ERIE COUNTY

WRAPAROUND

COLLABORATIVE FAMILY SERVICE PLAN

Name:  ######

Servicing Period:  November 27, 2001 to March 31, 2002

Initial Child and Family Team Meeting:  November 27, 2001

Reauthorization Child and Family Team Meeting:
Reauthorization Child and Family Team Meeting:
Reauthorization Child and Family Team Meeting:
Collaborative Description of Child and Family Strengths

The identification of strengths and resources by members of the collaborative team will be made during the first planning meeting of the child and family.

The collaborative team members, through a discussion with the child and child's family, will identify the strengths and abilities the team members have observed. These strengths and abilities should focus on positive relationships (family, friendships, others); school abilities (reading, writing, math, science); artistic and/or creative abilities and interests; recreational/leisure/family activities; participation and/or contributions by the child to the family home and community, including cultural community (household chores, and vocational/work related or volunteer activities). The discussion should also focus on family's hopes and dreams for the child and what they consider special about their family.

enjoys physical activities such as riding her bike. She enjoys playing on the computer. She likes to take care of her pet dog. She enjoys art activities such as drawing and coloring pictures. enjoys listening to music. has a very caring and supportive relationship with her family. The family has a very strong bond with one another. The family has cooperated with the court order.
## Strengths/Needs/Strategies Developed by Child and Family Team

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>DOMAINS</th>
<th>NEEDS</th>
<th>STRATEGIES</th>
</tr>
</thead>
</table>
| • riding bike  
• computer  
• art  
• music | Safety                    | needs to avoid sexualized behaviors/ follow a safety plan.          | Mobile Therapy to assist with safety plan, No, Go, Tell, improving boundaries, etc. |
| Family     | Emotional/ Psychological  | needs to identify feelings about her victimization and express them at appropriate times, in appropriate ways, to the appropriate people. | Mobile Therapy to assist with feelings identification and appropriate expression of feelings. |
| • grandparents are involved.  
• supportive  
• strong bond  
• cooperative with court | Social                    | needs to improve her anger management skills.                       | Mobile Therapy to assist with teaching anger management skills.              |
|            | Medical                   | needs to continue with medication management.                       | Mobile therapy to review/role play boundaries with peers.                  |
|            | Educational               | needs to improve school behavior.                                    | Counselling Services Center will provide medication management.           |
|            |                           |                                                                      | Team will request a meeting with school to explore the need for TSS services. |
BEHAVIORAL HEALTH REHABILITATIVE SERVICES
TREATMENT PLAN

Name:  
Date:  November 27, 2001
Diagnosis:  ADHD, Sexual Abuse of a Child
Lead Case Manager:  Nancy ####, OCY

Goal:  needs to avoid sexualized behaviors by following a safety plan.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>METHODS/INTERVENTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>COMPLETION CRITERIA FOR OBJECTIVE</th>
<th>START DATE</th>
<th>TARGET DATE</th>
<th>PROGRESS STATUS</th>
</tr>
</thead>
</table>
| 1.  

will create a written safety plan to include that will be supervised constantly, and outlining the boundaries at home, school and community settings.  

Mc will assist the family in creating and writing effective plan.  

Ms will sign the plan.  

| 2.  

will learn the facets of her safety plan  

| 3.  

will implement the safety plan in their home  

| 4.  

and family members will follow safety plan.  

| 5.  

will monitor the plan reporting on difficulties.  

| 4.  

| 5.  

| Plan written and signed.  

| can verbalize the safety plan.  

| Safety plan in place.  

| abides by plan with no violations.  

| reports on the effectiveness of the plan.
# Behavioral Health Rehabilitative Services

## Treatment Plan

**Name:**  
**Date:** November 27, 2001  
**Diagnosis:** ADHD, Sexual Abuse of a Child  
**Lead Case Manager:** Nancy ####, OCY

**Goal:** In order to deal with her victimization, will increase her feelings vocabulary and ability to identify feelings associated with her sexual victimization.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>METHODS/INTERVENTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>COMPLETION CRITERIA FOR OBJECTIVE</th>
<th>START DATE</th>
<th>TARGET DATE</th>
<th>PROGRESS STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. will learn the names of a broad range of emotions and feelings.</td>
<td>MT will present worksheets, card games, and activities designed to increase recognition and familiarity with feeling words.</td>
<td>MT</td>
<td>can name at least 8 different feelings and emotions.</td>
<td>11-27-01</td>
<td>3-31-02</td>
<td></td>
</tr>
<tr>
<td>2. will identify previous traumatic experiences.</td>
<td>In a non-directive manner, MT will give the opportunity to discuss, at her own pace, previous trauma/victimization.</td>
<td>MT</td>
<td>identifies traumatic incidents.</td>
<td>11-27-01</td>
<td>3-31-02</td>
<td></td>
</tr>
<tr>
<td>3. will identify feelings associated with being a victim of sexual abuse.</td>
<td>In a non-directive manner, MT will give the opportunity to identify, at her own pace, feelings about her previous trauma/victimization.</td>
<td>MT</td>
<td>can identify at least two feelings before, during, and after being a victim.</td>
<td>11-27-01</td>
<td>3-31-02</td>
<td></td>
</tr>
<tr>
<td>4. will understand the impact her victimization has had on her caretakers.</td>
<td>MT will assist and ##### in discussing ######'s feelings about the victimization. MT will assist in identifying who else has been affected by her abuse and how they have been affected.</td>
<td>MT, ######</td>
<td>able to discuss her caretakers' feelings about her abuse.</td>
<td>11-27-01</td>
<td>3-31-02</td>
<td></td>
</tr>
</tbody>
</table>
**BEHAVIORAL HEALTH REHABILITATIVE SERVICES**

