Signs of Safety In Children’s Mental Health

Angie Simon, L.S.W.
Tammy Thompson, L.S.W.
Session Agenda

- Introductions
- Definition of SOS (Signs of Safety)
- Mapping
- Mapping Questions and Practice
- Words and Pictures
- Impact for Families
- Questions
- Breakout / Role Play
Introductions

- Who is in this room?

- Have you heard, used, and/or experienced SOS in some form?

- What are you hoping to get out of this session?
Definition of SOS
What is SOS?

SOS is a philosophy that was developed in New Zealand and further perfected by Andrew Turnell in Australia.

SOS supports open communication, clear bottom lines and expectations and a way to help families develop a plan that works for them.
Definition of SOS

SOS Tools

- Mapping
- Case Planning
- Scaling Questions
- Safety Planning
- Trajectory
- Words and Picture
Mapping

- There is a main “mapper” who remains a neutral facilitator
- Helpful to use a multi-disciplinary team, such as CMH, CP, Assessors, and AMH
- Different mapping groups based on purpose:
  - Internally with staff
  - Outside professionals
  - With the family
- Family & people involved talk first, then participants can ask questions or ask for feedback
Mapping
Five Main Categories in a Map

- Purpose
- Worries
- Complicating Factors
- Strengths
- Next Steps
Mapping

Purpose

Must have a clear purpose for a map. This is the first step...What are we looking to solve?

- Case Planning
- Safety / Crisis Planning
- Ways to engage parents
- Bottom lines for service to continue
- Transition planning
Mapping Worries

- What are we worried about?
- Safety risk to child or family
  - SIB, suicidal/homicidal tendencies
- Anything that is harmful to the child
  - Drugs/alcohol use, domestic violence, parents’ mental health gets in the way of child’s mental health services
Example: Jane (child), Mom, CMH Worker, other CMH CP Workers

WORRIES:
1. School and grades are a struggle; depression gets in the way, in the bathroom a lot, trouble focusing
2. Trouble with sleep: feels exhausted
3. Mom worries about Jane cutting, crying all the time, and wanting to be alone; more of a habit
4. Jane feeling suicidal and can’t keep herself safe
5. Jane has attempted to OD 3 times: took medication from people’s homes (adderall, vicadin): Jane’s intent was to feel something
Mapping
Example continued:

WORRIES:
6. Intent to feel something / anything
7. Missing appointments: individual therapy, family therapy
8. Mom not being consistent as she should be
9. Mom doesn’t take it as seriously as she should
Mapping

From the Map we may create a Worried Statement for the family

A Worried Statement is one to two lines that clearly lays out what everyone is concerned about.

These may be written by the Worker to the family, from the family to the child, or from the child to the family.
Mom and CMH Social Worker are worried that if Jane came home and continued to hurt herself, like when she cuts herself and bangs her head, that she could seriously hurt herself or die.
Mapping
Examples of Worried Statements

- Mom and CMH Social Worker are worried Jane does not control her anger and then becomes violent by head banging, pulling out her hair, throwing chairs, or physically attacking people.
Mapping
Complicating Factors

Things that may not be harmful; to the child, but adds stress or makes it harder to address the worries.
- School / Attendance / Performance
- Peers
- Poor family support
- Custody issues
- Criminal
Complicating Factors:

1. DBT, youth partial, psychiatrist, individual therapy, CBT therapist – lots of services and still struggling
2. Menstruation causes mood to fluctuate
3. Doesn’t take medication consistently: changing medications to often, adding more
4. Life is busy and not enough time to get to appointments
Mapping
Strengths

What does the child / family have in place that we can use to make the worries better:

- Highly intelligent
- Parents follow through with recommendations
- Child open to change
- Grandparents are supports; willing to transport to appointments, supervise when parents can’t, etc.
Mapping
Example Continued:

Strengths:
1. Willing to access whatever services needed
2. Thought CBT therapist was cool
3. Family therapy with therapist
4. Smart: reading at 11th grade level, good writer
5. Motivated to change
6. Medication for sleep helps with nightmares
7. Jane engages with services, tries new things
8. Normal sibling relationship
9. Jane and Mom have a close relationship
Mapping
Example Continued:

Strengths:
10. Mom has a job and an apartment
11. Huge family support: implement safety plan (aunt will watch Jane)
12. Jane hasn’t cut for a month
13. Feelings of depression and sadness are real and tries so much to move beyond it
14. When family makes it to appointments they work hard
15. Simplified the number of services in place
Mapping
Next Steps

What are we going to do about all of this stuff?

