

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION I:

integrating casework and
protective authority in family-
centered child welfare

Time	3 hours, 30 minutes
Purpose	This section introduces the training, provides an icebreaker, and assists caseworkers in recognizing the inherent conflict in the dual responsibilities of the child protective service caseworker. The caseworker has the responsibility to intervene in abusive or neglectful family situations to assure that the children are protected. At the same time, the caseworker is expected to serve as a “helping person,” who plans and provides services that strengthen and empower families, that maintain children in their own homes, and that promote rapid reunification of children in placement with their families. The exercise of intrusive authority may interfere with the development of a trusting relationship, and with a family’s commitment to change, both of which are necessary for the effective provision of supportive social services.
Competency	<ul style="list-style-type: none">❖ The caseworker knows how social work values and principles apply to child welfare practice, including respecting the family’s dignity, individuality, culture, and right to self-determination.❖ The caseworker knows the philosophy, values, and characteristics of family-centered child welfare.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Recognize the dual and sometimes conflicting responsibilities of the child protection services caseworker: 1) to protect children from abuse and neglect by their caregivers; and, 2) to enable, support, and preserve families, to advocate and empower families toward productive change.❖ Understand the potentially negative consequences of exercising their authority, and the potentially positive consequences of using the casework process, on family members’ investment and involvement in the case planning and service delivery process.

Materials Handout 1-a: *Core II Training Agenda*
Handout 1-b: *Core II Competencies*
Handout 1-c: *Good Casework Involves...*
Handout 1-d: *Unit Perspectives on the Continuum of Child Welfare Practice*
Handout 1-e: *Parent's Expectations of Caseworkers*
"Strengths/Needs" laminated cards
3 x 5 index cards; small opaque envelopes
"Bird Art?" kits
Prizes (candy, gum, silly gift)
Flip chart and markers; tape
Trainer Materials


Method Guided group discussion and group exercises

Training Module

 While You Are Waiting...

- Sign In
- Complete Name Tent
- Review Agenda [Handout 1-a: *Core II Training Agenda*]
- Get Coffee, Get Snacks, and Get Ready!!

 Welcome to Core II
Case Planning & Family-Centered Casework in Child Welfare

- ◇ Welcome trainees to their second of four Core trainings. Introduce the training and yourself.
 - ◇ Take care of housekeeping, including information on meals, restrooms, hotel specifics, mileage, and per diem forms.
 - ◇ Remind trainees of the "Rules of the Road." State that they still apply as they did in Core I.
-  Refer trainees to Handout 1-b: *Core II Competencies*. Ask trainees to review the competencies and identify any specific learning needs/interests or any questions they may have about the training.

Activity: Strengths/Needs Icebreaker

 **Trainer Note:**

Pass out strengths and needs cards. There are matching strengths for each need. Select the number of cards needed based on the number of trainees scheduled. Purposely distribute some strengths without needs and vice versa. This will be important during the discussion after the activity. It is also important in selecting the mismatched cards to select a few which could be "close" matches, in order to see if the group can make a match "work." This list can also be found in Trainer Materials: Icebreaker. Note the trainer notes in a few of the strengths/needs.

- ◇ Describe the purpose and process for the icebreaker.
 - The following introductory exercise will help us get to know one another. The activity is called “Strengths/Needs.” It will help us begin to think of what strengths the agencies and caregivers have, and what needs children and families bring. It is a matching game, and should begin to heighten our awareness of making good matches in placement decisions. This activity is similar to a game you may have played before, which involves cutting playing cards in half and finding a person with the other half. Instead of matching halves of cards, we are going to match strengths and needs. Each of you will take on the role of a caseworker or foster/adoptive parent OR a child or family. When you find your match, please stay together, and introduce yourselves to each other.
 - You should move to the inside of the circle and take no more than five minutes to find a match. Like real life, not everyone will have a match. You may have to “force fit” your match. If you do so, be prepared to describe the accommodations that will need to be made for the match to work.
- ◇ Divide the group in half. Distribute strengths to one half of the trainees and needs cards to the other half. Allow a few seconds to read their cards. Ask trainees to begin the activity.
- ◇ Reconvene the large group. Emphasize that the exercise sets the stage for focusing on a strengths-based assessment.
- ◇ Refer to **Trainer Materials** to process this activity.

📌 Trainer Note:

If you have a large group, concentrate the process on those pairs that have matches that are not perfect. Do not have those pairs with “perfect” matches read their strengths/needs cards.

- Who found matches? How did it feel when you found a match?
Most people feel a strong sense of relief when matches are found. The longer it took to find a match, the greater the anxiety. Some of you seemed to question whether or not to “force fit” a match or keep looking for a better option. In many ways, this is like our families. Do they settle for what is at hand or take a risk and hope for something better?
- Who didn’t find a match? How did it feel when you did not find a match?
Most people become increasingly disenchanted with the process of looking for a match when the likelihood of making a match becomes less likely. Often times, those who don’t find a match tend to cluster together away from those who make matches.
- Who was able to “create” a match? How did it feel to both negotiate the process and accommodate the discrepancies?
As in real life, perfect matches often are not available. However, notice that when those individuals who have the strengths and those with the needs are allowed to work together, they often can find their own solutions, without the need of casework intervention.

Remember, too, that a match is not limited to a “pair.” Your need may be best matched by two or more “strengths.” Do not limit yourself!

- ◇ Ask those who did not find matches to read their cards. Discuss why those who do not find matches would have difficulty making a match based on either their strengths or needs.
- ◇ Have those who have made matches introduce their strength/need in pairs.
- 📄 **Strength/Needs**
 - Introduce self/county
 - Explain agency role/time in position
 - Strength you bring to your job
 - Need you have
- ◇ Ask them to introduce themselves, including a strength and a need related to the competencies on Handout 1-b: *Core II Competencies*. Give trainees a few minutes to review the competencies.
- 📝 Record their “needs” on a flip chart. You should refer back to this chart throughout the training to ensure you have covered trainees’ needs.
- ◇ Complete the activity by allowing the trainees to share any additional insights they may have gained from the exercise.

Activity: I've Got a Secret

- ◇ Give each trainee a 3 x 5 index card and an envelope. Give the following instructions:
 - I want you to think of something about yourself that you would not be comfortable with the group knowing; something you wish to be kept secret. It should be something personal, not professional. It should be something that, if revealed, would cause you embarrassment.
 - Now I am going to ask you to take a risk and write your secret down on the card, put it in the envelope, and seal the envelope Please write your name on the envelope. I know that I am asking you to take quite a risk; I promise I will in no way compromise your secret.
 - This may be hard for some of you, but you must all comply. I am the trainer; you can trust me.
 - When you have finished doing what I've asked, put your sealed envelope in front of your name tent. Please, do not reveal your secret to anyone in the group!

👤 Trainer Note:

Leave the envelopes in place until right before lunch. They will be picked up at this time, and the activity will be process after lunch.

Family-Centered Practice

Activity: Bird Art?

- ◇ Conduct an activity to illustrate the difference of working with people in an authoritarian, enabling, or partnering manner. However, do not let participants know the intent of this activity yet.
- ◇ Ask participants to pair up and distribute a “Bird Art?” kit to each pair. Distribute the three types of kits evenly throughout the room.
- ◇ Tell participants to read the instructions in their kit and **follow them exactly**; then assist their partners in creating the “art.”
- ◇ Allow about **5 minutes** for the activity. Walk around the room and make sure that participants are following their directions and, if not, remind them to do so.
- ◇ Process the activity. Ask, “What styles did their partners use?” Bring forth that three styles of working with people were illustrated with this activity: authoritarian, enabling, and partnering. Ask participants how it felt to be working in each style.
- ◇ Explain to keep these approaches in mind as we discuss the next section.
- ◇ Briefly reflect on the history of child welfare discussed in Core I. Use the following questions to generate discussion:
 - Recall in Core I, we reviewed the history of child welfare services in this country. What has been the focus of our intervention historically? What were we trying to do?
The intervention of choice for preventing child abuse and neglect was *removal* from the home. Little, if any, focus was on assisting parents to parent safely and more appropriately. There was also little focus on engaging parents in the problem-solving process. Child welfare workers saw themselves as the family experts and did little to engage or empower families. Child welfare workers would just tell families what to do. They were the authority figures, along with the court, and could just use their power to make families change.
 - Through the years, child welfare workers have learned to rely less on their authority and to rely more on their ability to engage families in the change process. Child welfare has become less about removal and more about keeping children at home whenever possible and working towards change. Child welfare is about family-centered practice.



Family-Centered Practice

The provision of individualized services that strengthen and enable families to find solutions to their problems and to provide safe care to their children in their own homes and communities and in ways that are consistent with their own culture.

- The concept of family-centered practice is integral to the provision of child welfare services.

- ◇ Introduce the term “Family to Family” to the group. Ask if anyone works for a county that is using Family to Family. If so, tell them that we are going to be discussing what this is later in the training, and that you will ask them to help explain what this is.
- ◇ Ask participants what words jump out for them.
- ◇ Review the principles of family-centered practice.
- 📖 Family-Centered Practice means...
 1. The family is at the center of our efforts.
[Family-centered practice works with the family as a collective unit, ensuring the safety and well-being of family members.]
 2. We help strengthen the capacity of families.
[The primary purpose of family-centered practice is to strengthen the family’s potential for carrying out their responsibilities.]
 3. Families are engaged in all aspects of practice.
[Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally responsive, and relevant services for each family.]
 4. Families are linked to the resources within their communities.
[Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved in the family.]

