

VALUES BASED PRACTICE

Decision Making Protocol

USER GUIDE

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Values Based Practice

Values Based Practice (VBP) is a process that supports balanced decision making within a framework of shared values where complex and conflicting values are in play.

(K. W. M. Fulford, 2004)

Decision Making Protocol

Decision Making Protocol (DMP) aids clinical decision making through a systematic walk through of the ten-part process of Values Based Practice. Social workers can use DMP as a case assessment tool. During case consultation or clinical supervision, supervisor can employ DMP to guide case discussion and to steer decision making. DMP is also an effective tool for clinical training as DMP can easily be adapted for use in group format. Its transtheoretical orientation is particularly apt in case conference. Apart from its clinical usage, DMP can be utilized for team facilitation e.g. team decision making, conflict resolution as well as policy analysis.

User Qualifications

User of this VBP Decision Making Protocol should be a registered social worker, counselor or clinical psychologist. He/she must have basic understanding of the point, premise, and ten elements of the process of VBP. Decision Making Protocol is free of charge but approval to use the protocol should be sought from the author direct. The author can be contacted through rwoo911@gmail.com.

DECISION MAKING PROTOCOL – Worksheet

1. Who are the stakeholders of the present case?								
2. What does this stakeholder think about the case? (ICE)	Idea							
	Concern							
	Expectation							
3. How can this stakeholder contribute to the case? (StAR)	Strength							
	Aspiration							
	Resource							
4. What are the values held by this stakeholder upon the case?	Foreground (Explicit)	Positive						
		Negative						
	Background (Implicit)	Positive						
		Negative						
5. State stakeholder alignment and/or conflict with other stakeholders' values	Alignment	Self						
		Others						
	Conflict	Self						
		Others						
6. In case of alignment, one step forward : Are stakeholders expecting exactly the same process or outcome?								
7. In case of conflict, one step backward : Can you find any common concern between the conflicting views?								
8. What would happen if client takes what he/she initially asks for? (Principle Based Reasoning)		Beneficence	Non-maleficence					
		Autonomy	Justice					

9. What kind of knowledge will be relevant to further your decision making upon the case?	Knowledge of Facts			Knowledge of Values		
10. What is your initial care plan for the client after considering the above?						
11. How do different stakeholders contribute in your formulation of care plan?						
12. What will be the impacts of your initial care plan? (Principle Based Reasoning)	Beneficence			Non-maleficence		
	Autonomy			Justice		
13. Will there be any difference in your decision making should any specific case condition be changed? (Case Based Reasoning)	Case condition to be changed and what will be the change			Your reflections upon the change Tips: think values behind facts; and think facts behind values		
14. What is your updated care plan for the client?						
15. List any stakeholder concerns not being handled by the updated care plan?						
16. Why such concerns are not handled? Any follow up on that?						

Instruction

1. Who are the stakeholders of the present case?

Stakeholder is any person, group or organization that has interest or concern in the client. The following are some common candidates: client, client's family member, client's partner, client's offspring, client's close friend, statutory officer, responsible social worker, other social service providers. Do not worry for a list too long. At this stage this is only a plausible list of stakeholders. When you go through the following steps you will probably drop a few candidates from the list.

2. What does this stakeholder think about the case?

Eliciting ideas, concerns and expectations (ICE) is considered the elementary communication skills. Each stakeholder has his/her own ICE upon the case. You may not be able to have talked with each and every stakeholder and stakeholders may not present his/her ICE explicitly to you. In such case pay special attention to the validity of your formulation of stakeholder ICE. Beware of any hearsay comments on another stakeholder's ICE e.g. when a client tells you that "my mother always wants me to study abroad", the statement represents the client's idea but not necessary the mother's expectation.

Idea:

(For client) How do you think you developed your present situation? To what extent do you think this is a situation that should be handled?

(For other stakeholders) How do you think client developed his/her present situation? Do you think this is a situation that client should handle?

Concern:

(For client) What concerns do you have about your present situation? What concerns do you have about the potential resolutions or treatments?

(For other stakeholders) What concerns do you have about client's present situation? What concerns do you have about the potential resolutions or treatments for the client?

Expectation:

(For client) What are your expectations from me as your social worker? What are your expectations from entering the social service arena?

(For other stakeholders) What are your expectations from the client? What are your expectations from me as client's social worker?

3. How can this stakeholder contribute to the case?

In assessing a client's problems, always think about their strengths, aspirations and resources (their StAR values), as well as their needs and difficulties.

Strength:

(For client) What skills do you possess that you are proud of? What has enabled you to reach this point in your life?

(For other stakeholders) What skills do you possess that you consider useful for the client?

Aspiration:

(For client) What or whom do you hope to become? What do you plan to accomplish in the next 10 years?

(For other stakeholders) What or whom do you hope the client to become?

Resource:

(For client) Do you have family members or friends who could help you? Are you connected to any spiritual, religious, cultural, or other communities?

(For other stakeholders) How far can you go to help the client? Are you in the same spiritual, religious, cultural, or other communities of the client?

4. What are the values held by this stakeholder upon the case?

This is actually a values mapping exercise. The practitioner should distinguish between foreground and background values. Foreground values are relatively transparent and up front while background values are usually deeply hidden. In a clinical setting, foreground values usually reflect how a stakeholder perceives and takes in external expectations upon his/her specific role. On the other hand, background values represent a more personal perspective on how a role should be played. Each stakeholder may have more than one foreground value as well as more than one background value.

You should further differentiate these values into positive or negative ones. Generally speaking positive values enhance a stakeholder's self-identity, confirm the others, prescribe a preferred relationship and subscribe a professional or social order. Negative values represent doubt, discontent and rejection of own self and the others; and deny a particular relational, professional and social order.

How a person says something is equally important to what a person says. What he did not say is equally important to what he have said. An effective and convenient way to identify values from stakeholder's words is to look upon which adjectives, adverbs, comparatives and superlatives the stakeholder used.

5. State stakeholder alignment and/or conflict with other stakeholders' values

It is quite rare for a stakeholder to have only a single value upon his/her concern. He/she may have a few foreground values as well as a few background values. Therefore, you should be specific about your judgment i.e. which specific value of a particular stakeholder align or conflict with which specific value of the client. While the row 'Self' means the alignment and/or conflict within a stakeholder's own values; the row 'Others' means the alignment and/or conflict with the client and other stakeholders (in case of stakeholder other than the client) and with other stakeholders (in case of client).

6. In case of alignment, one step forward: Are stakeholders expecting exactly the same process or outcome?

Alignment of values can happen at different levels e.g. from an abstract and ideological level to a practical and behavioral level. It is important to acknowledge if they happen at the same level. One way to do this is to check if stakeholders are expecting the same process and/or outcome. For example, both the client and his father may agree that a stable employment is important for rehabilitation (alignment) but at the same time they can disagree upon what is meant by a stable employment (misalignment).

7. In case of conflict, one step backward: Can you find any common concern between the conflicting views?

Instead of focusing on differences, you should try to look for common concern between conflicting views. For example, when talking about the future of their son, the mother thinks the son should go for further studies but the father tends to let his son decide on his own future (conflicting view). However, both parents may in fact be answering the same question "what is the best future of my son?" (common concern)

8. What would happen if client takes what he/she initially asks for?

Considering only the client's own needs and wants help to form an explicit base for further discussion. **Principle Based Reasoning** is an effective way to evaluate client's requests. We recommend using the framework of Beauchamp and Childress (2012):

Beneficence: One ought to prevent and remove evil or harm. One ought to do and promote good. Beneficence refers to the character trait or virtue of being disposed to act for the benefit of others.

