

**THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

SW 503 - FOUNDATIONS OF SOCIAL WORK PRACTICE II

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Office hours: Monday: 4:00pm-5:00pm
Tuesday: 4:00pm-5:00pm

The Honor Statement

An essential feature of The University of Tennessee, Knoxville, is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the university, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics, 2002*).

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical and Professional Conduct code that is in the CSW MSSW Handbook. www.csw.utk.edu

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact the Office of Disability Services at 191 Hoskins Library at 865-974-6087. This will ensure that you are properly registered for services.

COURSE DESCRIPTION

This course is the second of a sequence of three required Foundation practice courses. The course focuses on generalist social work with families and small groups. It incorporates content on care coordination (case management) and participation in teams in relation to direct practice. The course is framed conceptually by the "ecological opportunities and risks" for human adaptation. Specifically, the course emphasizes assessment and intervention with clients inclusive of their risk, protective factors and strengths in the context of the supports and demands of their environment. Course topics include: problem solving approaches in social work with families; methods for planning, recruiting, and implementing basic social work client groups (i.e., client task, support and psycho-educational groups); care coordination (case management) strategies across the continuum from the agency/unit case manager role through intra-agency and inter-agency care coordination; incorporating evaluation in practice; analysis of and strategies for the resolution of ethical conflicts in direct practice; and the role and functions of social workers in professional and interdisciplinary intra-agency and inter-agency teams.

Course Rationale:

Direct generalist social work practice with clients in the context of their reciprocal relationships with their environment, including social service agencies is generic to foundation knowledge about social work practice.

COURSE OBJECTIVES:

Upon completion of the course, students are expected to be able to demonstrate (through class session activities, discussions, assignments and/or exams):

1. Knowledge about adaptive change in small systems, including the positive and negative influences of membership in oppressed groups and high risk populations.
2. Knowledge of the influences of interpersonal and environmental stressors in high risk populations.
3. The ability to explicate the professional conscious use of self in developing and maintaining relationships with client systems and with colleagues.
4. Beginning knowledge about differential assessment in social work practice.
5. The ability to apply specific models of assessment and intervention planning to practice (i.e., family-centered practice, support and psycho-education groups, care coordination).
6. The ability to explicate appropriately the social work roles (e.g., broker, linker, advocate, planner) in care coordination regarding services for clients.
7. The ability to assess the reciprocal influences on clients and the systems within which they are embedded (e.g., family, community, culture, service delivery agencies and service delivery systems).
8. An ability to develop ethically sound and culturally appropriate interventions with clients.
9. Knowledge of the application of preventive strategies in social work with clients.
10. An ability to identify ethical dilemmas in social work practice with clients and as a social worker within an organizational system.
11. The ability to plan resolutions strategies for the ethical dilemmas in social work practice with clients and as a social worker within an organizational system.
12. Describe the role(s) and functions of the professional social worker in intra-agency and inter-agency teams.
13. An ability to assess client issues and plan interventions such that evaluation of the outcomes of those interventions can be accomplished.

Required **Readings: Electronic Reserves at UTK Library: www.lib.utk.edu

Continued texts from SW 501 Foundations of Practice I:

Hepworth, Rooney and Larsen. Direct Social Work Practice.

Lowenberg & Dolgoff. Ethical Decisions for Social Work Practice.

Also of relevance to SW 503:

Devore & Schlesinger. Ethnic Sensitive Social Work Practice.

Course Grade Point Distribution	Point Assignment distribution	
95-100 = A	Assign. #1	20
89-94 = B+	Assign. #2	25
83-88 = B	Assign. #3	15
77-82 = C+	Assign. #4	20
71-76 = C	Preparedness &	
70 & below = F	participation	<u>20</u>
		100 points

Evaluation policies and grading criteria for course work:

1. Written work must be completed and submitted on time; permission to submit a paper later than its official due date must be obtained from the instructor PRIOR to one (1) hour before the assignment is due; papers submitted late without prior permission will not be accepted.
2. Assignments must follow the format given in the assignment description/outline.
3. Assignments must demonstrate the ability to integrate theories, concepts and practice approaches/interventions as requested in the description(s) of assignment(s)
4. All written assignments must be identified by Social Security Numbers ONLY---NO NAMES.
5. Spelling errors, syntactical errors or verb tense errors in written out-of-class assignments: ONE (1) point will be deducted for each.
6. Attendance and participation evidencing preparedness for class discussions & activities is expected.