(Source: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-centered-practice.html)
- ◇ Ask trainees how they incorporate the principles of family-centered practice into their work every day.
- ◇ Ask trainees if the use of authority has a place in a family-centered approach. If so, how can they be used together?
- ◇ Explain that using a family-centered approach means integrating authority and collaboration. These two concepts are not mutually exclusive. It is more about when and how you use authority and collaboration. Think back to our “Bird Art?” activity.
 - When it is not possible to engage the family, the caseworker must exercise his mandated authority to assure that the child is protected.
 - In casework, however, our efforts are directed toward empowering parents and other family members to make changes that will enable them to protect the child within their own home and community. Yet, we must also be able to act in ways that assure the child can be protected from harm, when the family cannot be helped to do so.
 - The ideal approach to child protection, therefore, is a service model that effectively utilizes family-centered casework interventions, without compromising the appropriate use of authority when necessary.

- It is ultimately the family’s choice whether to work collaboratively with the caseworker. However, the attitude and actions of the caseworker can have a significant effect on whether or not families choose to collaborate.

◇ Ask, “How might you do this?”

 Refer trainees to Handout 1-c: *Good Casework Involves...* Remind trainees that we are always working with clients through a framework of family-centered practice.

 **Accurate Role Clarification**

- Clearly explain your dual role.
[In explaining the dual nature of your role, why would you want to avoid language like “I wear two hats” when explaining your role to someone who is not part of the majority culture “Duality” can have negative connotations in some cultures. It can be perceived as “two-faced,” with an outward positive appearance and a concealed negative one. With some Native American groups, it may be perceived as speaking with a “forked tongue,” i.e., saying one thing and meaning another.]
- What is negotiable and what is not? Bottom lines?
[Safety is not negotiable; treatment, providers are negotiable.]
- Explain how authority might be used.
[If your kids have bruises on them, I’m going to have to report. I’m going to need to verify....]
- Find out client’s expectations of the worker.
[For example, “You’re here to take my kids.” “No, we’re to make sure your kids are safe.” Tell them what they can expect. We will provide more information on this at the end of this section.]
- Discuss confidentiality.
[Explain how you will keep their information confidential. You will only talk to people who need to know.]

 **Reinforcing & Modeling Pro-Social Values**

- Praise for pro-social action
- Model follow-through, i.e., keep appointments, return calls, etc.
- Understand the client’s views and behaviors within a cultural context

 **Collaborative Problem Solving**

- Ask clients to list problems they have, things they want to change. Ask what they want to be different.
- Set goals with the clients.
- Regularly review how things are going. Discuss movement towards goals.


◇ Remind trainees that using the above strategies allows workers to work collaboratively with families when possible, but also makes it clear that authority is a part of the relationship and will be used—especially when it comes to the safety of the children.

◇ Ask trainees the following questions and discuss the responses as a group:

- Do you know a caseworker that exclusively uses either his or her authority or helping role?
 - How effective are these caseworkers' relationships in facilitating family change?
 - What are the negative consequences to caseworker and client when a caseworker uses one role exclusively?
 - It is critical to balance the use of helper with the use of authority along a continuum. Using only helper may not always convey the seriousness of the situation and may make families forget that the court will use authority and demand compliance. Using only authority may make families resentful and may result in compliance as opposed to lasting change.
 - The essence of child protective services is the professional balancing and integration of the dual responsibilities of a protective authority and a helping person. In summary, when these roles are balanced, the result is good casework.
- ◇ Summarize by pointing out that we have focused on family-centered practice and the duality of child welfare casework.
- Authority is an inherent part of the caseworker's job, but should only be used as a last resort after collaboration has been tried.
 - Authority is also much more effective once a relationship has been established. We are now going to talk more about establishing relationships with families.
- ◇ Ask, "What is the place of authority in family-centered practice?"
- ◇ Conduct a small group activity. Divide participants into small groups with similar job responsibilities (e.g., all intake workers together, all ongoing workers together, all adolescent workers together). Ask them to respond to the following questions from the perspective of their units.
- 📄 Refer participants to Handout 1-d: *Unit Perspectives on the Continuum of Child Welfare Practice*. The questions are:
- When and how are you using authority in your casework? Give examples.
 - When and how are you being an enabler? Give examples.
 - When and how are you being a collaborator? Give examples.
 - Do you feel you have been able to successfully integrate all of these roles? How have you been able to do this?
- ◇ Allow about **10-15 minutes** for the small group discussion.
- ◇ Process the activity by asking for highlights of their discussions. Be sure to note distinctions in practice across units. When the distinctions are more dramatic, ask how this might impact the units working collaboratively together.
- ◇ Ask if anyone has struggled with one role in particular. If so, ask for ideas from the group that may be helpful to others in using that role.
- ◇ Wrap up this section by using the PowerPoint to review the points that have been covered in this section.

 Family-Centered Casework involves...

- Integrating authority with the helper role.
[Authority is used to communicate the severity of the situation and as leverage.]
- Developing a collaborative relationship with the family that empowers and promotes change.
[The caseworker develops a positive, trusting, collaborative, and supportive relationship with family members that empower parents or caregivers and promotes positive family change. If family members can be engaged in a mutual problem-solving process, the first step of which is assuring immediate protection of the child, the worker may never need to exercise authority by mandating change.]
- Limiting the exercise of authority.
[The exercise of authority is limited to situations in which family support services and other casework interventions are not sufficient to assure protection of the child.]
- Offering the family the choice of collaboration first, before the use of authority.
[The family is given the choice of working collaboratively with the agency to make their home safe for their child before the caseworker exercises mandated authority to assure the child's protection.]
- Using authority to communicate the severity of the situation and as leverage for change.
[A worker may initially use the prescribed power of the profession to gain entry and communicate the importance and seriousness of the situation. The caseworker's authority to enforce change can also be used as leverage to motivate family members to become involved in resolving their own problems.]

 Refer trainees to Handout 1-e: *Parent's Expectations of Caseworkers*. Explain that this was a study done in 2000 in Illinois to look at which caseworker behaviors are important to clients. Although the handout only provides the caseworker behaviors that were important to parents, the research paper also contains clinical implications of these behaviors and specific casework interventions that can be implemented to address each identified issue. The research paper can be found at: <http://dcfswebresource.prairienet.org/resources/parexpect.pdf>.

◇ Give trainees a few minutes to look over the handout, and then ask if there is anything surprising on the handout or if there is something on there that that is outside the realm of what parents should expect. As we discussed above, understanding what our client's expectations of us are is one piece of good casework. This paper gives us a good idea of not only what they might expect, but perhaps more importantly, what they might need to make it in this system.

 **Trainer Note:**

If you are breaking for lunch, gather the envelopes from "I've Got a Secret." Make sure that the trainees notice that you are picking up their envelopes. Remember to look at the envelopes with interest between now and the time that you process the activity.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE




SECTION II: collaborating with the community in child welfare

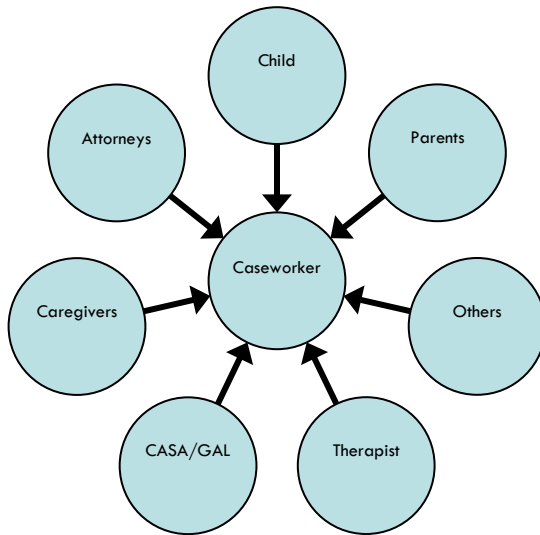
Time	1 hour, 45 minutes
Purpose	To provide trainees with an opportunity to understand and experience the importance of including the family, community members, foster parents, and other relevant participants in a collaborative decision-making process. To discuss and identify the roles and responsibilities of other community professionals in the child protective service process. A team approach is essential to services, which means developing collaborative relationships with professionals from agencies throughout the community.
Competency	❖ The caseworker knows the proper roles and responsibilities of other community agencies in the child protective service process and knows how to collaborate with these agencies and practitioners to develop case plans and provide services that assure a safe and permanent family environment for children.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Value collaborative decision-making.❖ Appreciate the strengths brought to case planning when diverse opinions are brought into the process.❖ Commit to involving the family and key resource people in the case planning process.❖ Explain who should be involved, when and where collaborative decision-making should occur, and its purpose.❖ Name at least three reasons collaborative decision-making benefits a child.❖ List the key steps to ensure an effective collaborative decision-making process.❖ Participate in a collaborative decision-making process.❖ Determine who can facilitate a collaborative decision-making process.❖ Evaluate the effectiveness of a collaborative decision-making process.❖ Utilize the Colorado Continuum in collaborative decision-making.
Materials	Handout 2-a: Seven Essential Elements of Collaborative Decision Making Video: “Jackie” Case Staffing Flip chart and markers; tape Trainer Materials: Roll of paper towels
Method	Experiential exercise, presentation by trainer, group exercise

Activity: Collaboration

 **Trainer Note:** Trainers should have a paper bag with a roll of paper towel or toilet paper in it, ready for this activity

