

E-Learning Discussion Guide – Module 4

SAFETY PLANNING



E-learning Module Discussion Guide
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Introduction to the *E-learning Module Discussion Guide* Materials

The Florida Safety Decision Making Methodology defines Florida's integrated child protection approach to working with children and families, from intake and investigations through case management. A series of four e-learning modules introduce the core concepts and foundational practices of the methodology. This *E-learning Module Discussion Guide* builds on the introduction of the four e-learning modules, so concepts and practices may be further discussed and better understood.

There are four self-contained discussion guide modules, one for each of the four e-learning modules. Each discussion guide is designed to be completed immediately following the viewing of the corresponding e-learning module.

For each module discussion guide, various resource materials are provided, along with facilitation notes or discussion questions designed to guide the supervisor and/or Safety Practice Expert (SPE) who is leading the discussion/application.

-Module 4-

Safety Planning

Learning Objectives for Module 4:

- 1) Become familiar with the safety constructs underlying the development of present danger plans and safety plans.
- 2) Analyze safety plans to explore critical thinking required for identification of danger threats and decision making around the use of an in-home safety versus out-of-home plan.

Prior to the Learning Activity:

- 1) Prior to the group discussion ask each person to familiarize themselves with the Kazca and Horan Case Scenarios provided in this module. Remind participants to just read the modules, not try to complete the activity on their own.

-Module 4-

Safety Planning

Discussion Questions/Process:

1) For each of the case scenarios provided (Kazca and Horan) complete the following activities.

Step 1: Identify the danger threats in each family.

Step 2: Consider each of the following questions using critical thinking about the danger threats in considering implementation of an in-home safety plan.

When do the danger threats emerge?

- Does each threat happen every day? Different times of day? Is there any pattern or are they unpredictable?
- How long have these threats been occurring? Will it be easier or harder to control or manage threatening behavior with a long family history?
- Does anything specific trigger the threat or accompany the threat, such as pay day, alcohol use, or migraine?

How do the parents react to the idea of an in-home safety plan?

Are the parents living in the home, or do they disappear occasionally?

Are the parents willing to cooperate with an in-home plan? How are we gauging "cooperation?"

Is the household predictable enough that actions will eliminate or manage threats of danger?

The right services....At the right level..... At the right frequency:

Are the people who would carry out the in-home safety plan aware, committed, and reliable?

Are safety plan providers able to sustain the intense effort until the parent can protect without support?

Step 3: Use the following question to guide critical thinking in coming to a conclusion for each family.

Would an in-home safety plan be?

- Sufficient (refer to Reference 1)
- Feasible
- Sustainable

Step 4: Once you have reached your conclusion on each case, review the critical thinking answers provided and compare your analysis and conclusions.

-Module 4-

Reference 1: Safety Plan Sufficiency Assessment Criteria Matrix

Safety plan only controls or manages danger threats	Yes or No
Must have an immediate effect	Yes or No
People and services available when threats are present	Yes or No
Concrete, action oriented activities and tasks	Yes or No
Must not rely on parental promises	Yes or No

THE HORAN CASE

Maltreatment:

The youngest child, Kyle, age 2 years, 7 months, sustained a broken nose and also has various cuts and bruising to his body including a cut to his hand, some redness and bruising to the neck and shoulder, caused by his father, Gregory James last week. Three other children live in the home. Jesse, age 1 1/2, also the son of Gregory James, was present during the incident but not harmed. Tony Horan, age 15, and Dylan Horan, age 17, are step-sons and were not present.

There has been previous verified maltreatment over the years, involving the older sons (including two others who are no longer at home). These incidents involve neglect by the mother, Barbara Horan.

Circumstances Surrounding the Maltreatment:

The parents have been married eight months. The mother works two jobs and father one. On Tuesday, while the father was caring for the children while the mother was at work, Mr. James was taking a nap on the bed with his two young sons. He woke up to the noise of glasses breaking in the kitchen. He found Kyle standing on the kitchen counter, dropping glasses on to the floor. Kyle had also strewn coffee and sugar all over the kitchen counters and floor. Mr. James grabbed Kyle, roughly sat him on the counter, and hit him in the face bloodying his nose. After cleaning Kyle and the kitchen up Mr. James called his wife at work, telling her he had "lost it" with Kyle and they were lucky he hadn't hurt him worse than he did. He told her Kyle had a bloody nose.

Ms. Horan returned home from work three hours later. Fifteen year old Tony told her to go look at Kyle's face. Barbara Horan said she was so angry she left, leaving Tony in charge of the two youngest boys. She returned to the house in the morning. When her husband confronted her about leaving the couple got into an extended verbal altercation prior to Ms. Horan leaving for work that morning. Local police responded to a neighbor's complaint about the fighting and subsequently reported Kyle's injuries to the Abuse Hotline.

