

Kazca and Horan Case Scenarios

The discussion points for Module 4 encourage critical thinking about the appropriateness of implementing an in-home safety plan for the above two scenarios. It should be noted that Kazca scenario used in this activity has been modified from the version presented in Module 2. Please have participants use the newer Kazca scenario for this discussion. We recommend working through the Horan case first, then the Kazca case.

Step 1: Identify the danger threats for each household.

Using the resource materials provided, ask each group to identify any danger threats which are clearly present in this family. Do not assume or make up any unknown information. **(Use the Facilitation Guide provided below to structure your responses).**

Step 2: Consider each of the following questions in the critical thinking process in the consideration of the appropriateness of using an in-home safety plan in each scenario.

When do the danger threats emerge?

- Does each threat happen every day? Different times of day? Is there any pattern or are they unpredictable?
- How long have these threats been occurring? Will it be easier or harder to control or manage threatening behavior with a long family history?
- Does anything specific trigger the threat or accompany the threat, such as pay day, alcohol use, or migraine?

How do the parents react to the idea of an in-home safety plan?

Are the parents living in the home, or do they disappear occasionally?

Are the parents willing to cooperate with an in-home plan? How are we gauging “cooperation?”

Is the household predictable enough that actions will eliminate or manage threats of danger?

The right services....At the right level..... At the right frequency:

Are the people who would carry out the in-home safety plan aware, committed, and reliable?

Are safety plan providers able to sustain the intense effort until the parent can protect without support?

Step 3: Consider if an in-home safety plan would be sufficient, feasible and sustainable.

Step 4: Ask participants to share what information informed their critical thinking and what was their final conclusion.

Horan Case – Safety Planning Critical Thinking

Analysis of the Case DOES NOT Support an In-Home Safety Plan if Mr. James Returns to the Home

Family Composition:

Barbara Horan	mother of all children	38 years
Gregory James	father of Kyle & Jesse	37 years
Kyle James	son	2 years, 7 months
Jesse James	son	1 year, 6 months
Tony Horan	son of Barbara	15 years
Dylan Horan	son of Barbara	17 years

STEP 1: IDENTIFY THE DANGER THREATS IN THE HOUSEHOLD.

- While the father is currently out of the Horan home, this is a temporary arrangement that may end at any time. Therefore, threats of danger must be analyzed as if both adults resided in the home. **The current operating threat is “Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.”** Specifically, the father, Gregory, is responsible for a serious facial injury to Kyle requiring medical treatment as well as other inflicted bruising and marks around the neck area.
- There is sufficient information to correlate Mr. James’s alcohol misuse with his out-of-control emotions and subsequent assaultive behavior to Kyle. His family describes him as a “mean drunk” and the alcohol use appears to exacerbate the verbal altercations between Mr. James and Ms. Horan over Barbara’s late night activities. The steady increase in Mr. James’s drinking and his inability to cope appropriately with the marital tension in the home **creates a pervasive state of danger for Kyle and Jesse (and potentially Ms. Horan) in this home.** While Mr. James has admitted to having a serious alcohol problem and as long as he is under the influence of alcohol is increasingly likely to over-react when difficult situations arise, or the children misbehave. There is also a history assaultive behavior occurring in a previous domestic altercation with his first wife that Mr. James may be substantially minimizing.
- Mr. James’s return to the home is contingent upon the presence of another adult in the home being willing and capable to manage him as the source of the danger threat to the young children. A promise from him to remain abstinent is not sufficient to ensure child safety. It is hard to gauge if Ms. Horan has sufficient protective capacity to manage the danger threat in her home based on the information provided. There are indications that she fails to recognize, or at least seriously minimizes, the circumstances accompanying the threat (Gregory’s out of control emotions, his

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drinking) and her own role in contributing to both. **Therefore, there is no adult in the home with sufficient protective capacity so both younger children are unsafe.**

STEP 2: USE CRITICAL THINKING FOR CONSIDERATION OF AN IN-HOME SAFETY PLAN

When do the danger threats emerge?

Is there a pattern (daily, different times of day, unpredictable)?

How long have these threats been occurring?

Does anything trigger or accompany the threat (alcohol/drug use, stress, fatigue)?