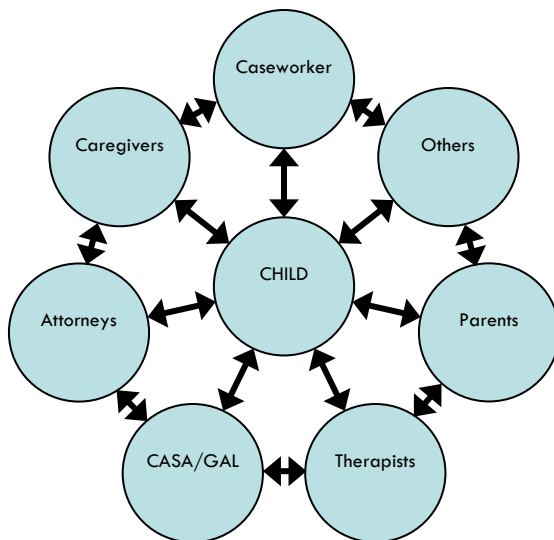
- ◇ Explain we are going to talk about collaboration and give you a chance to figure out what that means.
 - ◇ Divide group into two teams.
 - ◇ Each team will need paper and pen to write down their uses of the item. The teams should assign a recorder.
 - ◇ Each team will have one minute to figure out as many uses for the item that they can. Encourage the groups to be as creative as possible.
 - ◇ We will compare answers at the end of a minute and see which come up with most ways to use this item.
 - ◇ Pull the roll of paper towel or toilet paper out of bag and say, GO! Be sure to watch the clock for exactly one minute.
 - ◇ After the minute is up, reconvene the large group and process with the following questions and information.
 - ◇ Compare answers between the two groups. If both teams come up with the same use, it is scratched off of each list.
 - Compare the numbers of unique uses each team had for their object.
 - How did your team come up with the uses for the item?
 - Was everyone involved in the process? How did everyone get heard?
 - Was it a collaborative process?
 - If each of you had done this on your own, do you think you would have come up with as many uses?
 - What did you gain from the collaboration?
 - How is this collaboration similar to your work with families?
 - ◇ A critical part of your role as caseworkers is working with a variety of people and agencies in the community. Coordination and collaboration are critical to successful outcomes for families.
 - ◇ Effective collaboration requires that all parties feel free to share their ideas, thoughts, and concerns in order to reach successful outcomes for the family. It involves the worker's commitment to listen to and encourage the exchange of ideas.
 - ◇ Explain to trainees that there is a variety of models of collaboration, but the two main ones are the individual caseworker/consultative model and the collaborative model.
-  **Case Management Models**
- Individual/Consultative (supervisory)
 - Collaborative Decision-making

Individual/Consultative Model



- In this model, the caseworker is in charge, responsible for decision-making, and is at the center of all activities. Decisions must be made or confirmed by the caseworker.
- The problem with this model is that no one can make decisions on their own. The caseworker is bombarded by phone calls for requests to make decisions, to fix relationships, to arrange visits, or to do anything else that needs to be done on the case. The caseworker is the one that is invoking skills to help this family.
- When this is multiplied by 20 cases, this process becomes overwhelming, even for the most skilled worker. Additionally, parents and families do not learn how to make their own decisions. This model encourages them to blame the caseworker for decisions. In this model, the caseworker is held liable for any decision he/she makes alone.

Collaborative Model



- The collaborative model put the needs of the child in the center of everything. Each person has a role. The roles and responsibilities are clearly divided among the adults. A decision-

making process is agreed upon. The people who are responsible for making decisions must share their decisions with everyone else and be able to explain how the decisions were made.

- This model does a much better job of engaging and involving all parties. People are more likely to make permanent changes when they are part of the decision-making process rather than being simply forced to make changes.
- This collaborative decision-making model utilizes the belief that the birth family is the expert on their family, and by respecting and listening to their needs, an alliance can be built and better outcomes for the child can be achieved—whether that is reunification or relinquishment.
- When workers use a collaborative model, they encourage parties to exchange information with one another. Not all information must go through the worker and then be passed on to the other parties.
- By having a collaborative decision-making meeting, the parameters and ways of communicating can be established, so there are no misunderstandings and the model can be utilized to its highest potential.
- By using a collaborative decision-making model, the family learns skills and a direct connection to developing support systems independent of the system, and that encourages self-sufficiency and long-term change.
- To formalize this process, the worker may wish to conduct a collaborative case staffing. This is a staffing where *all* parties are brought together to discuss the case or perhaps specific aspects of the case. A plan is made, and all parties will hopefully agree to support the plan and decisions made by others. A new case staffing can occur when there is disagreement. If consensus cannot be reached, results of the staffing may be sent to the court, and an informed decision can be made by the judge or magistrate.
- A collaborative case staffing can be very time consuming, but also usually very helpful to all parties involved in a case. It can save time and work because not everything falls on the worker's shoulders and there is ownership by those participating.
- Although it may be helpful to do a collaborative case staffing on all cases, it is only critical in a small percentage of cases that come into the agency—those cases where children are at risk for foster care drift.

◇ We have talked about the different types of case planning models, now let's look at them side by side

 Comparison of Decision-making Models

Traditional

- Deficit focused
- Community uninvited
- Professional dominated
- Family passive
- Small, quiet meetings
- Predictable outcomes
- Categorical funding
- Hierarchical decisions/Agency owned
- Post case planning

Collaborative

- Strengths focused
- Community welcome
- Multiple players
- Family empowered
- Larger meetings/Creative discussions
- Imaginative & diverse outcomes
- Creative use of \$\$\$
- Team decisions/Team owned
- Early in assessment

- ◇ The State Department of Child Welfare is very supportive of the use of collaborative decision-making, especially through their promotion of the Family to Family model. Many counties have also adopted Family to Family, in part because it utilizes collaborative decision-making on a community level.

- ◇ Ask trainees if anyone comes from a Family to Family county. If so, ask them to give a synopsis of their understanding of the model. Follow up the with following information: Family to Family is an initiative through the Annie E. Casey Foundation.

- 📖 At its core, Family to Family applies four basic principles:
 1. A child's safety is paramount.
 2. Children belong in families.
 3. Families need strong communities.
 4. Public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children.

- 📖 Basic Strategies
 - Recruitment, Training, and Support of Resources Families
 - Building Community Partnerships
 - Team Decision-making
 - Self-Evaluation

- 📖 The Family to Family model provides states and communities with an opportunity and the tools to redesign their child welfare system to establish:
 - A network of care that is neighborhood-based, culturally sensitive, and located where the children in need live;
 - Less reliance on institutional care, such as hospitals, shelters, correctional facilities, and group homes;
 - An adequate number of foster families for any child who must, for safety reasons, be removed from the family home;
 - A team approach, including foster care families; and
 - Screening services to safely preserve the family while understanding the needs of the child.


- ◇ Explain to trainees that Family to Family is a specific model that incorporates more than just collaborative decision-making. It is also about keeping kids in their own neighborhoods and providing other services within neighborhoods as well. Family to Family is very aligned with family-centered practice, as is collaborative decision-making. But, even if your county is not involved in Family to Family, or even if your county does not use a specific model of collaborative decision-making such as Family Group Conferencing or Family Unity Meeting, you can still do collaborative decision-making. Case staffings can be a form of collaborative decision-making that is extremely helpful when working with a variety of community partners. It is the place where all the parts of a case plan can be pulled together, shared among the parties, and input solicited. Case staffings can also be held in such a way that they are anything but collaborative.

 Collaborative Management Models

- Teaming with client
- Mediation
- Family Group Conferencing
- Team Decision-making (Family to Family)
- Teaming with other professionals/case staffings

◇ Introduce a video of an actual case staffing. The client in this video is Jackie, a woman who is looking to leave a drug treatment facility and move out with her child. Ask trainees to pay attention to what goes wrong in this staffing, as well as what works well. Ask trainees who is missing and how the staffing could be directed toward a more win-win situation. Ask trainees if this staffing feels collaborative.

◇ Tell Trainees that while they watch the video, keep the previous slide in mind and which model is pervasive.

 Show three to five minutes of the “Jackie” case staffing video. Stop after worker says, “Don’t you see we are on your side,” and Jackie responds, “No!”

◇ Explain that after the blow-up, Jackie and workers come to an understanding that she will leave the program and they must find a way to support Jackie’s decision.

◇ Process video by asking trainees what went wrong with this staffing. Ask questions such as:

- ◇ Do you think Jackie felt respected or supported?
- ◇ Do you think Jackie felt that she was included as an equal partner?
- ◇ Were there any control issues?
- ◇ Do you feel that if someone had talked with Jackie before the staffing about issues that may come up that things would have gone better?
- ◇ Did you see any “safety” concerns in accordance with the safety assessment that would preclude the worker from supporting the plan?
- ◇ Was the meetings approach deficit focused or strengths focused? Agency dominated or a diverse group of players? Were decisions appearing to be directed in a hierarchal way or a through team decisions?
- ◇ Collaborative case staffings can be extremely helpful, but they can also be very frustrating.

◇ Point out that Family to Family emphasizes collaborative decision-making. It utilizes a model known as Team Decision Making.

◇ Present trainees with the seven elements of a TDM. Emphasize that one does not need to be trained in TDM to be able to successfully implement a TDM-like process. The point we want them to walk away with is the concepts and philosophical underpinning of the process.

 These elements can be found on Handout 2-a: .

 Seven Essential Elements of Collaborative Decision Making Teamwork

[Inclusive, open team settings are better for families and caregivers than closed, bureaucratic decision-making. The foster parents need to have an intricate part in this process, because they are the ones who have the most contact with the child.]

