BY THE RONIK-RADLAUER GROUP

WRAPAROUND COACHING MANUAL

WRAPAROUND FLORIDA TRAINING
& COACHING VIDEO COMPANION

MODULE 3:
STRENGTHS, NEEDS, AND CULTURE DISCOVERY

Prepared for:

This manual has been developed to accompany the Wraparound Florida Training and Coaching video series. The material in this manual will provide coaching support to assist case managers and coaches in achieving certification in the Wraparound process. The purpose of the manual is to provide material to support the coaching process. There is instructional information for coaches in the manual as well as written material that may be shared with case managers to assist them in learning the process. Throughout the manual the terms "case manager" and "Wraparound facilitator" are used interchangeably. The following resources are mentioned throughout the manual and may be found in the locations listed below:

- Wraparound Florida Training and Coaching video series- videos are located on the Ronik-Radlauer website at www.ronikradlauer.com under the Wraparound tab (scroll to the bottom to access the videos).
- Wraparound Coaching Tools are located at the back of the Coaching Manual #10. The same Coaching Tools are also located on the Southeast Florida Behavioral Health Network website in the Wraparound Toolkit: www.sefbhn.org (scroll to the bottom right and click on Wraparound, then go to the Champion Toolkit to access the Coaching Tools).
- Throughout the Coaching Manuals there are several references to forms. This material is also available on the www.sefbhn.org website under the Organizational Toolkit in the forms tab.

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MODULE 3

STRENGTHS, NEEDS, AND CULTURE DISCOVERY ASSESSMENT

The Strengths, Needs, and Culture Discovery Assessment (SNCD) is one of the most important documents in Wraparound and a primary opportunity for engagement. It is the roadmap to the planning process. The Strengths, Needs, and Culture Discovery assessment (SNCD) is a comprehensive holistic review of the client and their family. In layman terms, it is the client's story. It should look and feel like the client and their family. The Strengths, Needs, and Culture Discovery assessment provides an understanding of how the client sees their world and how they have come to survive through their adversities. This is an opportunity to get to know the client on a deeper level. The SNCD gives the case manager a better understanding of the strengths, assets and resources the client possesses and a starting point to understand the family. It also provides an overview of the client's culture and needs as the client defines them. The Strengths Needs and Culture Discovery assessment is typically completed within the first 2-4 weeks of case initiation and prior to the Wraparound plan.

As a coach, we want to support case managers in the learning process through several methods. First a coach will utilize the Wraparound Coaching video as an initial

guide to the Coaching tool. Ask the case manager to review the video on the Strengths, Needs, and Culture Discovery assessment and encourage them to take notes. There will be a short role play at the end of the video. Provide case managers with the coaching tool to review while watching the role play. Instruct case managers to look for the action steps being completed. Case managers will not see every step being completed due to this being a short example, but the case manager will be able to obtain an idea of what should take place during a SNCD meeting. A typical SNCD meeting will take between one hour and three hours to complete, so time should be planned accordingly.

Discussion Activity 3.1: SNCD

If we are to best assist the Wraparound case manager in the certification process, aspects of reflective coaching/supervision need to be addressed when the case manager is learning each skill set. Specifically, with the SNCD the coach needs to focus on:

- Forming a trusting relationship between coach and case manager.
- Ask questions that encourage exploring details about the family, potential team members, and emerging relationships of those involved.
- Explore both the emotions and thoughts of the case manager during this phase.
- Listen and ask open ended questions and practice Motivational Interviewing to assist the case manager in clarifying issues but also to model the process.
- Remain emotionally present.
- Nurture, support, and encourage the case manager.
- Attend to how reactions to the content of the SNCD affect the process of engagement.

Review the following information with the case manager.

When coaching case managers to complete a Strengths, Needs, and Culture Discovery assessment, the goal is to provide the tools necessary to the case manager. The case manager needs to feel comfortable sitting with the client and their family, having a conversation, gathering information, analyzing that information and putting the information into a formal document. The coach should meet with the case manager and review the coaching tools in detail. Every action step on the coaching tool should be explained to the case manager so that they know what is expected of them when completing their SNCD assessment. This will support their learning process and help them feel more comfortable when completing their assessments. Case managers will be able to review their own assessments and know that they have met the requirements on the coaching tool.

The Strengths, Needs, and Culture Discovery is written in a narrative format. This provides more opportunity for details. The Strengths, Needs, and Culture Discovery is utilized to develop the Wraparound plan, especially the strengths. The assessment also helps other team members see the client holistically, and not just their part of the system. Although not always the case, many system partners only focus on their mandates and fail to see what may be impacting their outcomes. If the Strengths, Needs, and Culture Discovery assessment is comprehensive, it tends to fill in those gaps, thus leading to better communication, more effective collaborative plans and better outcomes.

The SNCD is not an interview, it should be a free exchange of information. Conversation typically flows between one domain to another. The case manager should also be sensitive to the client's preference about notetaking. The coach should help the

case manager understand the importance of asking the client for permission to take notes. Always explain why notes are being taken. This allows for voice and choice and builds trust between the case manager and the client they serve. Note taking is a supportive tool to help the case manager remember information gathered during the meeting.