- Mr. James's alcohol use clearly triggers or accompanies the danger threat. He reports drinking at least seven beers daily (3 or more beers before dinner, another 2 beers with dinner and usually a couple more after dinner) after he gets off work. He admits to having a serious drinking problem for which he received treatment for in the past. Three to four months ago he started drinking again. Stress from both having sole responsibility for child care in the evenings and worry over his marriage also appears to exacerbate the danger threat. Almost every night he begins thinking about whether Barbara is going to return home after work. The couple argue loudly but reportedly no assaultive behavior has yet occurred. Mr. James reports he has punched a hole in the wall and the couple have thrown things, but not at each other. There is also a long-term pattern in Mr. James's assaultive behavior in that during a previous marriage he was arrested for domestic violence.

How do the parents react to the idea of an in-home safety plan?

Is the parent's presence in the home stable or are there occasional disappearances?

Are the parents willing to cooperate with an in-home plan and do you gauge cooperation?

Is the household predictable enough that implemented actions will eliminate/manage threats?

- Ms. Horan's presence in the home has been unpredictable feeding into her husband's concerns about what she is doing after she gets off of work. Additionally, upon hearing about Kyle's injuries Ms. Horan did not come home until after her shift was completed and upon viewing the injuries she took off again. It is hard to place Ms. Horan's reactions in context lacking more information. She might have lost her job had she left work or she might have been so angry that she had to leave before she physically attacked her husband (which shows good not poor judgment on her part for leaving). In the end, all we know for sure is that she spends considerable time away from the household and we do not have any information regarding Ms. Horan's inclination or ability to change her job hours to become the children's primary caregiver in the evening. Mr. James's seems to indicate that his wife is going to welcome him back into the home, if for only his child care role in the evenings.
- While Mr. James's presence in the home has been very stable his very presence has made the home very unpredictable due to both his drinking and his subsequent inability to manage his emotions and behaviors while drinking. Facilitator please emphasize: Needing an updated professional assessment of any individual's out-of-control behavior(s) prior to their return to the home automatically rules out consideration for an in-home safety plan if that individual is to be in the home before the assessment is completed. It is very unlikely

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that any safety actions could be implemented to manage the current combination of Mr. James's drinking, the overall level of stress in the home, and Ms. Horan's extended absences away from the home and subsequent caregiver responsibilities to make this household predictable enough for an in-home safety plan.

Are the right services available at the right frequency and level of intervention?

How often and how long are services likely to be needed?

Are providers available to carry out services at needed times, frequency and duration?

Are the people who will carry out safety actions aware, committed and reliable?

Are safety plan providers able to sustain the intense effort until parent protective capacities are sufficient?

- For Mr. James to be able to return to the home an in-home safety plan would require sustained elements of behavior management – including supervision and monitoring, stress reduction, and substance abuse interventions to support Mr. James controlling his emotions and behavior. Immediate access to crisis intervention to address potential relapse and potentially episodic instances of family violence would also need to be available.
- While not currently surpassing the safety threshold for a caregiver “not meeting a child’s basic and essential needs,” the tenuousness of Ms. Horan’s family arrangements for afternoon and evening child care during Mr. James’s continued absence from the home and an assessment of her sons to abilities to provide adequate child care needs to be addressed intentionally now, not after arrangement fall through. While many of us might be bothered by Ms. Horan’s continued absence from the home and have doubts or concerns regarding any 15 year-olds’ ability to provide extended child care the reality is that specific conditions surrounding the care and supervision by this 15 year old in this home have to be assessed individually against the safety criteria.

STEP 3 and STEP 4: CONSIDER IF AN IN-HOME SAFETY PLAN WOULD BE SUFFICIENT, FEASIBLE AND SUSTAINABLE AND REACH A CONCLUSION FOR EACH CASE

Have participants compare their analysis and conclusions.

