

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CALSWEC COMPETENCIES

These case situations provide the student an opportunity to confront practice issues in several settings. The following Child Welfare Competencies are addressed in all of these cases.

1.1 Student understands and is sensitive to cultural and ethnic differences in clients.

1.10 Student understands and is able to use sensitive knowledge about extended families, kinship care, and other natural support networks in the provision of child welfare services to ethnic minority populations.

2.3 Student recognizes and accurately identifies physical, emotional, and behavioral indicators of child abuse, child neglect, and child sexual abuse in child victims and their families.

2.4 Student gathers pertinent information from informants, case records, and other collateral sources to support or refute an abuse or neglect allegation.

2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services and support to enable families to care for their children.

2.7 Student recognizes signs and symptoms of drug and alcohol abuse in children and adults; assesses the impact on families and children; and understands individual, family, and cultural dynamics in substance abuse.

2.17 Student understands the importance of the biological parent maintaining contact with the child in placement, of encouraging parents to participate in planning, and regular parent/child visitation.

3.2 Student understands the importance of effective case assessment and planning as the foundation of casework intervention.

3.4 Student conducts effective casework interviews.

3.5 Student understands the importance of home visiting and other out-of-office visiting to child welfare services and can effectively conduct casework interviews under these circumstances.

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3.9 Student is able to develop a treatment plan taking other professionals' contributions into account in an appropriate way.

3.11 Student understands that in public child welfare services the clients are generally non-voluntary.

3.12 Student can engage non-voluntary and hostile clients.

3.14 Student works cooperatively with other disciplines that are routinely involved in the investigation, prosecution, and treatment of child welfare cases.

3.15 Student can produce and summarize concise case assessments, case plans, and other required written documentation.

5.7 Student actively cooperates and collaborates with other community agencies and professionals in developing case plans and is an effective member of multi-disciplinary conferences.

5.8 Student demonstrates a working knowledge of the community resources available to families and children and utilizes them appropriately, updating this knowledge as necessary.

Additional competencies addressed in Family Reunification

2.9 Student accurately assesses the level of continuing risk for an abused or neglected child within the family and weighs it against the trauma of separation and its possible impact upon the child and family.

2.19 Student works collaboratively with foster families, involving them in assessment and planning and supporting them in coping with special stresses and difficulties.

4.4 Student recognizes that behavior problems in children may be evidence of underlying developmental delays or emotional disturbance.

Additional competencies addressed in Permanency Planning

2.9 Student accurately assesses the level of continuing risk for an abused or neglected child within the family and weighs it against the trauma of separation and its possible impact upon the child and family.

2.16 Student understands the principles of permanency planning and the negative effects that inconsistent and impermanent living arrangements have on children.

5.1 Student effectively communicates with his or her supervisor and professional colleagues in order to further client care.

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MODULE I

EMERGENCY RESPONSE

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MODULE I
EMERGENCY RESPONSE

INTRODUCTION

The Emergency Response Worker is the gatekeeper of the child welfare system. The interventions and recommendations of the Emergency Response Worker are the foundation for any family that enters the child welfare system. Emergency Response Workers must become experts in risk assessment and crisis intervention. In addition they must also provide appropriate referrals in cases which do not warrant long-term Child Protective Service intervention as well as cases which warrant in- or out-home-dependency.

It should be noted that each county in California organizes its child welfare agency somewhat differently. In the more rural counties, a single child welfare worker may participate at all stages of the system, whereas in the more urban counties child welfare workers will work in a specific portion of the system such as Emergency Response, Adoptions, Family Reunification, and so on. Yet all California child welfare workers are working under the same state and federal laws which provide time frames for actions, minimum visitation requirements, legal basis for removal, etc.

Emergency Response Units (ERU) are also organized in a variety of ways throughout the state. Most include social workers who are telephone screeners and recommend which cases will be investigated. Based on the severity of the complaint and the immediate risk to the child, the screeners, in

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consultation with a supervisor, determine whether the initial investigation must be made immediately (i.e., within 2 hours) or within 10 days.

The investigating ERU worker's first task is to determine whether the child is in a situation in which there is a serious risk of recurring abuse or neglect which warrants the child's removal from the home. If a removal has been made, time frame comes into play (see page 9). Within 48 judicial hours of the removal, a petition must be filed with the juvenile court to get approval of this course of action (judicial hours exclude weekends and holidays). Within 24 hours of filing the petition, a detention hearing must be held to determine whether the child is to remain out of home or be returned home. Fifteen judicial days later a jurisdictional hearing will be held to determine whether the child should be made a dependent of the court.

In some counties, the ERU worker's role ends as soon as the child has been detained. Some counties have a special court unit which investigates the case and writes the judiciary court report. The investigation unit may also determine that the case does warrant intervention but does not meet the judicial standards for declaration of court dependency. In this case, a voluntary or informal agreement can be developed between the parents and the agency for ongoing in-home supervision and services.

Social workers at the front end of the child welfare system have the job of determining in a very brief amount of time whether a family belongs in the child welfare system; whether a child should stay with parents, relatives, or be

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placed out of home; and what type of support services are needed to assist the family.

HOW TO USE THIS CASE STUDY

The following Case Study provides an opportunity to practice the role of an emergency response social worker in a classroom setting. The focus of the exercise is on the investigatory and clinical aspects of the emergency response role rather than on the legal mandates.

This exercise is intended to be used in conjunction with a child welfare curriculum. For information on Risk Assessment, we recommend reading the "Expanded Factor Analysis and Research" section in the *California Risk Assessment Curriculum for Child Welfare Services* (California State University, Fresno, 1990, p. 48-79). In this model, used by county ERU staff, 23 key risk variables are organized into five groups: Precipitating Incident Factors, Child Assessment Factors, Caretaker Assessment Factors, Family Assessment Factors, and Family/Agency Interaction. We also suggest the discussion of genograms and eco-maps. The group exercises have been developed for maximum flexibility.

This case includes the following exercises:

1. Beginning the assessment process: Questions and planning
2. Create a genogram of the family (see especially McMillen, 1994)
3. Preliminary questions after the investigation
4. Strengths inventory
5. Plan for children
6. Role play
7. Case planning

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Other suggestions:

Appropriate video materials
Guest speaker from local DSS
Special lecture on drug and alcohol abuse
Special lecture on collaboration with community agencies

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CASE STUDY IN EMERGENCY RESPONSE
RUTH JAMES AND FAMILY

Background: Child Abuse Report

On January 5th, the following child abuse referral was sent to the county ERU by the medical social worker at the local county hospital.

On January 4th, Ruth James, 21, gave birth to newborn Danny Jackson. The baby is not full term (gestation 8 months). Baby and mother both tested positive for crack/cocaine. Father, Darryl Jackson, 21, has not visited the hospital. Mother received no prenatal care and baby is slightly underweight at 4 lbs. 1 oz. His first two Apgar readings were 4 & 5. Mother appeared confused and uncooperative when she was first brought into hospital. She initially denied use of drugs, but now acknowledges using crack/cocaine immediately before delivery. Danny is currently in intensive care under observation. Last year mother gave birth here to a full-term boy, Sammy Green, who tested positive for crack/cocaine. Sammy did not appear to have any long-term drug affect and was released in 2 days. A public health nurse (PHN) was assigned to visit mother and Sammy at the time of their release.

Past CPS History

Along with this recent report, the emergency screener has located a case file on this family relating to the two other children in the family—Mariah Acampo, 5 years old, and Sammy Green, 1½ years old. A child abuse and neglect report was made when Sammy was born as he tested positive on a

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toxicology screen. During this period, a voluntary or informal case was opened. There was no Court involvement.

Home visits by the worker revealed that Ms. James was living with her maternal grandmother, Ms. Evelina Morrison, age 71. The home was neat and appropriately prepared for the children. When present, Ms. James appeared to have a warm and loving relationship with her children although Ms. Morrison was clearly the authority figure in the household. Ms. James missed more than half of the home visits by the worker, and Ms. Morrison reported that her granddaughter often disappeared for days at a time.

Key concerns at the time were that Mariah had not received immunizations, that she had never been enrolled in any daycare setting, and that her speech and affect appeared to be highly idiosyncratic. After the case was opened, Ms. James brought both Mariah and Sammy in for one pediatric visit, but subsequent appointments were missed. A PHN visited the family but did not make much headway in getting the children in for medical care. Sammy received only his 2-week immunizations. The mother participated for about 2 weeks in a drug recovery program and then dropped out. She told her caseworker that the other women in the drug treatment program "really work my nerves" and that she thought a GED program would be more useful to her.

Mariah's father, Marty Acampo, 22, is Filipino. He is currently in prison and has not been involved with her since her birth. Sammy's father, Stan Green, 42, is the doorman at a downtown hotel. He has four other children with

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a different woman, but he did come to visit Sammy and his mother in the hospital. He has bought the baby a crib. The case was closed after only 7 weeks when the mother suddenly left the state with her children and could not be located by her caseworker.

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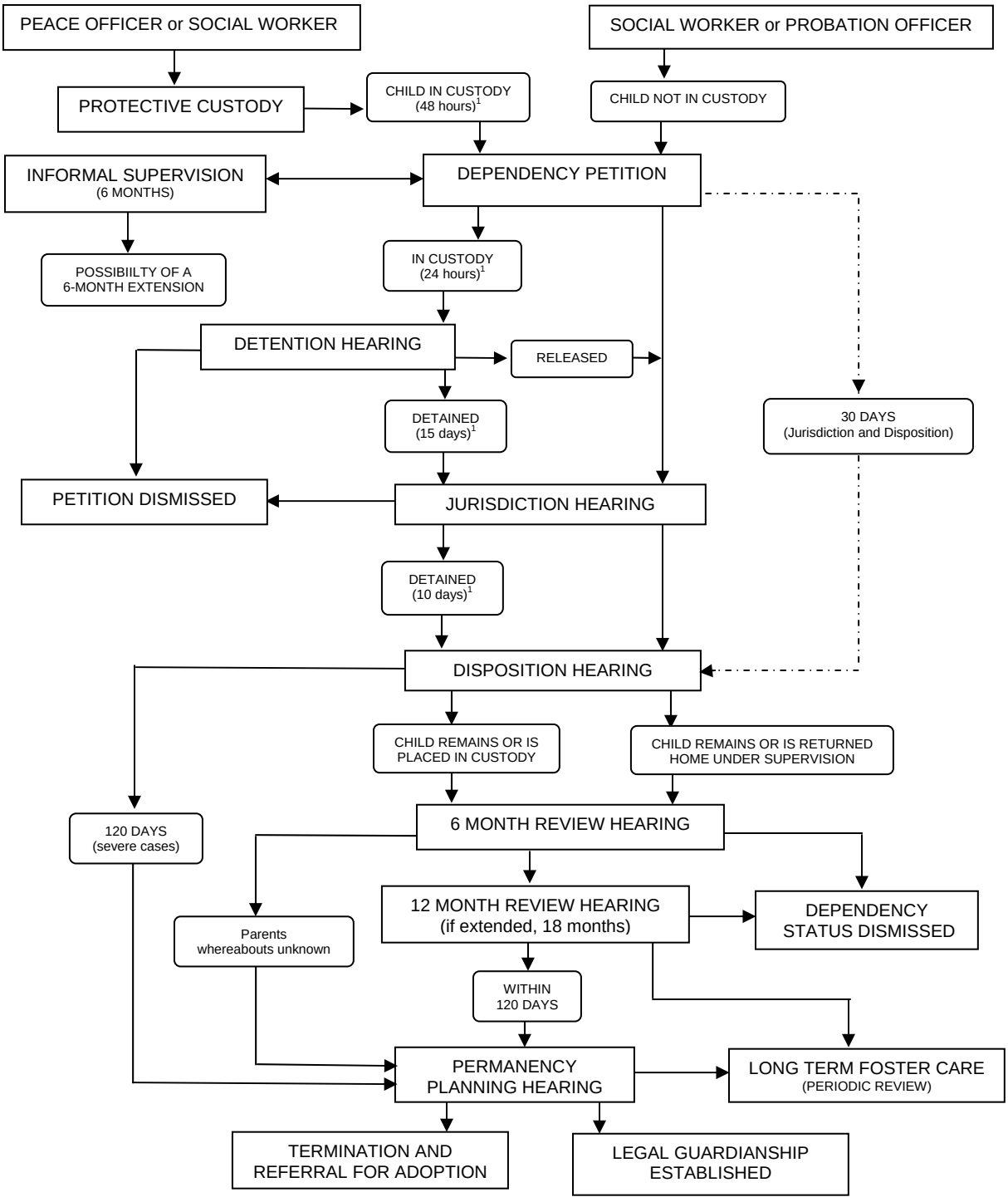
JUVENILE DEPENDENCY PROCEEDINGS
(Welfare & Institutions Code section 300 et seq.)



[1] Judicial days/hours

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EXERCISE: BEGINNING THE ASSESSMENT PROCESS: QUESTIONS AND PLANNING

1. What are your immediate thoughts about this report?

2. Does it warrant a response? If so, should it be a 2-hour, 24-hour or 10-day response?

3. What risks need to be evaluated? What strengths can you identify?

4. What are your next steps? Does the infant need to be protected by placing a hospital/police hold on him?

5. What collateral contacts should be made in this investigation? What types of attitudes do you anticipate encountering when talking to other professionals involved with this family?

