

# SDM<sup>®</sup> News

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## Using the FSNA to Write Goals and Case Plan Actions

In the last *SDM News*, we wrote about using the Family Strengths and Needs Assessment (FSNA) to set the priorities for the case plan. This issue, we're discussing how to use the FSNA to write goals and case plan actions.

In the case plan, goals are the big-picture statements that describe what the situation will be for this family when things are "better." It may or may not explicitly include the three priorities identified, but it must include changes that are important to the family. The goal will be used to motivate the family, to remind them what they're working toward, and why it's worth it. For this reason, the goal should be written by the family.

In the past, we might have gone directly from the goal to services the agency will provide to help the family achieve the goals. The difficulty with this approach is that it frequently skims over the family's unique circumstances or misses opportunities to use natural supports that will be there for the family long after the agency is gone.

### Understanding Behavior and Its Context

To avoid these pitfalls, we are now thinking about this process as one of creating a strategy and selecting activities. You can work with a family many different ways to develop a strategy for addressing a priority need. One approach begins with understanding the current, undesirable behavior and its context. What were the caregiver's actions that led you to assess a need on the FSNA? In other words, what did you observe in the caregiver that met the definition? Then, ask the family to help you understand when these behaviors happen

and what triggers them. (When asking about this, it may be helpful to have extended family members, friends, neighbors, or other natural supports available to help. We aren't always aware of the patterns of our behavior and others close to us may be able to offer useful insights.)

After you have identified the behavior you want to change, brainstorm with the family about behaviors the caregiver could do instead, and ways the caregiver could learn other, more positive behaviors. For example, if you identified a need in the domain of Parenting Skills because a caregiver uses inappropriate discipline, such as physical discipline that injures, or discipline of a child too young to understand and change his/her behaviors, the caregiver might:

- Use time-outs after instruction in the technique by the worker;
- Use a self-calming technique when the infant cries;
- Arrange to have someone else in the home help with childcare during the stressful after-work period when inappropriate discipline most often occurs;

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## The SDM System and Trauma-Informed Practice: Two Sides of the Same Coin

- Ask a neighbor to watch the children for a short while if things start to get “out of hand”;
- Ask a trusted family member to be a parenting mentor;
- Join a parenting support group;
- Join a parent-and-child playgroup through a community or faith organization to learn techniques from other parents;
- Borrow parenting books from the library; and
- Take a parenting class.

Your full strategy—i.e., the tasks and activities you include in the case plan—should incorporate both formal and informal activities. (You may have noticed that few of the ideas generated to address discipline concerns are formal services.) Discuss with the family a combination of activities that is feasible, but will be sufficient to help the family change. Write down both the tasks the family members will take on and the different behaviors you should observe as a result.

Finally, before you move on to the next priority and repeat the process, spend a few minutes discussing what the caregiver should do if he/she slips back into the behavior you are trying to change. What if the caregiver in the earlier example uses physical discipline? What should that caregiver’s recovery action be so that he/she can get back on track? In this case, it might be that the caregiver should immediately disengage and call an emergency contact to watch the child until the caregiver can calm down. When calm, the caregiver might then apologize to the child, explaining that he/she should have responded differently and will keep trying. Finally, the caregiver might call the worker to discuss if any changes to the case plan strategy are needed.

This process of selecting goals and actions may take more time than current case planning practices. However, when you collaborate with families to create a plan that addresses their unique circumstances and has their buy-in, you increase the likelihood that the caregiver will successfully change his/her behavior. In the long run, this saves you time and helps children and families.

— Shannon Flasch, Associate Director, CRC, and  
Raelene Freitag, Director, CRC

The Structured Decision Making® system in child welfare was designed to provide social workers with simple, objective, and reliable tools with which to make the best possible decisions about child safety, and to provide managers with information for improved planning, evaluation, and resource allocation. The principle behind the SDM® system is that decisions can be improved by:

- Clearly defined and consistently applied decision-making criteria;
- Readily measurable practice standards, with expectations of staff clearly identified and reinforced; and
- Assessment results directly affecting child safety and agency decision making.

