Solution Based Casework (SBC)
Because "What Happens After The Knock Matters"

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Participants will:
1. Gain an understanding of SBC
2. Appreciate the parallel process associated with SBC
3. Leave with the desire to learn more
“I want you to find a bold and innovative way to do everything just like we used to do 35 years ago.”
The Heart of Solution Based Casework

1. We Prioritize the Family Partnership
2. We Focus on Pragmatic Solutions to Everyday Life Problems
3. We Help Families Document and Celebrate Success
What is Solution-Based Casework?

Solution-Based Casework (SBC) is an evidence-informed practice model for Casework Management in Child Welfare and Juvenile Justice. The model provides a conceptual map for a family-centered practice from assessment through case closure. Grounded in a framework of safety, and wedded to full family engagement, the SBC practice model is best thought of as the architecture that holds our practice to a consistent focus on our safety outcomes.
Research on SBC in Child Welfare?


- 30% reduction in removal of children
- Over a 100% increase in goal attainment
- 27% more workers contacted referral sources directly
- 64% increase in identified client strengths
- Families with chronic CPS involvement more likely to be successful
- Clients with Co-morbidity also achieved more goals.
- 35% reduction in recidivism referrals over 6 months
- Full implementation of SBC met all 23 CFSR review items and the 7 outcomes of safety, permanency, and well-being (As measured by the CQI tool on 4500 cases over a 4 year period)

(Antle et al, Child Abuse and Neglect, 2012)

More information on other studies at www.solutionbasedcasework.com
Why was Solution-Based Casework Developed?

The following quotes are from parents who have been in the system of child welfare and are now writing and processing their experiences for an online magazine called RISE.
“Losing my son was the hardest thing I have ever gone through. I felt so alone with no one to care for and no hope whatsoever. My first worker didn’t ask what I needed or explain what I was supposed to learn from parenting classes, or why I needed to go. I felt lost each time I went to court. I didn’t know what to say.”

(With permission from Diana H., RISE parent)
“When you’re involved in the system, as a child or a parent, it seems like people are so ready to diagnosis you. They say you’re mentally unstable, even though sometimes you’re just in a lot of pain. When the system and the courts slap you with a diagnosis without even understanding the situation you’re in or listening to what you think you need, you feel stereotyped and discriminated against.”

(With permission from Sienna., RISE parent)
Why was Solution-Based Casework Developed?

1. Agency “Values and Principals” didn’t translate to Practice in the field
2. Investigations led to problem checklists and a reliance on mere service compliance rather than actual behavioral change to ensure safety
3. Assessments focused only on what was wrong and often failed to underestimate family fears of being unfairly judged
4. Problems could become just labels, and safety concerns were not fully understood in terms of the how they actually occurred in everyday life
5. Lack of clarity and focus on safety priorities created too much outcome drift
6. Case planning was more worker-driven and “owned”
7. Families, Caseworkers and Providers didn’t share a common road map to help the family create safety
An Example of How Families Get Left Behind

DEFINITION OF THE PROBLEM

- In-home therapy
- School Counselor
- Mental Health
- Natural Supports
- Drug Counseling
- Residential Staff
- Foster Care
- CPS
- In-home worker
- Family Support
- Courts
- Family Members
- Anger Management
- Health
The All-Too-Familiar Approach

Referral & Assessment

- Mom is Neglectful: Assessment & Referral to: Case Plan
  - Family Support Action Plan
- Mom needs Money: Assessment of Problems
- Mom uses Drugs: Assessment of Problems
- Son is Truant: Assessment of Problems
- Son is Hyperactive: Assessment of Problems
- Girl needs SA Counseling: Assessment of Problems
- Baby has Med. Needs: Assessment of Problems

Case Plan
  - Drug Counselor Treatment Plan
  - School Attendance Plan
  - FPP’s Treatment Plan
  - Comp Care Treatment Plan
  - Impact Plus Service Plan
  - Comp Care Treatment Plan
  - First Step Treatment Plan