**Who** does **What** by **When**?
Next Steps:
1. Mom watch Jane take her medication.
2. CMH Worker will keep coming to Jane’s medication appointments.
3. CMH worker look at placement for Jane.
4. Jane contract for safety until placement is figured out.
5. Jane is never left home alone until safety concerns go down.
6. Jane will attend school every day.
Case Planning

Out of each worry within the map we develop a goal based on the next steps to work towards with the family.
Mapping Example Continued:

Plan:

Placed at Greater Minnesota Shelter on 3/2/11 to maintain her safety and help family get used to placement. On the list for the St. Cloud Children’s Home and will be transferring there in 1 – 2 weeks.
Mapping
Example Continued

Scaling Questions (1 being the worst, 10 being the best):

1 – Feeling suicidal and plan / 10 – No thoughts or plan

• Where Jane is at today “suicidal”: 10 – no thoughts or plan

• Where Mom is at with Jane “suicidal”: 7 – (wouldn’t do it) want to see more pep again, spunk for life, Jane overwhelmed with appointments. Mom thinks that Jane’s values keep her from doing it
Mapping
Example Continued:

Scaling Questions (1 being the worst, 10 being the best):

1 – Feeling suicidal and plan / 10 – No thoughts or plan

• On Jane’s worst mood day: 2
• Where CMH worker is at with “suicidal”: 2
• Where CBT therapist is at with “suicidal”: 5 – Jane’s assumption
• Where Grandma is at with “suicidal”: 6
Mapping
Example Continued:

Scaling Questions (1 being the worst, 10 being the best):

1 – Not safe at home with safety plan / 10 – Safe at home with safety plan

- CMH worker: 1-2 recommending placement (St. Cloud Children’s Home)
- Jane: 3
- Mom: 3 cut even with supervision
Mapping

Example Continued:

Safety Plan:

1. Talk to Mom
2. Try to do something: Sara, Jessica, Roxy, Andrea, GAL
3. Try to reach supports in Willmar
4. Call Cottage, Samantha or Joe
5. Mobile Crisis – 235-4613 ext. 7
6. Crisis Center – 235-4613 ext. 7
From here we may come up with clear bottom lines of what needs to happen to keep CMH open.

- If Mom and Dad do not follow through will all recommendations CMH will close the case.

- Every provider on the CUA recommends CD treatment. If Mom doesn’t agree county services would be closed.
Mapping Confidence Scaling

Once we have next steps, bottom lines, we move into confidence scaling about our plans.

On a scale of 1 – 10 how confident are you that this plan will work?
A tool that can be used to measure movement towards a goal.

It can be used to setup tasks an individual child or family need to complete to meet their goals.
Trajectory

- To determine tasks from case opening to closing
- Measure and redefine goals for difficult cases
- Transition from placement to home
Johnny Trajectory

12/11/13. Mom and Dad, CMH Social Worker, In-Home Worker

How Johnny looks when he puts himself and others in danger:
Johnny is defiant, in your face, breaks things, slams doors. He has no sensor and these things can happen to a degree in any environment. Johnny is both verbally and physically aggressive.