Non-maleficence: One ought not to inflict evil or harm. Harm is understood as thwarting, defeating, or setting back some party's interests, but a harmful action is not

always wrong or unjustified.

Autonomy: Autonomous actions should not be subjected to controlling constraints by others. Respectful treatment in disclosing information and actions fosters autonomous decision making. This principle obligates to disclose information, to probe for and ensure understanding and voluntariness, and to foster adequate decision making.

Justice: There are different formulations of the concept 'Justice'. You should be aware that adoption of any concept of justice reflects a particular value or a set of particular values. For example, the **Utilitarian** theories emphasize a mixture of criteria for the purpose of maximizing public utility; **Libertarian** theories lay emphasis on individual rights to social and economic liberty, while invoking fair procedures as the basis of justice, rather than substantive outcomes such as increases of welfare; **Communitarian** theories underscore principles of justice as derived from conceptions of the good developed in moral communities; and **Egalitarian** theories emphasize equal access to the goods in life that every rational person values, often invoking material criteria of need and equality; **Capabilities** theories identify capabilities and forms of freedom that are essential for a flourishing life and identify ways social institutions can protect them, whereas **Well-being** theories emphasize essential core dimensions of well-being, such as health, and what is required to realize these states of well-being.

9. What kind of knowledge will be relevant to further your decision making upon the case?

Knowledge of Facts includes knowledge on assessment and treatment. Please also consider various forms of practice code e.g. agency rules and regulations; social work code of practice; laws and ordinance.

Knowledge of Values concerns the adoption of a wide variety of methods to learn about the values likely to be in play and influencing a given clinical situation – but the individual is always unique. A convenient way to tap into possible knowledge of values on any case is to think about how stakeholders would 'experience' about the situation.

While **Knowledge of Facts** brings the clinician's focus onto the most likely diagnostic and treatment possibilities; **Knowledge of Values** is vital to matching those possibilities with the particular circumstances presented by this particular patient in this particular situation.

10. What is your initial care plan for the client after considering the above?

This initial care plan summarizes your clinical considerations and represents the practitioner's effort to balance client and practitioner values.

11. How do different stakeholders contribute in your formulation of care plan?

This step assures the practitioner has formulated his/her care plan with sufficient consideration on values of different stakeholders. State stakeholder contributions as specific as possible and how their values may facilitate or contradict these possible contributions. This is an effort to substantiate each stakeholder's ICE StAR values in the care plan.

12. What will be the impacts of your initial care plan?

Your care plan is evaluated through **Principle Based Reasoning** again. You may stick to the Beauchamp and Childress framework or use a trauma informed model of S.E.L.F (Bloom & Farragher, 2013).

Safety: attaining physical, psychological, social and moral safety in self, relationships, and the environment.

Emotional Management: identifying levels of various emotions and modulating emotion in response to memories, persons, and events.

Loss: feeling of grief and dealing with personal losses while recognizing that all change means loss.

Future: trying out new roles, ways of relating and behaving as a "survivor" to ensure safety, to find meaning, to make more viable life choices.

13. Will there be any difference in your decision making should any specific case condition be changed?

This step further deepens your consideration on how your own values affect your clinical decision making in this particular case through **Case Based Reasoning**. A **case** is basically an experience of a solved problem. This can be represented in many different ways. A case base is a collection of such cases. The term **based** means that the reasoning is based on cases, that is, cases are the first source for reasoning. The term **reasoning** means that it is intended to draw conclusions using cases, given a problem to be solved. The practitioner should try to explore if any changes in case condition will have impacts on his/her clinical decision. You may consider the following case condition: age, gender, race, nature of offence, type of substance use, physical outlook, psychological characteristics.

You may reflect upon a specific change along the Two-feet Principle and the Squeaky-wheel Principle i.e. think values behind facts and think facts behind values.

14. What is your updated care plan for the client?

After the exercise of **Case Based Reasoning**, you may make changes to your initial care plan. During the process of revising your care plan, pay equal attention to what is NOT going to be changed and what is going to be changed. At this stage, the care plan represents your best effort to make a balanced decision within a framework of shared values.

15. List any stakeholder concerns not being handled by the updated care plan?

This question concerns if sufficient attention is being paid on “Dissensus”. The practitioner should understand that it may not be possible for any care plan to be able to handle all concerns of all stakeholders at the same time. Please pay special attention for an urge to reach consensus. There are 2 particular forms of consensus which require precaution. Firstly, **consensus by majority** usually appears through a voting or similar procedure. There is a danger of tyranny of majority that minority interests are simply neglected. Secondly, **consensus by commonality** tries to look for common interests among stakeholders. Commonalities are emphasized but differences would be neglected. In many clinical decision making situations the major problem is not about confirming what we all agree but reconciling what we do not agree.

16. Why such concerns are not handled? Any follow up on that?

Dissensus means agreeing to disagree but not agreeing to dismiss any concerns. The practitioner should highlight when and how these remaining concerns will be handled.

Conducting Case Assessment with DMP

The following example shows how we use the Decision Making Protocol (DMP) to conduct a case assessment.

Case Summary

Betty is a 24 years old single mother who is pregnant for the third times. She has divorced a year ago with the biological father of her first 2 kids and she is now living with his boy friend, the biological father of the 3rd baby. Betty has no job and has been living upon social security for years. She admits to start using Methamphetamine (ice) again on a regular basis soon after her prison discharge a few months ago. She says she is unable to take care of her kids so the kids are now living with their grandparents.

Betty lives in a public housing unit with her boy friend. She turned up asking for financial assistance as she has not been paying rent for months and she also grumbled that her last few meals were only instant noodles and plain bread.

1. Who are the stakeholders of the present case?

The more obvious stakeholders of this case include:

Betty – the principal client asking for assistance

Betty's boyfriend – the present partner of Betty and the father of Betty's baby

Betty's 3 kids (including the fetus) – all 3 kids are still dependent on parental care

Betty's parents – help take care of Betty's 2 kids

Social security officer – handling Betty's social security issue

Housing manager – handling Betty's rental issue

Principal social worker – appointed to be responsible for Betty's case

The other possible stakeholders to be clarified:

Betty's source of drug – Betty must have a way to get drug and this person or group of persons may have important influence on Betty

Social worker of the Family and Child Protective Services Unit – Betty's parenting competence is of particular concern so she may already be an active case of the said unit

Aftercare officer of the Correctional Service Department – considering Betty's situation she may probably be under statutory supervision.

Other social service officers – this is unlikely to be Betty's first access to social service so she may already be an active case of other social service agencies

You may fill the names of the stakeholders on the worksheet. It is recommended to fill in the principal client and the principal social worker first. For demonstration purpose the following discussion will be focused on these 6 stakeholders:

- Betty
- Principal Social Worker
- Betty's Boy Friend
- Betty's Kids
- Betty's Parents
- CSD Aftercare Officer

2. What does this stakeholder think about the case?

Each and every stakeholder's ICE will be explored.