The case manager must be aware of how they are presenting themselves and the conversation they are having. The case manager should be taking a trauma informed approach. This means being mindful of their word choice and body language. It is better to ask what happened to them, rather than what is wrong with them. Case managers also should be mindful of their role as a case manager rather than a therapist. Case managers should not ask clients to discuss past traumatic events in detail. This can lead to situations that the case manager is not prepared to handle.

The case manager should start preparing the client for the SNCD during the initial family visit. However, the case manager should explain again the purpose of the SNCD prior to having the conversation to gather information for the SNCD. Clients should always have a clear understanding of each step in the process and how it affects them. The SNCD should be conducted in a place that is comfortable to the client so confidentiality will be maintained. Case managers should work with families to identify others that should participate in the SNCD, such as other formal supports and natural supports. The client makes the decision who they want to be involved, however, it is important to include information from formal supports. The case manager should gather information across all life domains to ensure a holistic view of the situation (family, safety, financial, cultural/spiritual, social/friends, vocational, educational, legal, residence, medical, behavioral). The case manager should support the client in developing their

long-range vision. This is what the client hopes to accomplish during the Wraparound process. The team will be working towards this vision throughout the process. The SNCD starts to identify needs in all life domains, prioritizes them based on what the client wants to work on first, and starts them thinking about the goals related to those needs.

It can take between 1-3 hours to complete a SNCD. This is because the case manager is obtaining information from multiple sources (client, family, formal supports, natural supports, collateral documentation). A typical SNCD can be between 1-3 pages. There should be a paragraph under each life domain and enough information to fully understand what is taking place in each area of that client's life. A comprehensive SNCD should have enough information that if someone who didn't know the client was to read the assessment, they would know the client and their situation well enough to provide services. There should be more answers than questions. Sometimes it helps if a co-worker reads the SNCD and offers feedback before finalizing the document.

One way for the coach to help the case manager to understand what is expected in the SNCD is to have case managers review other completed SNCDs from seasoned case managers. The coach should have the case manager review another case manager's SNCD and score it utilizing the coaching tools. The case manager should document the reason for their scores. The coach should review the documents and score them as well. Once the SNCDs are scored, have a discussion on why that case manager scored the way they did compared to the coaches scoring. The coach should offer constructive feedback.

Another way to help case managers learn how to conduct a successful SNCD is to role play. Pretend that the new case manager is the parent and the coach is the case manager. Review the following scenario.

> Jimmy Doe is a 15-year-old male presenting with substance abuse, mental health needs and a criminal history. He lives at home with his mother, Jackie, and his two younger siblings, John and Jake. The referral source mentions that Jimmy does not attend school regularly and has been hospitalized twice in the last two months for suicidal ideation. Jimmy's mother reports fear for Jimmy's safety due to drug use and elopement behavior. She also states that she is "fed up" with him and is "at her wit's end."

This is a **role play** opportunity for the coach to play the role of the case manager and the case manager to play the role of the parent. Have a conversation with the "parent" to obtain information for the SNCD. Do this for about 15 minutes. After 15 minutes discuss the following questions with the case manager.

- How did they feel the flow of the conversation went? Why?
- How comfortable did they feel sharing information? Why?
- Were there any questions they did not feel comfortable answering? Why?
- Were there any questions they can think of that could have enhanced the conversation? What are they?

Next have the case manager play the role of the case manager and the coach play the role of the parent. Let the conversation flow for about 15 minutes. After the conversation ask the following questions.

- How did they feel as the case manager? Why?
- Is there anything they think they would do differently? Why?
- What did they find most challenging? Why?

- What do they think they can do to overcome those challenges?

Group coaching is another effective method used for supporting the case manager in the learning process. This can be done during regular staff meetings or in cohorts with other case managers. Provide each case manager with a SNCD (Example C: SNCD Thomas should be used for this activity).

Divide the group into pairs of two. Have the group read the SNCD for Thomas. While reading the SNCD on his/her own, each participant should write questions that they still have in each domain. They should write the questions in full sentences as if asking the questions to the family.

- When each participant is finished reviewing the SNCD, they should share their questions with their partner.
- Hold a large group discussion around the SNCD and the follow up questions that the case managers would want to ask and why.

Some organizations have a sample list of questions for case managers to use as a guide when completing SNCD assessments. This manual has a starter list that can be utilized by case managers when meeting with families (See Things to Ask guide example in manual). Instruct case managers that this is a guide only. It is not meant to be used as an assessment. Conversation should flow freely and every SNCD will be in a narrative format telling the client's story.

Lastly, provide the new case manager with an example of a completed SNCD (see Kevin's example in manual) to have as a guide. This will provide the case manager with an example to build from. As case managers practice this skill, they will become more efficient in their writing, but initially they will need guidance.

- The coach should let the case manager know that they are not alone, and this is not a pass or fail test.
- The coach should realize that the case manager may be nervous that they are being scored and the coach should do their best to make the process as comfortable as possible.
- The coach should provide the case manager with the on-going support they need and answer any questions the case manager may have.
- The coach will work with the case manager and provide them with a list of key points to remember when completing an SNCD.
- The case manager should schedule their time accordingly. The SNCD can take 1-3 hours.
- Information should be obtained from multiple sources (client, family, formal supports, natural supports and collateral documentation).
- The case manager should meet with the family for the Strengths, Needs, and Culture Discovery assessment and have a conversation. Let the conversation flow freely.
- The case manager should let the family know that they have the right to not answer any question they are uncomfortable with and that they can have a say in how things are written.
- The case manager should let the family know that the Strengths, Needs, and Culture Discovery assessment is confidential, however the Child Welfare or Juvenile Probation Officer/Probation Officer (if involved) will need to receive a copy.