How Johnny will look when he successfully transitions home:
Johnny will laugh, have a more positive facial affect. He won’t be looking for criticism (both to get and receive). He doesn’t challenge everything people say. He is willing to give up his control and not get into power struggles. He knows and understands his boundaries and limits. If Johnny does have a rough day, he will have a quicker turn around.
## Scaling:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Johnny is placed in foster care</td>
</tr>
<tr>
<td>1</td>
<td>Johnny is testing limits. He’s rude to his sisters and intimidating. He is in your face, slamming doors, and arguing.</td>
</tr>
<tr>
<td>2</td>
<td>Johnny has a home visit 1-2 times a week</td>
</tr>
<tr>
<td>3</td>
<td>Johnny shows spontaneous smiles. He has positive greetings and good byes when visits start and end. He is able to leave his sisters alone and just ignore them.</td>
</tr>
<tr>
<td>6</td>
<td>Johnny has visits 3-4 times a week</td>
</tr>
<tr>
<td>Johnny is more quickly redirectable when he is arguing. He accepts feedback. He is able to talk politely to the girls.</td>
<td>Johnny will be offered an over night visit and will continue to have 4 or more home visits a week.</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Johnny is able to interact with the girls and play with them. Johnny lets his parents address the girls if there are problems and parents can set limits with the girls.</td>
<td>Weekend over night visits or a few days at a time</td>
</tr>
<tr>
<td>Johnny would increase his behaviors at 7 and 8. He would have more tolerance for all of the family. He would be able to maintain this for a period of time. If he does dip down in the scale, he is able to come back up to a 9 by the next visit and is able to not hold a grudge. Johnny would feel reassured that he belongs with his family.</td>
<td>Over night home visits 5 days a week</td>
</tr>
<tr>
<td>See above: How Johnny will look when he successfully transitions home</td>
<td>Johnny is home</td>
</tr>
</tbody>
</table>
Words and Pictures
Words and Pictures

Words and pictures is a story written for a child by their parents to explain what happened in their life that got them to the place they are now. It helps the child understand better why they went into placement and have an understand of what life was like for them. It helps the parents see their struggles, as well as the concerns that social services had for the child. It also gives the parent another opportunity to tell the child things they may not be able to tell them in the future.
Words and Pictures

With Words and Pictures, a parent meets with a social worker and the social worker will help them write the story. The social worker helps gather information on memories about the child’s birth, things they like about their child, and things they liked doing together. They also gather a brief timeline of the child’s life; who they lived with and when. The social worker asks the parents how they want to explain the concerns and will use the parents words. The social worker will create a draft of the story and go over it again with the parent and the parent has final say to make any changes they would like.
Words and Pictures

Pictures can be added. There can be drawings or real pictures the family has can added. The child can add the drawings once they are give the book.

This story is something the child can have with them forever so they remember the positives about their birth parents and also understand what brought them to the point of needing to be adopted.
Words and Pictures

- From bio-parent to child
- Birth story
- Favorite stories
- What went wrong
- Best hopes
Words and Pictures

Questions

- How did mom and dad meet?
- What they thought when they found out they were pregnant?
- What was the pregnancy like?
- How labor went?
- How the name was picked?
- Who visited at the hospital/what did people think of the child?

- Favorite things they liked to do with the child/favorite memories?
- What got CPS involved? What were people worried about?
- What foster care placements there were, how visits went?
- Why the Judge decided they couldn’t be together anymore?
- What parents thought of adoptive parents?
- Something about birth family thinking of the child
- Best hopes for the child
Words and Pictures

Corey’s
Life
Gayle met Larry at the Rebel Bar in North Carolina. Gayle noticed Larry right away because he was 6 foot 6 inches tall!

Gayle and Larry dated for 5 years. After 2 years Gayle got pregnant. She was surprised when she got pregnant because she didn't think she could have another baby! She was excited. Larry was glad that Gayle was pregnant.
Gayle’s pregnancy went ok. She had problems with the placenta so she had to be on bed rest for 2 months. She couldn’t eat pizza or hamburgers because they made her feel sick.
Corey was born by c-section at 7:30 am in Beaufort County, North Carolina. He weighed 7 pounds 15 ounces. Melodie, Gayle’s ex sister-in-law) was at the hospital. Grandpa and Grandma Fordham and Corey’s big sister Tonya all came to see him.
Gayle named Corey after a neighbors son and James came from Larry’s Dad.
Gayle and Corey stayed in North Carolina for 2 months with Kathy, Corey’s Grandmother. They moved back to Minnesota after that and lived with Larry in Gayle’s Grandma’s old house.
Corey liked to throw rocks when he was little. He liked Nickelodeon. Mostly Corey loved hanging out with his Dad and his Dad would buy him chocolate milk. Corey also liked watching his Dad target shoot.
Gayle, Corey, and Larry moved around a lot with Larry’s job until Corey started school.
Gayle and Corey loved to play with toys, go outside, and play at parks when Corey was little. Corey loved playing with airplane swings. Corey had a pillow they called “Lamby” that was his favorite! He liked putting “Lamby” on his face when he fell asleep and carried it everywhere he went.
Corey first went to school in Kasota, MN and then they moved to Missouri. He liked school ok, but Corey didn’t like to sit still.

