

MODULE 2 - FACILITATOR DISCUSSION POINTS

Kazca Case Scenario

The discussion points for Questions 3 and 4 in the module are combined below. Discussion points for Question 5 are explored separately at the end of this Guide.

Discussion Question #3.

Using the resource materials provided, ask each group to: (1) identify any danger threats which are clearly present in this family. Do not assume or make up any unknown information; (2) identify whether each child in this family is vulnerable to the threats they have identified; and (3) identify whether there is parental protective capacity to control the identified threats. **(Do not share your answers until the group has had a chance to process activity on their own).**

Discussion Question #4.

Conduct a discussion with the entire group following the small group work. In the discussion, give each group of 3 the opportunity to identify a threat, describe how they believe one or more of the children are vulnerable to that threat, and how protective capacity is insufficient to control the threat. As they present this, **ask the others to refer to the reference material and evaluate whether there is support for the selection of any threat . . .**

1) Based upon the information available the identified impending danger threat would be:

“Parent/legal guardian is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.”
(Refer to Reference 2, page 13)

SUPPORTING MATERIAL FOR IDENTIFICATION OF DANGER THREAT (Reference 2, pages 14-15):

❖ Threat Definition (page 14):

*“This threat is concerned with self-control. It is concerned with a person’s ability to postpone, to set aside needs; to plan; to be dependable’ to avoid destructive behavior; **to use good judgment; to not act on impulse; to exert energy and action; to inhibit; to manage emotions; and so on.**”*

❖ Impending Danger Examples and Application of Danger Threshold (page 14):

*“To identify this impending danger threat there must be **specific information to suggest that a caregiver’s impulsive behaviors, addictive behaviors, bizarre behaviors, the individual cannot control compulsive behaviors, depressive behaviors, etc.**”*

“When the investigator spoke to Ms. Kazca about the allegation she was very upset, yelling and crying. She stated she would rather die than live without her children again.”

“Ms. Kazca has a history of mental health issues (bipolar disorder) which may have affected the decisions she made regarding the sleeping pills as well as how she is responding to the allegations.”

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When she becomes upset she screams and cries and at times hyperventilates. Ms. Kazca's response to stressful situations is improving but external interventions are still needed at times, which typically include someone Ms. Kazca knows and trusts simply "talking her down."

"While potentially an isolated incident, the circumstances that seem to have influenced her decision to give them the medication (her own fatigue, poor decision making, and stress) remain."

❖ **Application of the Danger Threshold Criteria Related to Impulse Control (page 14):**

"Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, **and loss of control during high stress . . .**"

"**Emotionally disturbed caregivers** may be out of touch with reality or so depressed that they represent a danger to their child or **are unable to perform protective duties.**"

❖ **Bulleted Examples (page 15):**

- Parent/legal guardian or caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).

2) Based upon the information presented the following children are identified as vulnerable to the threat:

All children in the home . . . Natasha (age 3), Esta (4), Donelo (5) and Simon (7)

SUPPORTING MATERIAL FOR IDENTIFICATION OF CHILD VULNERABILITY (Reference 3, page 21):

Natasha (age 3), Esta (4), Donelo (5) and Simon (7)

"A child lacks capacity to self-protect" – all four children.

"Young children" (0 – 6) – Natasha, Esta, and Donelo

"Ability to articulate problems and danger" – Natasha

"A child is susceptible to harm based on ...emotional state" – possibly Simon (anger issues)

"Impact of prior maltreatment" and "Feelings toward parent" – possibly all the children.

3) Based upon the information presented Ms. Kazca does not demonstrate sufficient parental protective capacity to control the identified threat and there are no other adult caregiver's in the home to assess.

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Ms. Kazca has demonstrated 'out of control' actions and behavior related to behavioral, cognitive and emotional functioning in the area of parental protective capacities.

SUPPORTING MATERIAL ON PROTECTIVE CAPACITY (Reference 4, page 22):

Cognitive – does not recognize seriousness of threat (giving adult medication to children whose body weight and metabolism makes them more susceptible to any intended or side effect of the drug).

Behavioral – insufficient impulse control, inadequate energy (fatigue exacerbated her poor decision making).

Emotional – not currently stable (no or poor coping skills, stressed and emotionally unstable).

Discussion Question #5.

Review the key decision making formula and focus on the relationship of the individual components during the discussion.

Danger threats +/- child vulnerability +/- protective capacity = safe or unsafe

In this discussion, **draw on the danger threats which have already been discussed.** You may want to write them on a board or flip chart so everyone can see all of them. Using the formula add brief bullets **describing how the children are vulnerable to these threats.**

Continue with insufficient protective capacity that was identified in the previous discussion.

All of this will allow for a conclusion to be reached about safe or unsafe. If there are differences in the way group members see any of the individual components, go back to the resource material and ask them to justify how they came to their conclusion about the presence or absence of anything. Again, the purpose is to demonstrate and promote the importance of critical thinking and applying a logical sequence in our safety decision-making process.

Based upon the presence of an impending danger threat to vulnerable children with insufficient parental protective capacity to address the threat the children in the Kazca home are UNSAFE, requiring the implementation of a safety plan.

<u>DANGER THREAT</u>	+	<u>CHILD VULNERABILITY</u>	-	<u>PROTECTIVE CAPACITY</u>	=
YES		YES		NO	
Ms. Kazca is impulsive, acting dangerously in ways that will likely seriously harm her children. (point out that while the misuse of sleeping pills was the "incident" the pervasive state of danger is Ms. Kazca's lack of impulse control and inability to manage her emotional and physiological state(s).		All young children lack the ability to self-protect as they will likely take any "medicine" the mother gives them. Children are much more susceptible to the effects of drugs than adults (metabolize quicker; react at lower dosages).		No other adult caregivers in home to mediate danger threat. Ms. Kazca is not demonstrating sufficient protective vigilance as her (adult) functioning shows she is still struggling to manage her Bipolar Disorder ("but still has problems with mood and behavior").	

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The question may arise as to why “Present Danger” wasn’t identified in this scenario and the best response to that question is that because of the way the information was provided to us somewhat artificially (in summary, not as it became known) we can’t “read between the lines.” We don’t know whether the children appeared listless to the investigator who immediately took the children to the hospital for medical examination (Present Danger) or whether the children appeared fine to the investigator who then worked with Ms. Kazca to agree to have the children seen by their own pediatrician or Child Protection Team that same day. We also aren’t told what type of “sleeping pills” the children were given and there is a significant difference between overdose potential of ‘Over the Counter’ (OTC) medications and prescription medication. While the investigator would certainly have assessed for Present Danger at commencement of the investigation, what information we do have and the way that information was presented in this scenario essentially directs us to look for the presence of impending danger.