Course Session Schedule & Assigned Readings****Social Work with Families****Session 1 & 2****Tuesday, August 27 & September 3**

Topics:

Overview of course: Learning expectations

Family-centered social work practice from a generalist perspective

Ethical dilemmas in work with families

Readings:

**Abramson, M. (1996). Reflections on knowing oneself ethically: Toward a working framework for social work practice. Families in Society: The Journal of Contemporary Social Work, 77(4), 195-202.

**Gelman, S., Pollack, D., & Weiner, M. (1999). Confidentiality of social work records in the computer age. Social Work, 44(3), 243-252.

**Hartman, A., & Laird, J. (1983). The family in space: Ecological assessment. In Family-centered Social Work Practice, A. Hartman & J. Laird (pp. 157-186). New York: The Free Press.

** Hartman, A., & Laird, J. (1998). Moral and ethical issues in working with lesbians and gay men. Families-in-Society: The Journal of Contemporary Social Work, 79(3): 263-276.

**McPhatter, A. (1991). Assessment revisited: A comprehensive approach to understanding family dynamics. Families in Society: The Journal of Contemporary Social Work, 72(1), 11-22.

**Milstein, K. (2000). Confidentiality in direct social work practice: Inevitable challenges and ethical dilemmas. Families in Society: The Journal of Contemporary Social Work, 81(3), 270-282.

** Reamer, F. (1997). Managing ethics under managed care. Families in Society: The Journal of Contemporary Social Work, 78(1), 96-101.

Resources: Emotional Tasks and Family Development (included in this outline)
Ethical Dilemmas in practice (included in this outline)

Video: Going Home

Session 3 & 4 Tuesday, Sept. 10 & Sept. 17

Topic: Assessing the family system and its ecological context

Readings:

** DeJong, P., & Miller, S. (1995). How to interview for client strengths. Social Work, 40(6), 729-736.

**Devore, W., & Schlesinger, G. (1999). Ethnic-sensitive practice with families. In Ethnic Sensitive Social Work Practice, W. Devorse & G. Schlesinger (pp. 243-260). Boston, MA: Allyn & Bacon.

**Early, T., & GlenMaye, L. (2000). Valuing families: Social work practice from a strengths perspective. Social Work, 45(2), 118-130.

**Laird, J. (1996). Family-centered practice with lesbian and gay families. Families-in-Society: The Journal of Contemporary Social Work, 77(9), 559-72.

**Gant, L., & Gutierrez, L. (1996). Effects of culturally sophisticated agencies on Latino Social Workers. Social Work, 41(6), 624-631.

**Keigher. (1997). America's most cruel xenophobia. Health and Social Work, 22(3), 232-237

**McPhatter, A. (1991). Assessment revisited: A comprehensive approach to understanding family dynamics. Families in Society: The Journal of Contemporary Social Work, 72(1),11-22.

**Swigonski, M. E. (1996). Challenging privilege through Africentric social work practice. Social Work, 41, 153-161.

**Weaver. (1999). Indigenous people and the social work profession: Defining culturally competent services. Social Work, 44(3), 217-225.

Handouts: Transgenerational family mapping

Activity: The worker's family of origin and the use of self

Video: Love and Work: One Woman's Study of her Family of Origin

Session 5 & 6 & 7 Tuesday, Sept., 24, Oct. 1, Oct. 8**Assign. #1 Due Sept. 24**

Topic: Transgenerational family assessment and stressors in high risk families

Readings:

**Al-Krenawi, A., & Graham, J. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. Health and Social Work, 25(1), 9-22.

**Alter, C. & Egan, M. (1997). Logic modeling: A tool for teaching critical thinking in social work practice. Journal of Social Work Education, 33(1), 85-102.

**Congress, E. (1994). The use of culturagrams to assess and empower culturally diverse families. Families in Society: The Journal of Contemporary Social Work, 75(9), 531-540

**Kellar, J., & McDade, K. (1997). Cultural diversity and help-seeking behavior: Sources of help and obstacles to support for parents. Journal of Multicultural Social Work, 5(1/2), 63-78.

**Mayo, Y. Machismo, fatherhood and the Latino family: Understanding the concept. (1997). Journal of Multicultural Social Work, 5, 49-61.

