

Aaron and Amber

Mother: Tina Mason – 25 year old – Caucasian – 7 months pregnant with 3rd child
Father: Jeff Jones – 27 year old – Caucasian – father of Amber and unborn child
Children: Aaron Mason – 7 year old – Caucasian – male
Amber Jones – 1 year old – Caucasian – female

Presenting Situation

DHR intake worker received a call from an anonymous neighbor of Ms. Mason at 10am. The reporter did not want to give her name because she did not want to be involved but reported being concerned about Ms. Mason's two children. She reported smelling a foul odor coming from the trailer and had observed children, Aaron Mason, age 7, and Amber Jones, age 1, wandering around the trailer park alone. The reporter also stated that she had seen many people, whom she described as suspicious-looking, coming and going from the trailer at all hours of the night. She had heard that Ms. Mason and her paramour, Jeff Jones, who also resides in the home, abuse methamphetamine. She also stated that Aaron had been coming over to her trailer after school asking for food, saying his mom is sleeping.

DHR assessment worker contacted law enforcement as a safety precaution. An officer agreed to meet the worker at 4 p.m. to go to the home.

Worker and Officer arrived at the home and found Ms. Mason, Aaron and Amber at home. Ms. Mason stated that Mr. Jones doesn't get home from work until 5pm. He picks up construction jobs when work is available. Worker observed surveillance cameras around the entrance to the trailer. Ms. Mason appeared at the door unkempt, thin for her reported stage of pregnancy, with sunken eyes. She seemed jittery as the worker introduced herself. The worker explained the report to Ms. Mason who said loudly, "who the hell called you anyway?!" She extended her arm across the doorway. The worker explained confidentiality of reporters. Ms. Mason then began to shut the door but the police officer stepped forward and said, "Ma'am, we do need to talk to you and DHR is here to help your family". Ms. Mason did calm down and allowed the worker and officer in the home.

Officer began to search the home and found a used hypodermic needle lying on the coffee table. Ms. Mason initially denied knowing anything about production and denied using but when asked about her willingness to take a drug test, she admitted that she had used marijuana last week. The officer said, "Ms. Mason, I see a hypodermic needle which is on the coffee table where Amber can reach it. Also there's drug residue, mason jars, and coffee filters on the kitchen counter. These are signs of meth production going on here." Ms. Mason responded, "I don't know anything about that at all. I stay away from that meth stuff – it could kill you". The worker said, "Ms. Mason, tell me about the drugs you *did* use this week." Ms. Mason explained that she used a small amount of marijuana. The worker said, "I can tell you know about meth – you are right, it can kill you. And I'm concerned about you, your eyes seem sunken and you are thin for being pregnant – and it looks like you haven't been able to change

your clothes or Amber's clothes in awhile. So I'm worried that meth is harming you and your baby and that you just can't find a way to stop that from happening." After further discussion, Ms. Mason acknowledged that she had used meth occasionally.

Worker observed the following; the home was cold, Amber was wearing only a soiled diaper and dirty tee-shirt, approximately ten piles of dirty dishes in both the kitchen and dining area of the living room, a strong odor of rotting food and urine, about eight piles of clean clothes in the living room, two of which were folded, limited food (several boxes of cereal and canned meat), milk in the fridge was sour, three clean diapers, many aged appropriate toys for both children, and adequate bedding and clothing for both children. While the officer talked to Ms. Mason, the worker interviewed Aaron in his room. The worker explained that his job was to help families make sure that their children were safe and okay. The worker said, "Aaron, tell me about your family." Aaron told the worker his family wasn't okay all the time that his mom is sick a lot and sometimes gets angry and yells at his sister and him. Other times she sleeps and he can't wake her. He said his "dad", Mr. Jeff Jones, is mean to him and he has seen him hit his mom, although he denies that his dad ever hit him. The worker said, "do you know about drugs?" Aaron replied that drugs make people feel better, and he has seen his mom and dad smoking pipes. He says he is sent to his room when they do this. He shares a bedroom with Amber. He also indicated that he has seen his dad cooking something in the kitchen and it smells very bad. His dad tells him it is not to eat. He said that he sometimes gets hungry because there is no food prepared.

Mr. Jones, arrived home. He said, "What is going on here, what are you people doing here?" Worker and officer explained the report. Mr. Jones said that neither he nor his wife used or made drugs. Worker asked the parents about each of the concerns; drug paraphernalia, not enough food or diapers, dirty dishes with rotting food, Ms. Mason looking like she might be under the influence of drugs and, therefore, the children not supervised adequately. The parents said they could buy food and clean up. They said Mrs. Mason wasn't high and was supervising the children. They did not have an explanation for the drug paraphernalia. The worker said that these concerns about the children's safety meant that the children needed to stay with someone else until the concerns were addressed. Both parents said that all relatives are out of state and there is no one else available. After staffing situation with supervisor, it was determined that children needed to enter foster care. Children were removed from the home and placed in the same foster home. The officer told the parents manufacturing drugs in the presence of children is now a Class C Felony child abuse. (Newly enacted law that went into effect July 2006) and they were arrested.