- Active Family Involvement
[This is a shift from traditional planning techniques from focusing on the parents' deficits to looking at them as someone with strengths and an equal partner at the table.]
 - Facilitators
[This model requires there be a person dedicated to the intricate process of facilitation. Point out to trainees that if their county does not have a formal person dedicated to this, a supervisor or other team member could be asked to provide this aspect. If that is not possible, the caseworker may have to take on this responsibility as well. Emphasize that there may be times there is not an unbiased facilitator available and a collaborative decision-making process can still be very beneficial.]
 - Safety Plans
[All participants need to feel safe to discuss their concerns so a workable, realistic plan can be put into place. The plan must be specific, measurable, and achievable.]
 - Strengths-Based Assessment
[Everybody feels best when their strengths are recognized. If this is not paramount to the meeting, a family and/or caretakers will not feel validated and not buy-in to the process.]
 - Needs-Driven Services
[Services should be looked at as what is needed for this particular family and their unique situation. People should be encouraged to think outside the box and design services that will be unique to that particular situation. The agency would also need to be behind this creativeness, because funding would need to be available.]
 - Long-Term Support Network
[This model encourages families to learn the skills needed for long-term self sufficiency and the development of community supports.]
- ◇ Ask trainees if they have any questions about the above information. Remind trainees that collaboration is one of the main ingredients of a successful case plan.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION III:

development of relationship:
the foundation of family-
centered casework

Time	1 hour, 15 minutes
Purpose	To provide trainees with a framework for engaging the family while attending to cultural considerations.
Competency	<ul style="list-style-type: none">❖ The caseworker knows strategies to engage family members into constructive and collaborative casework relationships that engage and empower families, and that promote joint case assessment, planning, and service provision.❖ The caseworker understands the dynamics of resistance and knows casework strategies to defuse family members' hostility and anger.❖ The caseworker knows how to integrate casework methods with authority, when necessary, to simultaneously engage and empower families and assure protection of the children.❖ The caseworker understands the potential effects of cultural differences on the development of the casework relationship, and knows strategies to establish relationships with families from cultural backgrounds different from one's own.
Objectives	<p>Through this activity, trainees will be able to:</p> <ul style="list-style-type: none">❖ Understand the nature and importance of the casework relationship.❖ Understand the role and responsibility of the caseworker in developing a productive working relationship with families.❖ Understand ways in which the use of relationship can minimize the negative effects of the caseworker's authority.❖ Be aware of ways in which casework can promote the development of the casework relationship when family members and the caseworker are from different cultural backgrounds.
Materials	Handout 3-a: Engagement Methods Chart Handout 3-b: Ethnographic Interviewing Handout 3-c: Cultural Considerations Handout 3-d: Understanding the Client's World Worksheet

Flip chart and markers; tape
“Larcenous Lenny” answer sheets
Trainer Materials
Ethnographic Interviewing Video

Method Experiential exercises, small group exercise, and group discussion

Training Module

- ◇ Review the purpose and competency for this section.
- ◇ Complete “I’ve Got a Secret” by returning each person’s envelope to them. Give the following instructions:
 - You now have your secrets back. You can do whatever you wish—tear them up, put them away—anything you want. Remember; don’t reveal the contents of your secret to anyone.
- ◇ Process the activity by asking the following questions:
 - How did it feel to have your secret out of your control?
 - How did it feel to have the secret written down?
 - What did you feel when I removed your secrets?
 - What was your level of trust in me, and my ability to protect your secret? Was it high, or was it low? [Point out to trainees that it is often difficult to reveal secrets or intimate feelings to someone with whom we do not have a relationship or high level of trust.]
 - What was your plan if we had betrayed your trust?
 - Would anyone have denied that the secret was accurate? Minimized the impact of the disclosure? Deflected the impact by pointing out that others in the group probably had “more serious” secrets? Would you have just said, “Oh, I made that up,” or “That didn’t really happen”?
 - Look around the room and make eye contact with someone that you would be willing to share your secret with. Why did you pick this person? [Most likely trainees will respond that they picked their person because they have some sort of relationship with that person. There is some level of trust.]
 - Did any of you have a strong reaction when the idea of “secret” was brought up? If so, why? Do you think there are certain cultural groups that may have a reaction to the word secret? Why? [Certain cultures and sub-groups may maintain secrets as a self-defense or self-protection process. For example, what about people with hidden disabilities like epilepsy or mental illness? What about gays/lesbians/transgendered persons who are not “out of the closet?” What about clients that are undocumented immigrants? When we ask our clients to share their thoughts and feelings, we often ask them to tell us things that are “secret.” They may withhold important parts of their lives that are secret for fear of being judged or fear of reprisal.]
 - How is this activity similar to what clients may feel when we intervene?
 - If our clients don’t want to share their secrets with us, how do we label this behavior?

- ◇ Lead a group discussion to define and explore resistance in casework. Ask the following questions to promote discussion:
- What is resistance?
[Resistance is a term used to describe a family member's apparent unwillingness to fully participate in the casework process. A family's resistance is usually the result of the family's perception of the caseworker, the situation, and the agency as threatening or potentially harmful to the family. Resistance is typically based on fear.]
 - How might resistance be expressed?
[Resistance may be manifested in family members' verbal, behavioral, and affective (emotional) responses to the caseworker and the casework process. These affective, verbal, and behavioral responses by the family serve to block communication and to avoid involvement in the casework relationship and activities, thereby reducing the threats perceived by the family, and the resulting anxiety.]
 - What are examples of how clients may express resistance?
[Possible responses are:
 - Refusal to talk.
 - Refusal to let the caseworker in the door.
 - Verbal hostility, expression of angry feelings.
 - Saying one thing, and doing another; or failing to do what one commits verbally to doing.
 - Blaming someone else for the problems.
 - Denying the existence of problems.
 - Doing what the family perceives the caseworker wants him/her to do with no genuine commitment to follow through.
 - Lying about the situation.
 - Threatening the caseworker or the agency; threatening legal action.]
 - Why is resistance normal?
[A certain amount of resistance is normal in the early stages of casework, before an adequate level of trust is established. People who have a history of painful and unsatisfying relationships often choose to remain isolated and withdrawn from other people, rather than risk further hurt by trusting someone. These people may appear to be resistant, but in fact may just fear intimacy. In addition to the unknown threats which exist in any new relationship, in a child protective situation there are other very real threats to the family.
 - The caseworker has the authority to remove children and separate members of the family. The family may feel if the caseworker learns the truth about the family's problems, the caseworker may use that information as cause to remove the children from the home. This may be accurate.
 - The presence of the caseworker means a complaint has been filed. This is a reflection on parenting ability and is often an affront to the family's self-esteem.
 - Family members may have had previous negative experiences with other authority figures and may view the child welfare caseworker as a punitive authority. Family members may also have had previous negative experiences with openness and trust in relationships. They may be hesitant, unwilling, or unable to trust or to depend upon other people.

- Some cultural groups' historical experiences with racism or other forms of discrimination have resulted in a generalized mistrust of "outside" or institutional authority. Some cultural groups also believe that sharing personal, family information with persons outside of the family is highly inappropriate.
- Families often feel that the caseworker may not fully understand their situation, particularly if caseworkers are young, have never raised children, have never lived in poverty, are of a different cultural background, or have never experienced similar stresses and problems. To some degree, this may also be true.
- Change is inherently threatening. Most people find it difficult to change, even if they are unhappy in their current situation. While they would like to end the pain, change may also be perceived as potentially painful, or a considerable amount of turmoil without a guaranteed benefit from the change.]

Reducing Family Members' Resistance and Promoting Involvement in Casework and Case Planning

- ◇ Lead a group discussion regarding ways in which caseworkers can use casework methods to reduce a family's resistance. Encourage trainees to identify as many strategies as possible. To promote discussion, ask the following questions:
 - How can resistance be reduced?
[Resistance can be reduced, and at times eliminated, through the formation of a trusting, consistent, and helpful relationship between the family and the caseworker. The caseworker's actions toward developing this relationship are called "engaging the family."]
 - What strategies can you use to reduce resistance?
- ✂ List all responses on the flip chart. Assure that the following points are covered.

Points for Discussion

- The following casework strategies are helpful in engaging families during the initial stages of relationship:
 - The caseworker should acknowledge all the family's concerns about the agency's authority to remove children and enforce change. The caseworker must be honest about the possibility of removal and should clearly explain the conditions under which the children could be removed. Validate their concerns.
 - The caseworker should demonstrate empathy with the difficulties faced by the family in its current situation.
 - The caseworker should clearly explain what the agency can provide and what is expected to happen next. Use language that the family can understand. Do not use casework lingo.
 - The caseworker should conduct activities that help the family to see the caseworker as a dependable, competent, and respectful person.
 - The caseworker should involve the family in all aspects of the casework process: the assessment of problems, needs, and strengths; the development of goals; setting

priorities; and identifying resources and action plans. Solutions that are constructed by family members themselves are more likely to be carried out.

- The caseworker should routinely identify, support, and build upon the family's strengths. Clients should be empowered and encouraged to retain control in changing their own lives, as long as their solutions can assure that their children receive proper care and are not at risk.
- Allow the family to ask questions.

Cultural Factors in the Casework Relationship

- When there are significant differences between the family's group identity and that of the caseworker, additional steps may be necessary to engage the family, or bridge the gap. The worker will need to identify resources to help in making that bridge. It may be useful to use "group informants"— individuals of the family's group identity who can serve as a way of helping the worker understand the client family. When working with a family with limited English speaking ability, the worker may choose to use simple translated greetings to begin to engage the family. The worker may need to know and consider other cultural mores related to dress, greetings, and protocols.
- For example, if the worker is female and the family is headed by a middle-age Muslim father, and she shows up for a home visit dressed in a sleeveless dress with an open neck and a skirt to her knees, how might her dress impact her ability to relate to the father? What about patting a Japanese child on the head? Or, handing a Muslim client something with your left hand?
- When you are working with a family from a different culture, there is a possibility that resistance will increase due to this cultural difference. The family may be unsure if you can really understand their perspective when there is a cultural difference. They also may be concerned that you may misinterpret them because they are culturally different than you.

