

EXERCISE: IMMEDIATE SAFETY PLAN VERSUS FAMILY CASE PLAN

EXAMPLE

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY CASE PLAN INTERVENTION IDEA (Do not use in Immediate Safety Plan)
Sexual abuse	Dad agrees to stay with his friend until investigation is concluded. He agrees to have no contact with [child] in person or by phone, mail, email, text, or third party. (DCFS filed a petition with the court regarding the father's contact with the child.)	Dad will successfully complete sexual perpetrator therapy.

ACTIVITY

For each scenario, list at least one immediate safety plan intervention idea and one family case plan intervention idea.

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY CASE PLAN INTERVENTION IDEA
Physical harm/unable to protect: Maternal grandfather regularly uses inappropriate physical discipline on the children, leaving marks. Mother relies on grandfather for childcare every weekday afternoon.	<i>Grandfather will offer incentives, like a reward if a child can maintain specific good behavior all week, or consequences, like reducing time on electronic devices. Discipline will not involve physical contact, punching, hitting, kicking, or other corporal punishment.</i>	<i>Grandfather will participate in parenting classes to learn safe discipline strategies and try on at least one new strategy after each class.</i>
Substance misuse/inadequate supervision: Mother drinks alcohol at least four nights a week to the point of passing out. Her 5-year-old son recently got out of the house one evening while she was passed out. Her neighbor found him and contacted law enforcement. The mother has several family members and friends in the area.	<i>Mother will remove alcohol from the home. Family members 1, 2, and 3 will rotate spending the night with the family. Family member 1 will stay Mondays and Wednesdays; family member 2 will stay Tuesdays and Thursdays; and family member 3 will stay Fridays, Saturdays, and Sundays.</i>	<i>Mother will complete a drug and alcohol assessment and complete recommendations by the provider.</i>

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<p>Environmental neglect: The home has no electricity, heat, or running water because parents have been unable to pay their utility bills.</p>	<p><i>Family will visit aunt's house every night to bathe, wash clothes, and eat dinner.</i></p> <p><i>If weather does not permit children to sleep at home, aunt agrees to allow children to stay with her.</i></p>	<p><i>Mother will complete the following services and demonstrate her ability to access community resources, such as applying for financial assistance and budgeting her income to prioritize household needs over the long term.</i></p>
<p>Emotional harm: Father repeatedly blames and punishes his daughter for rule-breaking done by his sons. Daughter is withdrawn and shows signs of depression.</p>	<p><i>Father agrees to slow down and count to 10 before asking the children questions to assess who said/did what, and then respond with a consequence rather than make a snap judgment and react by automatically taking the boys' word for it and blaming his daughter. If the father begins to feel overwhelmed, he will reach out to his sister or another network member for guidance.</i></p> <p><i>Aunt will check in with the daughter daily to see how this is working.</i></p>	<p><i>Family will participate in family therapy to heal from past trauma and improve their boundaries and communication.</i></p> <p><i>Daughter will participate in individual therapy to heal and learn new coping skills for when she is frustrated with her father or brothers.</i></p> <p><i>Family will participate in Triple P program.</i></p>
<p>Failure to protect: Mother's boyfriend is on the central registry for severe previous child maltreatment, and mother routinely leaves him alone with her children.</p>	<p><i>Mother agrees the children will never be alone with the boyfriend. Mother agrees to have her sister or a friend watch the children when she cannot be with them.</i></p> <p><i>Mother gives her sister permission to check in with the children any time to see how the plan is working or if they have any worries. If there are worries, the sister will call DCFS to schedule time to discuss and update the plan.</i></p>	<p><i>Mother will review public records to truly understand the extent of her boyfriend's criminal history and work with her therapist to determine if she wants to continue in her current relationship, which could put her children in harm's way.</i></p> <p><i>Mother agrees that her network will have to meet and approve any partners before they meet her children.</i></p>
<p>Medical neglect/failure to thrive: A 5-month-old was diagnosed with non-organic failure to thrive and has a g-tube. The parents have not been waking up during the night to feed the child. The g-tube has also become infected due to the parents not cleaning it correctly.</p>	<p><i>Parents will set an alarm to wake up every three hours and feed child 8 ounces of formula.</i></p> <p><i>Parents will keep a log all feedings, and it will be reviewed by a network member the next day.</i></p> <p><i>A network member will let DCFS know how this plan is working and if additional supports are needed for the parents to learn how to properly manage the g-tube.</i></p>	<p><i>Parent will complete training pertaining to child's developmental needs and receive training from medical staff to learn how to clean and care for child's g-tube and infection site.</i></p>

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<p>Mental health: The mother has been previously diagnosed with bipolar disorder and is currently not medicated. She has had several manic episodes where she was driving erratically with the children (ages 6, 10, and 15) in the car. She has also been sleeping excessively, and the children have had to fend for themselves for food and to get to school.</p>	<p><i>Mother will ask grandmother to watch the children when she needs drive the car.</i></p> <p><i>Grandmother will transport the children to and from school. After school, grandmother will spend evenings in the home from 3:30 p.m. to 8:00 p.m. to ensure children are fed.</i></p>	<p><i>Mother will complete an assessment with a psychiatrist to determine if she can benefit from any additional treatment.</i></p> <p><i>Mother will engage her network in supporting her in following new treatment recommendations. Each network member will be assigned a role, such as regularly calling and stopping by to offer emotional support, providing transportation to appointments, etc.</i></p>
<p>Physical harm: Non-mobile infant has suffered a serious head injury while in the care of his mother and father. Parents state they do not know how the child was injured. The doctor is not able to confirm whether it was abuse. The parents live with the maternal grandparents, but the grandparents were on vacation at the time of the incident.</p>	<p><i>Parents agree to have maternal grandparents supervise them and their child 24/7 during all interactions until the network says it is no longer necessary.</i></p> <p><i>If the parents need to go to the store or leave the house for any reason, one grandparent will stay home with the baby, or the grandparents will take the baby with them.</i></p>	<p><i>The parents will make a detailed plan for what to do (including taking a break and using their network for respite) when the baby cries incessantly and cannot be soothed. They will share the plan with their caseworker for approval by a specified date.</i></p>
<p>Sexual abuse UJO: A brother (age 9) and sister (age 6) are being placed together in a resource home. The brother harmed his sister prior to them coming into care (this was not the reason for removal). He recently completed a sexually maladaptive behavior treatment program, and this will be their first time being placed together since removal.</p>	<p><i>Resource home will place door alarms on the bedroom doors of the brother and sister.</i></p> <p><i>An adult will be present at all times when the children are not in their rooms.</i></p>	<p><i>Sister will complete trauma-focused cognitive behavioral therapy (TF-CBT) and share her new coping skills with her worker and the network.</i></p> <p><i>Brother will complete problematic sexual behavior therapy and share his new coping skills with his worker and the network.</i></p>
<p>Youth danger to themselves: A 15-year-old girl is being discharged from residential treatment into a pre-adoptive home. She has a history of self-harm and running away.</p>	<p><i>Teen will call caseworker daily to check in.</i></p> <p><i>Teen will immediately report if she is having thoughts of leaving without permission.</i></p> <p><i>If teen leaves the pre-adoptive home, she will contact caseworker to identify a safe place to go.</i></p>	<p><i>Teen will participate in TF-CBT to identify self-harming triggers and replace with adaptive coping skills.</i></p>