

## **Structured Decision Making® (SDM®)**

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One of my responsibilities at the Minnesota Department Human Services (MNDHS) the past two years was SDM® tools support. I enjoyed this part of my assignment. I have been thinking about and working with SDM tools since 1996. Initially, what attracted me to the SDM® risk tool was the research and validation behind the tool and its ease of use. It combines the art of clinical social work practice with science. Over time, I realized SDM® tools aided in decision making; enhanced consistency of decisions and service; identified important factors to consider when working with families; and workload distribution-resource allocation. As I traveled around Minnesota, I was surprised by the number of social workers and supervisors that did not share my enthusiasm for SDM tools. As I leave my position at DHS, I feel compelled, one more time, to offer the reasons SDM tools can help rather than hinder social work practice, increase safety in communities, and in turn across the state.

The SDM® suite of tools was a breakthrough in child welfare services for many reasons. SDM® tools make it possible to look at statistically significant characteristics of the child protection population that social workers work with, and determine, based on the number of characteristics a family has, the possibility of maltreatment occurring in the future. This gives child welfare social workers information to make decisions about safety and risk of future maltreatment. For the first time, decisions of safety and risk of future maltreatment are based on more than an educated guess. It increases the predictive power of child protection social work.

Clinical decision making turns out to be 50/50 at best, clinical decision making and utilizing SDM increases to 70 to 85 percent. I don't know about you, but when the weather person tells me there is a 50 percent chance of rain, I don't think about my umbrella much, however when they say a 70 to 85 percent chance of rain, that gives me information that says find the umbrella! SDM® tools function the same way. It provides information about families that tells social workers the chances of maltreatment occurring again, and it is 70 to 85 percent of the time correct. Clinical thinking and SDM® tools direct social workers to pay attention to specific characteristics, and work with families to reduce the probability of maltreatment occurring again; which increases safety.

SDM® tools give child welfare professionals a way to sort cases with consistency. Before SDM® tools existed, child welfare social workers and supervisors made educated guesses regarding which cases to open and close; which children to remove from their home and when to leave them in their homes; which services to offer, etc. Social workers consciously and unconsciously make decisions about families based on many considerations. It might make a difference who received services if an agency was very busy, or if a family welcomed a social worker into their home with coffee and cookies, or if a family expressed their "feelings" about child protection very loudly and passionately. It could even come down to how a supervisor or social worker was feeling about the particular day, or about a particular client. Not a very precise way to determine which families may need services more than another. Child welfare social workers using the SDM® tools are able to sort family cases based on characteristics that statistically show the likelihood of future maltreatment. The higher the risk, the more need for services. The tool can highlight a family's greatest needs and greatest strengths, and when a child should be removed from the home or can stay in their home with safety wrapped around them. Agency supervisors and administrators are now

able to make staffing decisions based on the number of high risk families on caseloads. Community service needs and service contracts are based on the actual needs of families in the community. Disparities in child welfare services may be decreased when a consistent and validated tool like SDM® is combined with clinical thinking.

In Minnesota, the law requires safety and risk assessments be completed for every child maltreatment case. In fact, a social worker cannot close a case unless SDM® tools are completed. It is known that Minnesota social workers are completing the SDM® tools for every case. It is true that SDM® tools are checklists and more paperwork required by statute. But over time, I have realized that SDM® is so much more than just a checklist and more paperwork. SDM® tools assist clinical thinking in decision points in a case. It helps inform the forward movement of a case. It can be a framework that helps focus work. This is important because families and communities have lots of information to offer social workers. Social workers can become overwhelmed by all the information, and even miss the reasons they are meeting with families. It can be tough and time consuming to tunnel through the information people share about a situation. SDM® tools assist in sorting the information and prioritizing work with families. Social workers that use the SDM® tools together with other practice methods and skills enhance the well-being, and increase the safety of children and families they work with.