- **CONCLUSION – An in-home safety plan is likely not sufficient, feasible or sustainable in this home at this time for the following reasons:** (Note to Facilitator – use the lack of sufficient information provided in the FFA scenario to highlight the importance of having enough information to inform decision-making). The five criteria highlighted below are offered as the rationale for supporting this determination.
 - 1) Due to Mr. James on-going substance misuse and Ms. Horan’s lack of comprehension regarding the seriousness of the danger threat her husband presents to the children and herself while or after he is drinking and her lack of understanding regarding how strong a part her behavior (staying out all night) impacts those dynamics it would be extremely challenging to develop and

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implement an in-home safety plan **to adequately control or manage the pervasive, out-of-control behavior responsible for these danger threats.**

- 2) **There are no sufficient actions that can be implemented immediately to control the danger threats** beyond the initial “safety bubble” created by the criminal proceedings ‘no contact’ stipulation. The only immediate action the investigator should re-assess is consideration of initiating a corresponding dependency injunction to keep Mr. James out of the home pending the criminal case no contact order being dismissed. Unfortunately, a verbal promise from Mr. James to refrain from visiting the home, while possibly made in good faith, is essentially worthless once he becomes intoxicated or under the influence of alcohol. Mr. James will need to remain out of the home until both a complete substance abuse evaluation and domestic violence lethality assessment is completed in order to allow for implementation of an-home plan with him residing in the home.

- 3) In addition to not being able to immediately implement or have the capability of controlling the danger threats, even if we could arrange for formal safety supports to be in the home regularly, the threats are still problematic because the **people and safety providers identified in the plan to control the threats are not likely to be accessible when the threat is most likely to be present** (11:30pm at night and weekends) if the couple “relapse” to their former behaviors. The combination of substance misuse and domestic violence is the most volatile, unpredictable dynamic we are responsible for assessing and managing and finding out about a new incident of either child abuse or domestic violence the “day after” it occurs is not timely enough safety management.

- 4) The feasibility of an in-home plan is highly questionable due to the extensiveness of the safety actions required in this family. **The challenge of implementing concrete, action-oriented activities and tasks** to supervise and monitor the parents’ behavior, provide stress reduction, implement substance abuse intervention, and formalize child care to stabilize this family is extremely ambitious (not impossible perhaps, but highly unlikely).

- 5) Implementing an in-home safety plan at this point in time would essentially equate to basing safety actions on **“parental promises”** which is never appropriate. Mr. James in fact, continues to rationalize his drinking (“calms his nerves/helps him get to sleep”) and we have no information on Ms. Horan’s position about Mr. Gregory being out of the home on an extended basis. The parents’ saying “yes” to a plan has to be considered in the context of - do they understand the specific, immediate changes that need to be implemented, not just a generalized “yes” to working “a plan.”

Kazca Case – Safety Planning Critical Thinking

Analysis of the Case Supports an In-Home Safety Plan

Family Composition:

Donna Kazca	mother	28 years
Simon Kazca	son	7 years
Donelo Kazca	son	5 years
Esta Kazca	daughter	4 years
Natasha Kazca	daughter	3 years

STEP 1: IDENTIFY THE DANGER THREATS IN THE HOUSEHOLD.

- The identified impending danger threats are: **“Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.”** The four children range in age from 3 to 7 and are all vulnerable to the identified danger threats. Ms. Kazca is the only adult parent or caregiver residing with the children, so there are insufficient protective capacities in the home. **The severity of the stresses facing Ms. Kazca and her under-managed mental health condition creates a pervasive state of danger in the home therefore, all children are determined UNSAFE.**

STEP 2: USE CRITICAL THINKING FOR CONSIDERATION OF AN IN-HOME SAFETY PLAN

When do the danger threats emerge?

Is there a pattern (daily, different times of day, unpredictable)?

How long have these threats been occurring?

Does anything trigger or accompany the threat (alcohol/drug use, stress, fatigue)?

- Ms. Kazca has the sole daily responsibility for four children under the age of 7, at least two of whom have special behavioral concerns. She is frequently tired and overwhelmed even when her mood is stabilized. She takes medication daily, but at least three times a week feels its effectiveness is diminished when she finds herself very frustrated, sometimes angry to the point of yelling and cursing at the children. Ms. Kazca’s problem-solving skills have deteriorated to the point of giving the children adult sleeping medication so she can get some rest.

How do the parents react to the idea of an in-home safety plan?

Is the parent’s presence in the home stable or are there occasional disappearances?