After meeting with the family, the case manager should call providers and supports, if a release is obtained, to get their input about the identified goals. The case manager will inform the provider or support that a Strengths, Needs, and Culture Discovery

assessment is being conducted and the information collected will be included in the process and that the family will receive a copy of the assessment.

- If the SNCD has any gaps or needs more information, the case manager should either schedule a follow up meeting or call the client for the needed information.
- The case manager should finalize the Strengths, Needs, and Culture Discovery assessment and bring it to the family to review and sign off. This is typically done at the family preparation meeting.
- The case manager should give the family and appropriate team members a copy of the Strengths, Needs, and Culture Discovery assessment.

The following table may be shared as a handout with case managers.

TABLE 3.1: GENERAL GUIDELINES FOR LANGUAGE AND COMMUNICATIONS

DO	DON'T
• DO put people first • DO say "person with mental health condition" • DO say "a person who has been diagnosed with…"	• DON'T label people • DON'T say "he is mentally ill," "she is mentally ill" • DON'T define the person by their struggle or distress • DON'T equate identity with a person's diagnosis (Very often there is no need to mention a diagnosis at all. It is sometimes helpful to use the term "a person diagnosed with," because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not.)
• DO emphasize abilities • DO focus on what is strong (i.e., the person's strengths, skills & passions)	• DON'T emphasize limitations • DON'T focus on what is (in your mind) wrong with the person
• DO use language that conveys hope and optimism that supports, and promotes a culture of recovery	• DON'T use condescending, patronizing, tokenistic, intimidating or discriminating language • DON'T make assumptions based on external appearances or communication difficulties • DON'T sensationalize a mental illness • This means not using terms such as "afflicted with," "suffers from" or "is a victim of" • DON'T portray successful persons with mental health conditions as superhuman

	(This carries the assumption that it is rare for people with a mental health condition to achieve great things)
• DO enquire as to how the person would like to be addressed	• DON'T presume that a person wants to be called a something specific (e.g., consumer or client) and check whether the wish to be addressed by their family or first name (e.g., Ms. Smith or Kylie) or another name which they identify
• DO use language that is comfortable for you and reflects your genuine, true self	• DON'T use jargon, or unfamiliar language
• DO clarify that people understand the information they have been given • DO make sure that whatever a person's age, cultural background and cognitive abilities that they have understood what has been said	• DON'T use specialist or medical language unless you accompany it with plain English explanations
• DO use language that conveys optimism and positivity	• DON'T use negative or judgmental language
• DO ask "what is important to you?" • DO ask "what are you looking forward to doing?"	• DON'T refer negatively to aspirations identified in the past that a person did not follow up
• DO ask "what do you think might be steps forward"	• DON'T use the concept of goals with young people or older people unless it feels appropriate (Rather talk about aspirations, dreams and hopes.)
• DO ask whether the person feels they have	• DON'T argue with a person's perception of events

been consulted and listened to about their care, treatment or support plans	
• DO validate a person's experiences	• DON'T minimize a person's experience in the urgency of managing symptoms
• DO ask whether the person has been given the opportunity to ask questions, and check that they have the information they need • DO check that an older person has heard and understood what has been said clearly – when you know or sense they may have hearing and/or cognitive difficulties • DO allow people the time to find the words and express what they need to say	• DON'T argue that information was already provided or known • DON'T assume that having said something, that it is understood • DON'T jump in and speak for someone • DON'T tell someone that certain information is irrelevant
• DO ask people if they feel ready to make their own decisions or would like to be supported, and in what way	• DON'T harp on failures of the past
• DO ask what has been helpful and unhelpful in the past	• DON'T assume that you know what is best for a person
• DO involve people in the development of treatment, care and support planning	• DON'T devise treatment, care or support plan without consultation with consumer

• DO involve others providing care coordination across services	
• DO be mindful of the importance of individual identity to all people, but be particularly sensitive to peoples' fears of being considered to lack decision-making capacity • DO be mindful of older people's fear of losing their sense of identity or a young person being considered mature enough to make decisions	• DON'T make assumptions about people based on their diagnosis • DON'T make assumptions about age or disability • Remember older people have a lifetime of experience, and many young people have roles of responsibility despite their age

EXAMPLE 3: SNCD THOMAS

Client Name: Thomas Mark	**Medical Record #:** 12345	**Date: 1/15/2017**
Facilitator Name:	**D.O.B.:** 1/1/2003	**Initial:**

Presenting problem/Need:

Thomas was referred by his parents due to them feeling that Thomas needs a locked residential treatment facility. The parents report that Thomas is having mental and behavioral problems. Thomas is verbally and physically aggressive, is a juvenile delinquent and leaves the home without permission. He is reported to be disruptive in school and recently was caught vandalizing the school.