Corey liked to throw rocks when he was little. He liked Nickelodeon. Mostly Corey loved hanging out with his Dad and his Dad would buy him chocolate milk. Corey also liked watching his Dad target shoot.
Corey had a dog named ‘Paws’ that would wrestle with Corey. Corey loved his Big Wheel and loved playing in the dirt. Gayle and Corey planted sunflower seeds and they grew as tall as Corey.
Corey’s favorite book was ‘Left Foot Right Foot.’ Gayle read it to him all of the time.

Larry and Gayle broke up when Corey was 6 or 7. Gayle and Corey moved to Spicer, MN and have been there ever since.

Corey and Gayle liked watching TV together. Corey got really into games. Gayle and Corey also rode bikes and played basketball. Corey loved swimming and was really good at it.
Corey had to go to the St. Cloud Children’s Home because of school problems and not listening at home. Gayle would visit him and he would come home on some of the weekends.
When Corey came back from the St. Cloud Children’s Home he did well for awhile and then started to struggle again. He took off on Jon Marchand and we decided Corey needed some more help. Angie gave them 2 choices: foster care or jail. Corey wanted to go to foster care.
When Gayle met the Beckermanns, Gayle was surprised because she knew them from church. Gayle thought Beckermanns would be good for Corey.
Gayle liked that Beckkermanns were close, but that was also a problem because sometimes Corey ran home to Gayle.

Gayle gets jealous of the time Beckermanns have had with Corey. They treat him really well and they are more patient with Corey than Gayle is.
Gayle hopes Corey has a great life. She wants to watch him grow up to be a nice, good looking young man.
Gayle is proud that Corey has grown up so fast and that he is a charming young man. He’s very polite and gives great hugs!

Gayle feels proud of the choices she has made for Corey and that it helped letting him go, even though it was hard. She is still a big part of his life. It kills her that Corey wasn’t with her these last few years, but it was worth it to see how far he’s come. Gayle is so proud of Corey and loves him more than anyone!
Words and Pictures

Also use Words and Pictures to have kids write their own story.

Words and Pictures can be used to address boundaries and safety planning with kids.
Words and Pictures

Our Safe Boundaries
We have boundaries outside at our house. We can go to the light pole and back. We can go to the basketball court and to Grandpa’s house as long as he is home. We can’t go to the woods.
Mom doesn’t want us to go where she can’t see us because it makes Mom scared. She doesn’t want us to get into trouble or do bad things like smoke cigarettes, kiss girls, or start any fires.
We can give people hugs as long as we know who they are and they aren’t strangers. Mom, Grandma, and Dad, can give us kisses on the cheek, forehead and hands.
We are not supposed to read books with naked pictures on them. If we find them, someone shows us, or tries to give it to us we shouldn’t keep it. WE could give it back, throw it away, and not take it. We should also tell Mom, Dad, Grandpa, or the principal.
When we go to the YMCA, we can go in the family locker room. We take baths alone and if someone has to go to the bathroom we will knock first. We will cover ourselves with a towel before coming out.
Nobody should touch us on our penis or our naked butts. If something was wrong with our penis we would tell our Mom or Grandpa. If a doctor needed to look at it Grandpa or Mom should be in the room. If someone asked to see or touch our penis or us to touch theirs we would say “no” and ignore them and tell our Mom.
If anyone wants us to touch their privates, we should say “No, thank you” and tell our Mom right way. It’s naughty because it’s not our body parts. If somebody hurts us by touching our penis, hitting us, calling us names, or hurting us in another way we will tell our Mom, Dad, teacher, Jenn, Mike, the cops, Cassie, Grandma Nan, or Grandpa.
Impact for Families

- Kids finally get answers that they may not have had before
- Kids are given permission to move on
- Has bridged relationships between Adoptive Parents and Bio-Parents (no longer seen as “monsters”)
Questions?

Break Out Sessions

Mapping

Words and Pictures
Contact

Angie Simon, L.S.W.
angie_simon@co.kandiyohi.mn.us

Tammy Thompson, L.S.W.
tammy_thompson@co.kandiyohi.mn.us

Andrew Turnell
www.signsofsafety.net