Trauma-Informed Practice can be described as:

- A trauma-informed approach that asks, “What has happened to you (or your child)?” rather than starting with the question, “What is wrong with you (or your child)?”; and
- A trauma-informed approach to service delivery that emphasizes physical and emotional safety, choice, empowerment, and trustworthiness.<sup>1</sup>

You might be wondering how SDM and Trauma-Informed Practice are related. To begin with, it is important to remember that the SDM child welfare assessment tools were designed to sharpen the focus on key elements in a child welfare case.

The safety assessment tool is designed to identify safety threats to children. Three questions on this tool (see top of next page) could be an indication of past or current parental trauma if answered “yes.” Discussing these questions could initiate a trauma-informed conversation to find out more about what happened to the parent, and how the trauma he/she experienced could be impacting his/her children’s safety today.

<sup>1</sup> Yoe, J. T., et. al. *Development of a trauma informed system of care assessment tool*. Maine Department of Health & Human Services, [http://www.maine.gov/dhhs/QI/Florida\\_Conference-SKG-handout.pdf](http://www.maine.gov/dhhs/QI/Florida_Conference-SKG-handout.pdf)

## SDM® Safety Assessment: Trauma-Related Questions for Parents

- Does caregiver's current substance abuse seriously impair his/her ability to supervise, protect, or care for the child?
- Does domestic violence exist in the home and pose an imminent danger of serious physical and/or emotional harm to the child?
- Do caregiver's emotional stability, developmental status, or cognitive deficiency seriously impair his/her current ability to supervise, protect, or care for the child?

### SDM® Safety Assessment: Trauma-Related Questions for Children

- Did caregiver cause serious physical harm to the child or make a plausible threat to cause serious physical harm in the current investigation, as indicated by:
  - Serious injury or abuse to the child other than accidental?
  - Caregiver's fear that he/she will maltreat the child?
  - Threat to cause harm or retaliate against the child?
  - Excessive discipline or physical force?
  - Drug-exposed infant?
- Do current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident?
- Is child sexual abuse suspected, and do circumstances suggest that the child's safety may be of immediate concern?
- Does caregiver meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care?
- Are physical living conditions hazardous and immediately threatening to the health and/or safety of the child?
- Does caregiver describe the child in predominantly negative terms or act toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal?

Most of the questions on the safety assessment tool indicate that a child has experienced a trauma, or that an immediate threat of experiencing trauma exists if parental behaviors continue.

When social workers discuss these topics with children, they can focus their questions toward, "What happened to you and how have you coped with this safety threat?" Social workers can utilize a more empowering and trustworthy approach as they engage the child and partner with him/her to find ways to keep the child safe from future harm or trauma.

Each of the SDM child welfare assessment tools has questions that uncover potential past or current trauma. When the SDM assessment tools are utilized in conjunction with relationship-building strategies, such as Trauma-Informed Practice, children and families stand a better chance of being partners in building and sustaining safety. Both sides of the coin are needed for an effective, safe intervention.

*Future articles will describe how other engagement strategies can enhance the use of SDM assessment tools.*

— Karen Martin, Senior Program Specialist



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## CRC Staff Join National Working Group on Foster Care and Education

The Children's Research Center (CRC) has joined the National Working Group on Foster Care and Education, with staff participating in the in-person working group meeting in Washington, DC, in January.

The mission of the working group is to achieve and advocate for practices, policies, and cultural changes that support the educational stability and achievement of children and youth in care as well as to inform those responsible for their well-being. The working group is made up of national organizations and funders who have an interest in this mission.