The Family
A Family-Friendly Interface that Helps to Organize Complex Issues and Multiple Partners

Mental Health: MH Clinic

Work Issues: Family & Child Support

Supervision: Family Members

School Attendance: School

Substance Use: AA Counselor

Home & Child Cleanliness: FPP

Protection issues: Courts and P & P
Integrated Framework from:

- **Family Life Cycle Theory**
  (Carter and McGoldrick, 1999)

- **Relapse Prevention**
  (Cognitive Behavioral Theory)

- **Solution-Focused Therapy**
  (Berg, 1994, DeShazer, 1988)

All three models have their own well-documented evidence base.
Assessment continues to be a balance between:

1) assessing the threats to safety, and...
2) engaging the family in a consensus on how to resolve them.

Safety Frameworks
Morton and Salovitz, 2006
Is this really our job to provide HOPE to Child Welfare Clients?
Safety is our Common Goal
How does SBC help us stay focused and organized in our work with challenging families and over a number of cases?
Milestone 1: Building a Consensus
• Having honest conversations about family safety, parental capacity, and child vulnerability in a safe way that builds toward family engagement in change.

Milestone 2: Getting Organized on Outcomes
• Moving from talking about what needs to change to formalizing specific and measurable outcomes that the family (and their providers) will work on.

Milestone 3: Specific ACTION Plans
• Working with families and providers to co-develop specific Action Plans to help them realize their outcomes amidst the challenges of their everyday lives.

Milestone 4: Documenting and Celebrating
• Working with families and providers to problem-solve challenges and notice their successes in ensuring family safety and individual self-management.
Building a partnership for Change:

It Changes the Meaning of Assessment Interviewing

“From the beginning she showed me respect. When she walked into our home she didn’t turn her nose up at it. Instead she sat down on our ripped furniture seemingly without any thought. She took time to build a relationship with me. She showed me the good in myself I just couldn’t see”

(with permission from Jeanette V., Rise parent)
Partnerships are the BEST way to gather complex Safety Information

Research has shown:

(Angle et al, *Child Abuse and Neglect*, 2012)
So, how is **SBC** Assessment **Different**?

- **When & Where?** We begin by defining problems as difficult situations in everyday life.

- **What Happens?** Then we try to understand how these situations “go down”, how they actually happen in everyday life, and how they’ve evolved over time.

- **Are there Exceptions?** Then we explore “exceptions”, i.e. situations when they are doing something similar but it goes better (safely).
How does SBC organize assessment?

1. What developmental stage are they in?
2. What everyday situations does the family struggle when it comes to caring for their children?
3. How does that situation actually happen when it works, and when it doesn’t.

1. What personal issue(s) does one or more parent have that makes caring for the children difficult?
2. What is their Pattern of unwanted behavior?
3. What skills do they have about managing their personal behavior issue?
why both?
What kind of Family Plans?

A Better Plan to...

- Supervise the Kids
- Get Medical Care
- For Disciplining Kids
- Set Rules For Curfew
- Keep The House Clean
- A Home Safe from Violence
What kind of Individual Plans?

A Better Plan to...

- Stop their **C**riminal Behavior
- Manage their **A**nger or Control Issues
- Manage their **S**ubstance Abuse
- Stay **E**motionally Stable
- Manage their **S**exual Behavior Problems
**Family Plan**

**Action Plan**

**Individual Plan**

**Milestones (Example)**

- Stay Calm and Clean Plan (Sudan)
- *Write back on the previous page to continue.*