Betty believes that her situation is transitional and it will be solved after her boyfriend's prison discharge (**Idea**). She only needs to relieve her short term financial difficulty (**Concern**) and she expects the principal social worker to grant her financial assistance (**Expectation**).

The principal social worker thinks that Betty's situation is a result of prolonged maladaptive lifestyle so short term financial assistance may not help (**Idea**). He wants to work out a more long term solution for Betty and he also quite worry about the welfare of the 3 kids (**Concern**). He expects Betty to be willing to engage in a more long term counseling relationship (**Expectation**).

The principal social worker has met Betty's boyfriend a few days after his prison discharge while he accompanied Betty to meet the principal social worker. He asked to talk with the principal social worker in private during which he said Betty's pregnancy was her attempt to keep him from leaving (**Idea**). He added that she was not capable or willing to take care of her children so he did worry more about the wellbeing of the children (**Concern**). He asked for the principal social worker's assistance to help Betty face the reality that he would leave her soon (**Expectation**).

With Betty's consent, the principal social worker visited Betty's parents and he was also able to meet Betty's 2 elder kids. Betty's parents did not consider Betty's situation transitional. They thought Betty was irresponsible to leave her kids to their care (**Idea**). They did not think Betty's boyfriend was her solution and they were pessimistic if Betty could stay long with this boyfriend (**Concern**). They said that they were too old to take care of two young kids so they wanted the principal social worker to help find a way out to relieve their tension (**Expectation**).

Betty's 2 kids, 4 years old girl and 3 years old boy, were too young to express much but appeared to be happy when the principal social worker mentioned about their mother and they have no memory of their father. The elder one believed that her mother was too busy (**Idea**) and she observed that her mother was always pale and tired (**Concern**). They said they wanted to see their mother more often (**Expectation**).

Betty is now under active aftercare supervision of Correctional Service Department.

Her supervision officer Ms. LAM made several phone contacts with the principal social worker discussing division of labor. According to her assessment, Betty is capable for self care but too indulged in romantic relationship (**Idea**). She knows Betty's boy friend is also a substance user so she does worry much about her probable relapse (**Concern**). She has no objection for the principal social worker to grant short term financial assistance to Betty (**Expectation**).

3. How can this stakeholder contribute to the case?

Stakeholders' StAR values will be examined.

Betty is frank to talk about herself and is optimistic on her own future. Social worker considers Betty cooperative and she is willing to admit her weaknesses (**Strength**). She wants to marry her present boy friend and be a good wife and good mother (**Aspiration**). Apart from her parents, she is already a known case of various social service organizations showing that she understands community resources well (**Resource**).

The Principal Social Worker is particularly experienced in handling substance use cases that he understands how difficult for anyone to quit the habit. He does not have ample experience handling pregnant substance users but he did serve a few marital cases with both partners are substance users (**Strength**). The Principal Social Worker always wants to help his clients find a permanent way out instead of focusing on temporary relief (**Aspiration**). He also has great knowledge and access to a wide variety of community resources. And his team leader is an experienced trainer on substance use treatment (**Resource**).

Although Betty's boy friend wants to leave, he did concern about her and her children. He is willing to take up some responsibilities (**Strength**). He admits to be a substance user who has never been able to maintain long term abstinence but he says he never hurts someone for the habit e.g. stealing money to buy drug. He describes himself as a responsible person (**Aspiration**). He told that he may now be broke but at least he has a public housing unit and in the very worst case he can seek help from his siblings (**Resource**).

Betty's parents are patient and polite (**Strength**). According to Betty, she has never witnessed her parents in rage or quarrelling with each other. The parents try their best to take care of Betty and her kids and they do not want to disappoint their daughter or let her suffer (**Aspiration**). They are very sociable that they are active members of an elderly social centre (**Resource**).

Betty's kids are physically healthy. They are a little bit shy but always smile (**Strength**). It seems that they do not have much grievance about her mother and the elder one says she prefers to live with her mother (**Aspiration**). Their grandparents are very nice to them. They attend kindergarten regularly and have made a few

friends who will play together after school in park (Resource).

Ms. LAM is an experienced supervision officer who is very proud of her effective use of authority. She is well known for her directive but not coercive style of intervention (Strength). She tries her best to help her cases prevent relapse and she considers that her first intervention priority (Aspiration). She has excellent connection to various substance use treatment facilities (Resource).

4. What are the values held by this stakeholder upon the case?

Betty said that she would try her best to be a good wife (Foreground Positive) and in fact she did keep her boyfriend's flat clean and tidy. However, further exploration showed that she was not sure about whether her boyfriend wanted to marry her or not. She doesn't like or even hate doing domestic chores but she does it as a prompt for her boyfriend's positive reply (Background Negative). She also said she wanted to be a good mother but she spent little time with her 2 elder kids. She justified that her parents were obliged to help her take care of the kids and in many occasions she expressed that she considered the 2 elder kids a burden and a critical barrier to her present relationship (Foreground Negative). However, Betty did not 'give up' the kids and showed genuine concern to them. She smiled spontaneously with her kids and there was an occasion that Betty cried to tell she worried much about her elder kid in hospital (Background Positive). Betty admitted to use Methamphetamine soon after her prison discharge. She said she knew it was not a good habit and it was the main reason for her last prison sentence (Foreground Positive). When asked what she was going to do about the habit, Betty denied it as a 'big' issue and said her priority was her relationship with her boyfriend (Foreground Negative). Betty did know about how drug ruined her life but she was taking chance and avoiding facing the reality (Background Negative).

The social worker does not want Betty to continue her maladjusted living and wants to help her quit the drug habit as well as develop better family relationship. He understands Betty's hesitation and difficulties to change and tries to be patient and empathetic (Foreground Positive). However, he has started to doubt Betty's commitment because of her continuous request for tangible services and lack of interest and commitment. He does not want to admit but he thinks Betty should be more responsible (Background Negative).

Betty's boyfriend emphasizes that he is trying to be responsible for Betty and the unborn baby. He wants her to live a good life and asks for social worker's assistance (Foreground Positive) but he doesn't think Betty will be a capable mother and he has doubted Betty's purpose of pregnancy (Foreground Negative). In such case he is always stressful and spends little time with Betty after discharge. He actually wants to leave but he does not know how to do it properly (Background Negative).

Betty's parents always told the social worker how their cute and smart daughter has

now become an irresponsible drug addict. They said they were too old to take care of the 2 kids and Betty had not been paying their livings for a very long time (**Foreground Negative**). However, they love Betty and her kids so they would not stop taking care of the kids. Concerning Betty, they admit that they want to help her especially regarding her substance use (**Background Positive**) but are a little bit helpless (**Background Negative**).

The kids enjoy their time with Betty and they do like their grandparents. The elder kid told the social worker that she wants to live with their mother (**Foreground Positive**). When asked about Betty's boyfriend, the kids seem to know little about him. They do not have memory of their father but the elder kid once told the social worker in a bitter tone that she rather like to have a father (**Background Negative**).

Ms. LAM considers Betty cooperative and responsive to her intervention (**Foreground Positive**) although Betty has failed 2 out of 3 urine tests. She always told Betty that it would be irresponsible to stay with her boyfriend and keep ignoring the elder kids. She also has a hunch that the boyfriend is not sincere about the relationship (**Foreground Negative**). Ms. LAM once told the social worker that although Betty is now living a rather irresponsible life, she is actually a good girl who deserves a better life (**Background Positive**).