NCCD staff recognize that some of our most vulnerable populations are involved in multiple systems. Therefore, we conduct research and policy analysis related to cross-system collaboration. Our partnerships with child welfare and juvenile justice agencies throughout the country, and with schools in the Milwaukee area, have provided us with a wealth of experience, including the ability to identify methods of change and measurement and ultimately to test the results of intervention across service systems.

NCCD has been involved in child welfare improvement efforts in the United States for more than 20 years and has spent more than a decade working locally to promote the use of data and data analysis in educational settings. CRC staff developed an educational program monitoring system that is used by schools chartered by the City of Milwaukee as well as several public and private high schools that were created as part of the Bill and Melinda Gates Foundation initiative to increase graduation rates and college preparedness.

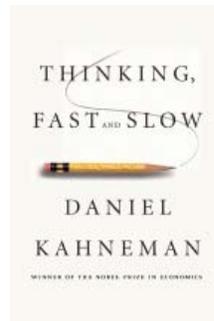
For more information about our involvement in the working group or our services, feel free to contact Susan Gramling at [sgramling@nccdglobal.org](mailto:sgramling@nccdglobal.org).

Visit NCCD's new website.  
New look, more great content!  
[www.nccdglobal.org](http://www.nccdglobal.org)

## *Thinking, Fast and Slow: A Book Review*

Two things have been quite clear to me throughout my time working on the Structured Decision Making™ (SDM) system:

1. The SDM™ system is really important; AND
2. It is hard to get people excited about it.



Daniel Kahneman's recent book, "Thinking, Fast and Slow," provides intriguing research that helps explain why both are so. You have probably seen or heard the Children's Research Center (CRC) provide lots of research and data about why the SDM system is so important; however, research on getting people excited to use the SDM system is lacking.

Why is it so hard to get everyone excited about using the SDM system? When I see child protection workers and organizations get excited about other things that have far less research support, I admit to being puzzled. Shouldn't we get excited about things that have evidence showing they are effective, and be cautious about things that may appear to be good ideas—but are unproven?

The main message of Kahneman's book is that our brains have two approaches to thinking, which he refers to as System 1 and System 2.

System 1 is our intuitive thinking. It handles most of our daily interactions and uses a variety of shortcuts to quickly process the vast amount of information we manage every moment. It is usually quite effective, but is also prone to cognitive errors and biases. Importantly, it is quite unaware that it is making errors or operating under biases.

System 2 is our slow, thoughtful, methodical thinking. Research has demonstrated that when we do System 2 thinking, there is a physiological response. It is hard work. Our brains tend to be happiest when they are not working so hard, so we are quite happy to operate in System 1 whenever we can.

In essence, SDM assessments force us into System 2 thinking. It will always FEEL much easier to operate in System 1. And, (this is my interpretation) we may confuse intuition with professionalism, mistakenly thinking that relying on System 2 thinking is a crutch needed only by those with less experience.

However, Kahneman reviews more than 50 years of research in his “intuition vs. formulas” chapter and concludes (as just about everyone else has) that for important decisions, it is better to rely on a well-crafted formula (such as an SDM assessment), especially in complicated situations (such as many child protection situations).

Still, Kahneman argues that intuition should not be ignored. In chapters describing a year-long dialogue with Gary Klein, whose research on intuitive decision making is well-respected, Kahneman agrees that well-honed intuition and a well-crafted formula can serve as a check and balance.

I encourage anyone who ever has to make an important decision to read this book (as in ALL of us!). Kahneman tells the story of how we think in System 1 and System 2 by weaving together a wealth of research in lively and captivating narrative. At the end of the day, I am persuaded more than ever that the daily, vital decisions around child protection deserve the best of intuitive thinking AND the best of well-crafted tools that bring out the best of System 2 thinking.