**Pellebon, D., & Anderson, S. (1999). Understanding the life issues of spiritually-based clients. Families in Society: The Journal of Contemporary Social Work, 80(3), 229-238.

Handouts: Logic Modeling: Problem and Goal Statements

Activity: Applying family systems concepts and interventions to clients in the field
Case studies: Clients in field placements**Session 7 & 8****Tuesday, Oct. 15 & 22 Assign. #2 Due Oct. 22**

Topics: Intervention in Empowerment practice & the Strengths perspective

Risk factors & ecological stressors

Ethical conflicts: Client needs vs. agency & managed care system needs

Readings:

**Baines, D. (1998). Feminist social work in the inner city: The challenges of race, class, and gender. Affilia, 12(3), 297-317.

**Carter, C. (1997). Using African-centered principles in family-preservation services. Families in Society: The Journal of Contemporary Social Work, 78(5), 531-538.

**Castex, G. (1994). Providing services to Hispanic/Latino populations: Profiles in diversity. Social Work, 39(3), 288-296.

**Congress. E.P. (2000). What social workers should know about ethics: Understanding and resolving practice dilemmas. Advances in Social Work, 1(1), 1-27.

**Davidson, J., & Davidson, T. (1996). Confidentiality and managed care: Ethical and legal concerns. Health and Social Work, 21(3), 208-215.

**Furstenberg, A., & Rounds, K. (1995). Self-efficacy as a target for social work intervention. Families in Society: The Journal of Contemporary Social Work, 76(10), 587-595.

** Jensen, C. (1994). Psychosocial treatment of depression in women: Nine single-subject evaluations. Research on Social Work Practice, 4(3), 267-282.

**Reamer, F. (1997). Managing ethics under managed care. Families in Society: The Journal of Contemporary Social Work, 78(1), 96-101.

**Ronneau, J., & Poertner, J. (1993). Identification and use of strengths: A family system approach. Children Today, 22(2), 20-23.

Activity: Logic Modeling: Objectives and methods
Family and Ecological mapping combined as an assessment tool
Video: Practice with Black Families - Nancy Boyd-Franklin (Parts 1 & 2)

Social work with groups

Sessions 10 & 11 Tuesday, Oct. 29 & Nov. 5

Topic: Group work: Supportive, psycho-educational and task-centered groups

Readings:

Hepworth, Rooney, Larsen.

Ch. 17: Intervention in Social Work Groups

Dolgoff & Lowenstein.

Ch. 18: The Professional Relationship: Limits, dilemmas & problems

**Gambrill, E. (1997). Working with groups and families. In Social Work Practice: A Critical Thinker's Guide, E. Gambrill (pp. 517-590). New York: Oxford University Press.

**Lee, M-Y, Greene, G., & Rhenscheld, J. (1999). A model of short-term solution-focused group treatment of male domestic violence offenders. Journal of Family Social Work, 3(2), 39-57.

**McKay, M., Gonzales, J., Stone, S., Ryland, D., & Kohner, K. (1994). Multiple family therapy groups: A responsive intervention model for inner city families. Social Work with Groups, 18(4), 41-56.

Handouts: Field agency/system assessment form [preparatory to Assign. #4--DUE Nov. 12]

Resources: Characteristics/dynamics of group work [included in this outline]

Activity: Planning agency based group work

Video: Men in Group Work

Care coordination & Evaluating Practice

Sessions 12 & 13 & 14 Tuesday, Nov. 12, 19, 26 Assign. #3 DUE by Friday, Nov. 15

Topics: The context and practice of care coordination
Intra- agency and Inter-agency teams in care coordination
Evaluation of practice effectiveness

Readings:

Dolgoff & Lowenstein

Ch: 11: Changing world/Changing problems

**Hall, S. (1996). The community-centered board model of managed care for people with developmental disabilities. Health and Social Work, 21(3), 225-229.

**Indyk et al. (1993). A community-based approach to HIV case management: Systematizing the unmanageable. Social Work, 38(4), 380-387.

**Martin, L., Peters, C., & Glisson, C. (1998). Factors affecting case management recommendations for children entering state custody. Social Service Review, 72(4), 521-544.

** Naleppa, M. J., & Reid, W. (1998). Task-centered case management for the elderly: Developing a practice model. Research on Social Work Practice, 8(1), 63 -85.