6. What are some of the family strengths? What dynamics appear to be in operation? What is your understanding of extended family relationships?

7. What are the different developmental needs of the three children in the family? How does this impact risk assessment?

8. What are some of the infant's risks from cocaine exposure? What issues might you expect with Mother's substance abuse?

9. How will you approach the mother when you go to talk with her? What do you think she is feeling or thinking? How will you engage her? How will you help her to understand the seriousness of this situation?

EXERCISE: GENOGRAM

Draw a genogram of the family using the information you currently have. The genogram can be expanded as you learn more about the family.

THE INVESTIGATION

In your investigation you interview Ms. James, Ms. Morrison, Mr. Green, Mr. Jackson, his sister, the medical social worker who made the report, the public health nurse who has worked with the family in the past, and the

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newborn's doctor. In talking with other professionals, it is important to draw out their general attitudes towards drug-abusing parents and their children so you can assess their assessments. For instance, you may want to note if their recommendations are based on an understanding of the dynamics of addiction and whether they have moralistic attitudes which may impact their assessment of the situation. You also want to be sure to use the resource of their expertise in areas in which you are not an expert—especially medical issues which may endanger a child's life.

> **Note:** In your case file, clearly identify all family members. In case notes, family members are usually referred to in terms of their relationship to the children at risk. For example, Ms. Morrison would be referred to as the maternal great-grandmother. Always ask for birthdays and social security numbers. If you are considering family members for placement, you will need to do a search of local and state rap sheets and call the Child Abuse Index to clear the relative for placement.

The James Family

Family members	Age	Relationship (to children)	Ethnicity
Ruth James	21	Mother	African American
Danny Jackson	Newborn	Son	African American
Sammy Green	18 months	Son	African American
Mariah Acampo	5	Daughter	Biracial
Thelma Morrison	39	Maternal Grandmother	African American
Evelina Morrison	71	Maternal Great-Grandmother	African American
Darryl Jackson	21	Father of Danny	African American
Tempest Jackson	19	Paternal Aunt of Danny	African American
Stan Green	42	Father of Sammy	African American
Marty Acampo	22	Father of Mariah	Filipino

The Medical Social Worker Reports That

The mother was dropped off at the emergency room by the father, Darryl Jackson, who did not stay for the delivery. Mother states that the two children

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were staying with Darryl's sister, Tempest Jackson, 999 Formidable Street, Your Town. There is no telephone. The baby was displaying some symptoms of jitteriness, stiffness, and irritability, but was no longer in ICU and could be released from the hospital within the next week. The child should receive ongoing developmental assessments and may need special physical therapy.

The mother was undernourished, anemic, and exhausted. She cried when she saw the baby in the ICU unit and has repeatedly asked nurses if her baby was going to be O.K. She has been holding and rocking the baby, but has been visibly bothered by the baby's high pitched cry and lack of responsiveness to her. She was alternately irritable and charming with the hospital staff. Her only visitor has been her grandmother, Ms. Morrison.

During Your First Interview With Ms. James at the Hospital, You Learn the Following

Ms. James is a soft-spoken, articulate, and likable young woman who states that she knows that she has a drug problem and that she wants to get better. She says that she would be willing to go back to drug treatment. She is extremely accommodating throughout the interview.

She is terrified that you are there to take her children and tells you that she can handle her children on her own "if people would just let me be." She tells you that she would like to become a RN, and in the past has worked as a home health care worker. She is currently supported by AFDC.

For the past 2 months, Ms. James has had no steady address. She has stayed for periods of up to a week with different friends and relatives. The

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children, she tells you, have been with her most of the time. She does not have a clear plan about where she will go when she is released from the hospital. She states that she would like to live with her grandmother again, but after a fight they had about a year ago her grandmother will not let her stay there.

As a child, she spent several years with foster parents before being returned to live with her grandmother, Ms. Morrison. Ms. James' mother is, Thelma Morrison, age 39. Ms. James and her mother have a conflictual relationship and rarely see each other. Ms. James reports that her mother is an alcoholic. She says her father died of tuberculosis when she was 3 years old.

She states that she does not care that the baby's father has not visited, that she knows he'll come "sometime soon" and that the baby looks just like him.

When You Return to Your Office, You Have a Message From Ms. Morrison. You Return the Call, and Arrange to Visit Her at Home the Same Day and Learn the Following

Both Mariah and Sammy are now with staying with her. According to Ms. Morrison, she received a panicked call yesterday from Mr. Jackson's sister who was temporarily caring for the children. She had no more diapers for Sammy and did not have enough food for the two children. Ms. Morrison told her to bring the children and said she would take care of them.

Ms. Morrison states that this is not the first time that this has happened. In fact in the past few months the mother has frequently left the children with friends or relatives saying she will return later that day and then had not

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returned for up to a week at a time.

Ms. Morrison says Ms. James is not welcome in her house until she deals seriously with her drug problem. Darryl Jackson, she tells you firmly, is a big part of that problem. He is, she says, a drug dealer. She also tells you that she is concerned because Mariah has not been enrolled in kindergarten.

"My granddaughter is real good with the kids when she's not using and she loves them. She bought them both special outfits for Christmas and they were so cute!" She shows you photos of the children dressed up and sitting with Santa Claus.

"I love these kids to pieces," she says, "But my arthritis keeps acting up and it's all I can do to keep up with Sammy. Still, I'd rather have them safe with me than with some strangers. Kids need some loving. Mariah wet her bed last night. She never used to do that. "

Indeed Sammy seems to be a particularly active 1½-year-old, running frenetically about the house during your visit. Mariah wants to sit in your lap as soon as you arrive and exhibits little shyness. Both children are quite small, thin, and have coughs and runny noses.

Ms. Morrison lives in a neatly furnished two bedroom Section 8 subsidized housing apartment. She is supported by SSI.

Interview with Mariah

(During the interview you attempt to get some sense of Mariah's understanding of her mother's current situation and whether she is strongly

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attached to her mother. Mariah is outgoing and talkative. A few of the things she says include the following:)

> Mommy went away to have a baby. She's going to bring me some presents when she comes home. I am mommy's favorite little girl and she's my favorite mommy. I like staying with Grandma, she takes me places and talks to me. It smelled funny at Tempest's house. Sometimes people came over, and we had to hide under the bed.

You ask Mariah to show you what is happening when she hides under the bed. She says, "It's the boys next door. They like to kiss on Tempest and she makes us hide." (Mariah demonstrates smoking crack to you.)

> Grandma says I'm going to go to school. Sammy's a baby and he can't go. Do you want to watch TV with me? Tempest took me to McDonald's and we played there. Tempest's gonna have a little girl just like me. Does my mommy know you? She's gonna take me to the zoo when she comes home.

Interview With the Public Health Nurse

Sammy has been seen only three times by his pediatrician and is behind in his immunizations. Mariah was seen once in the clinic a few months ago for a strep throat, but is also significantly behind on her immunizations. The PHN has not seen the family in a year so her information is not very recent. When last observed, she noted that the mother was warm with her children, responsive to their cues, and that the children appeared to be in

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good health. The PHN is concerned that Sammy may be somewhat hyperactive and feels that a developmental assessment is warranted. The PHN says she feels that the mother is not a danger to the children if another responsible adult is in their life such as the grandmother. She notes, however, that the last time CPS was involved the mother was living with the grandmother, but that intervention was cut short when the mother suddenly left the state with both of her children.

Interview With Newborn's Pediatrician

The pediatrician states that Danny is progressing well, with some minor respiratory distress, which will need to be closely followed. He does not have the heart problems often associated with exposure to crack/cocaine. The stiffness and jitteriness are signs that he is still experiencing withdrawal and will continue to need special attention and ongoing assessments. She estimates that Danny arrived about a month early. She reminds you that premature babies often need to sleep for 15 to 22 hours a day and that they have short wakeful periods. Danny will probably take extra time to wake up and may be quite fussy while waking. He will require frequent small feedings and can not handle too much stimulation. Caring for Danny will not require any special equipment, but will require consistency and patience as well as weekly visits to the doctor. The doctor does not think that the mother can adequately care for Danny at this time.

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You ask the doctor a question about her general attitude towards drug-exposed infants and how Danny's situation compares with others she has seen. The doctor states:

> I am always worried about sending home babies to women who are using, and I used to recommend removal across the board. Now I've seen so many situations, I have a feel for the mothers who can make it and those who won't. Danny's vulnerable to respiratory disease and will need patient, attentive care. It seems to me that the mother's in a fantasy world and is not ready to deal with that reality.

Interview with Sammy's Father, Stan Green

You contact Mr. Green at his workplace and he agrees to come to your office and speak with you.

He immediately tells you that he cannot take Sammy because he is living with his wife, the mother of his other four children, and that he already has his hands full. He feels that the mother is taking adequate care of Sammy and says that he is informally paying some child support each month. He says that he does not think that Ms. James uses drugs and that he does not understand why child welfare keeps interfering with her life. He says that he sees Ms. James and Sammy about once every month or two. He is especially anxious that you not contact him at home, as his wife does not know that he is still in touch with Sammy and his mother.

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"Sammy's a great kid," he says. "But this whole thing has been nothing but heartache and trouble for me and I just don't want to get all messed up with it. I have my own family to think about."

Attempt to Contact Danny's Father, Darryl Jackson

Before interviewing the newborn's father, you receive the report you requested of his arrest record. Mr. Jackson has a long history of arrests for possession of drug paraphernalia, selling, and so forth. His only conviction is a year old and is for possession of an illegal firearm. He is currently on probation. Over the next week, you attempt to contact Mr. Jackson, leaving messages with his sister and his probation officer. Mr. Jackson never returns your calls and is not home during an unannounced visit. You are unable to contact him prior to making a decision about this case.

Interview With Darryl Jackson's Sister, Tempest Jackson, Age 19

Ms. Jackson lives in the housing projects. The apartment is dark when you visit, and she tells you that the electricity was recently cut off. She says that she has frequently babysat Mariah and Sammy, but is tired of their mother just "up and disappearing" without leaving enough food or diapers. She says she loves the kids, but Sammy is a brat. She plans to visit the mother and her newborn in the hospital later that day and is excited about seeing her very first nephew. Ms. Jackson is 8 months pregnant. Ms. Jackson said she did not know how to contact her brother, but would tell him to call CPS when she next sees him.

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EXERCISE: PRELIMINARY QUESTIONS AFTER INVESTIGATION

1. What family strengths can you identify using the following Strengths Inventory.

2. What is your assessment of the children based on the interviews and information thus far?

3. Is there evidence of abuse here? Is there evidence of neglect? What constitutes the evidence?

4. Critically think about and apply concepts of diversity. What cultural/racial issues might exist in the family? What issues might arise for you personally in relation to the diversity of this family?

5. What impact, if any, does the fact that Mariah is bicultural have on your view of this case and on thoughts about making a placement?

6. What types of support services could help this family to stay together?

7. What effect, if any, should the mother's lack of a plan have on your decision? Remember, homelessness alone is not enough reason for removal.

8. How do you evaluate the collateral information as you assess this case?

EXERCISE: STRENGTHS INVENTORY

Use the Strengths Inventory (Handout 1) to assess the strengths of this family.

EXERCISE: PLAN FOR CHILDREN

☞ STOP!!!!!

☞ DISCUSS WITH CLASSMATES WHAT YOUR PLAN FOR THE CHILDREN IS AT THIS TIME. REMEMBER, THERE IS NO SINGLE "RIGHT" ANSWER. AFTER DISCUSSION PROCEED TO THE ROLE PLAY.

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EXERCISE: ROLE PLAY

Second Interview With Mother and Maternal Great-Grandmother

This role play takes place in the hospital. Ask for three volunteers to be Ms. Morrison, Ms. James, and Social Worker. Give each role player the appropriate information as preparation for their role (Handout 2). The social worker should be given a list of available resources for the family. We have devised a sample list of "imaginary" services available in an urban setting (Handout 3). If you wish, you may brainstorm a list of real services available in your community. Role play should last about 10 minutes with an additional 20 minutes for discussion and debriefing.

Role-play directions: each character is described in Handout 2. Teachers may wish to distribute the roles to the role-playing students in such a manner that they do not know much information about the other characters. Before the role play, the players will need several minutes to "study their parts."

When role play has been completed give each participant an opportunity to express reactions and feelings about playing the roles. The students should be given feedback about what they did well and about the areas in which they could improve. Ask the *social worker* how she felt about using authority in the role.

OR

Divide the class into groups of three and have simultaneous role play. All the *social workers* could meet together to plan their interview strategy. Have the two *family members* of each group meet and plan how they are going to relate to each other in the role play.

CASE PLANNING

After the role play is complete, the whole class should participate in developing a case plan for this family. Review the following format and come up with a written plan.

A. The case plan that a CPS caseworker develops with a family is their joint road map to successful intervention. The goals established with the family tell the caseworker and the family where they are going and the tasks tell them how they are going to get there (DePanfilis & Salus, 1992, p. 53).