Current Situation

Children were placed in the foster home of Mr. And Mrs. Smith. The Smiths have 2 grown children who are not in the home. The siblings remained together and Aaron was able to stay in the same school so no change of enrollment was necessary. The 72-hour hearing to determine shelter care was held two days later. The parents had bonded out of jail but only Ms. Mason attended the court hearing. The children remained in foster care. Ms. Mason was ordered to take a drug test at court and tested

positive for amphetamine (meth) and marijuana. The ISP was held with the assessment worker, the foster care worker, and Ms. Mason. She stated that Mr. Jones was not willing to participate with the Department and he would not attend the meeting. The worker called Mr. Jones and explained that the children need their dad as well as their mom and that DHR understands his anger. The worker told Mr. Jones about a fathers' group for dads involved with DHR. However, Mr. Jones said that he felt railroaded and that he refused to attend anything with DHR. Ms. Mason agreed to random drug testing and a drug assessment, and to follow assessment recommendations. She is willing to cooperate and expresses her desire to have her children return home. Foster care worker has established a relationship with Ms. Mason and is now on a first name basis.

Background

Tina (Ms. Mason) graduated high school and grew up as an only child in a single parent family after her father died in a car wreck when she was 5 years old. Her mother never remarried but had several boyfriends during her childhood. She described her mother as very caring towards her but that her maternal grandparents were her primary caregivers. She lived in a small town in Georgia and all her relatives live there still. She was pregnant when she graduated from high school. She married Mr. Ron Mason, the baby's father, and gave birth to Aaron, 4 months after graduation. She never worked outside of the home.

The family moved to Alabama when Mr. Mason took a new job, when Aaron was 5 years old. They had been together for 6 years when they moved. Shortly after they moved, Mr. Mason was laid-off from his job and couldn't find work nearby. He left to find work in California and was going to send for Ms. Mason and Aaron when he settled. Tina has not heard from Mr. Mason since.

Left with no income, no job skills, and no family support, Tina received TANF and food stamps but couldn't make ends meet. She met Mr. Jones through a friend and they moved in together. Mr. Jones used marijuana regularly and introduced Tina to the drug shortly after they met. Tina denies any illegal drug use prior to this time.

Mr. Jones had been working construction when Tina met him. He did not work regular hours but was able to help financially. Tina quickly became pregnant with Amber and Mr. Jones began sporadic physical abuse of Tina during her pregnancy. She considered moving but didn't see how she could support herself and two children alone. After Amber was born, Mr. Jones began showing favoritism towards Amber over Aaron, whom he began belittling. Tina reports she was somewhat depressed during this time and her marijuana use increased after Amber's birth.

Tina found herself pregnant again when Amber was 5 months old and reports feeling even more depressed and helpless. Mr. Jones became increasingly abusive. He began bringing home people he knew, who used crystal meth. Gradually, he began learning how to make the drug himself and sold enough to his new friends to support his habit. During this time, he convinced Tina to experiment with the drug, telling her she would

feel better. At the time of the report, Tina admitted to using crystal meth 1 - 2 times per week for three months.

Tina did not know a lot about Mr. Jones' background but reported that he has one brother she has never met. She thinks he lives in another state because Mr. Jones has talked of previously living somewhere in Tennessee with him. She says he has had no contact with his parents since she has known him, and he refers to his father as "that bastard".

A law enforcement check at the time of his arrest indicated that Mr. Jones had outstanding warrants for bad checks and possession of a controlled substance in TN.

Tina expresses a strong desire to get clean and stay clean for the good of her unborn child, and she desperately wants her children to return to her. She does, however, admit she is fearful and doubtful of her ability to do so without help. She states she is angry with Mr. Jones and has had no contact with him since he's been in jail. She states she has no close friend or other supports to depend on.

Aaron has been in the same school for 2 years and the school reports no concerns until recently, when they began to be concerned about his hygiene. He was also coming to school late and asking other students for food. He has begun to exhibit some asthma-like symptoms and has had to see the school nurse. He has been a good student, of average or above intelligence. The school contact reported him to be well-behaved and quiet. Tina had been having regular contact with the school prior to the last three months.

Amber has had all required immunizations. She exhibits some developmental delays for her age and has never been enrolled in a day care program.

Strengths/Needs

Strengths:

- Tina expresses a strong desire to have her children returned.
- Tina wants to get and stay clean and is open to treatment.
- Tina maintained medical care for her children and began prenatal care with current pregnancy.
- Tina maintained school contact and was involved with Aaron's school activities.
- Tina is a high school graduate.
- Tina has a place to live.
- Aaron is intelligent and doing well in school.
- Tina has, in the past, been able to access resources to assist her family.

Needs:

- Tina needs to get and remain drug free.