Are the parents willing to cooperate with an in-home plan and do you gauge cooperation?

Is the household predictable enough that implemented actions will eliminate/manage threats?

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- Ms. Kazca is very upset about the possibility of her children being removed again. She resides in the home alone with the children so there is no other adult caregiver able to help control the identified danger threat.
- While not a direct statement of willingness, her statement about “rather dying than living without her children” suggests she would be willing to cooperate with safety planning and safety actions to enable her children to remain at home. Part of assessing her willingness and ability to cooperate includes giving her enough information about what safety actions may be required of her in terms of monitoring and supervision. In this case, assessing medication management would certainly include daily medication checks to ensure she is taking her medication as prescribed and assessment of her mood/stability. Because of the previous post-placement supervision/safety management she probably realizes that an in-home safety plan will include people being involved in her life and coming into her home.
- There is no overly chaotic pattern to the household to cause concerns about the effectiveness of an in-home plan. Correspondingly, violence to people entering the home is not a major concern. Her previous physical altercations with friends and family members are now handled by “talking her down.” Violence is not a pattern of behavior of Ms. Kazca herself.

Are the right services available at the right frequency and level of intervention?

How often and how long are services likely to be needed?

Are providers available to carry out services at needed times, frequency and duration?

Are the people who will carry out safety actions aware, committed and reliable?

Are plan participants able to sustain the intense effort until protective capacities are sufficient?

- Ms. Kazca’s mood stabilization could take a couple days, weeks or months. Due to the seriousness of the pervasive state of danger it creates in the home her stress and fatigued level should be monitored daily, at least initially.
- Depending upon the local community, formal mental health interventions should typically be available. Additionally, based upon the family’s prior involvement with her, as well as the former foster parent keeping in contact with Ms. Kazca there is a good chance that her informal network of safety supports could be structured to help monitor and manage the danger threats in the home. The foster parent seems especially committed and reliable.
- To answer the question about sustaining intense efforts until caregiver protective capacities are sufficient the investigator or case manager must first have a good idea of what safety services need to be placed in the home to control or manage the identified danger threats. Due to the fact that we probably have a pretty good idea of what out-of-control behaviors need to be controlled and how to achieve those results (mental health and support services) we can feel pretty confident that those providers and supports would be available for the duration of time needed until Ms. Kazca’s protective capacities were sufficient to protect her children on her own.

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STEP 3 and STEP 4: CONSIDER IF AN IN-HOME SAFETY PLAN WOULD BE SUFFICIENT, FEASIBLE AND SUSTAINABLE AND REACH A CONCLUSION FOR EACH CASE.

Have participants compare their analysis and conclusions.

CONCLUSION – An in-home safety plan would likely be sufficient, feasible and sustainable in this home at this time for the following reasons: The five criteria highlighted below are offered as the rationale for supporting this determination.

- 1) There are safety actions that could be implemented **to adequately control or manage the pervasive, out-of-control behavior responsible for the danger threat.** While mood stabilization may occur after one, several or not until repeated office visits there are numerous safety actions that can be put into place to support Ms. Kazca during this adjustment period. Prior treatment and case management activities have appeared to effectively change Ms. Kazca's behavior to the extent of her no longer using corporal punishment and her ability to now be "talked down" when she becomes upset. Simply making sure she is not excessively fatigued and/or providing respite breaks for having to care for all four children would probably be sufficient to control the danger threat until her medication can be re-adjusted and mood stabilized.
- 2) **There are sufficient actions that can be implemented immediately to control the danger threats.** The mental health clinic can most likely see Ms. Kazca immediately and provide timely follow-up. While any change in medication could likely take days, weeks or longer to take full effect, Ms. Kazca's mother or older sister would likely be willing to come to the home (based on current and previous help provided) during the day and see how she is doing and thereby provide supervision and monitoring of Ms. Kazca's mood and behavior stabilization, and equally important, allow her to take a nap if she is overly fatigued. The foster care mother is also likely to be willing to provide additional social support to Ms. Kazca based on her ongoing involvement with the family to date.
- 3) What is particularly encouraging and essential to an adequate plan is that the individual's identified in number two above can be relied upon **to control the threat are likely to be available when the threat is most likely to be present.** Typically, informal supports (friends and family) are generally much more willing to arrange or re-arrange their schedules to accommodate the friend or family member than the professional participants to the plan (unless the plan specifically includes a crisis intervention safety service provider). Learning to identify and include reliable informal supports in the plan is essential to increasing the potential family visibility and support when the parent or caregiver most needs it. Friends and family do not keep "office hours."
- 4) Based upon the on the source of the danger threat (need for mood stabilization, emotional support and stress reduction) **implementing concrete, action-oriented activities and tasks** appears highly feasible. Crisis Intervention, consisting of a mental health check, medication evaluation, and mood stabilization. Supervision and monitoring of the home could occur regularly but unannounced, at different times of the day, at least two times per week. Social support to encourage Ms. Kazca and hopefully to provide an uplift and surge in her energy could occur on a weekly basis. Short-term separation from the children, consisting of after-school daycare for the two oldest boys every