** Purcell, D. W., DeGroff, A. S., & Wolitski, R. J. (1998). HIV prevention case management: Current practice and future directions. Health and Social Work, 23(4), 282-289.

**Rowe, M., Hoge, M., & Fisk, D. (1998). Services for mentally ill homeless persons: Street-level integration. American Journal of Orthopsychiatry, 68(3), 490-496.

**Secret t, M., Jordan, A., & Ford, J. (1999). Empowerment evaluation as a social work strategy. Health and Social Work, 24(2), 120-127.

**Seltzer, M., Litchfield, L., Kapust, L., & Mayer, J. (1992). Professional and family collaboration in case management: A hospital-based replication of a community-based study. Social Work in Health Care, 17(1), 1-22.

Resources: CC Continuum: Focus & Social Work Roles [included in this outline]
Case Study: Carolyn Sniff--When the service system fails an inner city high-risk family [included in this outline]

Activity: High-risk clients and multi-agency systems: Analysis & planning
Logic modeling: Outcomes and Practice Evaluation

Session 15 **Tuesday, Dec. 3**

Activity: In class Assignment #4

Assignments

Assignment #1

20 points

1- Create a three generation family map of your family of origin/intimacy with yourself at the bottom-most level on which you identify the following in the family system (and include a 'key' for your symbols on the map) and include on your family map your family system's ecological map:

- relationships
- triangles
- boundaries
- alliances/collusion
- dates of birth, death, marriage, divorce, separation, ages, etc.

2- Attach a double spaced and typewritten narrative in which you (2 page max.):

- a)- identify ONE meta rule for the transgenerational family with descriptions of 2 demonstrations of that rule in the family
- b)- identify TWO transgenerational family rules
- c)- identify the developmental stage of your transgenerational system AND provide your justification/rationale that identification
- d)- identify two cultural patterns/beliefs transmitted to you through your family systems and discuss:
 - (1) How are these patterns/beliefs useful in your professional social work practice
 - (2) How might they patterns/beliefs be barriers in your professional social work practice

Maximum three (3) pages, double spaced, typewritten, APA format [map is the third page]

Assignment #2

25 points

A. View one of the following films:

American Beauty
 In the Bedroom
 Monster's Ball
 Moonstruck

B. Create a 3 generation map of the family in the film, noting relationships, boundaries, triangles, and alliances/collusions, and approximate ages, significant dates.

C. Analyze and assess- from a family system perspective--three difficulties issues/problems depicted in the film; include in your explication how/why each of these three issues is present using concepts from family systems and family life-span development theories and the information provided by the family map in B above.

D. Assess, identify and describe the family's risk and strength factors.

E. Provide a comprehensive Problem Statement based on your answers to "B, C, and D" above.

F. Delineate worker and family interventions/tasks methods to address **One** of the issues/difficulties/problems you identify in "C" above that incorporates the family's strengths you identified in "D" above. Note: Incorporate in worker and family interventions/tasks how you

would utilize this family's culture, class, race, ethnicity, spirituality to work effectively with them?

G. What personal AND professional ethical and value conflicts might you experience in actually working with this family? How would you resolve these ethical/value conflict(s)?

Maximum five (5) pages, double spaced, typewritten, APA format, [map is an additional page]

Assignment #3

15 points

1 -Identify a client population which you see as having unmet needs (from your field placement agency or your employing agency) which could be served by group work; identify the unmet psychosocial need.

2-

- a). Identify the type of group you are recommending.
- b). Provide a conceptual rationale for your recommendation in "a" above..
- c). State **one** objective for the group you identify in "1" above.

3-Describe *either* the steps/tasks of the pre-planning/planning stage you would implement in preparation for this group **or** the steps/tasks you would implement in the initial session(s) of the client group itself.

Maximum two (2) pages, double spaced, typewritten paper.

Assignment #4

20 points

In class during Last session

Description of this in class assignment using Logic Modeling for inter-agency system of care coordination planning will be distributed in a timely manner.