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The five principles of case planning, as identified by DePanfilis and Salus (1992) are:

1. Actively involve the family in the planning process.

2. Select reasonable and achievable goals that address the conditions/problems causing the risk of maltreatment and the child's treatment needs.

3. Address the relevant risks identified in the assessment and use the family's/child's strengths and resources when determining tasks for achieving the goals.

4. Document who will do what and when.

5. Determine with the family how to evaluate whether goals and tasks have been achieved (p. 54-55).

Almost all case plans include tasks for the family and for the child welfare social worker. The language should be easily understood, the tasks concrete, and the outcomes relevant to reducing risk to the children. For example:

Responsibility of Parent/Guardian	**Responsibility of Social Worker**
Ruth James will enroll and participate in a 5-day-a-week drug treatment program as soon as she is released from the hospital	Worker will provide referrals for Mrs. James.

Each county uses its own format for case planning which often includes an assessment and statement of problems. Case summaries are also an important part of the case file. The following format is based on the Case Plan document used by the San Francisco Department of Social Services (see Handout 4).

B. Develop a list of Local Resource Referrals.

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MODULE II

FAMILY REUNIFICATION

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MODULE II
FAMILY REUNIFICATION

INTRODUCTION

With the passage of Public Law (PL) 97-272, the Adoption Assistance and Child Welfare Act of 1980, the federal government created policy regarding the removal of children from their home of origin, placed time limits and service requirements for children placed in out-of-home care, and required that agencies plan for adoption and provide financial support to adoptive parents for appropriate children who could not be reunified with their family of origin.

In California, PL 96-272 was implemented by Senate Bill 14. The California law established requirements for the county public child welfare departments to provide pre-placement preventive services (generally provided in Emergency Response and Family Maintenance programs) and reunification and permanent placement services (generally provided in Family Reunification and Permanent Placement programs) to children placed in out-of-home care. This module provides information and exercises regarding Family Reunification services.

A primary purpose of PL 96-272 was to prevent children placed in out-of-home care from "drifting" in the placement system. The law requires that the agency that places the child out of home develop a plan to assure that the child will be returned home (reunified) within 18 months of removal from the home or, if return is not possible, develop a plan for an alternative home for the child.

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Developing a Court-approved reunification plan is one of the important functions of the Dispositional Hearing in Juvenile Court. An initial plan is presented by the Child Welfare Worker to the Court, and parents, their lawyers, and the minor's lawyer have an opportunity to contest or ask for modification of the reunification requirements. (The Dispositional determines the child's dependency status. The case can be dismissed, the child can be declared an in-home dependent of the Court, in which case the child welfare agency is responsible for providing in-home supportive services and supervision, or the child can be placed out of home, in which case the child welfare agency is responsible for providing reunification services.)

The reunification plan is implemented as a *service* or *case* plan and must include a statement of the problem that required removal, circumstances/ actions that must occur for the child to return home, services that will be provided to achieve those circumstances/actions, and the expectations of all parties involved in the plan. The Service plan is the focus of all work between the Child Welfare Worker and the parent. The plan is reviewed by the Court at a minimum of every 6 months (at a hearing called a Six Month Status Review) after the Disposition Hearing. If the child has not been reunified by the second (12 month) Review Hearing, the Court has the option to require an additional 6 months of Reunification Services or to order a Permanent Planning Hearing to develop an alternative permanent home for the child. Whatever the outcome of

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the 12-month review, all children who are not returned home within 18 months of removal will have a Permanent Planning Hearing scheduled.

HOW TO USE THIS CASE STUDY

The following exercises pertain to activities that occur while a family is receiving Family Reunification Services. These exercises provide students with an opportunity to develop a case plan, to participate in a role play of a home visit with parents, and to develop recommendations for a 6-month Dependency Status Review. The Child Welfare Worker is responsible for developing a plan that addresses the problems that resulted in the child's removal, that demonstrates to the Juvenile Court that *reasonable efforts* have been made to provide parents with services that help the parents to deal with the problems that caused removal, and that the Child Welfare Worker has fulfilled his/her responsibilities on the case plan.

Child Welfare Workers need to be cognizant of their multiple responsibilities as social workers who are responsible to their clients, for implementing their agency's policies, for implementing the Court orders, and for working within in the context of state and federal laws. For example, the minimum state standard mandates that the family reunification social worker see each of the children on the case monthly as well as each parent/guardian included in the plan. The Child Welfare Worker must also have monthly indirect contact (phone or mail) with the child's caretakers and face-to-face contact once every 6 months. County social services are funded based on maintaining

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these minimum standards. Judges are certain to question whether the worker who does not meet these minimum standards has made *reasonable efforts* to reunify the family. (See Appendix A for a summary of major decisions and actions needed to be taken by the social worker to prevent placement of children away from their families.)

This case includes the following exercises:

1. Assessment and reunification planning.
2. Developing an Eco-Map of the family.
3. Strengths Inventory.
4. Developing a case plan.
5. Role play of a home visit that explores the family dynamics, ethnic/ cultural/religious factors, family violence, substance abuse, attachment, foster care placement.
6. Decision making concerning family reunification.

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CASE STUDY IN FAMILY REUNIFICATION
THE MAHONEY FAMILY

The following case involves a 6-month Dependency Status Review Hearing (DSRH).

THE MAHONEY FAMILY

Family members	Age	Relationship	Ethnicity
Robert Mahoney	44	Father	Irish American
Dolores Mahoney	35	Mother	Mexican American
Dana Mahoney	12	Daughter	Bi-cultural
Haley Mahoney	9	Daughter	Bi-cultural
Foster placement (40 miles from the city where Dana & Haley's parents live)			
Jerry Bishop	38	Foster Parent	Caucasian
Peg Bishop	39	Foster Parent	Caucasian
Potential relative placement			
Mara Guttierez	33	Maternal Aunt	Mexican American

Background: Emergency Response

This case was reported to Emergency Response on May 5, 1994, by Dana's teacher. Dana has reportedly missed 12 days of school over 2 months. Her teacher spotted her at a grocery store with a black eye on May 5th and called CPS. Three prior reports had been filed on the family, although no physical abuse of the children had been identified in the past. The prior reports were made by teachers when the children came to school in dirty clothes and were unwashed. Dana told her teacher that she did the laundry and cooked for the family. A voluntary case was opened in 1993 and the parents were given referrals which they did not pursue, and 6 months of informal supervision. The mother appeared

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to be friendly but very passive during home visits and did not follow up on referrals made by the Child Welfare Worker for therapy and for support groups for battered women. The mother strongly denied being an alcoholic and while the worker noted that there appeared to be dynamics of alcoholism in the family, she was unable to verify alcohol abuse. The father was hostile through the 6 months of services and usually was not home when the worker visited. Teachers at school reported that the children's class participation was improving and there were no more incidents of the children arriving at school dirty during the period of the informal supervision. As no new protective issues were identified and the parents were not utilizing support services, the case was closed.

At the Initial Contact, the Emergency Worker Found the Following

Dana. Dana has a black-eye. She also has fading bruises on her lower back and several belt marks on her legs. She reluctantly explains that her father hit her with a belt for being "bad" and not helping with the dishes. She describes being hit repeatedly on a number of different occasions and is able to describe four different incidents in the past 2 weeks. She says she believes that she deserves to have been punished because she is always being bad. She says she does not know how she got the black eye. Dana says she is happy because her father does not hit her mother any more. Dana misses school, but has been staying home to help take care of her mother who is "sad all the time now." She is lonely and ashamed.

Haley. Haley has no marks and says her father does not hit her, and shows the worker how she hides in her closet when Daddy is mad. Haley has also missed a few weeks of school. Haley and Dana are very close.

Father, Robert. Robert works in the defense contracting field. Many of his co-workers have been laid off and he fears he is next. He works 60-hour weeks on a regular basis; when he is not working he is drinking. Because he drinks only beer, he does not believe that he is an alcoholic. He is quick to tell the social worker that his wife drinks about a bottle of wine every day. He feels that his daughters have no discipline and that they need to "shape up or ship out." He admitted to spanking his 12-year-old daughter on a regular basis because,

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"she has no manners." Father maintains that there is nothing excessive about his "discipline" of Dana. He was so enraged when his children were removed from the home that he smashed out the windows of his house as the police and social worker took the children away. The police arrested the father for disorderly conduct and domestic violence.

Mother, Dolores. Dolores is a homemaker. On the first home visit, she is depressed and non-communicative. Her mother, who was her best friend, died recently. During the second home visit, she serves tea and tries to maintain polite conversation as her husband sits in a state of fury across the room. When the ERU worker speaks with her alone the mother says: "Take them someplace safe" but will not elaborate. She tells the ERU worker that she drinks about 6 glasses of wine each day and that since her mother died she has suffered from "nerves" and is taking pills to calm herself. "When I take the pills" she tells the worker "I can sit all day in my chair and nothing bothers me." The mother shows the ERU worker her bottles of tranquilizers which she says she gets from her cousin in Mexico. The ERU worker observes Dana and Haley making dinner and setting the table while their mother sits with her eyes shut in her arm chair and their father watches TV. Mother tells the worker that she can never leave her husband, that leaving him would be against her religion. Both the social worker and police tried to get the mother to go to a battered women's shelter during the father's rage, but the mother refused. She also refused to press charges against the father. Mother is isolated. All of her family live in another state.

Collateral Contacts. Dana's teacher says that Dana is usually an "A" student and extremely well-behaved in school. Haley's teacher reports that she has also been missing more school than usual. Haley is a quiet student who has recently been teased a lot by classmates. A CORPUS, also known as a criminal records check, is run on the parents. The father has been arrested several times on misdemeanor battery offenses against his wife, including an incident in which her nose was broken. No charges have been filed against him.

Disposition: For 2 months, Haley and Dana were placed in an emergency foster care home. No foster parents were available to take two children in the city. When the family reunification worker received the case, she was able to find a placement for the children with the Bishops, a foster family living 40 miles out of town. The FR worker helped the children to transition from the emergency placement to the regular foster home by taking them for an initial visit with the family and arranging two weekend visits before the children were moved. The children will attend school near the Bishops beginning in September.

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EXERCISE: ASSESSMENT AND REUNIFICATION PLANNING

Assessment Planning

1. Identify and analyze issues of cultural ethnicity in this family.
2. What physical, emotional, or behavioral indicators of abuse or neglect are present?
3. How do you view the interaction of substance abuse and physical abuse?
4. Which symptoms of substance abuse do you notice?
5. What issues of domestic violence are present?
6. Are there other collaterals you would want to contact?

Reunification Planning

1. What needs to happen before this family can be reunified? (See Appendix B, Standards for Return, as used in Alameda County Family Reunification.)
2. What services should be provided to support reunification?
3. Should mother and father visit the children together? How important is visitation to the reunification process?
4. Can a battered woman provide protection for her children from her batterer? What changes would you look for to indicate that the mother could take on a protective role with her daughters?
5. How will you approach the father in this case?
6. What issues might arise in working with this foster family?
7. What feelings/judgments does this case bring up for you? Do you find yourself aligning with any particular person? What is the role of gender in this case? Does your gender or ethnicity affect how you would approach this family?
8. How will you balance the duel responsibilities of protecting the children and working toward reunification?
9. What symptoms of separation might you expect in the children? How will you work with the foster parents and biological parents around these issues?

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EXERCISE: ECO-MAP

Draw an eco-map on this family using the format discussed in Hartman's (1978) *Diagrammatic Assessment of Family Relationships.* (See Handout 5.)

EXERCISE: STRENGTHS INVENTORY

Use the Strengths Inventory (Handout 1) to assess the strengths of this family.

REUNIFICATION PLAN

The Parents Were Given the Following Reunification Plan

The following requirements for consideration of dismissal of dependency were ordered for the mother and father by the MY COUNTY Juvenile Court on May 19, 1994:

Mother's Reunification Plan

1. That the mother will participate, cooperate, and complete a program of family counseling which addresses issues of family violence, her relationship to the father, and her relationship to the minors.
2. That the mother will remain alcohol free and refrain from taking medications unless they are prescribed by a physician.
3. That the mother will submit to drug testing, random drug and alcohol testing as specified by the supervising Child Welfare Worker.
4. That the mother will attend alcohol recovery treatment as specified by the supervising Child Welfare Worker.
5. That the mother will refrain from physically disciplining the minors.
6. That the mother will successfully complete a parent education program and that a report of her participation be received by the court.
7. That the mother will maintain a regular visitation schedule with the minors as approved by the supervising Child Welfare Worker.

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8. That the mother will meet regularly with the supervising Child Welfare Worker, cooperate in developing a Service Agreement consistent with the reunification plan ordered by the Court, and will notify the Child Welfare Worker of any changes in her situation.

9. That the mother will sign necessary consents to release information in order to monitor her compliance with the reunification plan.

Father's Reunification Plan

1. That the father will participate, cooperate, and complete a program of family counseling which addresses issues of family violence, anger management, his relationship to the mother, and his relationship to the minors.

2. That the father will remain drug and alcohol free.

3. That the father will submit to random alcohol testing as specified by the supervising Child Welfare Worker.

4. That the father will refrain from physically disciplining the minors.

5. That the father will successfully complete a parent education program which includes education regarding alternative discipline methods and that a report of his participation be received by the court.