Long term goal: "For the family relationship to be stronger"

1. **FAMILY**

Thomas Mark is a 14-year-old male. He was adopted when he was three years old by Kevin and Karen Mark after being placed in foster care due to physical abuse and severe neglect. Thomas has two siblings, John is 11 and Mary is 8, and they are the biological children of Kevin and Karen. The family currently resides in Florida. The parents reported that the siblings use to be close in the past. He stated that Cindy looks up to Thomas. The family has a pet dog, Rocky, that Thomas spends time with. Rocky sleeps with Thomas. The family stated that Thomas is "extremely" kind to Rocky and they don't understand why Thomas is kind to the dog but not to his family. The family reported that they don't spend time with their extended family anymore. The parents report that it was Thomas's behaviors that caused the distance between them and their family. The parents report that they are exhausted trying to "deal" with Thomas. They reported that they do not have the ability to care for him or protect his siblings from him unless he gets the help he needs.

2. **SAFETY**

The parents reported that Thomas started having behavioral concerns two year ago. The mother reported that when Thomas is upset, he will become sarcastic and slam doors. She stated that not too long after that he will start using profanity and threaten people. She stated that he is destructive and defiant. The mother stated that when this happens, she does not know what to do and there is usually a "screaming match" in the house. Thomas leaves the house without permission and the parents are unable to locate him.

3. **FINANCIAL/PHYSICAL NEEDS**

Thomas's financial and physical needs are being met by his parents. Both parents are employed full time.

4. **SPIRITUAL/CULTURAL**

The family reports that they believe in God but have not attended church in over a year. The family reports that they celebrate all traditional holidays except Halloween. The parents reported that Thomas spends most of his time, when he is not in school, in the house playing video games in his room. The father stated that the home is a "busy home" with his siblings having extracurricular activities daily and "arguing" with Thomas.

5. **SOCIAL/FRIENDS**

Thomas enjoys playing soccer and, in the past, he played on a team. His parents took him off the team when Thomas's grades started to drop in school as they felt he needed to focus more on school. The parents report that Thomas's friends are "bad influences" on Thomas and that Thomas engages in harmful behaviors with them.

6. **VOCATIONAL**

Thomas is not involved in vocational activities at this time. He has never held a job. Both parents are employed.

7. **EDUCATIONAL**

Thomas is in the 8th grade. He is 1 year behind due to failing last school year. Thomas is at risk of failing his grade. The parents reported that Thomas has been getting suspended frequently for fighting, not following directions and vandalizing the school once after school hours. The parents stated that they don't know if Thomas has a favorite subject, but he does enjoy spending time in the computer lab. Thomas is in mainstream classes without any accommodations.

8. **LEGAL**

He is currently on probation for the vandalism charge. Thomas has recently smoked marijuana and did not pass his last drug screen. The Juvenile Probation Officer stated that if Thomas continues to display these behaviors, he may recommend a Department of Juvenile Justice residential placement.

9. **RESIDENCE/NEIGHBORHOOD**

Thomas and his family reside in 4-bedroom home in a nice neighborhood. He has his own room. The home has all necessary furnishings for comfort. The home has a fenced yard and a pool. Thomas's windows are fixed with alarms as his parents stated that they want to ensure that they will hear if Thomas is trying to sneak out at night.

10. MEDICAL Thomas is up to date with his physical and immunizations. He is also up to date with his dental. Thomas does have asthma and has an inhaler when needed. Thomas has glasses but he does not wear them as he does not think his vision is "that bad" and he reports that he can see without them.	
11. BEHAVIORAL Thomas had an assessment with a psychiatrist last year and he was diagnosed with Oppositional Defiant Disorder and a mood disorder. Risperdal was recommended at that time. Thomas is not currently on any medication because he refuses to take any. Thomas was referred to therapy. The parents report that they can't handle Thomas's behaviors anymore and that they want him to go to a residential treatment program or they will place Thomas back in "the system".	
Family Identified priority needs: The parents reported that their primary need at this time is for Thomas to get help for his mental problems.	
Potential Team Members Including Natural Supports: The team members identified are the mother Karen, father Kevin, Thomas, Thomas's therapist, Juvenile Probation Officer and Wraparound case manager.	
Date of initial home visit: 1/10/2017	
If no home visit was completed explain why: Home visit was conducted.	
If no home visit, date of first Face to Face visit: N/A	
My signature below indicates I understand that all information being released to me under Florida Statute 394.459(a) and Florida Administrative Code 10.E.38 (Confidentiality of Client Records) is confidential. I further affirm this information is being used for the sole purpose of case planning and/or treatment for the family identified. I have participated in the formulation of this assessment.	
____________________ Guardian Signature ____________________ Date ____________________	______Timothy Jones__________________ Targeted Case Manager ________1/17/2017__________________ Date __Tiffany Wilson_____________________

Guardian Signature __________________________________ Date __________________________________ Child Signature __________________________________ Date	Case Manager Supervisor _______1/17/2017____________________ Date

EXAMPLE 4: CHILD QUESTIONNAIRE

STRENGTHS, NEEDS, & CULTURE DISCOVERY

This document is used as a prompt for conversation and is not an assessment. The information obtained from this document will go into a narrative assessment. Let the conversation flow and information on this form will come naturally during conversation. If something is not answered, or you need more information after you leave the home, remember that you can always return for a follow-up visit or obtain the information during a phone call.

WHAT TO ASK THE PARENT

Long Term Goal:

- What do you think you need to have a better life?