Additional Suggested Readings for SW 503 Practice 2

- Abramson, J., & Mizrahi, T. 1996. When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. Social Work, 41(3), 270-281.
- Applewhite, S. 1995. Curanderismo: Demystifying the health beliefs and practices of elderly Mexican Americans. Health and Social Work, 20(4), 247-253.
- Congress, E. P., & Lyons, B.P., 1992. Cultural differences in health beliefs: Implications for social work practice in health care settings. Social Work in Health Care, 17(3), 81-96.
- Dykeman, C., Nelson, J., & Appleton, V., 1995. Building strong working alliances with American Indian families. Social Work in Education, 17(30), 148154.
- Fong, L.G.W., & Gibbs, J.T. 1995. Facilitating services to multicultural communities in a dominant culture setting: An organizational perspective. Administration in Social Work, 19(2), 1-24.
- Gowdy, E., & Pearlmutter, S. 1994. Economic self-sufficiency is a road I'm on: The results of focus group research with low-income women. In Building on Women's Strengths: A Social Work Agenda for the Twenty-first Century, edited by L. Davis, 81-113. New York: The Haworth Press.
- Mancoske, R., & Hunzeker, J. 1994. Advocating for community services coordination: An empowerment perspective for planning AIDS services. Journal of Community Practice, 1(3), 49-59.
- Matthews, L. 1996. Culturally competent models in human services organizations. The Haworth Press, 131-135.
- Morrow, D. 2000. Coming out to families: Guidelines for intervention with gay and lesbian clients. Journal of Family Social Work, 5(2), 53-66.
- Rounds, K., et al. 1994. Practice with culturally diverse families of young children with disabilities. Families in Society: The Journal of Contemporary Human Services, January, 3-15.
- Sunley, R. 1997. Advocacy in the new world of managed care. Families in Society: The Journal of Contemporary Human Services, January/February, 84-93.
- Wesley, C. 1996. Social work and end-of-life decisions: Self-determination and the common good. Health and Social Work, 21(2), 115-121.

Resources for SW 503Characteristics of any/all human systems

The MAJOR purpose and over-riding unspoken desire of all systems is perpetuity

Mutuality

Power

An internal structure which distributes and maintains power

Periods of stability ? change

Transactions ? confusion/struggle/uproar/re-alignment

Repeating patterns >>>

Which organize

Which determine "how to solve" transitions/uproar/problems

Which are governed by unspoken/unconscious rules

(and a Meta rule: the rule about when a rule may be changed and how
it/they can be/are allowed to be changed)

Subsystems>>> age, gender, power, relationship

Alliances

Collusions

Triangles

Boundaries

Complementarity

Dynamic tension between individuals inside the 'system' and between the system and its
environmental 'other' systems

Concepts of Family Centered Social Work Practice

(thinking family systems)

Boundaries:

Clarity flexibility open/closed

Separateness/connectedness:

Emeshment disengagement transactions

Differentiation fusion

Internal Structure:

Clarity flexibility triangles

Collusions alliances

Power

Roles

Rule Systems

Cultural context

Communication

Strengths/Stressors

Family lifespan development

Leaving home

- Accepting emotional/financial responsibility for self

- Differentiation of self from FOO

- Letting go

- Developing adult relationships with 'children'

Joining of families through coupling

- Formation of a 'couple'

- Commitment to new family system

- Accepting new members into the family system

- Realignment of relationships in FOO

Families with young children

- Adjusting the couple system

- Joining as parents

- Accepting new members into the family system

- Realignment of relationships in FOO

Families with teens

- Increasing family system flexibility and boundaries

- Shifting the parent-child relationship(s)

- Shifting focus to: independent children & dependent grandparents

- Re-focus on the 'couple'

Launching children and moving on

- Accepting multitude of entrances and exits

- Renegotiation of the couple

- Realignment of family with 'another family'

- Realignment of family to the 'older generation'

- Dealing with disabilities and death

Families in later life

- Accepting shifting generational boundaries

- Maintaining one's own and the couple's emotional well being

Characteristics of groups

Task groups (educational, support, work groups, etc.)		Therapy groups
Bonds	For the task to be completed	Through personal individual issues
Roles	Thru interaction &/or as assigned	Through interaction; "grouping"
Communication	Discussion toward task completion	Open
Procedures	Formal rules/roles	Flexible & evolving; leader is formally designated (i.e., sw-er)
Composition	By division of labor; appropriate to task	Based in 'common ground'
Self-disclosure	Expected to be 'low'	Expected to be 'high'

Care Coordination (Case Management)

Advantages of Care Coordination (case management)

- non-interference with worker/client relationship
- adaptability to transient change(s)
- accountability
- market share acquisition
- increased efficiency of service provision
- decreased 'gaps'/redundancies in service provision