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school day; and possibility of respite care for all children on an occasional weekend either informally (friends/family) or agency sponsored.

- 5) Due to the highly specific safety actions that Ms. Kazca needs to complete (and which can be easily monitored) **nothing about her in-home safety plan could be said to dependent upon a parental promise.** Furthermore, while not conclusive in itself, her willingness to enter into and complete a case plan in the past is a good indication of her ability to follow through with assigned tasks and actions.

THE HORAN CASE

Maltreatment:

The youngest child, Kyle, age 2 years, 7 months, sustained a broken nose and also has various cuts and bruising to his body including a cut to his hand, some redness and bruising to the neck and shoulder, caused by his father, Gregory James last week. Three other children live in the home. Jesse, age 1 1/2, also the son of Gregory James, was present during the incident but not harmed. Tony Horan, age 15, and Dylan Horan, age 17, are step-sons and were not present.

There has been previous verified maltreatment over the years, involving the older sons (including two others who are no longer at home). These incidents involve neglect by the mother, Barbara Horan.

Circumstances Surrounding the Maltreatment:

The parents have been married eight months. The mother works two jobs and father one. On Tuesday, while the father was caring for the children while the mother was at work, Mr. James was taking a nap on the bed with his two young sons. He woke up to the noise of glasses breaking in the kitchen. He found Kyle standing on the kitchen counter, dropping glasses on to the floor. Kyle had also strewn coffee and sugar all over the kitchen counters and floor. Mr. James grabbed Kyle, roughly sat him on the counter, and hit him in the face bloodying his nose. After cleaning Kyle and the kitchen up Mr. James called his wife at work, telling her he had "lost it" with Kyle and they were lucky he hadn't hurt him worse than he did. He told her Kyle had a bloody nose.

Ms. Horan returned home from work three hours later. Fifteen year old Tony told her to go look at Kyle's face. Barbara Horan said she was so angry she left, leaving Tony in charge of the two youngest boys. She returned to the house in the morning. When her husband confronted her about leaving the couple got into an extended verbal altercation prior to Ms. Horan leaving for work that morning. Local police responded to a neighbor's complaint about the fighting and subsequently reported Kyle's injuries to the Abuse Hotline.

At the request of the investigator, Ms. Horan took Kyle to the child protection team, where photographs were taken and treatment given for a broken nose. When interviewed by law enforcement Mr. James admitted to slapping Kyle but did not know how the other injuries occurred. He admitted to having a few drinks before falling asleep on the bed, but denies being intoxicated then or later when he slapped Kyle. He cares for the children every night while Barbara works a 3 -11 shift. No one in the family says anything like this has happened before. However, all family members are concerned that Mr. James is drinking more frequently and more heavily.

Mr. Gregory was arrested for child abuse with Ms. Horan posting his bond two days later. As part of his pre-trial release agreement he is to have no contact with his children pending further notice of the court. He is currently staying with a friend. In Mr. James's absence Ms. Horan has arranged for her sister-in-law to extend her child care duties from 10am – 2pm to 10am – 5. She has also arranged for her a maternal aunt to agree to stay with the children from 5pm until bedtime (7:30pm). One of her teenage sons will be in the home from 7:30pm until Ms. Horan gets off work.