**Table to Be Accomplished**

<table>
<thead>
<tr>
<th>Prevention</th>
<th>How is Change Notice/Measured?</th>
</tr>
</thead>
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<td>- Continue to walk each night to bed - 60 minutes. 3x weekly (Sudan)</td>
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<tr>
<td>- Keep the toddler packed up and ready.</td>
<td>- Keep the toddler packed up and ready.</td>
</tr>
<tr>
<td>- Make the contrast daily (Sudan) each week.</td>
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</tr>
<tr>
<td>- Hand and foot in morning/afternoon for my work.</td>
<td>- Hand and foot in morning/afternoon for my work.</td>
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<tr>
<td>- Have a good sleep within 2 weeks.</td>
<td>- Have a good sleep within 2 weeks.</td>
</tr>
<tr>
<td>- Credible, record every night.</td>
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</tr>
<tr>
<td>- Personal plan: never give up.</td>
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**Instructions**

- Ask family to go to bed early. They will keep a record.
- Continue to walk each night to bed - 60 minutes. 3x weekly (Sudan).
- Keep the toddler packed up and ready. 3x weekly (Sudan).
- Make the contrast daily (Sudan) each week.
- Hand and foot in morning/afternoon for my work.
- Have a good sleep within 2 weeks.
- Credible, record every night.
- Personal plan: never give up.

**Backup Plan**

- Ask family to go to bed early. They will keep a record.
- Continue to walk each night to bed - 60 minutes. 3x weekly (Sudan).
- Keep the toddler packed up and ready. 3x weekly (Sudan).
- Make the contrast daily (Sudan) each week.
- Hand and foot in morning/afternoon for my work.
- Have a good sleep within 2 weeks.
- Credible, record every night.
- Personal plan: never give up.
Assessment Interview

So How do we GET There?
Consensus Building Interviewing Techniques

1. Normalizing Developmental Challenges
2. Tracking the Sequence/History
3. Searching for Exceptions to the Problem
4. Separating Intentions from Actions
Training Your Mind to Think Solution Based:

- I’m not here to diagnose, but to “sort out”
- I can listen for safety, and build a partnership
- Most parent’s intentions are better than their actions
- I wonder what they have tried?
- What are their everyday life struggles?
- I’ll bet they’re discouraged and probably scared
- It’s always difficult at first….but we’ll get it done
## Milestones to Solution-Based Casework

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<td>What is not working &amp; how we can be helpful.</td>
<td>Family Level Outcomes (FLO’s) &amp; Individual Level Outcome (ILO’s)</td>
<td>ACTION PLANS to meet those Outcomes</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
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<td>3</td>
<td>4</td>
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### 1. Consensus Summary
- What is not working & how we can be helpful.

### 2. Case Plan Outcomes
- Family Level Outcomes (FLO’s) & Individual Level Outcome (ILO’s)

### 3. Specific Action Plans
- ACTION PLANS to meet those Outcomes

### 4. Documented Competence
- Documenting specific tasks of the ACTION PLAN
Planning is: Getting Organized.

First Generally, then Specifically.
Why Safety Outcomes versus compliance with services?

From the voice of our clients:

“When my daughter was 4, the system sent me to a parenting class where I was taught to burp and swaddle a baby. In anger management class I was taught to count to ten, but what I really needed was meds for my mood swings......If parents are going to succeed, they need to feel like someone really knows them. Not just cookie cutouts but as real people.”

(with permission from Piazadora, Rise parent)

“During treatment I worked diligently to get my life in order. I finished all my services on the case plan: parenting, substance abuse treatment, a domestic violence program. But the story kept changing.....even when I had succeeded in finding employment and housing, they still didn’t return my kids to me.”

(with permission from Ashley B., Rise parent)
SBC Case FLOW

Assessment

- Normalizing
- Tracking family life
- Exceptions
- Separating Intentions

Pull it Together in to a Consensus Summary

How might we help?

Let's Sort this out...

Family Agreement (Case Plan)

Let's get Organized!

Let's Get Specific!