Disadvantages of Care Coordination (case management)

- definitional ambiguity
- territoriality
- complexity
- power/authority conflicts
- ethical conflicts
 - √ quality versus revenue
 - √ loyalty to client versus to agency needs
 - √ multiple 'captains'

Ethical Conflicts: Case Studies

The Dilemma of Huntington's Disease

Roberta Jackson is eager to have a baby. She has just asked you as her social worker not to tell her husband or family members that she has a genetic marker that identifies her as a carrier of Huntington's disease. Huntington's is a disease for which there is no cure but symptoms and the disease itself will not show up for 20 to 30 years from now. Roberta hopes a cure will have been discovered before that time. This is an inherited condition that potentially affects all family members and inflicts premature senility on those affected. She is afraid that her husband will not be willing to have a child if he knows about her genetic condition.

Limited Number of Visits

Pat is a social work practitioner in a multi-service social service agency. Pat works primarily with clients with alcohol and drug problems. Most of her clients are covered by health insurance, but the insurance companies are demanding full records—partly in order to be sure that its clients are being served by properly accredited professionals. Pat thinks they are also demanding full records because, “if they can find any little thing that doesn't look right to them, they can disallow the claim. So they are going to try to get as much information as possible.”

But it is not in Pat's clients' best interests to have information that they are being treated for drug dependency or alcoholism getting back to their employers or even to the insurance companies. She had a client who gave permission for his insurance company to look at his files, but was later denied life insurance by the company because, it said, alcoholics die younger. The insurance company found out from the records the client released that he was in treatment for alcoholism. In addition, an employer can make life difficult for those of its employees it knows have been in treatment for drug dependency or alcoholism.

So one of Pat's problems is that she is caught in the middle, especially if the client refuses to give permission for her to reveal their record. She also thinks it is a mistake for clients to give her permission to reveal their records. She thinks that information ought to remain confidential. But if clients do ask her to send their records on to their health insurance companies and a company then refuses payment, the hospital will have to pick up the cost for those clients who cannot pay for the therapy themselves.

One consequence of this problem is that the hospital has dropped its outpatient program. Too many of the clients in that program were being supported by the hospital. It also limited the number of sessions for those in therapy in the hospital to ten unless the hospital can determine ahead-of-time that they will be covered by insurance or are able to pay their own way.

Case Study
Carolyn Sniff, Trustee vs County Department of Human Services

DISTRICT COURT

FOURTH JUDICIAL DISTRICT
Personal Injury

Carolyn Sniff, trustee for the
Heirs of Jonathan Miller, and guardian
ad litem for Donovan Millers, a minor

Plaintiff, File No. 89-2533

-vs-

County Department of
Human Services, John Doe, Mary Roe,
Jane Doe, Mary Roe II, East Memorial
Medical Center, Eileen Potts, M.D.
Reamer County Nursing Services,
John Doe II and Mary Roe III
Defendants.

BRIEF CASE No. 89-2533

On December 1, twin boys were born to Mary Brown at East Memorial Medical Center and they were placed in the Neonatal Intensive Care Unit (NICU). They were premature – Jonathan weighed 2 lb., 3 oz., and Donovan weighed 3lb., 4 oz. – and had potentially serious medical problems. Jonathan had an undeveloped cardiac system and was placed on a heart monitor; Donovan was diagnosed as having an eye condition that is common in premature infants but that can cause blindness if not treated. Both conditions would require medical care for at least a year.

Mary Brown was 28 years of age, unmarried, and had had no prenatal care. She came to the city from a nearby state to be near the man who was the father of Jonathan and Donovan and her other two children (Debra, age 3, and Diana, age 2). Mary Brown had not expected to give birth in this unfamiliar city, had no relatives there, and had no income.

The day after the births, the NICU nursing staff recorded that Mary Brown had not visited the twins, and they asked the social services department to do an assessment. Ellen Clingman, MSW, interviewed Mary Brown and, in the process of taking a social history, noted that Ms. Brown had stayed in bed and not attended the class for mothers who needed training in operating heart monitors. The social worker concurred with the nursing staff that the mother was not bonding with her twins.

Mary Brown was discharged from East Memorial on December 2. Prior to her discharge, the social worker called the Department of Human Services to ask the intake worker what she thought about the case. She was told the case did not meet the criteria to merit investigation for abuse or neglect because neither had as yet occurred.