- Tina needs to continue prenatal care and to work closely with medical professionals regarding drug use during pregnancy.
- Tina needs financial assistance (Medicaid, food stamps) and other temporary assistance.
- Tina needs and wants to increase her support system by establishing community supports and reconnecting with her family.
- Amber and Aaron need to have their basic medical, financial, educational and emotional needs met while in foster care, including evaluation for Aaron's asthma-like symptoms and Amber's possible developmental delays.
- Tina, Aaron, and Amber need to maintain regular contact.
- Tina needs to pursue child support from Jeff Jones for Amber (and the expected baby)
- Jeff Jones needs to receive drug assessment and treatment, as well as counseling to address domestic abuse, prior to any contact with Amber and the expected baby

Available Resources

Tina currently resides in a town of 12,000 in a medium sized county with several larger cities close by. There is one medium sized hospital with a maternity program and several pediatricians and physicians. There is a mental health center with an out-patient drug treatment program. There are numerous churches and non-profit agencies in the county that can be accessed to assist with financial and supportive services. Tina lives in a poorly maintained trailer park with some working and unemployed families. Law enforcement considers it to be a medium risk neighborhood for safety.

CHILD WELFARE COMPETENCY DOMAIN ONE
KNOWLEDGE OF HUMAN DEVELOPMENT

Case Scenarios:

- A. In her discussions with Ms. Mason and through her own observations, worker learns that Amber, age 1, has not begun to crawl and stands while supported only with difficulty. She rarely makes eye contact, and is not making vocalizations other than crying or whining.
- B. Shortly after Aaron and Amber's placement in the Smith foster home, the couple's son-in-law is seriously injured in a car accident, and their two grandchildren come to live with them while their daughter cares for her husband. Their grandson, age 10, and granddaughter, age 8, are familiar with the home and fascinated with baby Amber. Aaron, who had previously adjusted well in the home, begins to yell frequently at Amber and refuses to do his chores.
- C. Ms. Mason, after an initial period of hard work in drug treatment, began to experience severe feelings of anxiety. Soon afterward, she started to spend time each afternoon after the daily outpatient drug program with a man who is also in the program. She confides to worker that she is thinking of letting him move in with her.

Teaching Tools

- Based on Case Scenario A, discuss the stages of human development, and specifically the developmental tasks and skills usually exhibited at one year of age. Compare these with Amber's stage of development. (CWCD 1.1, 1.2)
- Based on Case Scenario B, discuss the role that birth order plays in this situation. Identify the role that Aaron has assumed in his birth family, i.e. older and parentified child, and his response to the abrupt change in his family position. Explore ways in which the foster parents could respond to this behavior, based upon knowledge of his underlying needs. (CWCD 1.1, 1.2)
- Based on Case Scenario C, discuss the stages of development with particular focus on expected tasks at the Young Adult Stage, and on Ms. Mason's completion or failure to complete these tasks (i.e. independent functioning, the effect of her mother's role modeling, etc.) Role-play a discussion the worker could have with Ms. Mason regarding her anxiety and her response to it. (CWCD 1.1, 1.2)

CHILD WELFARE COMPETENCY DOMAIN TWO
KNOWLEDGE OF ABUSE AND NEGLECT

Case Scenarios

- A. Aaron, after adjusting to his new foster home, becomes more comfortable in his new environment. He begins to tell his foster mom about his previous life, and talks to her about some of Mr. Jones' friends who came to their home. At one point, he told Mrs. Smith that one of Mr. Jones' friends cornered him in his bedroom and threatened to do "bad" things to him. He denied that anything had happened, but described "bad" things in a very sexually explicit language. Mrs. Smith, concerned over Aaron's graphic description, contacted the worker to report what she had been told.
- B. Ms. Mason has given birth to the new baby and made progress in her treatment. She has been allowed unsupervised visitation with Aaron and Amber, as well as with her new baby for several weeks. When she returned the children to the foster home, Mrs. Smith noticed several bruises on the infant's sides. She reported this to the worker and described the bruising as looking like handprints.
- C. Amber continues to receive services from Early Intervention due to her confirmed developmental delays. During a recent session, the specialist reported that Ms. Mason came to the session but did not participate. She was withdrawn and seemed distracted. She was only "going through the motions" of the therapy session.

Teaching Tools

- Based on Case Scenario A, discuss how children may deny or admit, then recant information depending on their trust level, feelings of safety, and desire to protect parents. Discuss the sexualization of a child at Aaron's age. Discuss emotional abuse regarding threats as well. Research state and CAPTA laws/definitions of abuse and neglect to determine if Scenario A would be considered to be abuse or neglect, if founded. Divide into teams and present each team with three or four different incidents, and have teams decide if it meets the definitions for child abuse and neglect, possibly in a game show or competition format with stickers (extra credit) or other prizes for winners. (CWCD 2.1, 2.2, and 2.3)
- Based on Case Scenario B, discuss different bruising patterns and how to look for consistency in the explanations. Also discuss Shaken Baby Syndrome and the health risks of this form of abuse. Have participants research and present information on a particular medical issue that could be related to child abuse (SIDs, failure to thrive, Shaken Baby Syndrome, etc.). Discuss impact on the community, treatment and services available for the various ailments. (CWCD 2.1, 2.2, and 2.3)

- Based on Case Scenario C, discuss possible reasons for Ms. Mason's behavior as well as reasons why the specialist was concerned (possible relapse in care, set-back in progress, other dynamics and indicators that could lead to abuse/neglect). (CWCD 2.1, 2.2)