5. State stakeholder alignment and/or conflict with other stakeholder's values

Betty's aspiration to be a good wife aligns with her background values of good mother and her awareness of the negative impacts of substance use (**Self-Alignment**). However, her albeit unconscious attempts to deny impacts of substance use upon her life hinder her commitment to change her drug habit. As she considers her 2 kids a barrier of her relationship with boyfriend, she has to struggle between a good wife and a good mother (**Self-Conflict**). Betty also has different expectations with her boyfriend and parents. Her boyfriend wanted to leave and she wanted a marriage. She thought it was legitimate to let her parents taking care of the kids but her parents thought Betty should be more responsible (**Others-Conflict**). She may not take substance withdrawal her first priority but she may still agree with the social worker and aftercare officer that substance hinders her preferred life plan (**Others-Alignment**).

The social worker's background values on what constitutes a responsible life has been adding tension to his own empathetic orientation (**Self-Conflict**). Although the social worker expects Betty to commit in a more long term solution on her predicaments, Betty has clearly shown that she only needs short term financial relief (**Others-Conflict**). The social worker may align well with other stakeholders' assessment that Betty needs a long term solution (**Others-Alignment**).

The boyfriend's concern on Betty's future is not actually supported by his doubt upon Betty's purpose of pregnancy and his wanting to leave (**Self-Conflict**). Betty expects to marry her boyfriend but he wants to leave (**Others-Conflict**).

Betty's parents appear to be critical on Betty's life but in fact they are quite supportive to her (Self-Conflict). However, Betty's continuous maladaptive life style has been escalating their sense of helplessness (Self-Alignment). They do not think short term financial assistance can help Betty much (Others-Conflict).

The 2 kids' hope to live with their mother and have a father does not necessarily means they would like Betty's boyfriend to be their 'father' (Self-Conflict). Betty may not want to live with her kids as her priority is to live with her boyfriend (Others-Conflict).

Ms. LAM considers Betty cooperative and it is reinforced by her belief that Betty is a good girl (Self-Alignment). Regarding Betty's relationship with boyfriend and her kids, Ms. LAM is expecting Betty to be more responsible and Betty's responses may affect her perception on cooperativeness (Self-Conflict). She wants Betty to stay away from drug but it seems that Betty does not consider her drug habit a priority to be taken care of. Her judgment that Betty's boyfriend is not sincere may pose serious conflict between Betty and her (Others-Conflict).

6. In case of alignment, one step forward: Are stakeholders expecting exactly the same process or outcome?

Betty recognizes that substance use hinders her own rehabilitation but she may not agree that it is an urgent issue to be tackled. Betty justifies that her substance use is a coping for life stress and she will be ok if she is able to maintain good relationship with her boyfriend. However, others may consider her substance use a long term maladaptive coping which is affected by a variety of factors.

Stakeholders agree that Betty needs a long term solution but they may be expecting different things. Social worker is looking for a more holistic solution; Ms. LAM's major concern is substance abstinence; Betty's parents wants her to be a self reliant person; the kids wants a complete family. These all contribute to a long term solution for Betty but may pose conflicts on pacing and strategies of change.

Stakeholders also hold implicit reservations upon whether Betty has genuine commitment on long term change. However, some are more optimistic and some are less. For example, Betty's boyfriend and parents are actually less optimistic and therefore may have less motivation to involve in Betty's rehabilitation. The social worker and Ms. LAM, on the other hand, are able to appreciate Betty's strength and aspiration to a larger extent.

7. In case of conflict, one step backward: Can you find any common concern between the conflicting views?

There are two common themes of value conflicts in this case: [Betty's personal qualities](#)

and [the change plan](#). First of all, there are both explicit and implicit negative perceptions of Betty's personal qualities especially upon her irresponsibility. Betty's boyfriend and parents even doubted if Betty was able to make meaningful changes. However, all stakeholders may agree that Betty needs external assistance to facilitate positive changes and they are willing to help.

Concerning change plan, Betty asks for short term financial assistance but other stakeholders opt for long term solution. These requests are not mutually exclusive that Betty may need short term financial assistance AND a long term change plan. Unless Betty could settle her present predicaments, a long term plan would be too remote and unrealistic for her to commit.

8. What would happen if client takes what he/she initially asks for?

Betty has 3 expectations: She wants to have short term financial assistance; she wants to marry her boy friend; and she wants her parents to keep taking care of her two kids.

Beneficence

If Betty gets financial assistance, she will have immediate relief so that she doesn't need to worry about her daily living at least in the short run. If her boy friend marries her, she will feel happy and justifies that her life is complete. It will be even smoother if her parents continue to take care of her kids, so that she can devote all her attention to her boy friend and the baby.

While the above seems to fit Betty's plan well, it may violate some principles of Beneficence. As her principal social worker, giving short term financial assistance to Betty is of course recognizing Betty's right to receive financial assistance ([protect and defend the right of others](#)). However, at the same time it may be denying her right to proper counseling service, especially when the principal social worker truthfully believes that Betty's present predicament requires a more comprehensive intervention ([remove conditions that will cause harm to others](#)). In fact, if the principal social worker also takes other stakeholders in perspective, the marriage would probably not last as Betty's boy friend does not actually want so and we can expect a lot of conflicts and grievances ([prevent harm from occurring to others](#)). Furthermore, Betty may feel relieved if her parents continue to take care of her kids but her parent may not feel comfortable doing so because of their own age as well as the financial burden ([prevent harm from occurring to others](#)).

Non-maleficence

At first glance if Betty takes what she asks for, it will not cause any harm at least upon her own self. But a closer look reveals that it may cause pain or suffering to Betty and others as well as incapacitate Betty's in a psychological way. Betty wants to marry

her boy friend but her boy friend does not. This misalignment can cause a lot of conflicts and these conflicts lead to pain and suffering on both sides and the tension may even be extended to Betty's kids and parents (do not cause pain or suffering). Furthermore, providing only short term financial assistance to Betty reinforces her belief that her situation is temporary and requires no long term solution. It may incapacitate her awareness and willingness to formulate long term life plan and to develop proper problem solving skills (do not incapacitate).

Autonomy

Respect for autonomy is to acknowledge people's right to hold views, to make choices, and to take actions based on their values and beliefs. Betty may truthfully believe that her situation is temporary so she asks only for short term financial assistance. Giving her money and nothing else may be a respect for her **autonomous choice** but the principle of autonomy also requires the building up or maintaining others' capacities for autonomous choice. Here arises the issue of Betty's **competence** to make autonomous choice. The principal social worker may have doubts upon Betty's ability to understand her own situation and consequences as well as to understand relevant information.

Justice

There can be different ways to approach the issue of justice but the principal social worker makes reference to the Well-being Theories which argue that a theory of social justice should be concerned with six core dimensions of well-being i.e. health, personal security, reasoning, respect, attachment, and self determination and the basic aim is to secure a sufficient level of each dimension for each person. Short term financial assistance improves Betty's personal sense of **personal security** (no need to worry about her daily living), respects her **self-determination** (she believes her situation is short term and therefore only needs financial assistance); and her intended marriage satisfies her **attachment** needs. However, she may lack perspectives upon the dimensions of health, reasoning and respect. For example, Betty has been avoiding the issue of her drug use although she is able to recognize how drug impacts her life (**health**); she has a few take-for-granted thinkings about her life e.g. her parents will take care of her kids, her boy friend wants to marry her etc. which may have serious impacts in the long run (**reasoning**); and seemingly Betty is not valued high by other stakeholders (**respect**).