At the request of the investigator, Ms. Horan took Kyle to the child protection team, where photographs were taken and treatment given for a broken nose. When interviewed by law enforcement Mr. James admitted to slapping Kyle but did not know how the other injuries occurred. He admitted to having a few drinks before falling asleep on the bed, but denies being intoxicated then or later when he slapped Kyle. He cares for the children every night while Barbara works a 3 -11 shift. No one in the family says anything like this has happened before. However, all family members are concerned that Mr. James is drinking more frequently and more heavily.

Mr. Gregory was arrested for child abuse with Ms. Horan posting his bond two days later. As part of his pre-trial release agreement he is to have no contact with his children pending further notice of the court. He is currently staying with a friend. In Mr. James's absence Ms. Horan has arranged for her sister-in-law to extend her child care duties from 10am – 2pm to 10am – 5. She has also arranged for her a maternal aunt to agree to stay with the children from 5pm until bedtime (7:30pm). One of her teenage sons will be in the home from 7:30pm until Ms. Horan gets off work.

The following additional information was collected for the FFA over the course of the next week.

Child Functioning:

Kyle: age 2 years 7 months. Kyle is a very active child who explores everything. He also is fairly easily diverted and will sit and play appropriately if given challenging games, puzzles, etc. Both parents say he sleeps well, eats well, and is toilet trained. He can, if not diverted, escalate his behavior – running, screaming, and “finding trouble”, according to his parents.

Jesse: age 1 year 6 months. Jesse appears healthy, but may have vision problems and is scheduled to be tested at the pediatric clinic, according to mother. He likes to play with Kyle and is on target developmentally. He eats and sleeps well. He is not very verbal yet but likes to play with blocks and be read to. He is mobile but both parents say he does not have the same high energy as his brother Kyle.

Tony: age 15. Tony is in high school where he does average work. His attendance is regular but he has had some behavior problems, with a recent suspension due to a fight with another student. Tony has been a “good helper” with the two younger boys, according to mother. Tony seems to have a lot of affection for Kyle and Jesse. He gets along well with Gregory, his step-dad, and says he has never seen Gregory physically hit any of the children. Most evenings, Tony is home but he does go out on weekends. Neither parent feels they have concerns about Tony. Tony is beginning a job next week at a restaurant, where he will work from after school until 9 pm. Tony has a good relationship with his biological father, and visits him two or three times a month for dinner and occasionally stays for a weekend visit, usually during a holiday.

Dylan: age 17. Dylan has been missing a lot of school and will likely not graduate. He spends most of his time away from the house, reportedly listening to music at a friend’s and learning about mechanics from the friend’s father. Dylan gets along with family members, but prefers to stay away from home. Dylan has the same father as Tony and gets along well with him, but doesn’t see him regularly.

Adult Functioning

Barbara: Barbara’s history involves being a victim of sexual abuse as a child and having two previous relationships with violent men, where she was hurt to the point of requiring hospitalization. She minimizes how either of these issues could be affecting her today. She says that she has not had any violent episodes with Gregory, although he has been drinking more frequently and at times is “a mean drunk.” Barbara does not communicate in-depth about issues such as: where she is spending her time beyond work (including the night of the maltreatment incident); whether she is happy; who she relies on for friendship. Her problem-solving skills (e.g., what she will do for long-term child care) seem poor and she lacks insight into how she needs to be more involved in her children’s lives. Barbara says she is not depressed nor has she had any other kinds of mental health issues. She has been in out-patient treatment for alcohol abuse several years ago but feels that she does not have any problems – she says she drinks “socially.” Barbara gives superficial answers to lots of questions, evading topics she doesn’t want to address. She often comes up with superficial or short-sighted “solutions” to issues failing to look beyond the immediate problem. While she says Gregory is a “mean drunk,” she also comes back to the idea he should come home to take care of “his kids.”

Gregory: Gregory admits to a serious problem with alcohol, for which he received treatment a little over a year ago and was sober for 10 months. He began drinking again three months ago. In the past four