**TREATMENT PLAN**

Name:    ####
Date:    November 27, 2001
Diagnosis: ADHD, Sexual Abuse of a Child
Lead Case Manager:   Nancy ####, OCY

**Goal:** will learn and demonstrate appropriate sexual boundaries including with whom, when, and where sexual matters can be discussed.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>METHODS/ INTERVENTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>COMPLETION CRITERIA FOR OBJECTIVE</th>
<th>START DATE</th>
<th>TARGET DATE</th>
<th>PROGRESS STATUS</th>
</tr>
</thead>
</table>
| 1.        | MT and ######,
## will repetitively review with
through role-play,
worksheets, the people who are
appropriate to talk to and why. | ######,
M | can name people. | 11-27-01 | 3-31-02 |
| 2.        | MT and ######,
## will repetitively review with
the idea of discussing sexual
topics in private settings, away from
other children or public places and
why. | ######,
MT | can name settings | 11-27-01 | 3-31-02 |
| 3.        | ######,
## will reward daily through praise
for appropriate discussions about
non-sexual topics as well as for
asking about sexual concerns in the
way defined above. MT and
## will redirect inappropriate sexual and
reward appropriate non-sexual
discussion. | ######,
MT | gives verbal feedback daily
(praise or correction)
regarding topics of
discussion. | 11-27-01 | 3-31-02 |
**BEHAVIORAL HEALTH REHABILITATIVE SERVICES**

**TREATMENT PLAN**

<table>
<thead>
<tr>
<th>Name:</th>
<th>####</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>November 27, 2001</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>ADHD, Sexual Abuse of a Child</td>
</tr>
<tr>
<td>Lead Case Manager:</td>
<td>Nancy ####, OCY</td>
</tr>
</tbody>
</table>

**Goal:** will avoid destructive behaviors by identifying/implementing alternative ways to express his anger

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>METHODS/INTERVENTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>COMPLETION CRITERIA FOR OBJECTIVE</th>
<th>START DATE</th>
<th>TARGET DATE</th>
<th>PROGRESS STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>will learn about anger and what triggers angry feelings.</td>
<td>MT will educate and guide in creating a list of triggers.</td>
<td>MT, ####, ####</td>
<td>List created</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>will learn three alternatives to express anger.</td>
<td>MT will teach strategies including: hitting pillow, ripping old paper, taking a walk, using music, calling a support, etc. for venting anger.</td>
<td>####, ####, MT</td>
<td>can name 3 strategies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>will use alternative strategies when angry.</td>
<td>####, #### will prompt as needed, and guide through strategies.</td>
<td>####, ####</td>
<td>uses strategies 50% of the time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## CRISIS PLAN

<table>
<thead>
<tr>
<th>Anticipated Event/Crisis</th>
<th>Planned Interventions</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>touches another child in a sexual manner.</td>
<td>Contact OCY immediately. Notify Mobile Therapist.</td>
<td></td>
</tr>
<tr>
<td>is revictimized.</td>
<td>Contact Police. Contact OCY. Notify Mobile Therapist. Seek medical treatment.</td>
<td></td>
</tr>
</tbody>
</table>

1. Has this child been hospitalized for mental health reasons since the beginning of this Wrap authorization period?  Yes or No
2. Has this child had any legal (Juvenile Justice) involvement since the beginning of this Wrap authorization period?  If Yes, please explain:
3. Has this child been placed out of his/her home for any reason since the beginning of this Wrap authorization period?  If Yes, please explain:
4. If school attendance is a problem, indicate number of absences during this Wrap authorization period.
Attachment 6
PA Department of Public Welfare
CAASP Services
Plan of Care Summary

Name: ######  Age: yrs.
DSM IV: ADHD, Sexual abuse of a child
ICD 10 Code: 314.9, 995.5

Time Period: November 27, 2001 to March 31, 2002

Authorizing Agents: County: _______________________

Physician/Licensed Psychologist Name: Martha ######
(MA 97 Prescriber and License Number) PS006764-L

<table>
<thead>
<tr>
<th>AXIS I</th>
<th>ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AXIS II</td>
<td>Deferred</td>
</tr>
<tr>
<td>AXIS III</td>
<td>None identified</td>
</tr>
<tr>
<td>AXIS IV</td>
<td>Problems with primary support group, sexually abused by mother's paramour.</td>
</tr>
<tr>
<td>AXIS V</td>
<td>GAF = 45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Service System/ Provider</th>
<th>Responsible Person</th>
<th>Length of Service</th>
<th>Frequency</th>
<th>Funding Source*</th>
<th>Cost Per Unit*</th>
<th>Total Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Therapy</td>
<td>Family Services SAI</td>
<td>Delia ######</td>
<td>4 months</td>
<td>4 hrs/wk</td>
<td>MA</td>
<td>$21</td>
<td>$2912</td>
</tr>
<tr>
<td>Case Management</td>
<td>Erie County Office of Children and Youth</td>
<td>Nancy ######</td>
<td>ongoing</td>
<td>as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>