— Raelene Freitag, Director, CRC

*This was originally published as a blog post on the NCCD website. To read more blog posts by NCCD staff, visit <http://nccdglobal.org/newsroom/nccd-blog>.*

## Who's New at NCCD

**Philip Decter**, MSW, joined NCCD as a senior program specialist earlier this year and was promoted to associate director for the Children's Research Center (CRC) July 1. Prior to joining NCCD, he most recently was associate director of the Family-Centered Services Project in Massachusetts. Phil is a social worker and family therapist who has worked with children and families in inpatient,



*Philip Decter*

outpatient, home-based, foster care, and emergency room settings for almost 20 years. He has written and taught extensively on children and families experiencing some kind of crisis and their intersection with institutional and informal helping communities during these times. He has worked regularly with child welfare organizations nationally as a trainer and on the implementation of strength and safety-organized practice skills.

In his work with CRC, Phil hopes to help child welfare jurisdictions more deeply develop their practice approaches and to link those approaches to both the SDM system and to overall efforts at enhancing organizational culture.

“My hope is for CRC to be at the lead in working with child welfare jurisdictions around the world in articulating a vision for child welfare work in the 21st century,” he says.

**Heather Meitner** is a new senior program specialist with NCCD. She is a licensed social worker based in Boston,



*Heather Meitner*

and has worked in the human services and child welfare fields for 17 years in multiple capacities including direct service, management, training, and consultation.

“Over the past several years, I have watched CRC expand services to child welfare jurisdictions to include a focus on enhancing social work practice.

It has been remarkable to see workers revitalize their use of SDM assessments by simply shifting the way they engage children and families,” Heather says.

“I joined the CRC team to be a part of this movement and it is my vision that every jurisdiction using the SDM system will eventually implement the practice model development process CRC now offers.”



Greg Rafn

**Greg Rafn** recently joined NCCD as a research associate in the Madison office, where he conducts research and analysis in child welfare and education. Prior to joining NCCD, Greg worked in Milwaukee, providing direct case management and care coordination services for youth with severe mental health and/or behavioral disorders who were involved in the juvenile

justice system or the Bureau of Milwaukee Child Welfare. He has experience identifying the unique challenges associated with system-involved individuals and implementing effective strategies to help decrease their future reliance on system partners.

Greg will be assisting the research team with ad-hoc analytics, a data analysis and reporting service used by various jurisdictions in the state of California, as well as research in education. Greg says, "It is my hope that I can continue to help NCCD develop innovative approaches to solving complex issues in the child welfare sector."

### NCCD Staffs Attorney General's Defending Childhood Task Force

The Attorney General's National Task Force on Children Exposed to Violence (the "Defending Childhood Task Force") held its fourth and final public hearing on children's exposure to violence in Detroit on April 24. The hearing focused on how we can protect our children, help them heal from violence, and allow them to thrive. This followed earlier hearings in Baltimore, Albuquerque, and Miami, each focusing on different aspects of children's exposure to violence.

The Defending Childhood Task Force is composed of 13 experts in children's exposure to violence. The task force is chaired by Joe Torre, former manager of the New York Yankees, founder of the Joe Torre Safe at Home® Foundation, and a witness to violence as a child himself;

and Robert Listenbee, Jr., Chief of the Juvenile Unit of the Defender Association of Philadelphia.

Attorney General Eric Holder charged the task force in November 2011 with examining ways to prevent, treat, and reduce children's exposure to violence. The task force will issue a final report to the Attorney General later this year. It will serve as a blueprint for preventing children's exposure to violence and for reducing the negative effects experienced by children exposed to violence across the United States.

The task force is staffed by the National Council on Crime and Delinquency (NCCD). For more information on the Defending Childhood Task Force, visit [www.justice.gov/defendingchildhood](http://www.justice.gov/defendingchildhood).



Joe Torre, Task Force Chair



Sonja Sohn (above left) testifies at the Baltimore hearing as Dr. Patrick McCarthy of the Annie E. Casey Foundation looks on. An actress and community activist, Sohn played Detective Kima Greggs on the HBO drama *The Wire*, which led to her founding *ReWired for Change*, an outreach program for at-risk youth in Baltimore.



Children's Research Center