months he has 3 or more beers before dinner, another 2 beers with dinner and usually a couple more before taking a nap about 7 pm. He describes being under considerable stress and is very upset because he thinks his wife is having an affair. He states it is hard for him to think about anything else and the drinking helps calm his nerves. Gregory knows he gets “mean” when he drinks but is adamant that it does not affect his relationship with Barbara or the children and was not a factor in the incident last week. This is Gregory’s second marriage. He has two prior DUIs convictions (2 and 5 years old) and an assault charge from his first marriage which was subsequently dropped. He states that he is not typically violent and that the incident from the first marriage was a “misunderstanding,” where both he and his first wife were drinking and both were “slapping each other”, but he was arrested. He says he has never “been physical” with Barbara. However, they have had extremely loud verbal fights, including slamming doors and he once punched a hole in the wall due to Barbara’s late hours. He was very upset last week because she stayed out after work at least three times, not getting home until between 3 am and 5 am. Gregory admits to flip-flopping between being depressed and angry with the prospect that his marriage is over. He says he is also overwhelmed at times feeling like he is almost a single parent to the boys. He believes Barbara will help him get the current criminal charge of child abuse dismissed and let him come home – but only because she needs him for child care. Gregory said he has not had a drink since “the incident.” However, earlier in the interview he mentioned when he has had a drink “to get sleep.” During the conversation, he smelled of alcohol, though did not appear to be outwardly intoxicated.

General Parenting Practices:

Barbara: Barbara seems to have minimal interaction with the children. She is away from the house from 10 am, to 11:30 pm most weekdays and also works some weekends. She relies entirely on her husband for the parenting responsibilities. Gregory states that in addition to her job hours, Barbara stays out later and sometimes does not return home until early the next morning. Barbara refuses to discuss this issue, saying Gregory is paranoid, but offering no explanation. The recent arrest of Gregory has caused Barbara to stress over a long-term fix for child care. Gregory’s sister has extended her child care to stay until 5:30 p.m. this past week with Barbara’s own sister agreeing to take over from that point until Ms. Horan gets home from work. Ms. Horan’s relationship with Barbara is strained and the temporary arrangement may not last long much longer and Ms. Horan’s sister has stated she can only help out for another week in the evenings. Barbara has said that her son Tony can help, but seems oblivious to the fact Tony’s new job will have him away from home in the evenings.

Gregory: Gregory is home from work at 2 pm daily at which time, up until the incident, his sister who provides childcare, leaves. Gregory has been providing the day-to-day structure for parenting: meals, laundry, baths, medical follow-up, etc. He says he has been overwhelmed, exhausted, and growing resentful, particularly with Barbara staying out later and later. He admits to often taking the boys into the bedroom for a late afternoon/early evening nap in order to get some rest. The incident on Tuesday was the first time he was so fast asleep that he did not hear Kyle get up and start “exploring” in the kitchen.

Disciplinary and Behavior Management Practices:

Barbara: Mother works two jobs on most days so she feels she should be given “a break” from having to deal with situations requiring discipline. She does expect the older boys to maintain a curfew but could not say for certain how often (or if) the curfew is followed. With the smaller children, she had to use time-outs with Kyle, but more often tries to distract both young boys when they are “starting to get into

trouble.” Barbara’s two oldest sons who are out of the home began having patterns much like Dylan – staying away more and more, skipping school, etc. Barbara does not know what to do about Dylan and mostly her job prevents her from focusing on dealing with him. She believes Tony is her helper and rarely needs any discipline.

Gregory: Gregory provides most of the day-to-day discipline according to both parents, and at times that involves issues that come up with the older boys. Most of the time, Mr. James simply discusses the consequences of their decisions with the teenagers. For the younger two, Gregory usually tries to “run off” some energy with the boys when he gets home from work by going to the park. He finds this to be the best form of “discipline,” meaning it prevents him from having to carry any out. He sometimes uses time outs with Kyle. He maintains he never “lost it” during the maltreatment incident or ever physically disciplined or harmed the children.

The KAZCA CASE

Maltreatment:

Donna Kazca gave her daughters Natasha and Esta and sons Simon and Donelo sleeping pills in order to get them to fall asleep faster. A former foster parent who has remained involved with the family reported this information after visiting with the children this past weekend. The children were tested by the pediatrician who found significant but non-toxic levels of the medication in the children's blood samples. A medical report with details is provided.

Circumstances Surrounding the Maltreatment:

Ms. Kazca was reunited with all four children seven months ago, with the agency closing her case six months after the children were returned to her. Except for this most recent incident, reported three days ago, no new reports had been received on the family. Ms. Kazca has frequently been tired and overwhelmed in caring for her children. When the investigator spoke to Ms. Kazca about the allegation she was very upset, yelling and crying. She stated she would rather die than live without her children again. She denied ever giving her children sleeping pills. However, she reportedly admitted to the foster parent that she was tired and needed the children to go to sleep so she could also get some rest. Ms. Kazca has a history of mental health issues (Bipolar Disorder) which may have affected the decisions she made regarding the sleeping pills as well as how she is responding to the allegations. This is the only known instance of Ms. Kazca giving the children sleeping pills. While potentially an isolated incident, the circumstances that seem to have influenced her decision to give them the medication (her own fatigue, poor decision making, and stress) remain. Previous maltreatment has included two instances of physical injury, bruising and scrapes to Simon and Donelo, received as a result of overly harsh discipline by Ms. Kazca. These instances of physical abuse were likely due to her mood instability (was not on current medication) and overreacting to the boys' behavior. The circumstances that led to a finding of dependency and the children's placement in foster care was Ms. Kazca's inability to provide even the most basic care for her children after the accidental death of her youngest child caused her to isolate herself from the surviving children, sleeping constantly and not being able to meet even their most fundamental needs. Her eventual psychiatric hospitalization did stabilize her rather quickly however.