Family:

- Tell me about your family.
- What do you see as your and your family's strengths?
- What is the relationship like between siblings?
- Family composition (who do you consider your family-include names and pets).
- Support for family (who do you call for help "friends, relatives, neighbors").
- What do you see as your three priority needs/goals?
- Where do you see your family in two years (goals, hopes, plans etc...)?
- What barriers do you see for your family to have a better life?
  What do you hope to gain from our time together?
- Treatment team contact info/Potential team members?

- Dependency Case Manager: ____
- Juvenile Probation Officer: ___________________________________
- Psychiatrist ____
- Therapist: ____
- Family member/Friend/Support: ______________________________
- Family member/Friend/Support: ______________________________
- Family member/Friend/Support: ______________________________

Safety:

- Is there current physical aggression (yes/no)?
- Is there current verbal aggression (yes/no)?
- Is there current running away?
- Is there current domestic violence?
- How does your family handle stressful situations?
- Recent suicidal/homicidal/baker acts?
- Any substance abuse history for the family?
- Has your child been abused in any way and by whom? Tell me more about that.
- Do you have a family history of mental illness or substance use?

Financial:

- Are there any financial needs in the family?
- Who do you call when times are tough or when you need something? How do they help you?
- Do you receive? Yes or No

  - Medicaid ___________
  - Food Stamps ___________
  - SSI/SSA/SSDI ___________
  - Child Support payments ___________
  - Family/friend financial support ___________
- What do you use for transportation? If no transportation, how do you get to places?

Cultural/spiritual:

- Tell me about your faith/beliefs:
- What traditions does your family have?
- What languages do you speak?
- How do you communicate with each other (respectfully/yelling/profanity/is the house loud, arguing daily, etc.)?
- What is a typical day like in your home?
- What do you like best about your family?
- What does your family like to do together?
- What is important to you (expectations)?
- Who makes the decisions in your home?
- What is your parenting style?

Social/Friends:

- Any after school/employment or extracurricular activities?
- Who do you consider important in your life, such as friends or family/supports?

Vocational:

- What skills does the child have (cleaning, make own bed, care for pets etc.…)?
- Where do the parents work?

Educational:

- What school does child attend and address/ school contact/teacher?
- Grade: ________________
- Has the child been held back at all and why?
- Is the child in ESE classes?
- Does child have a 504 plan or IEP and next meeting? Do they need one?
- Any needs in school behaviorally or academically?

Legal:

- Any current or past legal concerns/ probation task/dependency?
- Any legal concerns for other household members?

Residence/Neighborhood:

- Tell me a little about your neighborhood (type of neighborhood, local resources, furnishing, number of bedrooms, does the child share a bedroom, ability for privacy)?
- Housing Concerns?
- Do you feel safe in your neighborhood? Why or why not?

Medical:

- Any medical concerns I should be aware of?

- Who is your child's primary care doctor?
- Physical/dental/immunizations up to date?
- Was his/her birth normal and did the child develop normally?

Behavioral:

- Child's Diagnosis and by who:
- Any psychotropic medications and does child take them? What happens when they are not taken?
- Who prescribed the medications?
- Is there a history of physical aggression (describe)?
- Is there a history of verbal aggression (describe)?
- Current providers in the home:
- Past services that the family has tried and the outcome of the services (Successful/unsuccessful and why)?

WHAT TO ASK THE CHILD

Family:

- Tell me about your family.
- What do you like most about your family?
- Is there anyone you do not get along with and why?
- What do you need to have a better life?

Safety:

- Any substance use, now or in the past?
- If you were in danger would you know what to do and what would that be?

- Have you ever been in danger? Tell me a little about that.

Cultural:

- What is a typical day in your home?
- What do you like best about your family?
- What do like most that you do with your family?
- Do you have any heroes? Why are they your hero?
- How do you celebrate holidays, and which one is your favorite?

Social:

- What are you interested in?
- What do you do for fun?
- Who is important to you such as friends or family?
- Do you have any friends and what do you like to do with your friends?
- What do you see as your strengths/what are you good at?

Vocational:

- What do you want to be when you're an adult?
- Work experience of the child and how is work going (if age appropriate):

Educational:

- How is school going?
- Any needs or concerns in school (bullying, academic needs, problems with other students and staff)?
- Do you have a favorite subject?
- Do you have a favorite teacher? Who?

- If you had a problem in school, what would you do?
- Do you feel school is important? Why or why not?

Neighborhood:

- Tell me about your neighborhood?
- Do you feel safe in your home? If not, why?

Behavioral:

- Do you see a doctor to prescribe medication? Who?
- Do you take medications (yes/no)? Do you always take them (yes/no)?
- Do you have any problems with the medications? What problems?
- What do you feel you can improve on?
- How do you think others would describe you?

WHAT TO ASK PROVIDERS:

- What are you currently working on with the child and family?
- What progress has been made? Any barriers?
- What do you see as the child and family strengths?
- What do you think the family needs are?
- What would you like to see the family learn from case management?