CHILD WELFARE COMPETENCY DOMAIN THREE
KNOWLEDGE OF SERVICES

Case Scenarios

- A. Ms. Mason, after an initial period of hard work in drug treatment, begins to experience severe feelings of anxiety. Soon afterward, she starts to spend time each afternoon after the daily outpatient drug program with a man who is also in the program. She confides to worker that she is thinking of letting him move in with her.
- B. In her discussions with Ms. Mason and through her own observations, worker learns that Amber, age 1, has not begun to crawl and stands while supported only with difficulty. She rarely makes eye contact, and is not making vocalizations other than crying or whining.
- C. After ten weeks of committed work in the outpatient drug treatment program and the birth of her baby boy, Ms. Mason begins missing day treatment, especially on the days when she thinks she will be drug-tested. Worker goes to her home and transports her for a drug test, which is positive for methamphetamine. Ms. Mason's baby has been placed in the same foster home with his siblings, and Ms. Mason has been visiting the children and bonding with the baby several times each week.

Teaching Tools

- Based on Case Scenario A, discuss Ms. Mason's needs regarding dependency, low self-esteem, fears of "going it alone", etc.
 - Identify services in the community for survivors of domestic abuse
 - Role-play a discussion of these services with Ms. Mason. Include making plans to accompany her for her first group meeting, etc. if she agrees to try this.
 - Watch the video "Hidden Victims of Domestic Violence" (AIMS Multimedia), regarding children exposed to domestic abuse, and discuss the needs of the children portrayed. (CWCD 3.1, 3.2)
- Based on Case Scenario B, discuss different evaluations for developmental delays in Amber. Identify at least two local agencies for such evaluations, and learn the criteria for obtaining services from these agencies, i.e. age criteria, payment for services, etc. Then, assume several specific delays for Amber, and identify a local program which would be available to address her needs. (CWCD 3.1, 3.2)
- Based on Case Scenario C, discuss possible worker responses to Ms. Mason's relapse, including the understanding that "relapse is part of recovery". Identify options regarding further evaluation for Ms. Mason and her possible need for inpatient treatment, and explore the availability of inpatient services which might permit her to have her baby with her. In addition to the formal resources, identify informal resources which might provide longer-term support for Ms. Mason in her recovery, i.e. her family in Georgia, etc. (CWCD 3.1.1, 3.1.2)

CHILD WELFARE COMPETENCY DOMAIN FOUR
KNOWLEDGE OF POLICY

Case Scenarios

- A. During the twelve months since Amber and Aaron have been in care (and subsequent placement of new baby following the birth), Ms. Mason initially made some progress. After six months, she began to relapse. She failed several drug tests, allowed Mr. Jones to return to the home, and was arrested for possession of a controlled substance. She continually tells worker of her desire to have her children but does not take the necessary steps to enable her to provide a safe and stable home for her children.
- B. Ms. Mason made tremendous improvement and was able to have her children return to her home within 12 months. Worker has entered into a Safety Plan with Ms. Mason, in which Ms. Mason agrees to supervise the children, not use drugs and place children at risk, not allow them to be around people who might pose a threat (including Mr. Jones), and maintain regular medical and educational appointments.
- C. After the children had been in care for 3 months, the worker was contacted by a member of the Poarch Band of Creek Indians. The member stated that he was a distant relative of Mr. Jones and had just learned that Mr. Jones' child, Amber, was in foster care. He wanted to notify the Department of Mr. Jones' connections with the nationally-recognized Native American Indian tribe and that he wanted Amber returned to the tribe.

Teaching Tools

- Based on Case Scenario A, discuss ASFA law (Adoptions and Safe Families Act) and the permanency time requirements. Have participants review Termination of Parental Rights requirements and identify what grounds exist (or should) to file for termination. (CWCD 4.1)
- Based on Case Scenario B, present participants with a copy of the new Safety Assessment/Planning Policy and have them role-play development of the Safety Plan and write it, by implementing policy requirements. (CWCD 4.1)
- Based on Case Scenario C, review the Indian Child Welfare Act and whether or not Amber would be impacted by this. Discuss implications for other policy and practice at all levels, such as separation of siblings, visitation, telephone contact, legal authority, etc. (CWCD 4.1)

CHILD WELFARE COMPETENCY DOMAIN FIVE
KNOWLEDGE OF SYSTEMS THEORY

Case Scenarios

- A. Ms. Mason has entered group and individual treatment through the local domestic violence intervention center. She is expressing a great deal of anger toward Jeff Jones for his treatment of her, and sees herself in the victim role. Her domestic abuse counselor asks the worker to participate in a session where she will try to help Ms. Mason understand a systems approach to domestic abuse.
- B. In talking with Ms. Mason about her extended family in Georgia, worker becomes confused regarding the numerous relatives she mentions and their exact relationships to Ms. Mason. The worker wants to help Ms. Mason reconnect with her family, since Ms. Mason has expressed this desire, but she is unclear how to proceed.
- C. Aaron and Amber have adjusted well to their foster home, but Aaron spends all his time after school in the home with his foster parents, despite their encouraging him to “play with the neighborhood children”. The family live in a middle class community, and the neighborhood children are involved in numerous sports activities, piano and dance lessons, etc.