6. That the father will maintain a regular visitation schedule with the minors as approved by the supervising Child Welfare Worker.

7. That the father will meet regularly with the supervising Child Welfare Worker, cooperate in developing a Service Agreement consistent with the reunification plan ordered by the Court, and will notify the Child Welfare Worker of any changes in his situation.

8. That the father will sign necessary consents to release information in order to monitor his compliance with the reunification plan.

EXERCISE: DEVELOP CASE PLAN

Given the reunification requirements above, develop a case plan for the mother and the father. The case plan needs to meet the legal requirement for "reasonable efforts" and must address the legal reasons why the children were removed. At the same time, the case plan should be developed with the parent

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and must address their needs and concerns if it is to succeed. Finally, case plans must be measurable and must specify who is responsible for what activities. (See an example of the San Francisco County Department of Social Services case plan format in Handout 4.)

EXERCISE: ROLE PLAY

A Home Visit With Robert and Dolores Mahoney

Three volunteers are needed for this role play. They will be playing Robert, Dolores, and the social worker. Give each role player the background information for their character (Handout 6). Send the Mahoneys out of the room to study their parts for about 5 minutes. As a class, spend 5 minutes discussing how the social worker would prepare for this interview. The role play itself can last between 10-20 minutes. Time allotted for discussion and debriefing should last 15 minutes.

When the role play has been completed, give each participant a few moments to discuss what it felt like to play his or her role. Then ask the *clients* and others in the class to discuss the social worker's interviewing and interventions. Be sure to give the social worker feedback about what s/he did well and about the areas in which s/he could improve

> *Hints to role players: Remember this is a learning exercise. Your goal is not to* stump *the social worker. If the social worker is able to engage* you *as a client, diffuse your hostility, or build an alliance with you, do give that kind of feedback. Feel free to improvise if questions arise that are not addressed below, and do interact with Dolores.*

END ROLE PLAY HERE

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New Information at 6 Months

You have worked with the family for 6 months.

Father: Father has acknowledged that he has a problem and agreed to attend a group for batterers. He has not yet followed through with this promise. He has been polite, even charming, during your visits with him. He has not appeared to be drinking, but is also not in any formal recovery program. Father has been angry that the court has ordered that the children's visits with him must be supervised. He has only made about half the visits.

Mother: Mother is working with a private therapist and is slowly acknowledging that she has been battered. She is still living with her husband but is talking with her therapist about the possibility of separating from him. She has not yet made any move towards doing this. Mother has started attending Alcoholics Anonymous on a regular basis. She appears to be sober; however, you suspect that she is continuing to use tranquilizers, as she sometimes has slurred speech. However, mother is much more alert and present than in the initial stages of the case. Mother never misses a visit with the girls. Initially, she was quite passive during these sessions, but in the last month she has been asking the children about school and about how they feel about things.

Dana: Dana is attending school regularly, although she remains sulky and quiet, unlike her former classroom style. She is seeing a private therapist. Dana is ambivalent about her father, sometimes crying because she misses him and sometimes saying that she never wants to see him again. Dana has only praise for her mother and reacts with fury if she imagines any slight against her mother. When visiting with her mother, you notice that Dana adopts her mother's body language. Dana is alternately withdrawn and demanding of attention from the Bishops. You learn that Dana is fluently bilingual and that her father often hits her when she speaks in Spanish.

Haley: Haley loves her foster parents. She has opened up with them and is a bright, sunny girl at home. At school, however, she is not able to concentrate, she acts out in class, and is reading at a first grade level although she is in 4th grade and she is having real difficulties mastering basic math. Haley was recently found with matches and cigarettes at school. Haley speaks only a little Spanish. Haley rarely talks about her parents, but is agitated before and after visits with them. You have requested that the school district give Haley an IEP, or comprehensive assessment. A meeting is set for a week after the court hearing.

Mara Guttierez: There is a new possible placement for the children. Their maternal aunt, Mara Guttierez, called about 2 months ago saying that she

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wanted to take care of the children. She feels that they should be in the family and in touch with their cultural heritage. At the time she was living in Colorado, but she has recently moved back to the children's hometown in California. Mara has a 10-year-old son who appears to be well adjusted and warmly bonded with his mother. Mara is an artist and waitress, making about $18,000 a year. Mara has moved into a three-bedroom apartment. She has put a bunk bed in the extra room. She calls weekly asking when the girls can come to live with her. She was arrested for a DUI about 6 years ago, but has no other arrest record. During a home study you see no evidence of alcohol in the house and she says that she no longer drinks. Mother would like children to live with Mara. Father has not expressed an opinion on the subject. Dana tells you that Mara is her favorite aunt. Haley says she does not know her very well.

Jerry and Peg Bishop: Jerry and Peg are good foster parents, sensitive to the adjustments the girls are making, and patient with Dana's ups and downs. They have a son and a daughter of their own, ages 11 and 8. The Bishops know that they are only a temporary home for the girls and have been consistent about bringing them in for visits with their mother. Both Bishops, however, feel strongly that the girls should not be returned to their father under any circumstances. They are particularly attached to Haley and have expressed an interest in adopting Haley if she is unable to return to her family.

CASE SUMMARIES

When cases are transferred to other workers or to other units, an effective case summary can serve as an important bridge to the next worker. One useful format for case summaries is as follows (Brownton, 1993).

1. On (insert date) the (name) family was referred to Children's Emergency Services by (the reporting agency). The ERU worker's report indicated that _____. The emergency response worker found the following:_____ A court dependency was ordered and the case was transferred to Family Reunification. The case plan focused on the following:_____.

2. This is a (for example, a single parent, Asian) family residing in (describe housing). The family is supported by (income source). Family includes (list key family members). Also living in the home are (list other people in the home). Living out of home are (list any children who are living out of the home.)

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3. Write a paragraph on each family member, their personality, strengths, weaknesses, issues, and concerns.

4. Describe the family interactions or dynamics. Include family strengths.

5. Describe how the case plan has been implemented (or not) during the course of the case.

6. Summarize current risk to children.

7. Describe future plan for family, reason for closure or transfer.

EXERCISE: DECISION MAKING CONCERNING FAMILY REUNIFICATION

This assignment may be a large group discussion, a small group exercise, or a written assignment (Handout 7).

1. What reasonable efforts are you making to reunify the family and to protect the children from abuse and/or neglect?

2. What recommendation will you make regarding the children's ongoing placement? Should they stay with the Bishops, move in with their aunt, is either parent ready to reunify?

3. What changes, if any, need to be made in the case plan?

4. What is your sense of the child/parent attachment and the children's attachment to their foster parents?

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MODULE III

PERMANENCY PLANNING

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MODULE III
PERMANENCY PLANNING

INTRODUCTION

As indicated in the discussion of Family Reunification, Permanency Planning for children placed in out-of-home care is part of the federal mandates contained in PL 96-272. The intent of this federal law is to prevent removal with pre-placement services, to facilitate reunification for children who must be removed through reunification services, and to assure a permanent home for children who cannot be reunified through permanency planning. After reunification services have been provided for up to 12 or 18 months (depending on the circumstances of the individual case) without reunification, the Child Welfare Worker must decide what is the best alternative placement plan for the child. If the permanent plan is to be legal guardianship or adoption, a special Permanency Planning Hearing will be held in the Juvenile Court within 120 days of the Court's decision that the child can not be reunified with his/her parents. The law specifically requires that the Child Welfare Worker consider the following options for the child:

- Termination of parental rights and placement in an adoptive home,
- Dismissal of Juvenile Court dependency and placement of the child with a legal guardian,
- Continued Juvenile Court dependency and placement in a long-term placement with a relative, foster home, or other placement, or
- Emancipation (generally for older teenagers).

These choices must be considered in the order listed above because adoption followed by guardianship offers the most permanence to a child. In

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fact, the Child Welfare Worker must indicate specific reasons why adoption is not recommended before the worker can consider other plans. The reasons a child is not placed for adoption are:

- The child is bonded to its parents or to its current caretakers who do not want to adopt,
- There is no adoptive home available for the child, or
- Refiguring the family structure when relative caretakers are involved becomes too complex to allow adoption. For example, a child adopted by his grandmother would then legally be his/her mother's sibling.

Although the law requires the worker to consider the alternatives in the order listed above, the plan must be one that best fits the needs of each individual child and his/her situation. It is particularly important not to disrupt the bonds the child has established both with his/her family of origin and with the caretakers that provided out-of-home care.

Once a Permanency Planning Hearing is ordered, the focus of the Child Welfare Worker's work shifts from reunification services to the family of origin to support services for the alternative permanent home. Although the family of origin can remain involved with the child placed in Long-Term Placement, the worker is no longer responsible for providing reunification services. The burden of responsibility for services and contacts shifts to the parents. The worker's focus remains on the child and the alternative permanent home.

HOW TO USE THIS CASE STUDY

The following case provides students with an opportunity to develop a Permanent Plan for a child. The focus of this exercise is on decision making for the long-term future of a child in foster care. This case is further complicated by

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the medical problems of the child's mother, who has AIDS. This case will provide students with an opportunity to understand the process of writing a court report and the legal and ethical questions that go into a permanent decision for a child.

This case includes the following exercises:

1. Strengths Inventories.
2. Role play with Supervisor.
3. Basic discussion questions.
4. Class presentation or class paper on case disposition.

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CASE STUDY IN PERMANENCY PLANNING
THE JACKSON FAMILY

The Scenario

On December 1, 1994, you walk into your first day as a case-carrying child welfare worker in family reunification. Your new supervisor welcomes you effusively, shows you to your desk, and hands you your first case. You open it up with great curiosity and learn that the next court date is the 18-month hearing—just 6 weeks from now. The previous worker noted in her summary that she was ambivalent about what to recommend in this case and felt that she was too emotionally involved with the children to make a clear-headed decision, although her inclination was to recommend long-term foster care.

Thus, the crucial recommendations in this case are in your hands. Your supervisor has asked you to develop a recommendation by the end of the week when she will meet with you to discuss it and offer further input.

You glean the case history from the 12-month court report (Handout 8) and from the case notes below. Your mission is to convince the judge to follow the permanent plan you suggest.

EXERCISE: STRENGTHS INVENTORY

Use the Strengths Inventory (Handout 1) to assess the strengths of this family.

EXERCISE: ROLE PLAY WITH SUPERVISOR (Handout 9)

The class can be divided into dyads (one supervisor and one student) for this exercise. Maintain the role play for a minimum of 10 minutes.

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EXERCISE: BASIC DISCUSSION QUESTIONS

1. To what extent is the extended family involved in this case?

2. Identify the cognitive, emotional, and physical effects of impermanence on children.

3. How do you begin to evaluate the risk of losing contact with a biological parent vs. need to develop a permanent plan for a child?

4. What are the medical, legal, and social needs of a person with HIV/AIDS? What concerns do you have in working with this mother with AIDS? Do you need more information about AIDS? Where would you go to get it?

5. This parent has a potentially terminal illness. Identify the issues this presents for you personally.

6. Do you understand this woman's denial and how it can impinge on effective and appropriate intervention?

7. Identify community resources for this family.

8. Amanda is not 2 years old yet. How does that affect your view of making a permanent plan for her? How would you approach this differently if she were 5 years old? 10 years old? 15 years old?

EXERCISE: CASE DISPOSITION (Handout 10)

Students can do this exercise individually or in teams. If you do individual assignments you may want to poll the class to see that every position is represented—or you may want to assign specific teams for each position to argue for: adoption, dismissal of dependency, placement in a long-term foster home, placement with a legal guardian (e.g., the maternal great-aunt) or reunification with the mother with in-home orders. The adoption team may want to explore both traditional and open adoptions as options for a plan. A recent California law allows a fifth alternative for parents with AIDS. If medical personnel verify that the mother will die in 6 months, it is possible to establish a joint custody agreement between the mother and another caretaker.

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APPENDIXES

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STANDARDS TO MAINTAIN CHILDREN

(A majority of the following factors are necessary
for the child to be maintained in-home)

DRUGS

The following factors shall be considered:

1. Child's age, vulnerability and special needs, ability for self-care and self-protection, and severity of abuse (i.e., medically fragile developmentally delayed)
2. No active drug use in front of child or involving children
3. Adequate food, shelter, and clothing are provided (temporary or permanent)
4. Medical care provided
5. Responsible collateral caretaker exists
6. School attendance monitored (as one of a variety of issues)

MOLEST

MOLESTER OUT OF HOME AT THE TIME OF REFERRAL.

The following factors shall be considered:

1. Non-offending parent believes that the child was molested
2. Child's age, vulnerability and special needs, ability for self-care and self-protection, and severity of abuse
3. Non-offender can insure that the offender does not have unsupervised access to or contact with the child
4. Child is in therapy if a Court Order or the Child Welfare Worker directs the therapy is needed

MOLESTER IN HOME AT TIME OF REFERRAL.

The following factors shall be considered:

1. Non-offending parent believes that the child was molested.

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2. Child's age, vulnerability and special needs, ability for self-care and self-protection, and severity of abuse.