Activity: Larcenous Lenny (10 minutes)

- ◇ Pass out answer sheets to all trainees. Ask trainees to keep the sheets face down until asked otherwise. After hearing the short paragraph, trainees will answer each question on the sheet: True, False, or Inference/Assumption.
- ◇ Read Larcenous Lenny from the Trainer Materials Section 2. Then ask trainees to turn over their sheets and answer the questions.
- ◇ Review questions and ask trainees how they did.

Points for Discussion

- We have talked about how the authority of the caseworker can present barriers to the development of trust, empathy, and a positive relationship between the caseworker and the family.
- Cultural factors may present similar barriers to the development of the casework relationship. We must include things such as socioeconomic status, gender, religion, race, and ethnicity.

Culture is...

A learned set of shared interpretations that affect the behavior of a group of people.

- As each of us grew up, we learned what a set of behaviors meant.
- When working with people from a different culture, it is very easy to misinterpret their behavior. We interpret their behavior through our own worldview, but our worldview may be very different from that of our clients, especially when they come from a different culture.
- We serve families from a wide variety of ethnic, racial, social, cultural, and class backgrounds, and caseworkers may come from very different cultural backgrounds than those of their families.
- Some of the behavioral expressions of different “worldviews” may be very subtle. If they are not recognized and understood, these differences can lead us to miscommunicate, to seriously misunderstand one another, and to make potentially unfair judgments about other peoples’ lives. We may make incorrect inferences.

◇ Ask trainees if they would do anything different when working with someone of another culture.

 Write responses on flip chart paper. Once responses have been generated, show PowerPoint.

Cultural Factors

- Take a one down position.
- Acknowledge obvious differences.
- Draw tentative conclusions. [Check out your conclusions before they are set in stone.]
- What observable information supports your conclusion?
- Check your perceptions with others. [This may include the client, co-workers, and supervisor.]
- Explore other possible interpretations.

◇ Summarize the section by providing the following information and transition to the next section:

- The casework method we discussed previously stresses respect for each family’s individuality, the right of each family to self-determination, and mutuality in the casework relationship.
- Casework provides a valuable framework within which to transcend cultural differences between the caseworker and the family, and to establish a mutually constructive relationship.
- The attitudes and strategies we have talked about can help the caseworker to effectively engage the family in a productive relationship. These strategies are particularly valuable during the initial stages of casework, where it is critical to engage the client and reduce fear and resistance.

- ◇ There are a variety of interviewing techniques that can be used to engage the family. The different techniques help us to get different kinds of information in different situations. Let look at these techniques.
- 📄 Refer trainees to Handout 3-a: Engagement Methods Chart.
- ◇ Review the chart, discussing the pros and cons for each method and when each method might be used to engage the family. Explain that this chart contains the broad categories of engagement/interview methods that are all used as techniques for engaging families. We will build on this information throughout this section.
- ◇ Ask how culture impacts interviewing. Ask trainees to look at those things on the chart that might be impacted by culture.
- ◇ Ask questions whenever possible to generate discussion.
- ◇ Use **Trainer Materials** to support discussion when needed.
- ◇ Point out that two of the methods have cultural considerations.
 - First, is the timing around when to begin asking questions. Some cultures' protocol requires postponing questions until other, non-interrogatory conversation has occurred. Majority culture often endorses a "get to the point" or "cut to the chase" attitude, which may be perceived as disrespectful. In some African countries, social conversations begin with the visitor saying, "Tell me about the children." The responder then describes how each of his/her children and the children of extended family are doing.
 - The second method is the use of silence. Some cultural groups are uncomfortable with silence and some require silence. Members of the majority culture often "think out loud." We are all familiar with the phrases "shoot from the hip" and "this is off the top of my head" when there is little likelihood that the listener will misconstrue or take offense to what is being said spontaneously. Some cultures endorse a "think before you speak" belief. In their culture it is important to consider both what is about to be said and how it is being said in order to consider how the listener will perceive it. Consequently, there will almost always be silences between inquiry and response.
 - Additionally, when "English as second language" people are asked a question, they often must first translate the question into their native language, answer it in their native language, translate it back into English, and then respond. Consequently, there develops a pattern of pauses between question and response. Even generations later when the individuals begin to think in English, the pause is still a natural pattern of speaking.
- ◇ Remind trainees that effective casework occurs when they partner with the family, and achieving this partnership requires the effective use of multiple engagement techniques. They will likely use many on any given visit with a family, depending on the family, the situation, and their own style. So, it's good to be reminded of the repertoire that is available to them.
- ◇ One way to enhance cross cultural work is with ethnographic interviewing. This technique integrates many of the factors of cross cultural engagement that we have just discussed.

Ethnographic Interviewing



- ◇ Tell participants that we're going to discuss ethnographic interviewing, an important engagement strategy.
- ◇ Remind trainees of the discussion in Core I about worldviews, and how each person's background influences how they see the world. This in turn influences how each person communicates in his or her world and how others interpret this communication.
- ◇ Ask if anyone is familiar with this technique. If so, support their contributions and/or modeling of concepts in the ensuing discussion. Cover the following points.
- 📄 Refer trainees to Handout 3-b: Ethnographic Interviewing and briefly review the main points of ethnographic interviewing (reprinted below).

Trainer Note:



The ethnographic interviewing material is from: CalSWEC. (2006). *Family engagement in case planning and case management*. Berkeley, CA: University of California; & Leigh, J. W. (1998). *Communicating for cultural competence*. Prospect Heights, IL: Waveland Press.

Points for Discussion

- Ethnographic interviewing is a technique designed to help professionals understand their clients' point of view. It is based on work by James Leigh and James Green of the University of Washington's multi-ethnic project. Remind trainees of the Core I discussion about culture and the "Cultural Prism." This was also work by James Leigh.
- Ethnographic interviewing is a way of acknowledging and dealing with cultural differences between you and the client.
- Interviewing people about their cultures helps us to understand a significant part of what influences their goals, values, problem-solving approaches, and child-rearing behaviors.
- Interviewing people about their culture means focusing on their view of their culture **first** and second on their view about how they are similar or different from their culture. Again, remind trainees of the discussion of the "Cultural Prism" from Core I. It is important to learn about a person's culture, but it is critical to remember that not everyone from the same culture has the same values or beliefs. A first step is to clarify with the person what culture you will be discussing (ethnicity, country of origin or region of that country, class, interest group, age group, religion, etc.).
- It is useful to remember that most of us do not commonly have conversations where we describe our cultures to other people. Much of what happens in our cultures is second nature to us—meaning we may not have thought about it in depth or critically. So, it is not always easy to quickly answer cultural questions.
- It can assist workers in gathering family specific information. It is used to gather a description of the clients' needs from their perspective. We view the client as a "cultural guide," who can teach us about their life circumstances.

- The ultimate objective is to learn the client’s perspective on the problem or need, and to have identified cultural aspects of their understanding of the problem.
- ◇ While going over the handout, ask trainees if they have used any of the techniques with clients from different cultures. If so, ask them if they have any examples of questions they have used. Ensure that you discuss descriptors and cover terms, because trainees will be practicing these concepts in an activity.
-  Show video/DVD of worker doing an ethnographic interview with a mother.
- ◇ Ask trainees if they feel this is a tool that they believe they can use when learning about and engaging clients from different cultures.
- ◇ Ask trainees to think of a time when they have worked with a client from a different culture.
- ◇ Once trainees have thought of a family, ask the following questions:
- Think of a global question you could have used with your family to understand more about their culture? Ask for examples.
 - Can you remember any cover terms that the client used? Did you ask for descriptors? Should you have asked for descriptors? Ask for examples.
 - Can you see how utilizing some of the techniques in ethnographic interviewing may have helped you, or can help you in the future, to gain a better understanding of clients from different cultures and help you to engage with them better?
-  Refer participants to Handout 3-c: Cultural Considerations and explain that it contains areas that may be explored in ethnographic interviewing.

Activity: Interviewing to Understand Culture

-  Refer Trainees to Handout 3-d: Understanding the Client’s World Worksheet. Explain that you will divide them into pairs (see **Trainer Note** below).
-  Once in pairs, they are to take turns interviewing each other. They should take about **5 minutes** for each interview (**10 minutes** total).

 **Trainer Note:**
Encourage trainees to conduct their interviews about forms of discipline.

- ◇ Reconvene the groups. Process the activity, asking questions like:
- How did this go?
 - Could you use this in your work? How?
 - What would be gains/losses?
 - How was this compared to other interviewing approaches you have used?

Explain that we will next be looking at two other engagement strategies: motivational interviewing and solution focused interviewing.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION IV: engaging the family

Time	5 hours, 30 minutes
Purpose	To explain the concepts of engaging the family, followed by group discussion of examples. To provide an opportunity to practice engagement skills and to obtain feedback through the use of role-plays, simulations, and other exercises.
Competency	❖ The caseworker is able to effectively engage the family in the casework process.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Explain ways of engaging families.❖ Understand the nature and purpose of the interview in the casework process.❖ Explain the purposes of different interviewing strategies.❖ Demonstrate strategies of engagement.❖ Understand how to use these strategies to further the casework process.❖ Develop skills in interviewing methods.❖ Describe the interviewing strategies of ethnographic interviewing, solution-focused interviewing, and motivational interviewing, and understand their purposes, benefits, and liabilities.❖ Apply concepts of interviewing to help reduce family members' resistance to a casework situation.❖ Apply engagement techniques in demonstrations and simulations.