Action Plans
Overview of Family Agreement /Case Plan in SBC

- Family Agreements (Case Plans) build on Consensus Summary
- Always at least one Family and one Individual Outcome (FLO & ILO)
- Family Outcomes call for a NEW Plan to manage situations that are safety or serious risk concerns
- Individual Outcomes call for NEW Plan to manage personal issues that threaten the Family Outcome’s success
- Outcomes are “what will be happening” to create safety
- Plans are Co-constructed and Family Ownership a Priority.
### Phrasing an Outcome in SBC

#### 3 PARTS to Each Outcome

<table>
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<tr>
<th>WHO will Use</th>
<th>WHAT Plan</th>
<th>WHY (Safety Purpose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family will use...</td>
<td>…their plan to safely discipline their children or ….their “Family Chores Plan” to safely discipline their children</td>
<td>….so that the kids learn to do their chores and everyone is safe from physical harm</td>
</tr>
<tr>
<td>Dad will use .....</td>
<td>….his “Keep Cool Plan” to manage his temper</td>
<td>particularly when disciplining his children so that they are safe from physical harm</td>
</tr>
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</table>
What do you do with Lower Priority Concerns

Where do you put items that are important to the family, represent good social work, but are not true safety or high risk issues and therefore won’t keep a case open?

Simply work those into tasks where they fit:

- Family or Individual Outcomes
  (or in Foster Care cases, Child Well-Being Needs)
  or
- Just take care of them and place in case notes.
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Getting Specific:

Developing Specific ACTION Plans

“Success seems to be connected with action. Successful people keep moving. They make mistakes, but they don't quit.”

— Conrad Hilton
# Mom’s “Stay Cool” Plan

## High Risk Situation(s)
Getting up late and rushing around, waking up with a headache when my son talks back.

## Warning Signal(s)
Feeling anxiety and tension in my body, then I become more upset. I start to feel sorry for myself and then I start to blame.

## Task(s) to Be Accomplished

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<td>Get to bed each night by 10:15PM.</td>
<td>Create and use a daily calendar where I record when I want to bed, when I get up, and whether I walked the dog.</td>
</tr>
<tr>
<td>Read until 10:30 and lights out!</td>
<td></td>
</tr>
<tr>
<td>Create a better morning routine for myself by getting myself up earlier so I will have 15 minutes of quiet time and get in a better frame of mind.</td>
<td></td>
</tr>
<tr>
<td>Take a walk with the dog in the early morning to get fresh air.</td>
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## Interruption Plan
If I do oversleep or wake up with a headache, I will remind myself, “It’s ok, I have been here before. Stick to the plan and take deep breaths.”

## Escape Plan
- I will signal to my husband if I feel I am going to blow up.
- We agreed what the signal would be.
- He has agreed to move to the room and let him take over.

## Safety (Backup) Plan
I agree to not hit or spank my son no matter what happens, or whether he behaves or not. If I need extra help and my husband is away, I will call my mom and she has agreed to come over and help out when I need it.

## Signed

<table>
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<tr>
<th>Signed</th>
<th>Mom</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1/1/2013</td>
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**Witnessed By**: Caseworker
What Skills are We Talking About?

Able to:

- Identify high risk or difficult situations
- Identify early warning signals
- Prevent high risk situations
- Interrupt risk situations not avoided
- Escape situations not interrupted
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**2. Case Plan Outcomes**
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**3. Specific Action Plans**
- ACTION PLANS to meet those Outcomes

**4. Documented Competence**
- Documenting specific tasks of the ACTION PLAN
Documenting and Celebrating:
Noticing and Anchoring Real Change
Suggestions for Celebration of Change

1. Anticipate change
2. Verbal acknowledgment
3. T-charts
4. Collect stories and examples
5. Call an FTM (or an FSTM)
6. Have a celebration party
7. Provide a certificate
8. Memory book of change
9. Write and mail a card
10. Share good news with support team

(Click next for video on Anchoring Change with Celebration)
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Contact Information

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  – Regions 1-5, 13 & 14