3. Non-offender can insure that the offender does not have unsupervised access to or contact with the child.

4. Child is in therapy if a Court Order or the Child Welfare Worker directs that therapy is needed.

5. Child feels safe with non-offending parent.

6. Molester and non-offending parent participate in individual, couple/family treatment if a Court Order or the Child Welfare Worker directs that therapy is needed.

7. Therapy is addressing: secrets, boundary issues, past history of both non-offending parent and molester, relationship and intimacy issues, and identification of one or more person(s) to whom the child can report.

PHYSICAL ABUSE

ABUSER OUT OF HOME

The following factors shall be considered:

1. Child's age, vulnerability and special needs, ability for self-care and self-protection, severity of abuse, child's behavior, history of abuse, child's expression of fear or anxiety, and child's health status.

2. Non-offending parent acknowledges problem.

3. Non-offending parent acknowledges need for use of non-physical discipline.

4. Non-offending parent agrees to not use or to allow anyone else to use illegal corporal punishment or other physical abuse.

5. Child feels safe with non-offending parent.

6. Non-offending parent insures all contact between the child and the abuser is appropriately supervised.

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ABUSER IN HOME

The following factors shall be considered:

1. Child's age, vulnerability and special needs, ability for self-care and self-protection, severity of abuse, child's behavior, history of abuse, child's expression of fear or anxiety, and child's health status.

2. Abuser and non-offending parent acknowledge problem and an understanding of what abuse is.

3. Abuser and non-offending parent acknowledge need for use of non-physical discipline.

4. Abuser, non-offending parent and child agree (as appropriate) to participate in individual, couple/family treatment or parent education.

5. Abuser and non-offending parent are aware of what is age-appropriate behavior for child.

6. Abuser and non-offending parent are able to empathize with child.

7. Child has identified one or more person(s) to whom s/he can report.

NEGLECT

Parent has an ability to:

1. Organize/follow through with simple tasks (e.g., keep appointments for self and minor, call CWW, manage money, maintain housekeeping standards, provide regular meals, etc.).

2. Utilize a support system as needed (such as AA/NA, Parental Stress, Social Network, individual/family therapy, CWW, etc.).

3. Address issues such as: medical problems, child's special needs, school problems, etc.

4. Provide adequate supervision at all times.

5. Provide a safe environment at all times.

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MENTALLY ILL PARENT

The following factors shall be considered:

1. Parent can learn to recognize signs of decompensation, has ability to seek appropriate treatment for self, and has an appropriate back-up childcare plan.

2. Parent is cooperating with mental health services and treating practitioner recommends parent is able to meet the needs of the child and to provide appropriate parenting.

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STANDARDS FOR RETURN

(Standards are written in singular form for ease in reading.
However, the standards apply to all involved parents, caretakers, and children.)

DRUGS

1. Parent acknowledges problem.

2. Parent has the ability to demonstrate some capacity to organize/follow through with simple tasks (e.g., keep appointments, call CWW, etc.).

3. Parent can articulate her/his triggers to drug use and can describe what s/he needs to keep away from drug environment/triggers.

4. Parent is successfully participating in a drug program and the recommendation of the program is that the parent is ready to have the child/ren returned.

5. Parent is able to demonstrate an understanding of drug/alcohol usage including family dynamics.

6. Parent has NA/AA/Self Help support group in place.

7. Parent has three (3) months of clean testing and the number of times a week testing is scheduled is based on parent's drug of choice) or parent can appropriately acknowledge and deal with any slips.

8. Parent can acknowledge the potential of a relapse and has a back-up childcare plan, as well as a plan to contact a designated support person.

9. Parent cooperates with the Worker in allowing an evaluation, including an assessment of all household members.

10. Parent participates in and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

MOLEST

1. Non-offending parent has acknowledged problem.

2. Non-offending parent has demonstrated ability to protect child/ren with weekend visits over an extended period of time.

3. Non-offending parent continues to participate in treatment and therapist recommends return.

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4. Non-offending parent can empathize with child re: molest.

5. Child continues in treatment and child's therapist recommends return.

6. Child feels safe with non-offending parent.

7. Non-offending parent supervises all contact between child and molester and observes No Contact Order if one exists.

8. Child has someone to report to in addition to non-offending parent.

9. Therapy has addressed: secrets, boundary issues, past history of non-offending parent, relationship/intimacy issues, and identification of one or more person(s) to whom child can report.

10. Non-offending parent participates and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

MOLESTER IN HOME AT TIME OF RETURN

1. Molester and non-offending parent both have acknowledged problem.

2. Non-offending parent has demonstrated ability to protect the child with weekend visits over an extended period of time.

3. Molester and non-offending parent continue to participate in individual or couple/family treatment and therapist(s) recommend(s) return.

4. Molester has accepted responsibility for molest in family therapy session.

5. Child continues to participate in treatment as recommended by therapist.

6. Child feels safe with both molester and non-offending parent.

7. Therapy has addressed: secrets, boundary issues, past history of both non-offending parent and molester, relationship/intimacy issues, identification of one or more person(s) to whom child can report.

8. Molester and/or non-offending parent participate in and cooperate with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

9. Child has someone to report to in addition to non-offending parent.

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PHYSICAL ABUSE

Abuser Out of Home

1. Non-offending parent acknowledges problem and an understanding of what abuse is.
2. Non-offending parent acknowledges need for and has demonstrated an ability to use non-physical discipline.
3. Non-offending parent continues to participate in individual or couple/family treatment.
4. Non-offending parent has demonstrated an ability to empathize with child during home visits and in treatment sessions.
5. Non-offending parent has demonstrated an awareness of what is appropriate behavior for child.
6. Non-offending parent can recognize stresses related to abusive parenting and demonstrates an ability to use non-abusive interventions.
7. Child continues in treatment as recommended by therapist.
8. Child has identified (in therapy) one or more person(s) to whom s/he can report.
9. Child feels safe with abuser and non-offending parent.
10. Non-offending parent supervises all contact between child and abuser.
11. Parent participates in and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

Abuser in Home

1. Abuser and non-offending parent acknowledge problem and an understanding of what abuse is.
2. Abuser and non-offending parent acknowledge needs for and have demonstrated an ability to use non-physical discipline.
3. Abuser and non-offending parent continue to participate in individual or couple/family treatment.
4. Abuser and non-offending parent have demonstrated an ability to empathize with child during home visits and in treatment sessions.

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5. Abuser and non-offending parent have demonstrated an awareness of what is appropriate behavior for child.

6. Abuser and non-offending parent can recognize stresses related to abusive parenting and demonstrate an ability to use non-abusive interventions.

7. Child continues in treatment as recommended by therapist.

8. Child has identified (in therapy) one or more person(s) to whom s/he can report, or the child has regular contact with a potential independent reporter.

9. Child feels safe with abuser and non-offending parent.

10. Parent participates in and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

NEGLECT

Parent Has Demonstrated Ability to

1. Organize/follow through with simple tasks for a reasonable period of time (e.g., keep appointments for self and minor, call CWW, etc.).

2. Utilize a support system (e.g., AA/NA, Parental Stress, Social Network, individual/family therapy, CWW, etc.).

3. Form appropriate parenting relationship with child.

4. Address the following issues: medical problems, school problems, child's special needs, parent's need to establish and maintain a schedule, limit-setting, etc.

5. Provide adequate supervision at all times.

6. Understand age-appropriate behaviors for child at different developmental stages.

7. Provide a safe environment at all times.

8. Participate in and cooperate with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

9. Participate in therapy, if indicated.

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PARENT/CHILD CONFLICT

1. Parent and child are in family/couple/individual therapy as indicated (minimum: therapeutic relationship is established and therapist feels client is committed to treatment).

2. Parent and child acknowledge that the conflict is a joint problem.

3. Parent desires to reconcile and has demonstrated an ability to provide a safe environment through regular in-home visitation.

4. Child feels safe during in-home visitation.

5. There are no current protection issues.

6. Parent participates in and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

MENTALLY ILL PARENT

1. Parent can recognize stresses which are likely to lead to decompensation and has demonstrated an ability to either appropriately handle those stresses or place the child in a back-up childcare situation.

2. Parent can recognize signs of decompensation and has demonstrated that they can seek appropriate treatment for self and has an appropriate back-up child care plan.

3. Parent takes prescribed medication and the treating physician states the parent is able to meet the needs of the child.

4. Parent is in therapy and therapist recommends parent is able to meet needs of the child and to provide appropriate parenting.

5. Parent participates in and cooperates with a psychological evaluation, if indicated (e.g., if ability to appropriately parent is in question).

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HANDOUTS

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STRENGTHS INVENTORY

Pathology	Strengths
Person defined as a "case": symptoms add up to diagnosis	Person defined as unique: traits, talents, resources add up to strengths
Problem-focused	Possibility-focused
Personal account aids in diagnosis of pathology/problem	Personal account is essential route to knowing the person
Knowing the person from outside in	Knowing the person from inside out
Blames the victim	Believes the individual/family
Childhood trauma precursor/predictor of pathology	Childhood trauma not predictive; may weaken or strengthen
Centerpiece of therapeutic work is the treatment plan: goals set by practitioners	Centerpiece of work: the goals and aspirations set by individuals, families, and communities
Practitioner is the expert on clients' lives	Individual is expert on his/her own life
Professional designs and carries out the course of helping	Work on helping is collaborative and mutual
Possibilities for choice, control, and personal development limited by pathology	Possibilities for choice, control, commitment always open
Resources for work are the knowledge and skills of professional	Resources for work are the strengths, capacities, knowledge and adaptive skills of the individual
Help is centered on reducing the effects of symptoms and the negative personal/social consequences of actions, emotions, or thoughts	Help is centered on getting on with one's life, affirming/developing values/ commitments, making and finding membership in community

Dennis Saleebey & Ann Weick, University of Kansas, School of Social Welfare

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STRENGTHS ASSESSMENT

Life Domains:

- Survival/daily living: shelter, safety, food, physical health care
- Economic well-being: income, employment, education, training
- Personal and social well-being: personal/spiritual growth, values, mutual support, exercise, relaxation, nutrition, community involvement

Life domain to be worked on: _____

Aspirations and interests (what do you want?): _____

_____

Personal strengths (past and present): _____

_____

_____

Community and social resources (available for achieving aspirations): _____

_____

_____

Immediate goal: _____

_____

Steps to be taken toward goal	Persons involved	Target date
1. _____		
_____		
2. _____		
_____		

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Strengths Inventory

Date_____

Strengths Inventory of _____

Completed with _____

Current status *What do I have going for me?*	**Wants & desires** *What do I want?*	**Personal & social resources** *What have I used in the past?*
	Life domains: **Daily living situation (self-care & household tasks)**	
	Physical & emotional health	
	Financial/Housing	
	Social supports (family, friends, & helpers)	

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Current status *What do I have going for me?*	**Wants & desires** *What do I want?*	**Personal & social resources** *What have I used in the past?*
	Leisure interests & social activities	
	Hope & faith	

What are my priorities?

1.

2.

3.

_____ _____

Case Manager's Signature Date

_____ _____

Recipient's Signature Date

06/03/94

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RUTH JAMES
"MOTHER"

Hints: Remember this is a learning exercise. Your goal is not to stump *the social worker. Telling a mother that her child will not come home with her from the hospital is one of the most difficult things a social worker ever does. If the social worker is able to engage* you *as a client, diffuse your hostility, or build an alliance with you, do give that kind of feedback. There is, of course, no way that a social worker can make such a difficult and painful moment* OK *and you should feel free to reflect that in your role.*

Re: Danny's Placement. You are exhausted and scared. You do not really feel ready to take care of Danny. Your whole life has been a mess, particularly this past year, and you feel a lot of shame and defensiveness. When the social worker tells you that she is going to put Danny in foster care you are not surprised. Externally, you react in a pretty numb manner to the news. You ask repeatedly when you are going to get him back.

Re: Foster Care. When you were a child in foster care you swore you would never let this happen to your children when you were a mother. On the other hand, you also have some good memories of your foster parents.

Re: Mariah and Sammy. You are terrified that the social worker is going to take Mariah and Sammy. You will do almost anything to keep that from happening. You tell the social worker that you are a good mother and that your kids need you. Keeping Mariah and Sammy out of foster care and getting a stable place to stay are your two priorities.

Re: Drug Addiction. You do realize that the crack use has gotten out of hand, but you still think you can control it if you just get a stable place to stay. If getting to keep Mariah and Sammy means going into drug treatment you will readily agree to it and to random drug testing. You are much more willing to go into out-patient treatment than residential. You very sincerely feel ready for a change.

Re: Your Grandmother. You and your grandmother have been fighting about your boyfriend (Danny's father). You hate how critical your grandmother is about everything. On the other hand, she is the most stable, loving person in your life. You would like to live with her with the kids if you could. In the past she has told you that you could move back in if you were in drug treatment. At some point in the role play, you ask your grandmother if you can live with her again.

Re: Darryl. You are in love with Darryl. He is also your dealer, but he has often told you that you should go into drug treatment. You do not know where he is and you would rather not get him involved with any of this.

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EVELINA MORRISON
"MATERNAL GREAT-GRANDMOTHER"

Re: Danny. You are deeply angry with both the social worker and Ruth about Danny. You tell Ruth that she is just like her no-good mother who is wasting her life on alcohol. You tell the social worker that Danny belongs with family and that she has no business breaking up your family. At the same time, you realize that Danny is more than you can handle and you do not have any good ideas about other placements with relatives for Danny. Ultimately, you agree that this is OK as a temporary solution.