Teaching Tools

- Based on Case Scenario A, discuss the systems approach to domestic abuse, specifically the concept that each person in a family has a role in any family-based situation. Emphasize that this does not imply that the survivor bears responsibility for the domestic abuse, but rather that understanding one’s part in the family functioning can help each person determine how they can change and what other options they have. From the perspective of family history, identify a role or roles which Ms. Mason may have assumed in her family of origin, both with her mother and with her grandparents, and how this may have affected the roles she assumed with Jeff and her children.
 - Watch the video “Shattered Spirits” (Vidmark Entertainment), which illustrates the roles which family members assume in families dealing with substance abuse, and discuss. (CWCD 5.1)
- Based on Case Scenario B, create and write out a (fictional) family genogram for Ms. Mason, outlining four generations of her family including her mother and any siblings, her father and his family, her grandparents and their siblings, all relatives by marriage, and her children. Discuss the utility of this diagram in learning about her family, and helping Ms. Mason identify potential sources of family support. (CWCD 5.1)
- Based on Case Scenario C, discuss why Aaron may be hesitant to venture out into the neighborhood to try to play with the children living there, and the effect of socio-economic status, etc. in this situation. Brainstorm possible ways to

facilitate his involvement with and acceptance by these children, and ways to increase his socialization with peers in general. (CWCD 5.1)

CHILD WELFARE COMPETENCY DOMAIN SIX
KNOWLEDGE OF STRENGTHS BASED PERSPECTIVE

Case Scenarios

- A. After working with Ms. Mason for several months on self-esteem and confidence building, her therapist learned that Ms. Mason has a talent in cooking. She can cook a variety of foods and has read many articles about entertaining. The therapist knows that several organizations are working together to open a Family Resource Center. She suggests to the worker that they try to build on Ms. Mason's strengths and encourage her to volunteer some time helping the agency by preparing food and setting up for the grand opening.
- B. Shortly after the children's removal, the worker makes a home visit to see Ms. Mason, and spends an hour with her. That night, the worker goes to the emergency room for treatment. The ER physician suggests that it might be from her exposure to the site of a former methamphetamine lab and the chemical residue in the home.
- C. Worker plans and prepares Ms. Mason for the review ISP meeting. In doing so, the worker reviews the past strengths identified with Ms. Mason and encourages her to self-assess her strengths prior to the meeting.

Teaching Tools

- Based on Case Scenario A, role-play the discussion the worker and therapist have with Ms. Mason, encouraging her to take this on. Discuss how they could make this happen, including finding resources to donate food and needed supplies and making arrangements for how/when/where for food preparation. Discuss added benefits of self-esteem building, and possibly encouragement of a future career path. (CWCD 6.1)
- Based on Case Scenario B, discuss the conflicts between the worker's desire and responsibility to assist Ms. Mason and her need to protect herself and her health. Discuss and brainstorm how the worker can do both. (CWCD 6.2)
- Based on Case Scenario C, role-play the case plan meeting in which the strengths and needs are addressed. Explore goals and steps that will build on the identified strengths. (CWCD 6.1)

CHILD WELFARE COMPETENCY DOMAIN SEVEN
KNOWLEDGE OF ROLE AS SOCIAL WORK

Case Scenarios

- A. Worker attends a meeting at the school to address Aaron's recent behavior problems, and teacher's recommendations that Aaron be placed tested for special education services.
- B. Ms. Mason contacts the worker to tell her that Mr. Jones has returned to the home and refuses to leave. She said she had already contacted law enforcement, who said they cannot make him leave the premises.
- C. Foster parents call to report they are having difficulty with Early Intervention providers not keeping scheduled appointments, and not wanting Ms. Mason to participate with Amber's rehabilitation sessions.

Teaching Tools

- Based on Case Scenario A, discuss both attachment disorders and special education services (possibly have a school counselor or special education teacher provide information on special education services available). Role-play meeting with the school where worker advocates for the most appropriate academic services (tutoring, behavioral aide, etc.) for Aaron, as he has had school success in the past and is not testing below average on standardized tests. (CWCD 7.1, 7.2)
- Based on Case Scenario B, discuss legal options and knowledge base, including whether a petition could be filed to have Mr. Jones removed, who is on the deed, etc., and explore other options if he cannot be forcibly removed such as, domestic violence shelter or public housing for Ms. Mason. Discuss how worker would go about finding out the needed information. (CWCD 7.1, 7.2)
- Based on Case Scenario C, have Early Intervention speaker discuss when parental involvement is necessary/important and what services are available. Role-play meeting to discuss Early Intervention issues with foster parent, Ms. Mason, and provider. (CWCD 7.1, 7.2)