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The following additional information was collected for the FFA over the course of the next week.

Child Functioning:

Kyle: age 2 years 7 months. Kyle is a very active child who explores everything. He also is fairly easily diverted and will sit and play appropriately if given challenging games, puzzles, etc. Both parents say he sleeps well, eats well, and is toilet trained. He can, if not diverted, escalate his behavior – running, screaming, and “finding trouble”, according to his parents.

Jesse: age 1 year 6 months. Jesse appears healthy, but may have vision problems and is scheduled to be tested at the pediatric clinic, according to mother. He likes to play with Kyle and is on target developmentally. He eats and sleeps well. He is not very verbal yet but likes to play with blocks and be read to. He is mobile but both parents say he does not have the same high energy as his brother Kyle.

Tony: age 15. Tony is in high school where he does average work. His attendance is regular but he has had some behavior problems, with a recent suspension due to a fight with another student. Tony has been a “good helper” with the two younger boys, according to mother. Tony seems to have a lot of affection for Kyle and Jesse. He gets along well with Gregory, his step-dad, and says he has never seen Gregory physically hit any of the children. Most evenings, Tony is home but he does go out on weekends. Neither parent feels they have concerns about Tony. Tony is beginning a job next week at a restaurant, where he will work from after school until 9 pm. Tony has a good relationship with his biological father, and visits him two or three times a month for dinner and occasionally stays for a weekend visit, usually during a holiday.

Dylan: age 17. Dylan has been missing a lot of school and will likely not graduate. He spends most of his time away from the house, reportedly listening to music at a friend’s and learning about mechanics from the friend’s father. Dylan gets along with family members, but prefers to stay away from home. Dylan has the same father as Tony and gets along well with him, but doesn’t see him regularly.

Adult Functioning

Barbara: Barbara’s history involves being a victim of sexual abuse as a child and having two previous relationships with violent men, where she was hurt to the point of requiring hospitalization. She minimizes how either of these issues could be affecting her today. She says that she has not had any violent episodes with Gregory, although he has been drinking more frequently and at times is “a mean drunk.” Barbara does not communicate in-depth about issues such as: where she is spending her time beyond work (including the night of the maltreatment incident); whether she is happy; who she relies on for friendship. Her problem-solving skills (e.g., what she will do for long-term child care) seem poor and she lacks insight into how she needs to be more involved in her children’s lives. Barbara says she is not depressed nor has she had any other kinds of mental health issues. She has been in out-patient treatment for alcohol abuse several years ago but feels that she does not have any problems – she says she drinks “socially.” Barbara gives superficial answers to lots of questions, evading topics she doesn’t want to address. She often comes up with superficial or short-sighted “solutions” to issues failing to look beyond the immediate problem. While she says Gregory is a “mean drunk,” she also comes back to the idea he should come home to take care of “his kids.”

Gregory: Gregory admits to a serious problem with alcohol, for which he received treatment a little over a year ago and was sober for 10 months. He began drinking again three months ago. In the past four

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months he has 3 or more beers before dinner, another 2 beers with dinner and usually a couple more before taking a nap about 7 pm. He describes being under considerable stress and is very upset because he thinks his wife is having an affair. He states it is hard for him to think about anything else and the drinking helps calm his nerves. Gregory knows he gets “mean” when he drinks but is adamant that it does not affect his relationship with Barbara or the children and was not a factor in the incident last week. This is Gregory’s second marriage. He has two prior DUIs convictions (2 and 5 years old) and an assault charge from his first marriage which was subsequently dropped. He states that he is not typically violent and that the incident from the first marriage was a “misunderstanding,” where both he and his first wife were drinking and both were “slapping each other”, but he was arrested. He says he has never “been physical” with Barbara. However, they have had extremely loud verbal fights, including slamming doors and he once punched a hole in the wall due to Barbara’s late hours. He was very upset last week because she stayed out after work at least three times, not getting home until between 3 am and 5 am. Gregory admits to flip-flopping between being depressed and angry with the prospect that his marriage is over. He says he is also overwhelmed at times feeling like he is almost a single parent to the boys. He believes Barbara will help him get the current criminal charge of child abuse dismissed and let him come home – but only because she needs him for child care. Gregory said he has not had a drink since “the incident.” However, earlier in the interview he mentioned when he has had a drink “to get sleep.” During the conversation, he smelled of alcohol, though did not appear to be outwardly intoxicated.

