

## **POSC Introductory Script**

The following script is an example of introductory language that can be utilized when introducing a plan of safe care to mothers/pregnant people/parents/families. Please feel free to tailor any specific details or language to the needs of your birthing parents/caregivers/families and their specific plan.

“Hi [Name], my name is [name], and I am your [title]. I wanted to introduce you to a tool we have been using to support [pregnant/parenting] people. It is called the Plan of Safe Care. The Plan was created for pregnant and postpartum people who have a history of substance use and their infants. The purpose of the Plan of Safe Care is to act as a personalized guide that captures the strengths, needs, and goals of the parent/family to assist with linking families to supportive resources/programs and help with care coordination. The tool helps to keep everything together in one place so that it is easier for you to talk to your doctors, social workers, recovery coaches, case workers, and all your providers about your background and progress. You do not HAVE to use the POSC, it is completely optional. But I thought it might be helpful for you. If it is ok, let me show you what the plan looks like, and you can decide if it is something you want to start using.”

Show the pregnant/parenting person the POSC document and walk her through it. It doesn't have to be a lengthy showcase, but there are few things you may want to highlight as you show the tool.

### **1. Language to use when explaining how providers can support the parent filling out the plan:**

“There are sections where it might be helpful to have someone help you fill out your plan of safe care. It can be helpful to both you and the people you are working with to show them this—this way they can see what you have already accomplished. It can also help both of you identify services or resources you still need. There may be people you don't want to show it to and that is ok.”

### **2. Be sure to reassure parent/family that this plan is specifically tailored to them and their needs, and they have a say in how it is developed:**

“This is **your** Plan of Safe Care. You don't have to answer any questions on these forms that you don't want to or that don't apply to you. It is ok to cross them out or put “n/a” for not applicable. Please don't hesitate to indicate anything you feel you need for yourself or your baby”

### **3. On keeping the POSC updated and when the POSC can be used:**

Example language: “This POSC is a living document and is intended to be updated as services for your family evolve and your needs are met, or new needs arise. Having an updated plan can be very helpful at the time of delivery and when meeting with new service providers or going to appointments.”

- Your POSC will be housed [INSERT PLACE HERE] and your POSC will be a physical document that you can bring to your appointments with service providers such as doctors, social workers, community agency providers, etc.
- *For pregnant people:* “It is very important you update the plan before you deliver your baby and remember to take it with you to the hospital. This way you can show the nurses and doctors anything you think will help them take care of you and your infant – such as your medications list, the doctors you get care from, etc.

- *For people on medication assisted treatment:* “For people on Medication Assisted Treatment (MAT), we highly recommend you take your POSC to the hospital with you to have your MAT provider’s and prescription information on hand. Because your baby may have withdrawal symptoms from the MAT, it can be helpful to show this to your doctors and the staff at the hospital, so they know all what you have done to prepare for your baby and who to contact at your MAT clinic if they need to verify your prescription.”
- *For families working with child welfare or going to court:* “This is a great tool to help you highlight all that you have done and accomplished to help keep yourself and your baby healthy and safe. Families have really found this tool helpful when they are meeting with their case worker, lawyer, and when going to court. Be sure to update it before you go to court or see your case worker.”

Potential questions you might be asked:

- ❖ Will information I share with my doctor or anyone else be held against me?
  - Confidentiality will remain the same. However, doctors, nurses, and other health care professionals are considered mandated reporters. This means that if they have any concerns about the safety or risks of any child that cannot be diminished by the POSC, they must submit a report to DCFS. This has not changed.
- ❖ If I am already involved with DCFS, will I automatically be investigated when my baby is born?
  - If you are already involved with DCFS, your social worker will complete an assessment of the newborn’s safety and wellbeing. So, while you may not automatically be investigated, your social worker will still need to conduct an assessment to determine if there are any services and/or resources that would be helpful.
- ❖ How do I start the conversation with my doctor? Counselor? DCFS worker?
  - It is important that you are upfront and honest with all your treatment professionals about your history of use and current use especially when you are pregnant. Quite often, this information will be important to help develop your care plan. It can be hard to have these conversations, but it can be helpful to practice them with someone you trust.
- ❖ Can I change my mind about getting a Plan of Safe Care if I initially declined it?
  - Although the best time to initiate a POSC is before delivery, you can initiate a POSC at any time. Just talk to your doctor or other care providers about it and let them know you think you could benefit from having one.

If a pregnant or parenting person denies a POSC when offered:

- Reassure the pregnant or parenting person that the POSC is solely a tool to provide help and support for them. Although it is completely optional, explain why you think they would benefit from it.
- Provide examples of other times where a POSC has been successful
- Use your best clinical/social work judgement and skills to explore why the pregnant/parenting person might be hesitant to implement a POSC and help them to understand how it could be helpful.