CHILD WELFARE COMPETENCY DOMAIN EIGHT
KNOWLEDGE AND APPLICATION OF EVIDENCE-BASED PRACTICE

Case Scenarios

- A. The initial ISP, created immediately after the 72 hour hearing regarding the children's placement in foster care, has been in place for several months, during which time many things have changed. Ms. Mason's baby has been born, her drug treatment has changed from inpatient to outpatient, and several new needs have been identified during worker's time with Ms. Mason. The initial ISP is obsolete, but has never been revised and updated nor even reviewed with her.
- B. Following the birth of her baby, Ms. Mason experienced some Post-Partum Depression, diagnosed by a counselor at the local mental health center. The center's psychiatrist prescribed an anti-depressant for Ms. Mason, but she is refusing to take this medication. Ms. Mason wants to take a nutritional supplement, recommended by her neighbor.
- C. Ms. Mason has been participating in outpatient treatment for her drug addiction for four months, during which time she has relapsed three times on crystal meth. She wants to get clean, but is struggling with the addiction and has confided to her worker that the treatment program focuses on alcoholism and its triggers, etc., which she feels are not the same as those for methamphetamine addiction. She and several others want treatment which can address their specific needs.

Teaching Tools

- Based on Case Scenario A, discuss the use of ISP's in both planning and monitoring intervention/goals for clients, as well as in acknowledging progress with clients. Encourage the understanding of why ISP's should be regularly updated to reflect current needs and goals as well as newly-identified strengths, and how this instrument is used to measure progress as part of "evidence-based" practice. (CWCD 8)
- Based on Case Scenario B, explore how the topic of treatment for Post-Partum Depression could be discussed with Ms. Mason, including perhaps a search with her of the relevant research studies regarding the prescribed anti-depressant medication and the suggested nutritional supplement. Acknowledge that the final decision is Ms. Mason's, after helping her to acquire as much factual information on the topic as possible. (CWCD 8)
- Based on Case Scenario C, have the participants review research regarding the differences between alcohol and methamphetamine addiction, as well as whether differential treatment models and/or programs exist. In addition, explore any research noting outcomes for treatment programs working with clients with

methamphetamine addiction, and brainstorm recommendations regarding this need area. (CWCD 8)

CHILD WELFARE COMPETENCY DOMAIN NINE
UNDERSTANDING CULTURAL COMPETENCE

Case Scenarios

- A. After 6 months in drug treatment with several relapses, Ms. Mason stops attending treatment and visiting her children in the foster home. In the meantime, worker has been trying to locate relatives to provide a home for the children if reunification cannot occur in a timely manner. Worker has located the only available relative, Ms. Mason's maternal uncle in Georgia, who is a 46-year-old nurse with 20 years of hospital employment. He has been living with his same-sex partner for 15 years, and they own a home together. He is very interested in providing a home for the children, and has the income, medical insurance, etc. to care for them. He is also fond of his niece, Ms. Mason, and open to her visiting the children and working toward their return to her if and when she is ready.
- B. The children's foster parents, Mr. and Ms. Smith, are devoted members of a church which emphasizes baptism as the only way to salvation. They have been taking Aaron and Amber to their church, and are anxious to have the children baptized. When the worker approaches Ms. Mason about this, she strenuously objects, explaining that she is Catholic and the children have already been baptized in her religion. The foster parents' church does not recognize this baptism, and they also want to have the new baby baptized in their church.
- C. Ms. Mason has reconnected with her extended family in Georgia, including her mother who has been married for five years to a Latino man who has been in this country for six years. He believes in the male as the head of the household, and has provided Ms. Mason's mother with the structure and guidance she seems to have needed to gain stability regarding employment and substance use. He is willing to have Ms. Mason live with them while she is getting back on her feet.

Teaching Tools

- Based on Case Scenario A, discuss the needs of the children and whether Ms. Mason's uncle can meet those needs. Encourage the expression of concerns about this potential placement. Access research regarding outcomes for children raised in homes with same-sex parents/caregivers, and seek recommendations regarding this placement. Watch the video "Daddy and Papa" (Community Media Production Group, Inc.), and discuss it. (CWCD 9.1, 9.2, 9.3)
- Based on Case Scenario B, discuss the issues involved in this situation, including the importance of religion for everyone involved, the rights of the mother, the role of foster parents, etc. Conduct a role play with worker facilitating a discussion between Ms. Mason and the foster parents regarding their religious beliefs, emphasizing their commonality in Christian faith and seeking a

mutually-agreeable resolution. For example, the foster parents could be involved in the baby's baptism in the mother's church, etc. (CWCD 9.1, 9.2, 9.3)

- Based on Case Scenario C, discuss the concept of the male-headed household, and attitudes toward this culturally-related model. In this situation, what are the concerns and what might be the positives of this home for Ms. Mason? (CWCD 9.1, 9.2, 9.3)

CHILD WELFARE COMPETENCY DOMAIN TEN
UNDERSTANDING OF CRISIS INTERVENTION

Case Scenarios

- A. Foster care worker receives an after-hours call from the police. Mr. Jones has been released from jail and was at the home. According to the police, Ms. Mason asked him to leave and they began fighting. Mr. Jones started hitting her and she was screaming. A neighbor heard the incident and called the police.
- B. Foster care worker receives a call from a nurse at the local hospital at Ms. Mason's request, as she has been rushed to the hospital in pain. She is fearful that her pregnancy is in jeopardy.
- C. Foster care worker arrives at the home to find Mr. Jones had returned to the home. When allowed entrance, worker sees obvious signs of an active lab.
- D. Foster parent, Ms. Smith, calls at 11:00 a.m. and states that Mr. Smith has had to have unexpected emergency surgery, and they will be unable to care for Aaron and Amber indefinitely. The children must be moved immediately.
- E. After the children were removed, Ms. Mason began a downward spiral as her depression increased. Worker received a call from Ms. Mason, sounding desperate. She said that if her children were not returned to her she would kill herself by taking an overdose.