EXAMPLE 5: SNCD KEVIN

Client Name: Kevin Smith	**Medical Record #: 12345**	**Date:** 1/15/2017
Facilitator Name:	**D.O.B.**: 1/1/2003	**Initial:**

Presenting problem/Need:

Kevin was referred by his parents due to them feeling that Kevin needs to be placed in a locked residential treatment facility. They report they feel this will help Kevin become stable. The parents report that Kevin is experiencing mental health needs that have been unmet and he needs services. Kevin is being verbally and physically aggressive, leaving the home without permission and has incurred a criminal charge. He is reported to be disruptive in school and recently was caught vandalizing the school.

Long term goal: "For the family relationship to be stronger"

1. **FAMILY**

Kevin Smith is a 14-year-old male. He was adopted when he was three years old by Ron and Karla Smith after being placed in foster care due to physical abuse and severe neglect while with his birth mother. He has two siblings (Brian 10 and Cindy 11), who are the biological children of Ron and Karla. The family currently resides in Palm Beach County. Kevin reports that he likes his siblings but feels that they get "special treatment" from his parents. He stated that he tries to help his siblings, but they destroy his stuff. The parents reported that the siblings used to be close in the past and that Cindy looks up to Kevin. The family has a pet dog, Rocky, that Kevin spends time with. Rocky sleeps with Kevin and Kevin stated that Rocky is the only one who cares about him. The family stated that Kevin is "extremely" kind to Rocky and they don't understand why Kevin is kind to the dog but not to his family. The family reported that they used to be close with the maternal grandmother Karen and the uncle, Jim. In the past, the maternal grandmother watched the kids on the weekends and Uncle Jim used to play soccer with Kevin. The parents report that it was Kevin's behaviors that caused the distance between them and their family. The family reported that they do not have any other supports.

Kevin's biological mother was unable to care for Kevin due to being homeless and unemployed. The biological mother was reported to have become involved in a violent relationship and Kevin was physically abused. When Kevin was placed in foster care, he was one year old and "extremely" underweight. Kevin's biological father has not been in his life since birth. His biological father is currently serving time in prison for attempted murder.

Kevin is reported to have one older brother and one older sister from his biological parents. It is reported that both siblings are still in foster care. Ron and Karla stated that they considered adopting all three but were not able to at the time. Kevin had contact with his siblings before the adoption, but not since the adoption was finalized. Kevin reported that he knows his paternal side of the biological family but does not have contact with them since the adoption. Kevin was initially placed with his paternal Aunt Holly after being removed from his mother, however, Holly was unable to keep Kevin long term. Kevin was eventually placed up for adoption. The paternal aunt was unable to adopt Kevin, so Kevin was placed with Ron and Karla for adoption.

The parents reported that they feel that life would be better when the family can communicate with each other in a positive way. Kevin stated that his life is better when his parents listen to his feelings and don't dismiss him. He also stated that he wanted his parents to "show some trust". The family reported that they feel that their strength is being open to anything that can help them be a better family.

2. **FAMILY**

The parents reported that Kevin started having behavioral concerns two year ago. The mother reported that when Kevin is upset, he will start raising his voice and he will breathe fast. He will become sarcastic and slam doors. She stated that soon after that he will start using profanity and threatening people. The mother stated that when this happens, she does not know what to do and there is usually a "screaming match" in the house. Kevin stated that he does not like when his mom keeps asking him "what's wrong with you" or telling him that he "needs to relax". He also stated that he gets mad when his younger sister makes comments when he is already annoyed. Kevin leaves the house without permission and the parents are unable to locate him. Kevin typically returns home about 12:00am.

Kevin and his parents are unable to talk to each other without yelling and Kevin will use profanity towards his parents and siblings. Kevin has thrown things at his sister but has not caused any physical harm. He has punched his younger brother in the mouth and busted his lip. Kevin stated that he hit his brother because his brother was breaking his video games and his parents didn't do anything about it. Kevin made comments about wanting to hurt himself and his parents but has never acted on those statements. The parents have called the police on Kevin several times during arguments. Kevin has made threats of harming himself or others, however the police were always able to deescalate the situation and he was not

arrested, or baker acted. He stated that he can talk to his dad more than his mom however he feels that his dad no longer has time for him. The father reports that he does not want to "reward" Kevin's behaviors with positive attention.

The parents report that they used to discipline the children by taking away privileges, but that does not work with Kevin any longer. The parents reported that it still works for his siblings. The parents are not sure what to do for Kevin. The parents report that they must go to their room and close the door when they are stressed because they do not want to "say things we don't want to say".

It is unknown if either of his biological parents had any mental health or substance abuse concerns. His adoptive parents report that they do not have any mental health or substance abuse concerns. The family denies any sexual abuse.

3. **FINANCIAL/PHYSICAL NEEDS**

Kevin's financial and physical needs are being met by his parents. Kevin has Medicaid and the family receives an adoption subsidy. Both parents are employed full time. The mother works as a secretary and the father is an accountant. The family has two cars. The mother stated that if there is an emergency, she can call her mother Karen for help.

4. **SPIRITUAL/CULTURAL**

The family reports that they believe in God but have not attended church in over a year. They report that they used to be active members of Mount Bethel Church. Kevin was baptized at that church when he was ten. The family reports that they celebrate all traditional holidays except Halloween. The parents reported that Halloween is too dangerous, and the candy is not good for the kids. They typically spend Christmas with extended family. The family reports that they eat together as a family for dinner and on the weekends. The family reports that they enjoy camping but have not gone in several years. The family also reports that in the past they used to have movie nights and the mother stated that she would like to have that happen again. Kevin stated that he spends most of his time, when he is not in school, in the house playing video games in his room. The father stated that the home is a "busy home" with his siblings having extracurricular activities daily, ensuring dinner is served and "arguing" with Kevin.

