

KINDRED SUPPORT SERVICES
Parent Training
INITIAL ASSESSMENT

FAMILY: Marcy Brown
CHILD: William Stark
DHS CASEWORKER: Joan Sabin
THERAPIST: Judy Tomkins, MSW

DATE: 4-11-02
INITIAL SESSION: 3-25-02

REFERRAL INFORMATION: DHS referred Marcy for Parent Training for voluntary services with a request that I assess the family's needs and abilities. Marcy and William became involved with Child Welfare Services following an incident in January 2002 in which Marcy was alleged to be using drugs and alcohol while parenting her then 3 month old son and allowing intoxicated and violent persons around William and in her home. This incident followed reports that Marcy was using Methamphetamines during her pregnancy. Prior to DHS involvement in January, Marcy reportedly had already engaged with Rural County Mental Health for alcohol and drug related treatment as well as other services and community resources but was described as "disengaging" in services. Subsequently, Marcy enrolled in residential treatment for alcohol and drug use at Eastern Oregon Alcohol Foundation and has recently completed her treatment. The Caseworker has expressed concerns about Marcy's support needs as she reintegrates into the community and her ability to integrate the knowledge she had gained from her experiences. The Protective Service Assessment states that Marcy needs to demonstrate her increasing proficiency in meeting William's needs for food, shelter and emotional, mental and physical development. I reviewed notes from the Family Decision Meeting (2-7-02) and noted the following concerns listed under the Needs category: Marcy's ability to maintain a stable home free from violence for herself and her year old child, William; Marcy's ability to choose healthy friends and to develop a healthy social life for herself and her child; ongoing parenting skill development; development of a mutual support system with other mothers of infants/toddlers; and decision making about contact between Will and his father.

FAMILY HISTORY: Marcy describes herself as having experienced a great deal of trauma and loss in her childhood and early adulthood. She was victimized by childhood sexual abuse. She has experienced domestic violence as a child and in adult relationships. Marcy lost several of her closest relatives in recent years, including her mother and brother. During her time in Portland she was involved with gangs, prostitution, drugs, alcohol and violence.

FAMILY ASSESSMENT: Marcy describes a long history of drug and alcohol use but she says she's been sober and clean for 8 mos. Marcy sounds somewhat isolated from peers or other young mothers with children William's age. She describes having a local support system that includes primarily relatives and professional supports. Marcy has inconsistently described her relationship with previous friends who were violent and/or using alcohol, indicating ongoing friendship at times and lack of interest in the relationship at other times. Marcy appears to need a non-professional support system consisting of safe and sober friends. This may develop naturally through her involvement in services; however, her shyness and lack of experience with healthy peers are likely

impediments.

Marcy expresses great affection about William and clearly delights in being his mother. Marcy is attentive and warm toward William, particularly in the area of safety. Marcy has indicated that she's had medical care for William on several occasions since they've been back from treatment, including for vaccinations and an upper respiratory infection. It appears that she is aware of or receiving support for getting his medical needs met. Marcy denies the need for a schedule or structure for William as she said he sleeps when he wants to and she feeds him when he's hungry. There are indications that she may need some direction in terms of appropriate foods. She describes him as going to sleep early in the evening every night as she does herself. He doesn't take regular naps and she does not attempt to impose a schedule on him with regular rest times. Marcy describes William as sleeping with her, primarily for her own comfort at this point. Although separate beds were provided in the treatment facility, she felt it was in both their best interests to sleep together. Marcy has not alluded to child developmental needs or expectations related to emotional or social development other than both her and William's needs for physical contact. We will continue to assess Marcy's understanding of young children's developmental needs and to help Marcy differentiate between her needs/wants and William's needs.

Marcy's home lacks in stimulating activities for William. Toys are present but there is nothing that is appropriate for his stage of development or interest level. William appears to thrive on interaction with adults, constantly seeking the attention of his mother or us. At our last session, I suggested we play in the yard; Marcy stated it was the first time William had ever played in the yard because of the thistles which were nestled amongst the grass. William needs a safe play area outside which would include fencing, toys and thistle removal.

William is an unusually amiable and "easy" child. Marcy's relaxed temperament is a good blend for William as long as she is able to remain clean and sober and to protect him from harm. At this point, Marcy appears to manage William's behaviors easily due to his temperament and stage of development. I have concerns that she could be challenged as William begins to assert his independence and individuality.

FAMILY STRENGTHS: Marcy describes herself as very knowledgeable in terms of her parenting. She describes having had numerous parent training classes, including the Love and Logic classes, parenting support from Angie Lunde through Building Healthy Families, and parenting classes held in the residential treatment center where she and William resided for the past four months. Marcy is very vigilant about William's safety. She is able to hold a conversation with professionals while keeping a close eye on William which is no easy feat due to his activity level. Marcy has remained active in numerous services and appears to have developed positive relationships with staff from Building Healthy Families and Safe Harbors. Marcy is actively working to achieve her GED. She reportedly has increased her skills and understanding in the area of domestic violence and has increased her ability to make wise choices about friends. Marcy's self esteem is described as improved. Marcy has been developing a personal relationship with her landlord and has recently been baptized in her church.

TREATMENT PLAN:

GOAL 1: Marcy will demonstrate her increasing proficiency in meeting William's needs for food, shelter and emotional, mental and physical development.

- a. Marcy will get William's regular medical check ups on time.
 - b. Marcy will have William re-tested for Hep. C.
 - c. Marcy will be sure that William's immunizations are current.
 - d. Marcy will develop a schedule for William that allows for adequate rest, playtime, and nourishment.
 - e. Marcy will develop a list of foods that are appropriate for William for meals and snacks and will develop menu options that provide for balanced meals.
 - f. Marcy will demonstrate that she understands alternative behavior management strategies for dealing with problem behaviors.
- GOAL 2: Marcy will insure that William lives in a safe and secure environment.
- a. Marcy will prevent William from contact with people who use alcohol and/or drugs.
 - b. Marcy will prevent contact with people who engage in domestic violence or out of control emotions, or other emotionally or physically unhealthy or dangerous situations.
 - c. Marcy will demonstrate her understanding of unhealthy and/or dangerous situations.
 - d. Marcy will develop a healthy support network of friends for herself and William.
 - e. Marcy will identify people she can contact for support if she should come into contact with unhealthy friends/acquaintances from her past.
- MODALITY: Kindred Support Services will provide weekly counseling sessions for Marcy, providing her with parenting education, modeling of adult/child interactions and coordination of treatment with other resources.

Marcy Over, MSW Practicum will be the lead parent trainer for Marcy.