Teaching Tools

- Based on Case Scenario A, arrange to meet at the local Domestic Violence Shelter/Office, if there is one, or ask for a speaker from Domestic Violence or District Attorney's office to speak to the group. Review the cycle of violence and stages of change, and have speakers present local domestic violence services for crisis situations and explain the local process for obtaining an order of protection and how to access emergency services. (CWCD 10.1, 10.2)
- Based on Case Scenario B, provide handouts with information regarding what is (or is not) known about the effects of methamphetamine use on babies during pregnancy. There are not many scientific-based research studies available, but there is observable data and other information available on the National Drug Endangered Children's website. (CWCD 10.1, 10.2)
- Based on Case Scenario C, have participants use the National Drug Endangered Children's website to obtain information regarding worker safety and appropriate actions to take if a worker unknowingly enters a lab site. (CWCD 10.1, 10.2)
- Based on Case Scenario D, discuss a management timetable and how to organize and manage time in a crisis, considering things like where the children currently

are, who is caring for them now (what time school would be out), when/where new foster parents can be located and available, planning for meals, picking up children's belongings, obtaining school/day care records, etc. Make a priority list and "game plan" in a group by dividing up in teams; then have the group leader present each team's plan. Also discuss the importance of teamwork in managing a crisis, similar to a brainstorming activity. (CWCD 10.1, 10.2)

- Based on Case Scenario E make a visit to or have a speaker from the local mental health center and/or a crisis psychiatric unit regarding hospitalization. Discuss how to access immediate services and review the commitment process and appropriate use of suicide contracts and social work liability issues. (CWCD 10.1, 10.2)

CHILD WELFARE COMPETENCY DOMAIN ELEVEN
KNOWLEDGE OF SOCIAL WORK VALUES AND ETHICS

Case Scenarios

- A. Jeff Jones comes to worker's office unexpectedly several days after the 72-hour hearing, demanding to know why his child Amber has been placed in foster care. He is belligerent and verbally abusive toward worker, but appears to pose no physical threat.
- B. Having heard that Ms. Mason's children have been placed in foster care, her Grandparents have contacted the worker to inquire about her situation. They are interested in knowing what led to the current crisis, and how they can help her.
- C. Ms. Mason has completed drug treatment and been free of drugs for nine months. She has been having unsupervised visits with her children in preparation for their return, when Jeff Jones reenters her life. Worker learns that he has stayed over at her home several times, and she is considering letting him move back in. Since he has refused any drug treatment or domestic abuse counseling, worker has explained that the children will not be allowed in her home if Mr. Jones is there. Ms. Mason appears torn between her children and her former paramour.

Teaching Tools

- Based on Case Scenario A, discuss how worker might choose to handle this situation, including where the interview should take place and with whom, how worker should conduct herself and treat Mr. Jones, and how she may be feeling towards this person. Review all the relevant issues, including safety concerns, the need to demonstrate respect, and the potential need for the worker to "work through" her own feelings toward Mr. Jones in order to be able to reach out to him effectively. (CWCD 11.1)
- Based on Case Scenario B, discuss the issue of confidentiality and how it relates to this situation. Role-play a telephone contact between worker and the grandparents, in which worker explains the confidentiality involved while seeking to engage the grandparents in the helping process for Ms. Mason. (CWCD 11.1)
- Based on Case Scenario C, discuss the concept of client self-determination and how it relates to Ms. Mason's situation. Facilitate a role play between worker and Ms. Mason, in which worker discusses options and consequences with Ms. Mason in a supportive, respectful manner. Afterwards, explore what feelings worker might have and how she might handle them, depending on Ms. Mason's subsequent decision. (CWCD 11.1)

CHILD WELFARE COMPETENCY DOMAIN TWELVE
COMMUNICATION SKILLS

Case Scenarios

- A. Worker receives a call from the school counselor stating that Aaron has begun “acting out” at school. He has been argumentative and disrespectful to other children. Most recently, he started a fight in the cafeteria.
- B. Worker receives psychological testing/recommendations from professional. It includes recommendations such as participation in work/training program for mom, AA/NA meetings, out-patient treatment, and ongoing counseling.
- C. Worker calls individual out-patient coordinator for an update on Ms. Mason’s progress. Coordinator reports that Ms. Mason has been participating appropriately and recommends continuing treatment.