Materials Handout 4-a: *Motivational Interviewing*
Handout 4-b: *Stages of Change Wheel*
Handout 4-c: *Stages of Change Descriptions*
Handout 4-d: *Stages of Change Worksheet*
Handout 4-e: *Motivational Interviewing Exercise*
Handout 4-f: *Appropriate Motivational Strategies for Each Stage of Change*
Handout 4-g: *Solution-Focused Interviewing*
Handout 4-h: *Solution-Focused Interviewing Worksheet*
Handout 4-i: *Language Techniques That Promote Solution-Focused Interviewing*
Handout 4-j: *Solution-Focused Interviewing Activity*


“Keys to Engaging Families” laminated cards
Video: *Solution-Focused Interviewing*
Video: *Motivational Interviewing*
Flip chart and markers; tape
Trainer Materials

Method Guided group discussion and experiential exercises


Training Module

- ◇ Introduce the topic of interviewing and review the learning objectives for this section.
- ◇ Explain that this topic is covered now because engagement skills facilitate the development of relationship and the collection of information for the comprehensive assessment. Good casework requires excellent engagement skills so that you can build relationships with clients, conduct assessment activities, and provide case management and interventions. When caseworkers interview, conduct an assessment, help facilitate services, and develop a case plan, to name just a few casework activities, these events are opportunities to engage families. So, today we’ll be talking about not just how to conduct an interview, but how to engage the family.
- ◇ Begin the discussion by asking trainees, “What are some of the main challenges to working with involuntary clients?” [It is likely that responses may include: clients are angry; they are resistive; they lie to you; they aren’t motivated; etc.]
- ◇ Cover the following:
 - Child welfare workers work with what the social work profession calls “involuntary clients.” Our social work and counseling colleagues who work with voluntary clients tell us that it is hard enough to motivate people to work on their problems, because most of us are reluctant and slow to change even if we want to; we tend to use various defenses and strategies to maintain the status quo, even when we want our lives to improve.
 - When you compare working with voluntary and involuntary clients, it is apparent that those who work with involuntary clients need an even more diverse and sophisticated repertoire of engagement strategies than those who work with voluntary clients.

- The kinds of strategies that we are going to discuss represent some of what can be helpful in engaging family members in the casework process. We will cover two main ways to interview clients that will engage families, even if they are working with you on an involuntary basis. A third strategy that we just discussed engage families is ethnographic interviewing and we just discussed this in the previous section.

 [Insoo Kim Berg Quote]
 “The questions we ask shape the answers we get.”

◇ Use this quote to lead in to talking about methods we will explore to engage with clients.

-  Methods of Interviewing
- Motivational
 - Solution focused

 **Trainer Note:**


Ask questions to determine how many in the group have had training in the different interviewing techniques we will be discussing. If someone has had special training in any of the techniques, actively involve them in the discussion and get their input on how the techniques work with clients.

Motivational Interviewing

 **Trainer Note:**

The following information on motivational interviewing was adapted from: <http://motivationalinterview.org/clinical/whatismi.html>. Originally from Rollnick, S. & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

◇ Cover the information below according to Rollnick & Miller (1995).

 Motivational Interviewing

A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

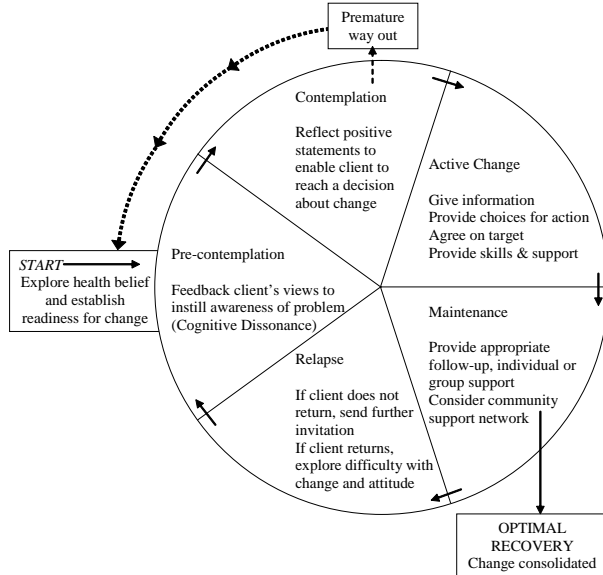
[It focuses on strategies such as reflective listening, summarizations, open-ended questions, and affirmation-eliciting self-motivation statements, and has been used at the early stages of engagement to reduce barriers for individual family members in their change process.]

 Refer to Handout 4-a: *Motivational Interviewing*. Review the information on the handout. The information that follows is an expanded version of what is on the handout.

1. *Motivation to change is elicited from the client, and not imposed from without.* Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of children).

2. *It is the client's task, not the worker's, to articulate and resolve his or her ambivalence.* Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory, and uniquely personal elements of this conflict; for example, "If I stop smoking, I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The worker's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.
 3. *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change (Miller, Benefield, & Tonigan, 1993; Miller & Rollnick, 1991).
 4. *The interaction style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing, and are explicitly proscribed in this approach. To a worker accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.
 5. *The worker is directive in helping the client to examine and resolve ambivalence.* Motivational interviewing involves no training of clients in behavioral coping skills, although the two approaches are not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention, such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centered and respectful counseling atmosphere.
 6. *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* The worker is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback regarding worker behavior. Client resistance is often a signal that the worker is assuming greater readiness to change than is the case, and it is a cue that the worker needs to modify motivational strategies.
- Underlying the spirit is the basic tenet when working from a motivational interviewing viewpoint is assessing where the client is in their relationship to change.
 - To know how to motivate someone to change, you have to know where they are in this process. This is commonly known as the "Stages of Change."

Stages of Change Wheel



Refer to Handout 4-b: *Stages of Change Wheel* and Handout 4-c: *Stages of Change Descriptions*. Discuss each stage of the model.

- Pre-contemplation: Person is not thinking about or does not want to change a particular behavior.
- Contemplation: Person is thinking about changing a behavior.
- Preparation (sometimes called Determination): Person is seriously considering and planning to change behavior and has taken steps toward change.
- Action: Person is actively doing things to change or modify behavior.
- Maintenance: Person continues to maintain behavioral changes until they become permanent.
- Relapse: Person returns to pattern of behavior that she/he has begun to change (returns to one of the first three stages).
- Let's see how the process of moving through these stages works.

Activity: Stages of Change

Refer to Handout 4-d: *Stages of Change Worksheet*.

- ◇ Allow trainees **10 minutes** to write down a personal experience with changing behavior and the stages of change.
- ◇ Process activity by asking if anyone wants to share his or her experiences. What behaviors did they identify in the various stages? What events or developments helped tipped the balance, hence moving them to another stage?

- ◇ Remind trainees that we were talking about a behavior that we may have chosen to change, and that our clients are not in the same situation. We may be asking them to make changes before they are at that stage in the wheel.
 - So, that was our process, but at times it can be difficult to assess where a client is in this process. Let's Look at some statements and assess where they are in the stages of change.

Assessing Stages of Change

- ◇ Each one of these statements will be on a PowerPoint slide; discuss what stage each of them is at.

Assessing Stages of Changes

- "I don't know, but I think this whole drug thing is starting to be a lot more trouble than it's worth." [Contemplation]
 - "I stopped for two days a couple of months ago—it was okay. I didn't think I could actually do that." [Preparation/Determination]
 - "My mom and I have talked a lot about going into treatment together. We've called a couple of places." [Determination/Preparation]
 - "I can't stay clean if I stay in this relationship—I've got to find a way to get out on my own." [Maintenance]
 - "I'm just barely hanging on, but I'm learning how to do my life differently. I have a good counselor—I don't know what I'd do without him." [Action (because still uncomfortable with behavior)]
 - "All everyone does is nag me about my drinking and drugging. If people would just leave me alone, I'd be fine." [Pre-contemplation]
 - "I'm a good mother even though I drink a lot—but I'm scared of my kids turning out like me—I don't want them to see me like this." [Contemplation]
 - "I've tried so many times—I do okay for a while—but it's too late for me. I love my family—but it's just too late." [Relapse]
- So figuring out where a person is in their relationship to change is the most important piece, because it affects what our approach will be.
 - No matter what stage a client is at, there are four basic principlesa to your approach you need to keep in mind.

Four Principles of Motivational Interviewing

1. Express Empathy

[Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others. Having clients share their experiences with you in depth allows you to assess when and where they need support, and what potential pitfalls may need to be focused on in the change planning process. Importantly, when clients perceive empathy on a counselor's part, they become more open to gentle challenges by the counselor about lifestyle issues and beliefs about substance use. Clients become more

comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the counselor's accurate understanding of the client's experience facilitates change. An empathetic style:

- Communicates respect for and acceptance of clients and their feelings;
- Encourages a nonjudgmental, collaborative relationship;
- Listens rather than tells;
- Gently persuades, with the understanding that change is up to the client;
- Provides support throughout the change process; and
- Allows the worker to be supportive and a knowledgeable consultant.]

2. Support Self-Efficacy

[As noted above, a client's belief that change is possible is an important motivator to succeeding in making a change. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated, and supporting clients' sense of self-efficacy is a great way to do that. One source of hope for clients using the MI approach is that there is no "right way" to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried. The client can be helped to develop a belief that he or she can make a change. For example, the clinician might inquire about other healthy changes the client has made in their life, highlighting skills the client already has. Sharing brief clinical examples of other, similar clients' successes at changing the same habit or problem can sometimes be helpful. In a group setting, the power of having other people who have changed a variety of behaviors during their lifetime gives the clinician enormous assistance in showing that people can change.]


3. Roll with Resistance


[In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead, the counselor uses the client's "momentum" to further explore the client's views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing "devil's advocate" to the counselor's suggestions. MI encourages clients to develop their own solutions to the problems that they themselves have defined. Thus, there is no real hierarchy in the client-counselor relationship for the client to fight against. In exploring client concerns, counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients.]

4. Develop Discrepancy


["Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes. Of course, MI counselors do not develop discrepancy at the expense of the other MI principles, but gently and gradually help clients to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals.]

Reference: Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.