Re: Sammy and Mariah. You have gotten Mariah's immunizations updated and begun the process of enrolling her in kindergarten since you last spoke with the social worker. You do feel Sammy is a handful, but are determined to keep him. You have always been good with children. After calming down about Danny, you use your excellent skills at negotiating the social service system in interacting with the social worker. You tell her that you want the children, but that you cannot support them on SSI alone and that you could use some help in your home. This is a crisis and you are good at rallying in a crisis.

Re: Your Granddaughter. You have been fighting with Ruth about her drug addiction and her boyfriend Darryl, who is a dealer, over the past year. But you also miss having her live with you. You two used to be very close. She used to help a lot, when she did not have all her drug-using friends over. You believe that a mother belongs with her children. But you draw the line at letting her use in your house. If she will agree to go to drug treatment, you will be willing, even anxious, to have her live with you. You ask the social worker if this can be part of the plan.

Re: Darryl. You think he is bad news and you do not want him in your house. You think that you and Ruth should just agree not to talk about him any more.

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EMERGENCY RESPONSE SOCIAL WORKER

This is your second interview with Ms. James. You have already decided not to release Danny to his mother. In this interview you will make a final decision based on your discussion with the family on placement of Sammy and Mariah and whether they should become court dependents. In this interview you have the challenge of balancing the dual roles of being a person with specific legally proscribed authority to protect children from risk and neglect along with the role of being a supportive social worker. You will inform all parties of the impending court dates. You will begin to develop a case plan with the family. Focus on asking the questions and the verbal interaction at this stage rather than writing the case plan. Let the family know what types of support services, if any, you would like to include in their case plan.

> *The entire class will participate in creating the case plan at the end of the exercise. Consider what type of drug treatment program would best suit the mother's needs: regular out-patient (how many days a week?), special intensive out-patient which focuses on addicted mothers, or residential (with or without the children?). The interview takes place in the hospital.*

Re: Danny. Given the doctor's assessment and the instability of the general family situation, you have decided to place Danny in an emergency foster care home. His placement will be with a family who has had intensive training and is specially licensed to work with special needs children. You believe that Danny should not be reunified with his mother until his condition stabilizes and until his mother is clearly in recovery and ready to take on this new responsibility.

Re: Sammy and Mariah. You would like Sammy and Mariah to stay with Ms. Morrison, but are concerned about her health and her ability to care for Sammy. Sammy needs to get his immunizations updated and you would like to have his development assessed as you are concerned that his frenetic activity is related to the turmoil of the last year and his exposure to cocaine at birth. Mariah needs to enroll in school. Mariah clearly misses her mother. During this discussion you will decide whether both or either of the children will stay with their grandmother, mother, or be placed elsewhere.

Re: Mother. You are still open to the possibility that the mother could be a daily part of Mariah and Sammy's life if she takes concrete steps towards getting into recovery. You will determine during this interview whether you think she is capable of being a primary caretaker or whether court dependency should be obtained. It is not clear to you yet what she wants and how she views her relationship with her children.

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Re: Great-Grandmother. You are impressed that Ms. Morrison has been able to set clear boundaries with her granddaughter and are also impressed with Ms. Morrison's skills with the children. You are concerned that she seems exhausted and somewhat overwhelmed. You want to find out whether she has been moving forward with any of the children's pressing needs and how she plans to relate to the mother in the future.

Re: The Fathers. None of them seems to be a good option for the children. For the time being, you do not pursue the fathers any further, although you plan to recommend that the next social worker spend more time talking with Sammy's father.

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A CHECKLIST OF SUPPORT SERVICES FOR FAMILIES

1. Health Services (for example):
   - Public Health Nurse, Physician, Medical Social Worker
   - Health Clinic
   - Pediatric Clinic
   - Physical Therapist
   - Regional Centers specializing in developmental delays
2. Intensive Family Preservation Home Visitor Programs:
3. Substance Abuse Treatment Programs (for example):
   - 6-month non-residential women's drug treatment (5-day-a-week, on-site childcare).
   - 12-month residential drug treatment (A few programs allow children after 90 days of sobriety have passed.)
   - Methadone treatment
   - Narcotics Anonymous and other 12-step Meetings
4. Support Groups (for example):
   - Parenting support groups
   - Grandparenting support groups
   - Support groups for parents of special needs children
   - Support groups for specific ethnic/cultural groups
5. Childcare:
   - Daycare - full day and part day
   - Emergency respite care for children
   - After-school programs
   - Child Care Resource and Referral Agencies
6. Education and job training programs (for example):
   - GED programs
   - GAIN
   - JTPA (Job Training Partnership Act)
   - PIC (Private Industry Counsel)
   - Junior Colleges
   - Universities
7. Parenting and life skills education
8. Therapists and Other Mental Health Professionals (for example):
   - Family Therapists
   - Day Treatment Centers
   - Psychiatric Facilities
   - Therapists specializing in children
   - Therapists specializing in addictions
   - Therapists specializing in working with victims of sexual abuse

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9. Foster Care Resources:
   - Emergency Foster Care
   - Long-Term Foster Care
   - Foster Family Agencies with families trained to work with special-needs children
   - Foster Family Support Groups
   - Group Homes for children who need a structured, therapeutic environment

10. Financial Resources/Food/Shelter:
   - AFDC/WIC/SSI
   - Homeless Programs, Public Housing
   - Food Bank, Private Agencies, Food Programs

11. Family Violence Programs:
   - Women's Shelters
   - Hotlines
   - Counseling Centers

12. Family Resource Centers

13. Youth Programs/Recreation:
   - Big Brother/Big Sister
   - Recreation and Park Programs

14. Legal Services

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Case Name_____

Department of Social Service

SAMPLE CASE PLAN

Introduction

This Case Plan is designed to offer you services by the Department of Social Services to help eliminate identified problems in your family and to minimize the risk to your children.

Statement of Problems.

I._____
II._____
III._____
IV._____
V._____
VI._____
VII._____
VIII._____

Recommendation of Child Welfare Worker

_____Juvenile Court Intervention _____Voluntary Services

Case Plan Goal:

_____Keeping your family together (Family Maintenance Services)
_____Returning your family (Family Reunification)
_____Voluntary Services (CPS-Family Maintenance Services)

Children's Names:

Parent/Guardian Names (Only include names of parents/guardians who are included in the plan):

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Case Name_____

Department of Social Service

SAMPLE CASE PLAN (continued)

Refer to Statement of Problems:

Responsibility of Parent/Guardian	**Responsibility of the Social Worker**

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Case Name_____

Department of Social Service

ADDITIONAL INFORMATION

Refer to Statement of Problems:
Responsibility of Collateral Agency

Name of Agency_____
Responsibilities:

Name of Agency_____
Responsibilities:

Name of Agency_____
Responsibilities:

Name of Agency_____
Responsibilities:

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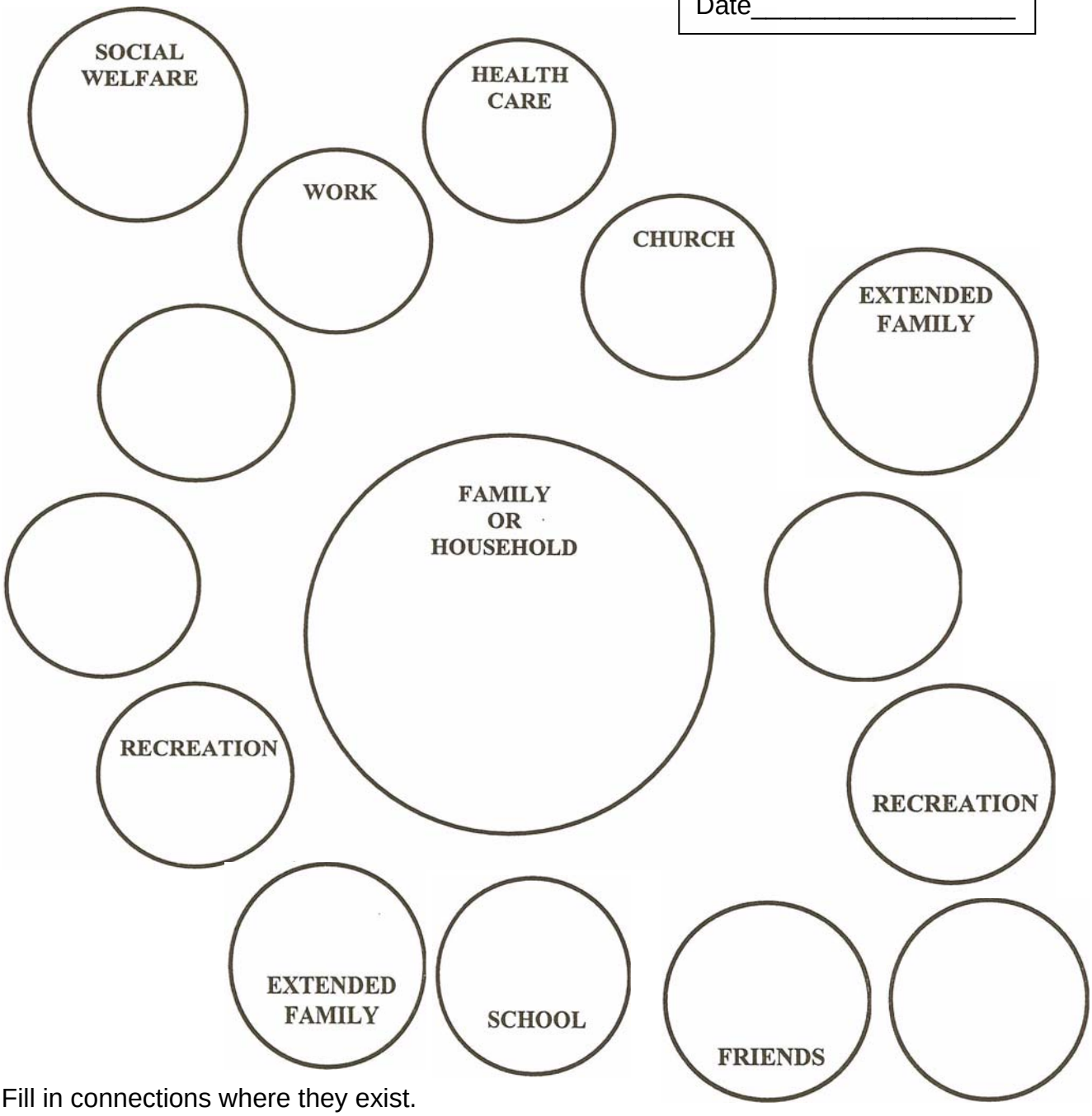
ECO-MAP

Name_____

Date_____



Fill in connections where they exist.
Indicate nature of connections with a descriptive word or by drawing different kinds of lines; _____ for strong, ----- for tenuous, *###* for stressful. Draw arrows along lines to signify flow of energy, resources, etc. →→→
Identify significant people and fill in empty circles as needed.

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SOCIAL WORKER

You are making a home visit with Robert and Dolores. You received the case mid-May and it is now late June. You have met both Robert and Dolores during visitations with their children in your office's interviewing rooms and have done some work helping to get them connected with available resources. You have not observed them in their home before, nor have you had a chance to work with them together. It is likely that during a visit of this sort you would be monitoring the Mahoney's progress on the case plan, doing what you can to support their progress towards the case goals and objectives, and clarifying whether there needs to be any additions or changes. You'll also continue to assess their home situation including the dynamics of their relationship and their commitment to reunifying with their children. You especially want to know whether they are dealing with the part of the plan regarding their alcoholism and family violence. You also want to learn more about their support systems, especially family support systems.

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ROBERT MAHONEY
"FATHER"

State of Mind: You see your life falling apart around you, and feel that the removal of your daughters was unnecessary and an overreaction. At the same time, you are willing to admit that you may have been overzealous when physically disciplining Dana. You have always had a temper and in the past two years you have been flying into a rage more and more frequently, but it has never gotten you into this sort of trouble before. You desperately want your family to be back together again and are willing to go to therapy, although you believe that Dolores is the real problem. Throughout the intervention you feel that no one has seen your side of things—it would make a big difference if someone would listen to your needs. You want this social worker to like you and are on your best behavior with him/her. You do most of the talking in the interview, unless the social worker is able to get Dolores to talk and to set boundaries on your various interruptions.

Your Marriage: Dolores has been in a depression since her mother's death in December. From December to May she barely lifted a finger around the house. You tried jollying her out of her depression, you yelled, screamed, and even hit her and were not able to get through to her. Since the children were removed, Dolores has begun to mobilize herself. You would like her to focus more on housecleaning and cooking, but she is suddenly going out to meetings on a daily basis. You are angry at Dolores and feel that this whole situation is really her fault. You do not see yourself as a batterer.