Teaching Tools

- Based on Case Scenario A, discuss attachment disorders and behavioral expectations at Aaron’s age. Role-play worker’s contact with the school, Aaron, and Ms. Mason. (CWCD 12.1, 12.2 and 12.3)
- Based on Case Scenario B, discuss psychological testing, understanding results, and recommendations. Give participants different sample psychological test reports and divide into groups. Have groups analyze and report their results. (CWCD 12.3, 12.4)
- Based on Case Scenario C, discuss treatment options and expected results, including possibly having a substance abuse provider speak to the group. Role-play the contact with the provider and/or the case plan meeting, where results and recommendations are addressed with Ms. Mason. (CWCD 12.1, 12.3, and 12.4)

CHILD WELFARE COMPETENCY DOMAIN THIRTEEN
ASSESSMENT SKILLS

Case Scenarios

- A. After Aaron has been in foster care for several months, his foster parents report to worker that they have observed him several times “humping” stuffed animals and that he is masturbating increasingly frequently. They are disturbed and confused by his behavior, and do not know what to make of it.
- B. Ms. Mason has been making good progress in drug treatment and counseling for several months. Throughout this time, she has been visiting with her children with increasing frequency, and is now seeing them twice a week. The visits are always positive, but the children, especially Aaron, are often angry and rebellious toward the foster parents for the rest of the day after each visit. The foster parents feel the visits are disrupting the children and their frequency should be decreased.
- C. Initially, worker is disconcerted by the severity of Ms. Mason’s drug use during her pregnancy, and the low level of care she has been providing to her children. However, gradually she replays images from the home in her mind and is struck by several seemingly incongruent things – the number of toys and books in the children’s bedroom, the positive school reports regarding Aaron’s grades and behavior, the clean clothes among the chaos of the home, Amber’s up-to-date immunizations and check-ups, etc. As she continues to focus on these strengths, she finds her attitude improving and her motivation to work with Ms. Mason increasing.

Teaching Tools

- Based on Case Scenario A, discuss the possible meaning of Aaron’s behavior and how to respond. Specifically, review the relationship of sexual acting-out behavior with sexual abuse, and discuss the importance of a professionally-trained interviewer for situations of suspected sexual abuse. Devise a plan to address this issue, both in terms of assessment and follow-up intervention with all the involved parties. (CWCD 13.1, 13.2, 13.4)
- Based on Case Scenario B, discuss the possible underlying needs of the children which may be involved in their behavior in reaction to visits with their mother. Role-play a discussion the worker might have about these feelings with the foster parents. Watch the video “Families Forever” (CWLA Press), which illustrates close working relationships between birth parents and foster parents, and then discuss whether this model could be used with this case. (CWCDE 13.1, 13.2, 13.3, 13.4)
- Based on Case Scenario C, discuss the importance of assessing for strengths as well as for needs with families and children, and the effects of focusing on strengths for the worker and for the family. Brainstorm ways to encourage the

ongoing identification of strengths, both by the worker and by the family.
(CWCD 13.1, 13.4)

CHILD WELFARE COMPETENCY DOMAIN FOURTEEN
ORGANIZATIONAL AND TECHNOLOGY SKILLS

Case Scenarios

- A. Worker has completed the case plan meeting for Ms. Mason's family and is about to type the plan to prepare for distribution within 5 day deadline, when the computer she is assigned "crashes". The computer tech indicates it will be another week until it can be repaired.
- B. Worker makes unannounced home visit to Ms. Mason's home at 4:30 PM on Friday – the last day of the month. Worker is allowed to enter the home after an unexpected delay by Ms. Mason. Upon entering the home, worker finds Mr. Jones and other individuals "known to law enforcement" for drug involvement who have been staying with Ms. Mason. Worker also sees drug paraphernalia on the coffee table.
- D. Worker was preparing to leave for scheduled monthly contact with Amber, when she is contacted by her supervisor notifying her that she will be needed to fill in for the intake worker for the rest of the day as the regular intake worker is out with an illness and no one else is available to cover intake.

Teaching Tools

- Based on Case Scenario A, discuss technology challenges and brainstorm ideas for resolving conflicts, other resources, and planning ahead for the unexpected. (CWCD 14.1, 14.3)
- Based on Case Scenario B, role-play the encounter. Discuss the importance of setting priorities and time-management (not waiting until the last day of the week/month at the end of day). Discuss the importance of knowing the Department's after-hours protocol and how to contact supervisors, law enforcement, etc. after hours. Also discuss methods of contact options, i.e. cell phones, etc. (CWCD 14.1, 14.3)
- Based on Case Scenario C, discuss time management as well as priority setting (intake must be covered, despite deadlines). Give participants a list of activities (for example: cover intake – 5 hours when calls/walk-ins are received, make scheduled home visit with Amber – 2 hours, return 3 phone calls received that morning – 30 minutes, attend a unit meeting that afternoon – 1 hour, have a client in another case drop in at the office to see worker – 30 minutes, write court report for an upcoming court case – 1 hour, complete case plan – 30 minutes), with approximate times expected to complete tasks. Have participants brainstorm how a worker should prioritize these tasks and manage the activities and what technology will be needed to complete. Do this as a large group or in smaller groups and have a group member present the plan for each group, so others can gain different ideas. (CWCD 14.1, 14.2, 14.3)

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