Between December 2 and February 1, Mary Brown visited the NICU only once and did not take the required training. On January 1 Jonathan was discharged, still on the heart monitor; Mary Brown was told that she would have to bring him back for periodic medical check ups. On February 1 Donovan was discharged with the same prescription for follow-up medical care.

When Jonathan was discharged on January 1, the case was referred to the hospital's home nursing department (East Memorial Community Nursing). A community nurse, Jane Tippitt, tried to visit Mary Brown at home on two occasions and sent two letters asking for home appointments, but failed to make contact. When Donovan was discharged Jane Tippitt tried once again. On February 3, Nurse Tippitt saw Mary Brown and the twins in their

apartment. She examined the twins and found that Jonathan had lost weight while Donovan had not gained, and that Donovan's eye condition had worsened. She told Ms. Brown it was very important that the twins see the doctor and urged her to immediately make the follow-up appointment. Mary Brown promised she would. On 2-16 East Memorial Community Nursing closed the case and made a referral by letter to Reamer County Nursing Services.

On February 11, Dr. Eileen Potts, of the East Memorial Medical Center, directed her staff to call DHS with a report alleging medical neglect of Jonathan and Donovan. The referral contained the same information as in the first call by the social worker, except that Dr. Potts reported that Mary Brown had not made the necessary medical appointments for the twins even though she told nurse Tippitt that she would. The telephone call was followed by a letter to DHS from Dr. Potts. The DHS intake worker coded the referral 10-B (Medical Neglect High Risk) and sent the case to the investigation unit; the case was assigned to Ted Turner on February 11.

In his deposition taken on April 1, Ted Turner said that between February 11 and March 6 he tried to contact Mary Brown twice by phone and twice by letter, and made eight phone calls to collaterals. He had difficulty reaching Nurse Tippitt because she kept missing her, but on February 20 he did reach her after the hospital had referred the case to the county. From Nurse Tippitt he learned that the babies were not gaining weight and that they had not had medical check-ups. On February 22 he sent Mary Brown a registered letter telling her to call him; on February 25 he received notification she had received the letter, but she did not call.

On March 6 Ted Turner changed the code on the Brown case to 3-D (taken corrective action) and closed the case. Case notes dictated for closing said, "...Reamer County Nursing Services will contact DHS if there is a failure on the part of the mother to follow through with continued treatment for the children." Mr. Turner's supervisor reviewed the file on March 6, returned the case to Mr. Turner for further follow-up, and directed him to make an early morning home call as it was necessary to contact the client before closing.

On March 12 Ted Turner found Ms. Brown at home at a new address, interviewed her in the lobby and did not observe the children. He said when deposed that she did not let him in because she was afraid he would wake the babies and he "did not have authority to enter if she said no." He also stated that it was not necessary for him to view the children because failure-to-thrive is a medical problem for which he, as a social worker, did not have the expertise for diagnosis. He also stated that Ms. Brown "appeared to be a decent person" and that she promised to call the hospital that day for referral to a clinic closer to her new home.

On March 12 the DHS supervisor approved the case closing and added the statement that "Dr. Potts will call worker if mother doesn't follow up."

Mr. Turner left for one week vacation March 13 through March 20. In his absence, DHS received two letters. The first, dated March 12, was from Reamer County Nursing Services, in which Nurse Eskel expressed concern because she had not been able to make contact with Mary Brown. The other, dated March 13, was a second letter from Dr. Potts saying that "Mary Brown has not yet made appointments for Donovan and Jonathan to be seen in follow-up." Because the case was closed and because Mr. Turner was on vacation, the letter were placed in a hold basket.

Mr. Turner was out sick and did not return to his regular assignment until March 6. The letter from Dr. Potts was seen by him upon his return and sent to the Closed Record Center for filing in the closed record.

On March 16 the two babies were rushed to East Memorial in respiratory arrest. Jonathan also had cardiac arrest. Jonathan died of acute brain swelling caused by anoxic episode caused by dehydration, caused by malnutrition. According to the head ICU nurse, at the time Donovan was admitted he weighted 4lbs. 5 oz. The children were so weak they were unable to suck, and it was necessary to draw blood from bone marrow, as efforts to obtain blood in the normal manner did not work. Donovan survived but with permanent brain damage as a result of his condition.