9. What kind of knowledge will be relevant to further your decision making upon the case?

Knowledge of Facts – What are the best assessment and treatment for Betty? In order to answer this question we need to look further upon specific characteristics of Betty's

case. In brief, Betty is a (1) **young** (2) **pregnant** lady who has been using (3) **methamphetamine** soon after her (4) **prison discharge**. She plans to (5) get some **money** from the social worker; (6) **marry** her boy friend and wishes (7) her **parents** to continue (8) taking **care of her kids**. We should therefore consider the following:

- **Young** - Does age have any clinical significance in substance use treatment? How common is methamphetamine use among young population? Is there any age-specific assessment and treatment? What are the demographic characteristics of methamphetamine use among young adults?
- **Pregnancy** - Does pregnancy have any clinical significance in substance use treatment? How risky if a pregnant lady use methamphetamine?
- **Methamphetamine** - What are the pharmacological effects of Methamphetamine, for the pregnant lady and the fetus? How do we assess such effects? What are the best drug withdrawal treatments available?
- **Offending Behavior** - What is the relationship between substance use and offending behavior? What could be done to lower a person's reoffending risk?
- **Financial Assistance** - What is the eligibility of financial assistance scheme?
- **Marriage** - What are the characteristics of drug couple? What impacts do marriage, success or failure, have upon rehabilitation?
- **Family Relationship** - What roles do family relationship play in a person's rehabilitation from substance use and offending behavior? What effects would a family member's substance use and imprisonment have upon the whole family?
- **Child Care** - How does child care quality affect childhood development? What roles do children play in parents' relationship and rehabilitation?

Knowledge of Values - If knowledge of facts is about objectivity, knowledge of values appreciates subjectivity. Below are questions concerning personal experiences and interpretation instead of mere description of the situation.

- **Young** -What are the psycho-social-behavioral characteristics of methamphetamine use among young adults? What are the attitudes of young adults towards substance use, criminal conviction, pregnancy, and marriage?
- **Pregnancy** -What relational and functional roles do pregnancy play in an unwed couple? What will a young lady think and feel about pregnancy?
- **Methamphetamine** -What are the psychosocial effects of Methamphetamine, for the pregnant lady and the fetus? How do young adults usually describe and explain their methamphetamine use? What do they think and feel about being a substance user?
- **Offending Behavior** - What do people think and feel about engaging in offending behavior? How do people describe their experience of imprisonment? What impacts would imprisonment have upon a person's quality of life?
- **Financial Assistance** - What do people think and feel about receiving financial assistance? Do they think they are entitled and do they feel embarrassed?
- **Marriage** - Why people want to get married? How would people define whether a marriage is successful? What will be the experience of being an unwed mother? What will it be like to have a drug partner?

- **Family Relationship** – What is a realistic expectation upon family support?
- **Child Care** – What will be considered responsible and appropriate child care?

(In real case we have to actually answer the above questions. However, for demonstration purpose it is sufficient to show how extensive it could be to consider relevant knowledge of any given case.)

10. What is your initial care plan for the client after considering the above?

(In real case the following care plan should be supported by relevant knowledge listed above. Social worker should be able to defend each and every point by quoting relevant knowledge i.e. knowledge of facts Vs knowledge of values; explicit knowledge Vs tacit knowledge.)

Betty 's care plan should include both **short term** and **long term** goals. The clinical consideration is not so much about differentiating between short term and long term goals but should be emphasized upon how to bridge short term goals to long term goals.

Betty wants to have short term financial assistance. As she is newly discharged from prison and has not yet received social security, she is eligible to short term financial assistance and the social worker would grant her money. At the same time social worker would help her apply for the Social Security so she could have stable financial support even if she has no job.

According to the findings of the Level of Service / Case Management Inventory (LS/CMI - a well validated offender risk and need assessment and a mandatory procedure for service applicants), Betty is particularly high risk in areas of Family/Marital and Substance Abuse. Although Betty may not feel urgent to handle issues in these areas, social worker would like to tackle them because: (1) all other stakeholders believe them as critical factors to Betty's rehabilitation, therefore unless Betty is making moves on these areas she would probably be gradually losing supports from these stakeholders; (2) according to Betty's LS/CMI results, Family/Marital and Substance Abuse are important risk factors to reoffending and reoffending may further delaying and jeopardizing Betty's future plan; (3) Betty's pregnancy makes her drug use even more dangerous to her and there are ample research evidences showing the relationship between drug use and miscarriage; (4) Betty is under statutory aftercare therefore she may be recalled to the prison because of her continuous drug use.

Regarding substance use, although Betty did not ask for any help, she is actually at the Contemplation Stage according to the Readiness to Change Questionnaire. She has begun thinking of changing. The Brief Situational Confidence Questionnaire found that Betty fits in the Negative Affective profile that use is primarily related to negative affective states. In such case it is important to identify the possible triggers. Although the baby's health and safety are important, social worker should take note

of Betty's values (drug use not a big issue and relationship with boy friend top priority) and try to align drug withdrawal with Betty's priority. The general approach will therefore be highlighting the impacts of substance use upon Betty's relationship. Substance users at Betty's age usually do not 'think' they need formal drug treatment and 'feel weak' to seek for assistance. Betty would therefore feel a lot more easy to be invited to just 'try something out' instead of 'work something out'. Social worker would invite Betty to participate in the Guided Self Change - a Motivational Cognitive Behavioral Approach to Substance Abuse Disorder. This is a short program so Betty does not need to make a long term commitment in treatment.

Family relationship plays a significant role in drug rehabilitation. It is a double edged knife that it can be a risk factor or a protective factor. In Betty's case although there is tension between Betty and her parents particularly concerning babysitting of Betty's kids, social worker still wants to mobilize family support from Betty's parents. Betty's parents consider themselves too old to do so and would like to have some financial support. Social worker would therefore help Betty find some day care service so that the kids could be taken care of in day time. The kids may sleep in grandparents' house. Betty will need to take her kids to and pick them up from the day care centre so these would increase her time with the kids. Once Betty got her social security, she may also be able to contribute some money to her parents.

Social worker has hesitations involving Betty's boy friend. He is preparing to leave Betty and that will be traumatizing to Betty (marital relationship can be a very prominent risk factor to drug use as well as offending behavior). Furthermore, it is still unknown about his attitude towards Betty's two elder kids. However, he is at present Betty's main goal for rehabilitation and if Betty believes that she is going to lose him her commitment to change may fade. Unless Betty's boy friend has made up his mind to leave Betty, social worker would still engage him (as he wants to take up some responsibilities) to provide support to Betty's rehabilitation plan. At the same time social worker may try to prepare Betty and her boy friend to talk about their relationship.

11. How do different stakeholders contribute in your formulation of care plan?

Although Betty claims that she needs only short term financial assistance, she is willing to talk more than money and in fact her aspirations to become a good wife and good mother made her more ready to commit further. Through various assessments Betty has a better understanding of her situation and she was invited to devise her own care plan together with the social worker. She still has an almost unrealistic optimism towards her future so she is not ready for any long term commitment in treatment. In view of this she would be invited to start with short term treatment.