The family speaks English, but the father is fluent in Spanish. The parents stated that education is important to them, as this is the only way one can get ahead in life. The mother

stated that she wants the family to be able to laugh together daily and not have so much arguing in the home. The parents reported that they make decisions as a couple and they are always on the same page. The parents reported that the home used to be quiet and that they went on vacations every summer. The family stated that their favorite spot was Gatlinburg, TN. They were able to hike and camp in the mountains.

5. **SOCIAL/FRIENDS**

Kevin enjoys playing soccer and, he used to play on a team. He won several trophies for playing soccer. His parents took him off the team when Kevin's grades started to drop in school as they felt he needed to focus more on school. He stated that playing soccer calmed him down when he was upset. He stated that he also likes listening to music and going fishing at a lake near the house. Kevin has two friends and they reside in the neighborhood. The parents report that "those kids are bad influences" on Kevin and that he engages in harmful behaviors with them. Kevin stated that his friends listen to him and they do not make him do anything he doesn't want to do. He stated that his parents refused to meet his friends.

Kevin used to be close with his Uncle Jim and they would practice soccer together. Kevin stated that he wished he could live with his uncle. After Kevin was no longer allowed to play soccer, the relationship with his uncle became strained. He stated that his parents did not allow him to spend time with his uncle doing sports. He stated that he had to spend most of his time doing schoolwork and he was "sick of" doing schoolwork all the time. Kevin is reported to be able to make friends easily. He reports that he doesn't want to make friends because he isn't "allowed" to spend time with them anyway.

6. **VOCATIONAL**

Kevin is not involved in vocational activities at this time. Kevin stated that he wants to be a video game developer when he grows up. He also wants to do something on the side with animals. Both parents are employed.

7. **EDUCATIONAL**

Kevin is in the 8th grade at Palm Beach Middle School. He is one year behind due to failing last school year. Kevin is attending school daily however he is not completing his assignments. He is at risk of failing this grade as well. He has a history of getting A's and B's. He has been getting suspended frequently from school for fighting, not following directions and vandalizing the school after school hours. Kevin reports that he likes his PE coach and

they both like soccer. The school offered to have Kevin stay after school for tutoring, but Kevin reported that he refused, but did not state why. Kevin stated that he does not have a favorite subject, but he does enjoy spending time in the computer lab. Kevin is in mainstream classes without any accommodations.

8. **LEGAL**

He is currently on probation for the vandalism charge. It was reported that Kevin had been smoking marijuana when he caused damage to the school. Kevin has recently smoked marijuana and did not pass his last drug screen. The Juvenile Probation Officer (JPO), Mr. Carlton stated that if Kevin continues to display these behaviors, he may recommend a Department of Juvenile Justice (DJJ) residential placement. The conditions of his probation are that Kevin must complete community service hours, write a letter of apology and pay restitution for the damage he caused at school. This is Kevin's first charge. The JPO stated that Kevin has been on probation for five months and he has not started to complete any of his stipulations. The next court date is 3/10/17.

9. **RESIDENCE/NEIGHBORHOOD**

Kevin and his family reside in four-bedroom home in a nice neighborhood. He has his own room and he has decorated it with posters. The home has all necessary furnishings for comfort. The home has a fenced yard and a pool. Kevin's windows are fixed with alarms from the outside. The parents wanted to ensure that they would hear if Kevin was to sneak out at night. If Kevin opens his window after hours, an alarm will sound in their bedroom. The home has an alarm system however the parents have learned that Kevin knows the code. The home is located near a park and a shopping center. The home is also a half mile away from a lake that Kevin likes to fish in.

10. **MEDICAL**

Kevin is up to date with his physicals and immunizations. He is also up to date with his dental. Kevin has asthma and uses an albuterol inhaler when needed. His primary care physician is Dr. Johnson from Pediatric Associates. He goes to Sage Dental. The parents report that they do not know if his biological parents have any medical concerns. Kevin has glasses for reading, but he does not wear them. Kevin is 5'9" and has an average build.

11. **BEHAVIORAL**

Kevin had an assessment with a psychiatrist from ABC Psychiatry last year and he was diagnosed with Oppositional Defiant Disorder and a mood disorder. Risperdal was recommended at that time. Kevin is not currently on any medication because he refuses to take them. Kevin stated that he does not "need crazy pills". His parents are unable to get