-  Refer to Handout 4-e: *Motivational Interviewing Exercise*. Give group a few minutes to look over the questions so they are aware of the areas they are to assess. Direct them that throughout the following video clip, they should write down observations in relation to the questions to be used for further discussion.

-  Play a video clip to illustrate motivational interviewing. Tell participants that the video was developed by Miller & Rollnick, the pioneers of motivational interviewing. We are going to look at a part that focuses on Complex Reflection and Rolling with Resistance. Both areas, at times, can be difficult due to the belief that our role is to highlight their resistance. Play Disc 1, Scene 3 (Complex Reflection and Rolling with Resistance.)

- ◇ After playing the video, process the handout using the **Trainer Materials**.
 - So, our overall goal is to help the client move through the stages of change.


-  Refer trainees to Handout 4-f: *Appropriate Motivational Strategies for Each Stage of Change* to gather ideas regarding how to do this.

Solution-Focused Interviewing

-  Refer participants to Handout 4-g: *Solution-Focused Interviewing*.

- ◇ Inquire if the group is familiar with solution-focused interviewing (SFI). Have trainees describe what they know about the techniques. Make sure that the points are made that SFI is strengths-based and has an extensive history of being used with non-voluntary child welfare clients.


- ◇ Discuss the characteristics of solution-focused interviewing (developed by Steve deShazer and Insoo Kim Berg).

-  Solution-Focused Interviewing
 - Focus on the family's strengths and abilities.
 - Find out what is working and do more of it.
 - Families have the resources for change.
 - Families generate workable solutions.
 - Change starts small and has a ripple effect.
 - Focus on the future when the problem has been solved.
 - Focus on when the problem is not a problem.

- ◇ Provide the basic stages of solution-focused interviewing. Cover the following information (DeJong & Berg, 1998).

Stages of Solution-Focused Interviewing

1. Define the desired outcome.
[Ask clients how you, the worker, can be useful. What is their ultimate goal? Often times, the clients' goal is to have us out of their lives. In solution-focused interviewing, the caseworker should use that goal to explore what needs to happen for this to occur.]
 2. Develop well-formed goals.
[Clients describe how their lives will be different when their problems are solved.]
 3. Explore for exceptions
[Find out from clients when in their lives the problems were not happening or were not as severe, and what exactly was happening and who was involved.]
 4. Provide end-of-session feedback.
[Construct messages to clients that offer compliments and perhaps suggestions.]
 5. Evaluate client progress.
[Evaluate how clients are doing, typically using scaling questions (0-10, how are things going?)]
- When solution-focused interviewing is used, clients are the experts about their own lives.

 Introduce the video by explaining that the “caseworker” is played by Peter DeJong, one of the principal innovators of SFI. The scene takes place at the client’s (Tim) home. DeJong is the foster care or ongoing worker who is making his first home visit subsequent Tim’s children being removed by CPS and placed in care.

 Direct trainees to Handout 4-h: *Solution-Focused Interviewing Worksheet*.

◇ Show the video clips and move through the corresponding discussions and activities as presented below.

Clip 1: Role Clarification/Acknowledge What’s Important to the Client

- Show Clip 1, beginning with the worker knocking on the door and ending when he enters the house.
- Direct trainees to pay attention as to how the worker distinguishes himself from the intake worker and how he handles negative remarks the client, Tim, makes about the intake worker. Remind trainees of our discussion about good casework and how this involves accurate role clarification.

Trainer Note:

Instead of having participants work in dyads, these activities can also be conducted as a large group.

- Ask trainees to work in pairs for **5 minutes** to answer the questions on the handout under Clip 1. As a large group, have trainees report their responses. After discussing question 3, engage in a discussion about the natural inclination to feel the need to confront the client on the inaccuracy of some of the things he says about the previous worker and the

alleged abuse. Determine what the purpose of this first visit is, i.e., to begin to establish the relationship, and how confronting the client at this point would be counterproductive.

- Ask participants to devise other questions that apply to the clip and the stage of the interview.

Clip 2: Getting the Client's Understanding

- Show Clip 2, starting with DeJong explaining what occurs in the clip and the second interaction with the client. Stop clip when screen goes blank.
- Direct trainees to notice how the worker quickly moves to discussing what the client wants, i.e., getting his children back.
- Conduct another brief activity. Again, in dyads, have the trainees work for **5 minutes**, and then report back to the large group. Alternatively, discuss these questions as a large group.
- Process as before. Ask participants to devise other questions that apply to the clip and the stage of the interview.

Clip 4: Getting the Client's Perception of Agency Expectations

- Show Clip 4, starting with DeJong and ending when the screen goes blank.
- Discuss with trainees the reasons it is important to get an understanding of what the client thinks the agency expects of him; in Tim's case, what has been ordered by the court. Ask trainees to describe why it is important to not only identify what the expectations are but also what the client plans to accomplish through complying with the agency's expectations.
- Process as before. Ask participants to devise other questions that apply to the clip and the stage of the interview.

📄 Ask trainees to review Handout 4-i: *Language Techniques That Promote Solution-Focused Interviewing*. Point out that while reviewing the handout they should identify one or two of the techniques that they wish to practice the next morning.

◇ Ask what points they would make with Tim. Make sure the following points are made (adapted from "Interviewing for Solutions," 2nd Ed., Peter DeJong & Insoo Kim Berg.)

Activity: Solution-Focused Interviewing

📄 Refer trainees to Handout 4-j: *Solution-Focused Interviewing Activity*.

- Divide trainees into groups of four.
- Explain that one person will be a client, two people will be the caseworkers, and one person will be the observer.
- Direct trainees to the explanations of the roles on the handout.
- Clarify any questions.
- Before wrapping up the section on solution-focused interviewing, ask:
 - How is this technique different from how you are doing interviewing now, especially when you are just meeting a client?
 - How might solution-focused interviewing help you to engage with families?

- Is there one technique from solution-focused interviewing that you could take back and try out when working with families?
 - Encourage trainees to write one technique on their MAPS. Suggest that trainees share this with their supervisors, as well as some of the other techniques that they have learned to better engage families.
- ◇ Transition to a concluding discussion on engaging families.
- ◇ Ask participants to compare these three main approaches: Ethnographic Interviewing, Solution-Focused Interviewing, and Motivation Interviewing. Ask:
- How are these approaches compatible?
 - Can they be used together?
 - Are there similarities between the approaches?
 - Are these approaches different than what you are currently doing?
 - Are there things from any of these or each of these that you can use to better engage families?
- ◇ Elicit the response that absolutely they can be used together. While using motivational or solution-focused interviewing, the worker can employ techniques of ethnographic interviewing. When helping clients come to solutions, the worker can use motivational interviewing techniques. Child welfare workers have never been “purists” in our approach to working with clients; instead, we have always used a deep bag of skills and techniques when working with clients. The use of each of these techniques enhances the other.
- ◇ Review the “Keys to Engaging Families.” Distribute the laminated cards, “Keys to Engaging Families” that are on the key ring.
- ◇ Suggest that trainees take these keys back to their office, place them in a noticeable spot on their desk, or hang from a bulletin board, and refer to them whenever they’re planning for a family visit, struggling with how to best engage a family, or just plain stuck.
- ◇ Tell participants to notice that all of the aspects within the interviewing approaches that we have discussed are in the “Keys to Engaging Families.”
- ◇ Explain to participants that we are now going to play a game of Caseworker Jeopardy in order to review some of the information we have covered and test their knowledge in some areas will be covering during the rest of this training.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION V: comprehensive family assessment

Part A: Assessment

Time	3 hours
Purpose	To describe the assessment process and the relevant sources of information used in developing the assessment.
Competency	<ul style="list-style-type: none">❖ The caseworker understands the factors that must be addressed in a family assessment, including the functioning of the family as a unit, and the cognitive, behavioral, social, and emotional resources, strengths, and limitations of each family member.❖ The caseworker is able to identify the rationale for and the elements of an outcome focused family functioning assessment.❖ The caseworker is able to correctly use the NCFAS to assess family functioning for case planning and other case activities.❖ The caseworker can identify the sources of information and the conclusions to be drawn and/or decisions to be made based on the comprehensive family assessment.
Objectives	<p>Through this activity, trainees will be able to:</p> <ul style="list-style-type: none">❖ Identify the critical case decisions that are informed by an assessment of family functioning.❖ Articulate the importance of an outcomes orientation for case practice.❖ Identify the components of a comprehensive family assessment.❖ Identify the sources of data necessary to complete a comprehensive family assessment.❖ Use the NCFAS to assess family functioning, prioritize family needs, and design an intervention strategy.❖ Integrate the NCFAS assessment with the safety and risk assessments to prioritize family needs.❖ Use the NCFAS to measure change in family functioning.

Materials Handout 5-a: *Family Services Plan*
Handout 5-b: *Family Services Plan Instructions*
Handout 5-c: *Child Welfare Deadlines*
Handout 5-d: *NCFAS-R – North Carolina Family Assessment Scale for Reunification: Introduction*
Handout 5-e: *NCFAS-R – North Carolina Family Assessment Scale for Reunification: Definitions*
Handout 5-f: *Summary Information on the Gordon/Williams Family*
Video: *Gordon/William (Act 2)*
Flip chart and markers; tape
Trainer Materials

Method Guided group discussion, exercises

Training Module

- ◇ Introduce the topic and review the learning objectives for this session.
 - Colorado has developed a format for a social history/assessment through the Part 2 of the Family Services Plan and the North Carolina Family Assessment Scale.
 - First, we'll look at the Colorado policy that drives assessment and discuss the focus of a strengths-based assessment. Then we'll look at the steps of conducting a family social history/assessment. Finally, we will look at the Family Services Plan and the NCFAS.