Children's Functioning:

All the children are developmentally on target. Simon, age 7, is smart and likes to help when he can. Simon has some significant anger issues that have increased since the death of his brother (accidental death approximately 2 years ago). Simon has temper tantrums where he fights with his younger siblings or other children. He throws things and tries to break them. Simon seeks a lot of attention. He knows what appropriate behavior is, but when he becomes upset he refuses to follow rules and directions. Simon responds well to redirection when he is out of control. Physically, Simon is close to average height for a child his age. Simon likes to take on a parental and protective role toward his younger brother and sisters.

In the past year, Donelo, age 5, has become more outgoing and friendly with both adults and other children. Donelo used to be very quiet and withdrawn at times but has improved a great deal. He is now more talkative and responsive to others. Donelo is also smart and likes to be a helper. Donelo has a history of inappropriate boundaries with others, asking other children to pull their pants down. This behavior has been decreasing. Donelo gets along well with other children. He sometimes plays rough with other children at school and also gets into fights with his sister Esta. Donelo is developmentally on target in terms of height, weight, and social skills.

Esta, age 4, more recently has begun to look sad or moody. She is not as talkative as she used to be. She appears to be developmentally (social skills and intelligence) and physically on target at this time. Esta has times where she wants to be treated like a baby and she will revert into baby talk and actions.

Natasha, almost 3 years, is doing very well. She is talking a lot now and is potty training. She laughs a lot and enjoys being around her siblings. She eats well and is easy to care for. She sleeps well, though not long. She continues to have a slight allergy problem which the pediatric allergist is monitoring. Her behavior is socially and intellectually appropriate for her age.

Adult Functioning:

Ms. Kazca is diagnosed as having Bipolar Disorder. She takes medication but still has problems with mood and behavior. On a daily basis she can be a very calm, kind and respectful person. However, when she becomes upset she goes from one extreme to the other very quickly. When she becomes upset she screams and cries and at times hyperventilates. Ms. Kazca's response to stressful situations is improving but external interventions are still needed at times, which typically include someone Ms. Kazca knows and trusts simply "talking her down." Ms. Kazca has a history of suicide attempts and of self-medicating with marijuana. She has a history of reacting before thinking about the consequences of her actions. For example, she has tried to get into physical fights with friends or relatives in front of the children without thinking about how it would affect them. Ms. Kazca is lower functioning intellectually, and was diagnosed with a learning disability as a child. She has difficulty managing her expenses and expenditures on her own. She has had reoccurring problems with keeping her bills paid and doing the necessary steps toward keeping her TANF benefits. She does receive occasional child care help from her family (older sister and mother), which are frequently interrupted because of family conflict.

General Parenting Practices:

Ms. Kazca takes her parenting seriously and is committed to making sure the children are never removed from her again. To raise four children alone, she has established a routine and schedule. However, all of the children are on the same schedule, which keeps them up too late and does not include naps. Although she uses the former foster parent for respite on many weekends, Ms. Kazca is often tired and overwhelmed with parenting. She wants all the children to demonstrate respect and honesty. She also encourages them to stick together as a family. However, some of her expectations for her children are inappropriate. The children, particularly Simon, are given more responsibility than children their age can handle. For example, Simon is expected to supervise his younger siblings for short periods of time while Ms. Kazca tries to nap and is sometimes asked to fix breakfast and wake his

mother up in the morning. She is patient and does allow them to play and be active. Ms. Kazca does not get along with the teacher and principal at Simon and Donelo's school and when conflict arises, refuses to send the boys to school for days at a time. She does not seem to understand Simon's behavioral issues (temper and fighting) and how to address those issues. However, it is evident that she has an extremely strong bond with her children and loves them very much.

Disciplinary and Behavior Management Practices:

Some of Donna's discipline practices are inappropriate for the children's ages. She has made the children clean and scrub walls as a form of punishment. She has at times responded to her children out of frustration by yelling and cursing at them. Even though this continues to happen fairly regularly, this is something that she has been trying to improve. She has also disciplined the children appropriately by taking away their privileges for a period of time. In the past, Ms. Kazca spanked the children with her hand and occasionally used a belt or switch, but this is no longer the case.