On Being a Father: You can present as a friendly and supportive father, and you used to like taking the girls out to the park to play. The girls used to treat you with a lot of respect. Dana was always a good girl and smart like you. More and more lately she looks like her mother, and she has started talking back to you. You will not tolerate this type of behavior. Haley's still a little girl and you expect Dana to look after her. Empathy with children is not your strong suit. You tell yourself, "spare the rod and spoil the child," but in truth you scare yourself with how hard you have hit Dana on a few occasions.

Addiction: You do not feel that you have an alcohol problem as it has never affected you at work. You have been resisting getting into any kind of treatment. You need to have the consequences of not getting into treatment clearly delineated before you will get into any kind of program.

Family: Your mother lives in another part of the state. You speak with her often, but are otherwise quite isolated. You are an only child. Your parents did not really approve of your marriage to Dolores. Your father died several years

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ago. Your father was an alcoholic and beat you as a child, and throughout your life he told you that you would not amount to anything. You promised yourself you would never be like him. Your mother tried to protect you and to this day sees her role as your defender.

Friends: Although you are friendly with a few people at work, you do not have any friends that you spend time with away from work.

Religion: Your mother is a devout Catholic and you are a believer; however, you do not like the priest at your local church and do not attend. You have also been trying to get Dolores to stop going so often. It infuriates you that Dolores has stubbornly ignored you on this point.

Job: You are good at your job, but are living in fear that you will be laid off. You have worked in this field all your life and feel that you would be unable to get another job if you lost this one. You are a workaholic as well as an alcoholic. By the time you come home, you are exhausted.

Cultural Identify Issues: You hate it when Dolores speaks Spanish. You feel she does it to shut you out. Dana learned Spanish as a baby, but you forbade Dolores to speak Spanish to Haley. Beyond this, you and Dolores have not ever really talked about cultural identity issues. Your parents were both Irish-American and they expected you to marry someone from that community.

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DOLORES MAHONEY
"MOTHER"

State of Mind: You have been in a fog of depression for months grieving the death of your mother and feeling generally hopeless about your life. Having your daughters removed was devastating, but it also has helped jolt you out of your passivity. You have been to a therapist twice now and you want your husband to go, too. You have started attending Alcoholics Anonymous and are on the 90 meetings in 90 days program. It feels like a lifeline to you. You do not trust the social worker and unless he/she reaches out to you specifically, you will be quite passive in the interview. You blame yourself for everything that has gone wrong and feel that if you were a better wife/mother, none of this would have happened.

Your Marriage: You and Robert had a wonderful romantic courting relationship and you thought he was a real gentleman. Since you have been married, he has become increasingly controlling and in the past 2 years has beaten you several times. Lately, he has been charming, bringing you flowers and telling jokes. You want to trust him again, but you just are not sure.

On Being a Mother: You miss Dana and Haley desperately, yet it is also a relief to have some time to yourself. You know you have let things fall apart over the past couple of years. The girls are so demanding and you just do not have the energy to keep up with them, especially now that Dana has that "smart mouth" on her. You have felt that you could not do anything about Robert's beating of Dana—and since he started "disciplining" her, he has not hit you. Yet, when you saw Dana and Haley taken away from you, you swore to yourself that you would never let either of your children be hit again.

Family: You are the oldest child in your family and have two brothers and a sister in Colorado. Your mother used to live nearby. You were able to tell your mother everything and she was your best friend. You father died when you were about 12. You and your sister, Mara, fought a lot as children. Mara always had her own ideas, but since your mother died, Mara has been reaching out to you.

Friends: You never had very many friends growing up and since you moved to California you have not had much of a chance to make new ones. You do have a couple of women with whom you are friendly that you see at Mass, but they do not know very much about your life.

Religion: You are a devout Catholic, although you feel somewhat guilty about taking birth control pills. You often go to Mass twice a week. You like the priest

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at your local parish. He speaks Spanish as well as English. During your depression you stopped going to church and several times he came to visit you.

Job: You have not worked in 5 years. You completed an AA degree at a junior college when you were 21. You worked a number of years as a word processor and secretary at a construction firm. You like work, but Robert felt you did not need to work anymore.

Addiction: Because it was part of the court order, you have started attending AA groups. Much to your surprise, you find that the groups offer you tremendous support and that other people have problems like yours.

Cultural Identify: You were born in the United States, the first U.S. citizen in your family. Your parents emigrated from Mexico. You are fully bilingual. You try to avoid speaking Spanish around Robert because he gets so jealous and suspicious.

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DECISION MAKING CONCERNING FAMILY REUNIFICATION

1. What reasonable efforts are you making to reunify the family and to protect the children from abuse and/or neglect?

2. What recommendation will you make regarding the children's ongoing placement? Should they stay with the Bishops, move in with their aunt, is either parent ready to reunify?

3. What changes, if any, need to be made in the case plan?

4. What is your sense of the child/parent attachment and the children's attachment to their foster parents?

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COURT REPORT

JACKSON, AMANDA

SOCIAL SERVICE AGENCY
ABC COUNTY
510-555-5555

SUPERIOR COURT OF THE STATE OF CALIFORNIA, ABC COUNTY
IN SESSION AS A JUVENILE COURT

ACTION NO: 1234567
FAMILY REUNIFICATION PROGRAM REPORT:
12 MONTH DEPENDENCY STATUS REVIEW
DEPARTMENT NO: 00
COURT DATE: 8/1/94

IN THE MATTER OF

JACKSON, Amanda A Minor

DOB: 6/4/93
AGE: One year, two months

Date Detained: The minor was removed from her home on 7/20/93.

Date of Last Court Report 2/2/94.

TYPE OF PLACEMENT:

The minor comes to the court from the regular foster home of:
Lenore and Leonard Bacon, 683 Foster Care Rd., Our Town, California, 555-9999.

Date placed: 9/10/94

PARENTS:

Mother: Shirley Jackson (DOB: 7/18/67)
c/o Faith and Love Recovery Center
1000 Recovery Way
Our Town, California 90000
555-1222

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Father: Hermiah Harrison
Federal Penitentiary, PFN 00000
90 Jailhouse Rd, Their Town, California, 999999

SEARCH EFFORTS:

Not applicable as the parents make regular contact with the worker.

MARITAL STATUS:

The mother and father are both unmarried.

LEGAL REPRESENTATION:

Mother: Public Defender's Office, 555-3333

Father: Samuel Nguyen, 93 Court Appointed Attorney Way, 555-4444.

Minor: Melvin Moorehead, 94 Court Appointed Attorney Way, 555-6677

LEGAL CUSTODY:

The father has held the minor out to the community as his own, therefore, it is presumed that custody is shared.

SIBLINGS:

Name, Date of Birth	Placement	Legal Status
Samantha Green DOB: 8/7/83	With her maternal great-aunt	Permanently planned dependent of the Court. Pam Brown is the assigned worker.

Notices of Hearing were mailed by 1st Class mail to the following:

Mother	Date: 7/1/94
Father	Date: 7/1/94
Minor	Date: 7/1/94

Attorneys of Record:

Public Defender	Date: 7/1/94
Samuel Nguyen	Date: 7/1/94
Melvin Moorehead	Date: 7/1/94

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REASON FOR HEARING:

This matter appears before the Court on a continuance from February 2, 1994 for a Twelve-Month Dependency Status Review Hearing.

On 7/29/93, Amanda Jackson was declared a dependent minor of the Court and ordered placed out of home on a petition filed on such and such a date. The findings of the Court per Section 300 (b, g, i). The petition was found to be true and reads as follows:

300 (b):

The minor has suffered, or there is a substantial risk that the minor will suffer, serious physical harm or illness, by the inability of the parent or legal guardian to provide regular care for the child due to the parent's or legal guardian's mental illness, developmental disability, or substance abuse.

b-1. The mother has a substance abuse problem which interferes with her care of the minor, to wit:
   a. The minor was born with a low birth weight and had a positive toxicology test for cocaine.
   b. The mother has a history of drug, alcohol, and prostitution-related convictions dating back to 1986.
   c. The mother has no provisions for care of the minor.

b-2. The father has a substance abuse problem which interferes with his care of the minor, to wit:
   a. The father is currently in jail for 12 years on charges of assault and battery and selling and distributing heroin.
   b. The father has a history of drug- and alcohol-related convictions dating back to 1982.

300 (g):

The child has been left without any provision for support, or the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child, or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, or the whereabouts of the parent is unknown and reasonable efforts to locate the parent have been unsuccessful.

g-1 On July 15, 1993, the mother left the minor with a neighbor and did not return.

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g-2 On July 2, 1993, the father was convicted of the sale and distribution of heroin, and of assault and battery and sentenced to 12 years in jail. He is incarcerated in the federal penitentiary.

300(i):

The child's sibling has been abused or neglected as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those sections in that:

1. The half-sibling, Samantha Green (DOB: 8/7/83), is a dependent of this Court, effective January 16, 1990 based upon a sustained allegation related to the mother's use of crack cocaine and sexual abuse by her father. Samantha is now in long-term foster care with her maternal great-aunt.

PARENT'S CURRENT SITUATION

Mother

The mother's situation has changed substantially in the past 6 months. At the last court report, the mother was homeless and had not met any of the reunification requirements. Since Feb. 28, 1993, Ms. Jackson has been enrolled in a 12-month residential drug treatment program which works with dual diagnosis clients. Ms. Jackson has consistently had clean drug tests and according to her case manager, Sue Fox, has become a valued member of the community.

On March 10, 1994, Ms Jackson was hospitalized with pneumocystis carinii, a type of pneumonia. (See separate confidential file.) Since that date, her health has continued to be fragile requiring overnight hospitalizations on June 1, 1994 and again on July 2, 1994. Her doctor, Morris Gerstmann of the XYZ County Hospital, states that with medication and a stable environment Ms. Jackson may be able to stabilize her health for months, even years.

Ms. Jackson has been struggling with depression and anger in the wake of her chronic illness, and in addition to the recovery center, has a buddy through the Shanti Project.

Ms. Jackson has few family supports. Her parents are both deceased. The undersigned contacted Ms. Jackson's sister, LaVinia White on May 15, 1994. Ms. White stated that she wants no further contact with Ms. Jackson or her children.

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Ms. Jackson has maintained regular contact with the Child Welfare Worker since her enrollment in the treatment center. As her health has permitted, weekly visits between the mother and minor have been occurring on-site at the Faith and Love Recovery Center. Ms. Jackson has been appropriate with the minor during these visits, soothing her when she cries and finding ways to engage the minor with toys and sounds.

Ms. Jackson has become adamant in her desire to reunify with the minor as well as the minor's sister; however, when questioned she is unable to discuss how she will manage her illness and childrearing, tending instead to fantasize that the illness will just disappear.

Father

The father has not responded to attempts to contact him by mail. The father did send the minor a Christmas card.

On January 13, 1994 the undersigned was able to contact Mr. Harrison via telephone. Mr. Harrison stated that he felt the minor should be placed with his mother, Marian Jones of Cleveland, Ohio. Ms. Jones, when contacted, explained that she was caring for three of her son's children already and stated that she could not take in another child.

On Feb. 14, 1994, the undersigned visited Mr. Harrison in jail. Mr. Harrison stated that he does not feel he can reunify with the minor and refused to sign the service plan. Mr. Harrison signed a relinquishment of reunification services form. No further contact has been made since that date.

REUNIFICATION PLAN, PARENTAL COMPLIANCE & REASONABLE EFFORTS

On August 5,1993, the Court ordered the following reunification plan for the parents:

Mother

a. <u>THAT THE MOTHER MAINTAIN A STABLE, SAFE, AND SANITARY PLACE OF ABODE SUITABLE TO THE NEEDS OF THE MINOR.</u>

   <u>PARTIAL COMPLIANCE</u>: The mother is now living in the stable environment of a residential drug treatment center to which she was referred by the undersigned. If she completes the program, the center will help the mother to find transitional housing. However, from August, 1993 to February, 1994, the mother was living on the streets and with friends. On March 6, 1994, the mother enrolled in treatment after being hospitalized with pneumonia.

   <u>REASONABLE EFFORTS</u>: The undersigned attempted to contact the mother by

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mail monthly from August, 1993 to February, 1994. The undersigned referred the mother to the Faith and Love Recovery Center after the mother's hospitalization and has met with her nine times since her enrollment in the program.

b. THAT THE MOTHER WILL MEET REGULARLY WITH THE CHILD WELFARE WORKER, COOPERATE IN DEVELOPING A SERVICE AGREEMENT CONSISTENT WITH THE REUNIFICATION PLAN ORDERED BY THE COURT, AND WILL NOTIFY THE WORKER OF ANY CHANGES IN HER SITUATION.

   COMPLIANCE: The mother has maintained regular contact with the undersigned since March, 1994. Prior to March, the mother had left two phone messages on the undersigned's voice mail, but had not come in for any office visits nor given the undersigned a way to contact her.

   REASONABLE EFFORTS: The worker has made a total of nine home visits to the mother and encouraged the mother to telephone the office, collect, anytime.

c. THAT THE MOTHER SUBMIT TO DRUG TESTING ON A REGULAR BASIS AS SPECIFIED BY THE CHILD WELFARE WORKER AND REMAIN DRUG FREE.

   COMPLIANCE: The mother has been tested randomly over the past 5 months. She had one test which was positive for cocaine after her July hospitalization.