Betty's parents are very much concerned about the well being of Betty and her kids. They are willing to help out but they have hesitation about their own health and financial condition. It is therefore important to formulate a care plan with specific

consideration on that. The parents are willing to continue their babysitting if there is proof that Betty is committing changes. Betty's kids seem to like their grandparents very much and they said it would be fine to stay with the grandparents. They show understanding of the option of day care centre. Even though they want to live with Betty, there is no immediate urge to do so.

Betty's boy friend wants to leave but he still feels obliged to take care of Betty. He agrees to continue meeting with the social worker and he would try to spend more time with Betty. He does not feel like leaving Betty right away and in fact further exploration shows ambivalence. He understands his own drug use would have influence on Betty and he would also like to tackle his own drug issue. This may help Betty make up her mind to stay away from drug. Comparing with Betty's parents the boy friend may have a stronger pulling force but it is at the same less stable (because of his preparation to leave).

The aftercare officer agrees to keep track on Betty's drug withdrawal treatment through regular urine testing. This aligns well with her duty and concern about Betty's drug abstinence. She may not think Betty's boy friend could actually be helpful but she agrees not to intervene on Betty's relationship at this stage.

The social worker takes the lead of this case. Because of his belief that Betty needs a long term solution he has made efforts to motivate Betty and other stakeholders to commit. As he has good understanding of community resources and is experienced working with other service providers, it is more convenient for him to convince all stakeholders to participate. Social worker must aware of how his background value concerning Betty's responsibility may interfere with proper clinical judgment e.g. adopting a more paternalistic approach.

12. What will be the impacts of your initial care plan?

The initial care plan includes: [short term financial assistance](#), [social security application](#), [short term drug treatment](#), [children day care centre](#).

Beneficence

Short term financial assistance relieves Betty from her present predicament ([protect and defend the right of others](#)). Referring her to apply for social security at the same time assuring her right to social welfare ([protect and defend the right of others](#)) and relieving her parent's financial burden ([removing conditions that will cause harm to others](#)). The drug treatment may sweep away negative impacts upon Betty's life ([removing conditions that will cause harm to others](#)). It may probably make Betty a more healthy and less dependent and demanding person ([prevent harm from occurring to others](#)). Day care centre service relieves burden of Betty's parents ([removing conditions that will cause harm to others](#)) and make sure her kids have proper care and attention ([protect and defend the right of others](#)).

Non-maleficence

Although the social worker believes that Betty needs a long term plan, he does not turn down her request for short term financial assistance because on one hand she is eligible and on the other hand she and her kids will definitely suffer if having no money (**do not cause pain or suffering**). Encouraging Betty to participate in drug treatment helps her formulate long term life plan and develop proper problem solving skills (**do not incapacitate**) so that she can have a better grasp of her future. Even more important is that drug treatment may save the life of the fetus and even Betty because methamphetamine use is highly related to miscarriage (**do not kill**).

Autonomy

Betty is heavily involved in the formulation of care plan and she made her own choice upon actions (**autonomous choice**). Regarding the building up and maintaining of capacities for autonomous choice, the social worker helps Betty to reveal her own values through ICEStAR and values mapping. These efforts enhance Betty's capacity and confidence to make choice (**capacity building**).

Justice

Referring to the Well-being Theories, short term financial assistance improves Betty's personal sense of **personal security** (no need to worry about her daily living), her **self determination** is also respected for her choice of actions e.g. short term financial assistance, application of social security, participation in drug treatment etc. Her choice of actions is guided by a more comprehensive decision making process (**reasoning**). Drug treatment would improve her **health**; her determination to changes may enhance family relationship (**attachment**) and command **respect** from others.

13. Will there be any difference in your decision making should any specific case condition be changed?

The above review of the initial care plan shows that it is quite comprehensive and thorough. Could it be further improved? Through case based reasoning the social worker is able to deepen his understanding of how his values, especially his own, may affect decision making in an implicit but profound manner.

Age – Betty is a young adult but it seems that every other stakeholder considers her immature and dependent. The social worker probably thinks so as his judgment is colored by his own family and religious background. He is a catholic who has strong family values so he finds it hard not to see Betty as irresponsible. However, when the social worker compares Betty with other young adult cases he has handled, Betty is in fact not particularly irresponsible. There are so many cases that the mother has

already given up her kids and abortion is no news. [The difference between Betty and other young adult cases is that Betty seems so cooperative and optimistic.](#) This has made the social worker on one hand more obliged to make things 'right' for Betty and on the other hand considers Betty unrealistic so that a more paternalistic approach is justified. The obligation and paternalism make it hard for the social worker to refer Betty out for services the social worker 'could' provide. In fact, for other young substance users the social worker usually refers them to age specific treatment programs but he plans to put Betty in his own drug treatment program.

Drug in Pregnancy – the responsibility concern seems to be quite justified by the fact that Betty uses drug during her pregnancy as well as her babysitting arrangement. This has reinforced social worker's perception that Betty is immature. Not necessarily irresponsible but at least she is dependent. The social worker has not much experience handling drug in pregnancy cases so when he makes references to other family and marital cases he is particularly focused on the health of the fetus. After all respect or life is one of the basic social work principles and he just could not let Betty overlook that. [If Betty were not pregnant, the social worker will feel more competent and easy to facilitate and respect for her self determination.](#) The fact that it is Betty's third pregnancy also raised the issue of whether Betty is capable of taking care of all 3 kids.

Courtship – Betty's boy friend doubted if Betty's purpose of pregnancy is to trap him to marry her. The social worker has handled quite a number of marital cases and he is no stranger to the leaving or staying problem between partners. [Social worker used to be empathetic to pregnant women whose partners would be leaving.](#) However, social worker has the impression that Betty has instrumental purpose for the pregnancy. The baby is a 'tool' but not a 'gift'. As a catholic the social worker is hard to accept this so he is sympathetic to Betty's boy friend. Social worker's hesitation to involve the boy friend may also reflect this sympathy that the social worker wants to stay away from the stay or leave decision.

Family Relationship – Chinese people have a strong expectation on filial piety. In a traditional sense Betty is performing the required duties to her parents i.e. respect and take care of the parents. However, it is quite common for substance users to take advantages of their parents and the social worker did have clients who beat their parents up for money. [However, Betty is different from them that social worker feels hatred from Betty.](#) It is not necessary a revenge but Betty does think her parents have to compensate her. The social worker does not have a clue as to what happened between Betty and her parents in the past which led to the present relationship. Although the social worker does not think Betty's attitude towards her parents appropriate, he does not want to jump into any conclusion. Therefore he tries to focus his intervention only on settling babysitting arrangement but not to touch on relational issues.

14. What is your updated care plan for the client?

The basic elements of the care plan will remain short term financial assistance, social security application, short term drug treatment and child day care centre. However, instead of providing drug treatment from the social worker direct, social worker will discuss with Betty whether age specific drug treatment program from an outside organization will be more appropriate.