General Parenting Practices:

Barbara: Barbara seems to have minimal interaction with the children. She is away from the house from 10 am, to 11:30 pm most weekdays and also works some weekends. She relies entirely on her husband for the parenting responsibilities. Gregory states that in addition to her job hours, Barbara stays out later and sometimes does not return home until early the next morning. Barbara refuses to discuss this issue, saying Gregory is paranoid, but offering no explanation. The recent arrest of Gregory has caused Barbara to stress over a long-term fix for child care. Gregory’s sister has extended her child care to stay until 5:30 p.m. this past week with Barbara’s own sister agreeing to take over from that point until Ms. Horan gets home from work. Ms. Horan’s relationship with Barbara is strained and the temporary arrangement may not last long much longer and Ms. Horan’s sister has stated she can only help out for another week in the evenings. Barbara has said that her son Tony can help, but seems oblivious to the fact Tony’s new job will have him away from home in the evenings.

Gregory: Gregory is home from work at 2 pm daily at which time, up until the incident, his sister who provides childcare, leaves. Gregory has been providing the day-to-day structure for parenting: meals, laundry, baths, medical follow-up, etc. He says he has been overwhelmed, exhausted, and growing resentful, particularly with Barbara staying out later and later. He admits to often taking the boys into the bedroom for a late afternoon/early evening nap in order to get some rest. The incident on Tuesday was the first time he was so fast asleep that he did not hear Kyle get up and start “exploring” in the kitchen.

Disciplinary and Behavior Management Practices:

Barbara: Mother works two jobs on most days so she feels she should be given “a break” from having to deal with situations requiring discipline. She does expect the older boys to maintain a curfew but could not say for certain how often (or if) the curfew is followed. With the smaller children, she had to use time-outs with Kyle, but more often tries to distract both young boys when they are “starting to get into

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trouble.” Barbara’s two oldest sons who are out of the home began having patterns much like Dylan – staying away more and more, skipping school, etc. Barbara does not know what to do about Dylan and mostly her job prevents her from focusing on dealing with him. She believes Tony is her helper and rarely needs any discipline.

Gregory: Gregory provides most of the day-to-day discipline according to both parents, and at times that involves issues that come up with the older boys. Most of the time, Mr. James simply discusses the consequences of their decisions with the teenagers. For the younger two, Gregory usually tries to “run off” some energy with the boys when he gets home from work by going to the park. He finds this to be the best form of “discipline,” meaning it prevents him from having to carry any out. He sometimes uses time outs with Kyle. He maintains he never “lost it” during the maltreatment incident or ever physically disciplined or harmed the children.

The KAZCA CASE

Maltreatment:

Donna Kazca gave her daughters Natasha and Esta and sons Simon and Donelo sleeping pills in order to get them to fall asleep faster. A former foster parent who has remained involved with the family reported this information after visiting with the children this past weekend. The children were tested by the pediatrician who found significant but non-toxic levels of the medication in the children's blood samples. A medical report with details is provided.

Circumstances Surrounding the Maltreatment:

Ms. Kazca was reunited with all four children seven months ago, with the agency closing her case six months after the children were returned to her. Except for this most recent incident, reported three days ago, no new reports had been received on the family. Ms. Kazca has frequently been tired and overwhelmed in caring for her children. 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. She denied ever giving her children sleeping pills. However, she reportedly admitted to the foster parent that she was tired and needed the children to go to sleep so she could also get some rest. 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. This is the only known instance of Ms. Kazca giving the children sleeping pills. 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. Previous maltreatment has included two instances of physical injury, bruising and scrapes to Simon and Donelo, received as a result of overly harsh discipline by Ms. Kazca. These instances of physical abuse were likely due to her mood instability (was not on current medication) and overreacting to the boys' behavior. The circumstances that led to a finding of dependency and the children's placement in foster care was Ms. Kazca's inability to provide even the most basic care for her children after the accidental death of her youngest child caused her to isolate herself from the surviving children, sleeping constantly and not being able to meet even their most fundamental needs. Her eventual psychiatric hospitalization did stabilize her rather quickly however.