him to understand the need for medications. Kevin has been participating in therapy with Ms. Tina for the past three months, but little progress has been made. The therapist stated that Kevin is just now starting to share with her. Kevin stated that he would prefer a male therapist, as a female cannot understand him. The agency currently does not have an available male therapist. Kevin stated that he gets angry when "everyone" tells him what to do. Kevin stated that no one listens to him and that no one cares about what he wants. He stated that he has expressed his feelings to his parents many times, but he is "always" dismissed. He stated that if "my parents don't care, why should I care". The parents report that they can't handle Kevin's behaviors anymore and that they want him to go to a residential treatment program or they will place Kevin back into "the system". Kevin reported that his parents use "the system" as a threat often and he "really doesn't care anymore if they do send me away". The parents report that they are exhausted trying to "deal" with Kevin. They reported that they do not have the ability to care for him and to protect his siblings from him. The family reports that they do not have anyone who can help them, because they have "burned their bridges" with family and friends. Kevin stated that when he is mad, he just wants to be left alone.
Family Strengths: The parents report that they care about Kevin and want the best for him. Kevin is attending school and is making passing grades. Kevin is good at soccer and technology. The family enjoys hiking and camping. The family has their basic needs met. The family has extended family members to call in case of an emergency.
Family Identified priority needs: The parents report that their primary need currently is for Kevin to make better decisions in the home and community and to improve in school. Kevin stated that his priority is to get off probation and be allowed to do things again.
Potential Team Members Including Natural Supports: The team members identified are the mother Karla, father Ron, Kevin, Maternal grandmother Karen, Uncle Jim, therapist Tina, JPO Mr. Carlton and Case Manager.
Date of initial home visit: 1/10/2017
If no home visit was completed explain why: N/A
If no home visit, date of first Face to Face visit: N/A

My signature below indicates I understand that all information being released to me under Florida Statute 394.459(a) and Florida Administrative Code 10.E.38 (Confidentiality of Client Records) is confidential. I further affirm this information is being used for the sole purpose of case planning and/or treatment for the family identified. I have participated in the formulation of this assessment.	
______________________ Guardian Signature ______________________ Date ______________________ Guardian Signature ______________________ Date ______________________ Case Manager Supervisor ______________________ Date	______________________ Case Manager ______________________ Date ______________________ Client Signature ______________________ Date

EXAMPLE 6: ADULT QUESTIONNAIRE

STRENGTHS, NEEDS, & CULTURE DISCOVERY ASSESSMENT

This document is used as a prompt for conversation and is not an assessment. The information obtained from this document will go into a narrative assessment. Let the conversation flow and things on this form will come naturally during conversation. If something is not answered or you need more information after you leave the home, remember that you can always return for a follow-up visit or obtain the information during a phone call.

WHAT TO ASK THE PARENT

Long Term Goal:

- What do you think you need to have a better life?

Family:

- Tell me about yourself and family.
- What do you consider your strengths?
- Family composition (who do you consider your family, include names and pets).
- Support for individual (who do they call for help and who is important to them "friends, relatives, neighbors").
- How were you raised?
- Can you give me an example of something you learned from your parents?
- What does the individual think their three primary needs are?
- What are your goals, hopes and dreams for yourself and your family...)?
- What barriers do you see?
- What do you hope to gain from our time together service?
- Treatment team contact information/potential team members?

- Dependency Case Manager: ________________________________
- Legal: ____
- Psychiatrist ____
- Therapist: ____
- Family member/Friend/Support: ____________________________
- Family member/Friend/Support: ____________________________
- Family member/Friend/Support: ____________________________

Safety:

- Any safety concerns?
- Current/history of abuse?
- Current/history of domestic Violence?
- History of suicidal/homicidal/Baker Act?
- History substance abuse?
- Family history of mental illness?
- What is your parenting style (if a parent)?
- What do you see as your best qualities as a person and as a parent?

Financial:

- Financial needs in the individual and their family?
- How are you meeting your needs now?
- Do you receive (circle either yes, no or it's a need)?
    - Medicaid.. Yes No It's a Need
    - Food Stamps .... Yes No It's a Need
    - SSI/SSA/SSDI .... Yes No It's a Need
    - Child Support payments...................... Yes No It's a Need

- Family/friend financial support........... Yes No It's a Need

- What do you use for transportation? If no transportation, how do you get to places?

Cultural/spiritual:

- Faith/beliefs/Church:
- Traditions/holidays:
- Languages spoken:
- Who do you go to for support and how do they support you?
- How do you relax?
- What is a typical day like for you?
- What do you enjoy doing as a family?

Social/Friends:

- What do you do for fun?
- Interests?
- What would you like to do if you were able?
- Belong to any groups/clubs?
- Do you have friends? Who? What do you like to do together?

Vocational:

- Work experience/place of employment:
- What would they like to do for employment?
- Employment needs and goals?

Educational:

- What is your highest level of education?
- What type of student were you?

- Do you have any educational goals currently?

Legal:

- Any current or past legal concerns?
- Probation and requirements, name of Probation officer:
- Dependency involvement and name of Dependency Case Manager:
- Any custody concerns?

Residence/Neighborhood:

- Tell me a little about your neighborhood (neighborhood, local resources, furnishing, number of bedrooms, does child share a bedroom, is there privacy)?
- Housing Concerns?
- Do you feel safe in your neighborhood? Why or why not?

Medical:

- Any medical needs/concerns?
- Do you take medical medications? Which ones?
- Do you have a primary care doctor? Who?
- Do you see your doctor regularly?

Behavioral:

- Diagnosis and by who:
- Substance abuse affecting the client's functioning.
- How do you handle stressful situations?
- Currently suicidal/homicidal?
- Current providers working with the individual and are they helpful? If not helpful, why not?
- Past services that the individual has tried and the outcome of the services?
- What does a crisis look like for you and how often does this happen?