The above case based reasoning did not challenge the proposed actions of the initial care plan much but helped social worker reflect upon his general intervention approach. The social worker gained insights from a critical review on how he arrived at certain decisions ([what he did](#)) but learned even more by understanding what he has left outside his decision ([what he did not do](#)). Social worker should therefore pay more attention to the relational dynamics between Betty and her boy friend as well as her parents.

15. List any stakeholder concerns not being handled by the updated care plan?

Betty – She wants to marry her boy friend. The care plan paves her way to a more independent and stable life but she still needs to handle her relationship with the boy friend. At this stage the social worker and even the boy friend considers it more important to handle Betty's drug issue.

Social Worker – The present care plan relieves Betty from her immediate predicament and helps her establish a more stable life. There are some relationship issues e.g. with parents and with boy friend social worker would like to handle but it takes time and efforts to escalate Betty's momentum to change e.g. willingness, feasibility, self efficacy etc.

Betty's Boy Friend – He decided to help Betty quit drug first and he has no urge to leave Betty. He tends to leave Betty but he is still unsure about his final decision. More in-depth counseling may be required.

Betty's Kids – They want to see their mother more often or even live with their mother. The care plan helps them get better care from a day care centre and at the same time they can increase contacts with their mother. Whether they can live with their mother would be sorted out at a later stage.

Betty's Parents – The care plan will relieve their babysitting burden and help Betty quite drug. They do not ask for further assistance although the social worker may want to do something about their relationship with Betty.

CSD Aftercare Officer – Betty's participation in drug treatment would exactly be Ms. LAM's expectation and she will be happy to discuss appropriate treatment with Betty and to help monitor the progress. The day care centre arrangement may soothe her

worries about the kids but her concerns about Betty's relationship with the boy friend will be tackled later.

16. Why such concerns are not handled? Any follow up on that?

Betty - Betty's drug treatment and pregnancy are the foremost concerns which set a safer scene for further intervention. After Betty's drug treatment or any time Betty and her boy friend consider appropriate social worker would engage them into marital counseling.

Social Worker - Handling relational dynamics needs both physical and psychic energy and energy is earned through achievements. The social worker would like to escalate Betty's momentum to change by providing various success experiences to Betty. Further counseling will be offered at a later stage.

Betty's Boy Friend - He is ambivalent about his relationship with Betty but he understands that it is important to help Betty quit drug. He agrees to stay with Betty for a while and marital counseling will be offered later.

Betty's Parents - The parents do not expect to have counseling upon their relationship with Betty although they are open to further dialogue. At present their concerns are mainly about welfare of Betty and the kids so the present care plan works well to them too.

Betty's Kids - The present care plan fulfils the wish to have more contacts with their mother and whether they can live with her depends on the relationship between Betty and her boy friend. So the issue could only be resolved after either Betty or her boy friend has decided upon the relationship.

CSD Aftercare Officer - Ms. LAM understands the urgency to help Betty quit drug and she is fine to know Betty's relationship with her boy friend will be handled later.

DMP Worksheet of Betty's Case

The completed DMP Worksheet of Betty's case will look like the following:

1. Who are the stakeholders of the present case?		Betty	Social Worker	Betty's Boy Friend	Betty's Kids	Betty's Parents	Aftercare Officer	
2. What does this stakeholder think about the case? (ICE)	Idea	Problem is transitional only	Problem because of prolonged maladaptive lifestyle	Pregnancy is Betty's attempt to keep him	Betty is too busy	Betty is irresponsible to let them take care of the kids	Betty is capable but too indulged in romantic relationship	
	Concern	Solve short term financial difficulty	Work out long term solution and welfare of 3 kids	Betty is not capable or willing to take care of her kids	Betty is always pale and tired	Worry about Betty's relationship with boy friend	Worry about Betty's probable drug relapse	
	Expectation	Get financial assistance	Engage Betty in long term counseling	Want Betty to be realistic about his probable leaving	Want to see mother more often	Want ways to relieve their burden of babysitting	No objection to grant financial assistance	
3. How can this stakeholder contribute to the case? (StAR)	Strength	Frank to talk, optimistic, cooperative, willing to admit weakness	Experienced in handling substance users	Concern about Betty and her kids, willing to take some responsibility	Healthy	Patient and polite	Directive but not coercive style of intervention	
	Aspiration	Be a good wife and good mother	Find permanent but not temporary solution for clients	Want to be a responsible person	Prefer to live with mother	Take good care of Betty and the kids	Make every effort to prevent relapse	
	Resource	Knowledge of community resources	Knowledge of community resources	A public housing unit and a helpful family	Helpful grandparents and friends in kindergarten	Active member of elderly centre	Excellent connection to drug treatment programs	
4. What are the values held by this stakeholder upon the case?	Foreground (Explicit)	Positive	Be a good wife, drug use not good	Understanding so patient and empathetic	Want Betty to live a good life	Want to live with Betty	---	Consider Betty cooperative and responsive
		Negative	2 kids are burden, drug use not a big deal	---	Betty is not capable and doubted her purpose of pregnancy	---	Betty is irresponsible, not paying for babysitting	Do not think Betty's present relationship helpful

	Background (Implicit)	Positive	Genuine concern for the kids	---	---	---	Want to help Betty change	Consider Betty a good girl
		Negative	Do domestic chores only as a prompt to boy friend's positive response, taking chance about drug use	Betty lacks commitment to change and should be more responsible	Want to leave but do not know how to do it proper	Sad about not having a father	Helpless about Betty's possibility to change	---
5. State stakeholder alignment and/or conflict with other stakeholders' values	Alignment	Self	Good wife & impacts of drug	---	---	---	Their critique on Betty's irresponsibility reinforces their own helplessness	Betty is a good girl who is cooperative
		Others	Drug hinders her life	Besides Betty, all stakeholders believe she needs long term solution	---	---	---	---
	Conflict	Self	Good wife Vs Good Mother – kids are burden to relationship	Try hard to remain empathetic when he considers Betty irresponsible	Doubts upon Betty's purpose of pregnancy and his plan to leave contradict with concern for Betty	Want a father Vs want Betty's boy friend to be their father	Critical to Betty but in fact quite caring	Consider Betty a good girl but her relationship with boy friend and kids not mature
		Others	She wants marriage but boy friend does not, She thinks it is ok to let parents taking care her kids but her parents don't	Betty wants short term relief but social worker is working on long term solution	He doesn't want marriage but Betty does	Want to live with mother but Betty may not want so	Betty needs long term solution instead of temporary relief	Betty thinks her boy friend sincere about the relationship but Ms. Lam does not
6. In case of alignment, one step forward : Are stakeholders expecting exactly the same process or outcome?	substance use	Betty - not an urgent issue, relationship with boy friend more important Others - drug use as long term maladaptive coping requiring urgent handling						
	long term solution	Social worker - holistic solution Aftercare officer - drug use Betty's parents - Betty be self reliant Kids - a complete family						