It is important to note that best practice in Minnesota suggest social workers not *do* the SDM® tools *TO* a family, but do them *WITH* a family, holding the practice principles of partnership, respect and honor. Look for a balance of information to inform decision making. Using the SDM® tools and holding the practice principles requires more than the literal SDM® written tools. When the tool asks about risk, as a social worker, one must also ask, think and observe safety. If a caregiver is not using alcohol and drugs, what are they doing instead? if they do not have violence in their relationship, what do they have in their relationship? If they did not grow up in an abusive home, what did their growing up look like? A balanced assessment is more than the check-off approach. It is rigorous and deepening of the information that will guide social workers in an informed decision making process. Social workers need to hold all the information until they need to make a decision. Not always easy. Did I mention the pressure from families and community members, and other professionals social workers work with who may have their own hypothesis and action plan for a family? The tool guides social workers allowing new information to guide thinking and decision making. It is unduly disrespectful and unhelpful to families to decide the course of action on a situation based on a report with limited information, first visit, or what others think. Social workers must be willing to consider that new observations and information may change the direction and decisions with a family. A caveat, SDM® tools are just a tool. If the tool leads social workers someplace that doesn't make sense with clinical experience and observation, they must consider that the tool may be off. Raelene Freitag, from Children's Research Center, suggested, just like GPS, social workers can drive where Mrs. Garmin directs them until the road is gone. They must then use experience and observation, deciding not to drive off the road in spite of the directions☺.

SDM® tools and definitions allow for a common language and understanding. When social workers and supervisors discuss and understand SDM® tool meanings in their agencies and in community contexts, more safety for families and children occurs. It has been my experience that it is best to have this conversation as a team. It is not helpful for each supervisor and social worker to hold their own meanings of the definitions and never share. Holding information is a tragedy waiting to happen. The upfront time of sitting down with supervisors and social workers discussing

SDM® tools and definitions is well worth the time. When everyone knows what the collective meaning of the SDM® tools is, there is more safety. Supervisors and social workers have increased confidence with each other and in their work, which leads to more competence. These discussions can take place in individual supervision sessions; however, it is a much richer discussion in a group setting. Each definition has room to make it meaningful in a community context. Supervisors and social workers will uncover information about each other's thinking and community contexts. This leads to more valid and reliable SDM® tools, and in turn, increases safety for children and families.

Ongoing reviews of SDM® tool use and definitions needs to become routine. Without regular refreshment of SDM® tools and definitions, the “Chinese fried rice will become Spanish rice”, ☺ also known as tool drift. If one believes that this drift thing isn't about them as they have been working in child welfare for years, the Institute of Applied Research did some research in Minnesota about SDM® tools. It found some of the biggest “drifters” were social workers who have been in the business for a long time. There are many reasons why drift occurs. To keep drift to a minimum, social workers need to revisit the SDM® tools and definitions regularly. Some say four times a year, others twice a year. I say start with the initial discussion, and at the end of that discussion, set a date to revisit. Supervisors and social workers may want to spend more time on a specific definition. Supervisors may want someone to collect all the SDM® questions, like a SDM® clearinghouse person. That person would get a sense of the themes of the questions and help to inform what the revisit would look like.

A place to start could be the definitions of household and caregiver. The Minnesota Department of Human Services changed this definition in May 2012. This is the first definition that a social worker decides. If this is wrong, it could make the entire SDM® tool wrong. It could actually create more danger for a child.

In child welfare, social workers need everything possible to assist in decisions that impact the futures of children and families that are made every day. I am hopeful that the next time a social worker pulls out the SDM® tools; they will consider some of my considerations and add some of their own. Yes, SDM® tools are paperwork, but it is so much more. It can assist in the hard work of child welfare, and most important, aid in the hard work of keeping children and families safe

*If you have questions or comments, please contact the current Child Protection Response Specialist: Rebecca Wilcox at [Rebecca.Wilcox@state.mn.us](mailto:Rebecca.Wilcox@state.mn.us)*