   REASONABLE EFFORTS: Drug testing is provided through Faith and Love Recovery Center and paid for by the County.

d. THAT THE MOTHER ENTER INTO DRUG TREATMENT AS APPROVED BY THE CHILD WELFARE WORKER AND THAT A REPORT OF HER PROGRESS BE RECEIVED BY THE COURT.

   COMPLIANCE: The mother is living at the Faith and Love Recovery Center where she is participating in drug treatment, individual counseling, 12-step meetings, and parenting classes. (See attached report from case manager, Pam Cox).

   REASONABLE EFFORTS: The undersigned referred the mother to the residential drug treatment center. Mary Ann Merkes, LCSW, (XXX) 555-9999, the General Hospital social worker, arranged transportation from the hospital to the treatment program and has continued to provide support services to the mother. Pam Cox, MSW, (XXX) 555-2222, provides ongoing case management. The mother receives weekly therapy from Doris Samwit, MFCC, (XXX) 555-2222.

e. THAT THE MOTHER NOT POSSESS DRUGS OR ALCOHOL UNLESS PRESCRIBED BY A PHYSICIAN.

   COMPLIANCE: At the time of writing this report, the mother is successfully participating in a residential recovery program. She is taking medication

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prescribed by her physician for her illness. The medication is being carefully monitored by the Faith and Love Recovery Center staff.

REASONABLE EFFORTS: The mother is receiving intensive residential drug treatment in the Faith and. Love Recovery Center. The mother's health is being monitored closely by the staff at General Hospital and by her ongoing physician, Dr. Jen Wang, (XXX) 555-0000.

f. THAT THE MOTHER MAINTAIN A REGULAR VISITATION SCHEDULE WITH THE MINOR AS APPROVED BY THE CHILD WELFARE WORKER.

PARTIAL COMPLIANCE: The mother has seen the minor for 1-2 hours weekly since the beginning of April with the exceptions of the weeks of June 1, 1994 and July 1, 1994 when she was hospitalized. However from August, 1993 to March, 1994, the mother never visited the minor. Thus, the minor did not appear to recognize the mother during the early visits. Over the past few months, the minor and her mother appear to have developed a rapport with one another.

REASONABLE EFFORTS: The county transportation unit has transported the minor from foster care to visit the mother on a weekly basis since April 2,1994, with the two exceptions noted previously. The mother was not allowed by the drug treatment program to see her daughter for the first 30 days of treatment in order for the mother to stabilize and focus on her recovery.

g. THAT THE MOTHER SIGN NECESSARY CONSENTS TO RELEASE INFORMATION IN ORDER TO MONITOR HER COMPLIANCE WITH THE REUNIFICATION ORDERS.

COMPLIANCE: The mother has signed the necessary consent orders regarding her own progress. She also signed appropriate medical consents regarding the minor's health status.

REASONABLE EFFORTS: The undersigned provided the mother with the forms and has kept the mother apprised as to the nature of the ongoing contacts between service providers.

Father

On August 5, 1993, the Court ordered the following Reunification Plan for the father:

a. THAT THE FATHER CONTACT THE CHILD WELFARE WORKER AND COOPERATE IN DEVELOPING A SERVICE AGREEMENT CONSISTENT WITH THE REUNIFICATION PLANS ORDERED BY THIS COURT.

b. THAT THE FATHER PARTICIPATE IN RANDOM DRUG TESTING TO SHOW THAT HE IS FREE FROM ILLEGAL DRUG USE.

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c. THAT THE FATHER PARTICIPATE IN THE PRISON DRUG TREATMENT PROGRAM.

d. THAT THE FATHER MAINTAIN REGULAR CONTACT WITH THE CHILD WELFARE WORKER TO DEMONSTRATE HIS INTEREST IN REUNIFICATION.

e. THAT THE FATHER SIGN NECESSARY CONSENTS FOR RELEASE OF INFORMATION IN ORDER TO MONITOR HIS COMPLIANCE WITH THE REUNIFICATION ORDERS WITH A SERVICE AGREEMENT.

The father is not in compliance with any of the reunification services.

On February 15, 1994, the undersigned contacted the father by telephone. The father told the undersigned that he does not feel that he has a drug addiction problem and refused to participate in the prison recovery program. According to the Dan Jacowitz, the social worker at the Federal Penitentiary, the father was recently put on restricted privileges after cocaine was found on his person. The father refused to sign the service agreement and the consent forms which had been sent to the father by first class mail prior to the telephone conversation. Instead, the father relinquished his rights to reunification services. (See attached relinquishment form dated March 19, 1994).

ADDITIONAL ORDERS

The undersigned was directed at the last hearing to do a request for an ICPC assessment for a possible placement of the minor in Ohio. On June 29, 1994, the undersigned was informed in writing that the placement was denied as the paternal grandmother does not wish to have the minor placed with her.

CHILD'S SITUATION Assessment/Evaluation of minor's medical, developmental, scholastic, mental and emotional status:

MEDICAL

Amanda is in good health and is up-to-date on all of her immunizations. Born at only 4 lbs., Amanda's weight is now typical for a child of her age. On March 1, 1994, Amanda was evaluated by Dr. Alison Weaver, General Hospital Pediatrics, (XXX) 555-1995 to determine immuno-suppression status. Permission for the evaluation was obtained from the court via Ex-Parte on Feb. 21, 1994. On March 7, 1994, Dr. Weaver phoned the undersigned and stated that Amanda is not at risk for immuno-suppression at this time. The physician indicated that no further evaluation is indicated.

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DEVELOPMENTAL
According to the developmental assessment completed on June 12, 1994, Amanda is generally on track developmentally with some slight delays in physical coordination and continuing problems with a wandering right eye. The foster mother reports that Amanda is an active and curious child who is especially drawn to bright colors. (Please refer to attached developmental assessment.)

SCHOLASTIC
Not applicable at this time.

MENTAL/EMOTIONAL STATUS
Amanda's first 2 months in the foster home were characterized by incessant crying. For the first 2 months, Amanda was often difficult to soothe and needed assistance in containing herself. Amanda has grown into being a sunny, outgoing child although she still needs extra assistance in calming herself down for a nap. Amanda appears to enjoy her weekly visits with her mother, although during her last visit her mother was a using an oxygen tank to assist with respiratory problems which appeared to frighten Amanda. The other important visitor in Amanda's life is her older sister Samantha with whom she is developing a strong attachment. Samantha visits almost weekly, and Amanda has made several visits with her foster parents to Amanda's home.

FINANCIAL:
The minor is supported by AFDC-FC.

ADOPTION:
The undersigned has staffed this case with her supervisor. Adoption remains a possible option due to the minor's youth and the mother's fragile health; however, as the mother is making good progress on the reunification plan, and her long-term medical prognosis remains unclear, adoption is not being recommended at this time. Subsequently, the undersigned will respectfully recommend that the Court continue Dependency and Out-of-Home placement for another 6 months.

VISITATION:
As previously mentioned, the mother visits with the minor weekly at the residential treatment center. Amanda appears to enjoy these visits and shows no signs of emotional discomfort either during or after the visits.

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EVALUATION

Before the Court today is the matter of Amanda Jackson, a 14-month-old girl who was made a dependent of the Court after her parent's chemical dependency and father's incarceration rendered them incapable of caring for their child. As no relatives were available, Amanda was placed in a foster home. She has lived with her foster parents, Lenore and Leonard Bacon, since she was 3-months old. The Bacons report that Amanda initially exhibited behaviors such as incessant crying that are often associated with babies who are exposed to cocaine in-utero. However, she has grown into an outgoing, active baby. Amanda's sister, Samantha, has been an important part of Amanda's life, with weekly visits. More recently, Amanda has been seeing her mother weekly in a residential drug treatment center.

The mother appears to be making strong progress in recovery at the Faith and Love Residential Treatment Facility. She has been visiting regularly with the minor and parenting appropriately during these visits. However, Ms. Jackson's health is increasingly fragile and she has had to be hospitalized twice with upper respiratory illnesses. Ms. Jackson suffers from a chronic immuno-suppressive illness. Her physician, Dr. Jen Wang, feels that the progress of the disease appears to be slowing and that Ms. Jackson may be stabilized for months. Although Ms. Jackson is aware of her long-term prognosis, she appears to be in considerable denial regarding her long-term health care needs which remain an area of concern.

The father has indicated that he does not wish to work towards reunification. Indeed, he will not be out of jail for another 10 years and appears to be continuing to participate in drug-related activities while incarcerated.

RECOMMENDATION

In light of the mother's recent progress towards reunification and her strong desire to work towards this goal, it is respectfully recommended that the Court continue Dependency and Out-of-Home Placement for another 6 months and continue with the mother's reunification plan. It also respectfully requested that the father's reunification plan be dismissed as he has relinquished his right to reunification services.

END OF COURT REPORT (NOTE NO ATTACHMENTS TO THE REPORT ARE INCLUDED.)

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ADDITIONAL NOTES IN THE FILE

RE: RELATIVE PLACEMENTS

Samantha lives with the maternal great-aunt who is willing to take in Amanda if necessary. The maternal great-aunt lives in a small, neat, 1-bedroom apartment. The problem is that the MGA is 78 years old and has recently broken her hip. Samantha's caseworker, Pam Brown, has told you that Samantha is now the primary housekeeper and cook in the home. On the other hand, Pam Brown also feels that Samantha's connection with Amanda is one of the most positive relationships the child has ever had.

No other relatives have made themselves known.

RE: MOTHER'S HEALTH--PHYSICAL AND EMOTIONAL

Over the past few months, the mother's health has remained unstable, with two more hospitalizations. Her doctor says that she has full-blown AIDS, but that it is difficult to predict the course the disease will take. The mother's illness went largely untreated until she entered the drug treatment program in April. The hospital social worker has told you that her experience is that women with AIDS live longer when their children are placed with them.

Meanwhile, the mother has made surprising strides in recovery. Her serious illness seems to have been a catalyst for change and movement. The mother went through two rocky months in October and November when she was getting into frequent conflicts with other women in the program and breaking minor house rules. She was also having difficulty sleeping and seemed generally depressed. Her therapist feels that the mother was finally breaking through her denial regarding her HIV status, and while she still often presents as angry, has channeled feelings more effectively in the past couple of months. The mother has also bonded strongly with her SHANTI buddy and even participated as a speaker for AIDS Education Day at the local high school.

The mother is still asking for reunification, stating that she wants to give everything to her daughter as long as she can. Through the drug treatment program, the mother has located a 2-bedroom apartment near the outpatient portion of the drug treatment program. She also has a new boyfriend, John Smitty, who has been in recovery for 2 years and is currently working as a security guard. Smitty has a long history of drug arrests, but there is no evidence of activity for the past 2 years.

RE: THE FOSTER PARENTS

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The Bacons adore Amanda and Amanda clearly relates to them as parents. The Bacons and Amanda are ethnically matched. The Bacons, however, do not feel that they have the financial resources to adopt her—indeed they already have two adopted sons and are living on retirement. The Bacons are urging you to recommend long-term foster care in their home. The Bacons are ambivalent about facilitating ongoing contact between Amanda and her mother. They understand that it is important for children to know their birth parents, but also are very judgmental about the mother's drug history and current health status. They think that it is unfair to let Amanda get too attached to her mother who, eventually, will die. On the other hand, the Bacons are willing to support ongoing visitation between Amanda and her mother.

RE: ADOPTION

You have recently had a visit from the adoption caseworker. She feels that Amanda was an excellent adoption candidate from early on and is still a good candidate. The caseworker says that she could probably find adoptive parents who were willing to allow Amanda's sister to continue to visit her. You know, however, that such agreements are sometimes "forgotten" once the adoption is completed.

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"STUDENT"

After reading the court report and additional comments, you ask for an appointment with your supervisor, to discuss the case. Your supervisor has 25 minutes to meet with you.

1. Identify the questions or concerns you have regarding this family and your assignment.

2. Critically think about which questions or concerns you would identify as most important.

3. Hone your questions or concerns to the 10 most significant for your supervisory session.

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“SUPERVISOR”

You are working with a new worker who has a 6-week deadline for modifying a court recommendation. You are upset that the previous worker left without making a recommendation. You know that this is a complex family situation and that the previous worker had very mixed feelings about the "best interests of the child." You want to be supportive of this worker, but you have limited time. You approach this Supervisory Session considering how you can be most useful to this worker.

1. What plan for organizing this case might you suggest to the worker?

2. What would you identify as the most significant aspects of the court report?

3. How might the worker be feeling about the child, the mother, the worker's role, and the court report?

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EXERCISE: CASE DISPOSITION

Using the information the Child Welfare Worker has taken from the case record, the Student(s) should make a decision:

1. Defend the plan you think is most appropriate for Amanda
    - Dismissal of dependency
    - Reunification with her mother with in-home orders
    - Adoption
    - Placement with a legal guardian (e.g., the maternal great-aunt)
    - Placement in a long-term foster home

2. What are the implications of mother's declining health on the placement of Amanda?

3. Do you think the mother's impulse to reunify is a part of her grieving process?

4. What are your responsibilities, if any, to Amanda's sister Samantha?

5. What do you think of the Bacon's request to be Amanda's long-term foster parents?

6. What are Amanda's rights to have a long-term permanent home?

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