	commitment to change	Social worker and Aftercare officer – more optimistic about Betty’s commitment to change Boy friend and parents – less optimistic				
7. In case of conflict, one step backward : Can you find any common concern between the conflicting views?	Betty’s personal qualities	Although there are doubts upon Betty’s sense of responsibility, all agree that she needs external assistance to facilitate changes				
	Change plan	Betty’s request for short term financial assistance and others concern for long term solution are not necessarily mutually exclusive. Betty needs both short term AND long term solution.				
8. What would happen if client takes what he/she initially asks for? (Principle Based Reasoning)	Beneficence		Non-maleficence			
	Right to receive financial assistance Denying right to proper counseling Marriage probably not last Parents feel pressed to continue babysitting		Possible tension and suffering of a bad marriage Short term money incapacitates problem solving			
	Autonomy		Justice			
	Short term money respects for Betty’s autonomous choice Doubt upon Betty’s competence to make autonomous choice		Short term money improves personal security Respects self determination Marriage satisfies attachment needs Lose sight of drug impacts on health Irrational belief upon family relationship Loss of respect from others			
9. What kind of knowledge will be relevant to further your decision making upon the case?	Knowledge of Facts		Knowledge of Values			
	Age – age & drug use Pregnancy – pregnancy & drug use Methamphetamine - treatment Offending Behavior – drug use & offending behavior Financial Assistance – eligibility of financial assistance Marriage – characteristics of drug couple Family Relationship – family relationship & drug use Child Care – child care quality and childhood development		Age – attitude & psychosocial characteristics Pregnancy – roles of pregnancy Methamphetamine – thinking & feeling on drug use Offending Behavior – experience of imprisonment Financial Assistance – thinking & feeling on financial assistance Marriage – why marriage, unwed mother Family Relationship – expectation upon family support Child Care – responsible & appropriate childcare			
10. What is your initial care plan for the client after considering the above?	Short term financial assistance Social security application Substance use treatment Child day care service Preliminary exploration on possibility of marital counseling					
11. How do different stakeholders contribute in your formulation of care plan?	Willing to talk more than money & better understanding of own situation after assessment	Use of community resources	Agree to continue meeting social worker and commit to handle his own drug use	Understanding and agree to day care centre arrangement	Willing to continue babysitting but in a different arrangement	Keep track on Betty’s drug use through urine test

12. What will be the impacts of your initial care plan? (Principle Based Reasoning)	Beneficence			Non-maleficence		
	Short term financial assistance relieves predicament Social security assures her right to social welfare and Relieve parents' financial burden Drug treatment removes negative impacts on life Makes her healthier Day care relieves burden of parents and Make sure proper care of her kids			Money prevent Betty and others from suffering Drug treatment capacitate her problem solving and May have life saving effect on the fetus		
	Autonomy			Justice		
	Betty's involvement respects her autonomous choice The process is actually capacity building			Money improves personal security Respect for her self determination Decision making process guided by proper reasoning Drug treatment improves health and Enhance family relationship and respect		
13. Will there be any difference in your decision making should any specific case condition be changed? (Case Based Reasoning)	Case condition to be changed and what will be the change			Your reflections upon the change Tips: think values behind facts; and think facts behind values		
	Age			Difference between Betty and other young adult case is that Betty seems so cooperative and optimistic to the extent that being unrealistic. Social worker feels more obliged to make things right and becoming paternalistic		
	Drug in Pregnancy			If Betty were not pregnant, the social worker will feel more competent and easy to facilitate and respect for her self determination. Perception of immature and dependent		
	Courtship			Social worker used to be empathetic to pregnant women whose partners would be leaving, but the impression that the pregnancy is instrumental made social worker hard to accept		
	Family Relationship			Betty is different from others who take advantages from parents that social worker feels hatred from Betty. Social worker is therefore taking a more cautious approach in tackling family relationship		
14. What is your updated care plan for the client?	Referral to external age specific drug treatment programs Other remains unchanged Special attention to social worker's own paternalistic orientation					
15. List any stakeholder concerns not being handled by the updated care plan?	Marriage	Betty's long term commitment to change	Leaving or staying	Living with mother	Improving relationship with Betty	Concern on welfare of kids and Betty's relationship
16. Why such concerns are not handled? Any follow up on that?	Drug and health first, marital counseling to go	Need time for Betty to build momentum to change	Agree to help Betty quit drug first. Marital counseling will help at a later	More contacts with mother ok for now, Future plan depends on Betty	No pressing need for further counseling	Understand that social worker will handle that later

			stage	and boy friend's relationship		
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Using DMP in Case Conference

1. The presenter prepares a case summary and dispatches it to all attendants at least one week before the case conference.
2. The facilitator (usually the clinical supervisor of the presenter) prepares a large blank Decision Making Protocol (DMP) worksheet to be posted on the whiteboard.
3. At the beginning of the case conference, the facilitator briefs the attendants about the rundown and introduces the presenter. The facilitator may need to give a brief overview of Values Based Practice (VBP) should the attendants have never heard about VBP. However, there is no need for attendants to have thorough understanding of VBP to use DMP.
4. Then the presenter makes a short introduction of the case. He/she should focus on his/her concerns and difficulties handling the case rather than factual information or assessment and analysis.
5. Attendants may ask questions to clarify if they understand the presenter's concerns well but at this stage attendants are not required to give comments on the case.
6. After that the facilitator leads discussion by going through each and every question of the DMP worksheet according to the preset sequence i.e. from Question 1 to Question 16.
7. The presenter serves as an informant to provide further information on the case but he/she should not answer all questions by him/herself. In fact, the presenter's view on the case is considered one perspective but not the only or true perspective.
8. The presenter is also the recorder of the case conference. He/she will be responsible to write answers on the large blank worksheet.
9. There is no need to reach consensus on each and every question. The facilitator leads discussion and proceeds to the next question should he/she consider discussion sufficient.
10. After going through all 16 questions the facilitator will ask attendants to speak upon their experience of the case conference. Then the presenter will also share his/her experience. At last the facilitator provides a concluding remark.
11. A comprehensive walk through of the DMP worksheet takes 3 - 6 hours. If time is a concern, it is alright to break the case conference into 2 sessions. In such case it is recommended to stop the first session on Question 9 so that attendants can have more time to formulate an initial care plan (Question 10).

Decision Making Protocol (Speed Check-in)

In view of the busy daily schedule of practitioners, it may be a practice too luxurious to have a comprehensive walk through of the Decision Making Protocol (Worksheet) for each and every case. There may be some occasions practitioners need a comparatively quicker way to case review and consultation. In such case the practitioner can use the Decision Making Protocol (Speed Check-in).

The Speed Check-in has two main columns: Client and Practitioner. Each main column has three questions to be answered. You may refer to the section "Instruction" on how to answer these questions (Q2, Q3, Q5, Q8 of DMP Worksheet). However, for Question two of the Speed Check-in: 'What would happen if client takes what he/she asks for?' (Client) and 'What would happen if client does what the practitioner considers the best option to date?' (Practitioner), instead of using the Beauchamp and Childress framework, practitioner uses a more generic cost and benefit analysis to integrate impacts on different stakeholders.

Decision Making Protocol (Speed Check-in)

Client			Practitioner		
What does the client think about his/her case?	Idea			Idea	What does the practitioner think about client's case?
	Concern			Concern	
	Expectation			Expectation	
What would happen if client takes what he/she asks for?	Benefits to Client			Benefits to Client	What would happen if client does what the practitioner considers the best option to date?
	Costs to Client			Costs to Client	
	Benefits to Others			Benefits to Others	
	Costs to Others			Costs to Others	
How can the client contribute to his/her own case?	Strength			Alignment	Practitioner's Alignment / Conflict with Client's Values
	Aspiration			Conflict	
	Resources				

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