Children's Functioning:

All the children are developmentally on target. Simon, age 7, is smart and likes to help when he can. Simon has some significant anger issues that have increased since the death of his brother (accidental death approximately 2 years ago). Simon has temper tantrums where he fights with his younger siblings or other children. He throws things and tries to break them. Simon seeks a lot of attention. He knows what appropriate behavior is, but when he becomes upset he refuses to follow rules and directions. Simon responds well to redirection when he is out of control. Physically, Simon is close to average height

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for a child his age. Simon likes to take on a parental and protective role toward his younger brother and sisters.

In the past year, Donelo, age 5, has become more outgoing and friendly with both adults and other children. Donelo used to be very quiet and withdrawn at times but has improved a great deal. He is now more talkative and responsive to others. Donelo is also smart and likes to be a helper. Donelo has a history of inappropriate boundaries with others, asking other children to pull their pants down. This behavior has been decreasing. Donelo gets along well with other children. He sometimes plays rough with other children at school and also gets into fights with his sister Esta. Donelo is developmentally on target in terms of height, weight, and social skills.

Esta, age 4, more recently has begun to look sad or moody. She is not as talkative as she used to be. She appears to be developmentally (social skills and intelligence) and physically on target at this time. Esta has times where she wants to be treated like a baby and she will revert into baby talk and actions.

Natasha, almost 3 years, is doing very well. She is talking a lot now and is potty training. She laughs a lot and enjoys being around her siblings. She eats well and is easy to care for. She sleeps well, though not long. She continues to have a slight allergy problem which the pediatric allergist is monitoring. Her behavior is socially and intellectually appropriate for her age.

Adult Functioning:

Ms. Kazca is diagnosed as having Bipolar Disorder. She takes medication but still has problems with mood and behavior. On a daily basis she can be a very calm, kind and respectful person. However, when she becomes upset she goes from one extreme to the other very quickly. 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." Ms. Kazca has a history of suicide attempts and of self-medicating with marijuana. She has a history of reacting before thinking about the consequences of her actions. For example, she has tried to get into physical fights with friends or relatives in front of the children without thinking about how it would affect them. Ms. Kazca is lower functioning intellectually, and was diagnosed with a learning disability as a child. She has difficulty managing her expenses and expenditures on her own. She has had reoccurring problems with keeping her bills paid and doing the necessary steps toward keeping her TANF benefits. She does receive occasional child care help from her family (older sister and mother), which are frequently interrupted because of family conflict.

General Parenting Practices:

Ms. Kazca takes her parenting seriously and is committed to making sure the children are never removed from her again. To raise four children alone, she has established a routine and schedule. However, all of the children are on the same schedule, which keeps them up too late and does not include naps. Although she uses the former foster parent for respite on many weekends, Ms. Kazca is often tired and overwhelmed with parenting. She wants all the children to demonstrate respect and honesty. She also encourages them to stick together as a family. However, some of her expectations for

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her children are inappropriate. The children, particularly Simon, are given more responsibility than children their age can handle. For example, Simon is expected to supervise his younger siblings for short periods of time while Ms. Kazca tries to nap and is sometimes asked to fix breakfast and wake his mother up in the morning. She is patient and does allow them to play and be active. Ms. Kazca does not get along with the teacher and principal at Simon and Donelo's school and when conflict arises, refuses to send the boys to school for days at a time. She does not seem to understand Simon's behavioral issues (temper and fighting) and how to address those issues. However, it is evident that she has an extremely strong bond with her children and loves them very much.

Disciplinary and Behavior Management Practices:

Some of Donna's discipline practices are inappropriate for the children's ages. She has made the children clean and scrub walls as a form of punishment. She has at times responded to her children out of frustration by yelling and cursing at them. Even though this continues to happen fairly regularly, this is something that she has been trying to improve. She has also disciplined the children appropriately by taking away their privileges for a period of time. In the past, Ms. Kazca spanked the children with her hand and occasionally used a belt or switch, but this is no longer the case.