Comprehensive Assessment

- ◇ Explain the concept of a comprehensive assessment. Cover the following information:
 - A comprehensive family assessment looks at information from the initial screening, safety assessment, and risk assessment.
 - Assessing family connections and capacity are part of the comprehensive assessment. This information is gathered during screening and the safety and risk assessment.
 - All this information feeds into a strengths-based, culturally competent assessment.
 - *The comprehensive assessment then guides decision-making and case planning.*
 - Each part of the assessment process is essential—without a part, you are left with gaps that interfere with full understanding and preclude good decision-making and case planning.
- ◇ Ask: What are some ways that the caseworker can ensure that the family is involved in the assessment process? Possible responses include:
 - Scheduling family meetings to discuss the area to assess with the family as the “experts.”
 - Eliciting the family’s cooperation in obtaining documents (birth certificates, medical records, school records, etc.).

- ◇ Explain that the purpose of this assessment is to provide a basis for developing the case plan with the family and to identify:
 - Family’s current functioning level
 - Strengths and problems
 - Specific problems to be addressed
 - Changes that must occur to remediate the problems that brought the family to the agency.
- ◇ Inform participants that before we talk more about family assessments, we’re going to look at the Family Services Plan.

The Family Services Plan

- ◇ Explain that we will look at sections pertinent to planning in depth later, but that now we will do a quick overview of all the sections. Trainees will also have the opportunity to practice doing parts of the FSP in TRAILS later on in the training as well.
- ◇ Remind trainees that not all sections are needed in every case. For cases not in placement, you will not have to fill out Parts 3B, 4B, 4C, 4D, and 5B. Part 2 of the FSP provides a place to record what you have *analyzed, prioritized, and summarized* from information gathered in your assessment.
- 📄 Refer trainees to Handout 5-a: *Family Services Plan*. This is a hard copy of the FSP similar to the one that is generated from TRAILS. Next, refer them to Handout 5-b: *Family Services Plan Instructions* and explain that this handout is a step-by-step guide to filling out the Family Services Plan and will be a useful reference as they use the FSP in practice.
- ◇ Explain to trainees that although the FSP will need to be completed on the computer, we will be using hard copies of the FSP to assist in training. We will be completing some parts of the form later in training, on the computer system.

Part 1: Family Information

- 📄 Direct trainees to FSP, Part 1 on Handout 5-b: *Family Services Plan Instructions*. Ask them to follow along as you explain this page. Provide the following information.
 - Purpose: This section serves as a face sheet. It provides identifying information for the significant people involved in the case.
 - Court use: The form is to be submitted with the review form or with the original dispositional report and again as you submit the six-month court reviews. It also is to be used as a face sheet in your case file. Use the form initially to gather information. Once it is entered into the computer and submitted to court, the computer copy becomes the official one.
 - Timelines for completion (including updates): Part 1 is originated at assessment and updated as information changes. For submitted court reports, the worker should assure that the information is accurate as to employment, members of the household, addresses, and other pertinent information.

- Instructions to complete this section: Part 1 should be filled out as completely as possible. Enter the following information:
 - Court Case #/Hearing Type/Date & Time/Division: List case numbers of all current court cases that are pertinent to DSS involvement. Indicate the type of hearing, (review, dispositional, etc.), the date and time of the hearing, and the court division number if applicable.
 - Family Members: This section is to be used for all members of the household (list household members first), special respondents, and other family members. List all parents' names, even if whereabouts are unknown and so indicate.
 - SUF: Write in the suffix numbers for household members only.
 - Relationship: Indicate the relationship of that person and to whom. For example, "Maternal grandmother to 03, 04." You may abbreviate as appropriate. Gender is also described by use of identifying the relationship, i.e., son to..., mother of..., etc.
 - Attorney/GAL: Indicate the name of this person's attorney of record for the court case or "none."
 - Address/Phone #/Placement Name: Put in the address and phone number for each person. For persons who reside at the same address, you may group them together and indicate "same as above" after listing the address once. If the person listed is a child in placement, list the facility/foster home name, and, where appropriate, indicate the relationship to the child. In cases where the name and/or address of the placement or other parties should not be disclosed (to parent[s] or other parties), use your judgment as to what information is included in this form when it goes to court.
 - Removal Date: This pertains to a child in placement only. Removal refers to the most recent removal from the home.
 - Employment/School: Note the person's place of employment or the school he or she attends.
 - Other Involved Persons/Agencies: Use this section for information on any other persons significant to the case.
 - Information has changed: When you resubmit this to the court at the next hearing/review, indicate if any information has changed. This will alert the court and others to look for changes.

◇ Check to see if there are any questions before moving on to the next topic.

Part 2: Family Social History & Assessment Summary

- 📄 Refer trainees back to Handout 5-a: *Family Services Plan* and Handout 5-b: *Family Services Plan Instructions*. Explain that we will now discuss how the information from the assessment is documented on the FSP, Part 2.
- 📄 Direct trainees to Part 2 of Handout 5-b: *Family Services Plan Instructions*. Ask them to follow along on the handout as you cover the following information:
 - Purpose: The Family Services Plan includes the family social history/assessment summary. The assessment summary meets all of the requirements reflected in Volume VII for family assessment (Section 7.301 A. through C.) and the requirements agreed upon by the state judicial department to fulfill the court's expectations for a social summary.


- Volume VII requires that the case plan be based upon a thorough family assessment. Part 2 of the FSP fulfills that requirement for PA 4 cases. The NCFAS, which we will talk about in a few minutes, meets the requirement for PA 5 cases (along with Part 2).
- Part 2 of the FSP is a family-based form, that is, *only one assessment is completed per family*, whether the children reside at home or in out-of-home placement.
- Court use: Part 2 is submitted to the court (in some counties) as part of the dispositional (or pre-dispositional, depending on your jurisdiction) report to the court, and serves as the social history/family background.
- Timelines for completion (including updates): *The Family Services Plan must be based on a family assessment*. Thus, the family assessment summary must be completed no later than the due date for the Family Services Plan (60 days from the day the case is opened).
- The Family Assessment and Social History is needed for the court dispositional report (for court-involved cases) so would be due sooner than the Family Services Plan *only if the dispositional report is due to court sooner than the Volume VII Family Services Plan deadline*.

 **Trainer Note:**

If trainees get confused about the timeline differences between federal requirements and court requirements, you may need to review Handout 6-a: *Case Plan Versus Treatment Plan*. This handout helps trainees to understand that sections of the FSP meet two separate requirements that may have different timeframes.

- While family assessment is an ongoing, dynamic process, Part 2 itself is never actually updated. *The information contained within Part 2 is updated on Part 5A of the FSP.* (See instructions for Part 5A.) Typically, it will be updated every 90 days with your supervisor and for court and administrative reviews.
- Volume VII requires that the Family Assessment begin no later than seven days following the agency's acceptance of the case for ongoing services (or a referral becoming a case in the CYF system). If an assessment remains open for longer than 30 days, it becomes a case and the "clock starts ticking."
- Instructions for completion: The narrative should be about the whole family or for specifically-identified individuals, depending upon the family's composition and case situation. Remember that each child in the household who is open in the CYF system (children who will be provided services) is to be assessed and information about each child is to be recorded on the form. However, a separate form is not required for each child.
- Part 2 is an *assessment summary*, drawing information from a number of sources (information from other involved agencies, psychological evaluations, substance abuse evaluations, etc.). Information from the comprehensive assessment is *analyzed, prioritized, and summarized* in Part 2.
- Respond to all 14 questions as appropriate.

◇ Summarize the section.

 Refer trainees to Handout 5-c: *Child Welfare Deadlines*. On this handout are some important timelines to remember, especially around completion of some instruments and forms.

- ◇ Explain that the Part 2 of the FSP is more of a social history format. The North Carolina Family Assessment Scale is the instrument that is used to help caseworkers assess family function. This instrument, at least in PA 5 cases, will be the foundation for the case plan and treatment plan.

North Carolina Family Assessment Scale

 North Carolina Family Assessment Scale [show title only]

- When we assess family functioning, we are moving to a level of specificity about client needs that is not well captured by risk assessment instruments, which tend to be short with “cut and dried” answers to the questions. The risk assessment, the safety assessment, and the NCFAS represent a cumulative understanding of the family, and information from all three sources will impact your decisions.
- This new family assessment scale is not serving the same purpose as the safety assessment or risk assessment, which are done at assessment. This set of items focuses your attention on the number and type of child maltreatment or family violence problems in the family. The NCFAS helps you to:

 North Carolina Family Assessment Scale [show bullets]

- Identify the major problems
- Prioritize the areas requiring change
- Develop the service plan
[You hope that your intervention will promote change in these critical areas, which will necessarily impact your ongoing assessment of safety and risk.]
- The NCFAS is also an outcomes based instrument. It helps workers, administrators, and other stakeholders in the community to see if the services that are being provided to families have any kind of impact. In other words, it helps us to show (hopefully) that families are changing because of our intervention.

Outcome Focused Child Welfare Practice

- Outcome focused child welfare practice is becoming an important part of our system. Instead of looking at things like how many times parents attended parenting classes, outcome focused child welfare looks at what is changing for the parents through their attendance in parenting classes. It focuses on the outcomes of the service rather than the compliance with the service. This is occurring for several reasons.

 Outcome Focused Child Welfare

- Makes good sense
- Articulates to stake holders what we do for families
- Meets the data needs of TRAILS
- Identifies most effective interventions
- Identifies most cost effective interventions
- Connects cost to outcomes for children and families

- Although the focus on outcomes makes sense, it is usually more difficult to measure. It is much easier to measure how many times a parent attended a class than whether their attitudes and behavior are changing through their attendance in the class. The NCFAS is an instrument that can help us measure this change.

Development of the NCFAS-R

- In 1991, North Carolina began statewide implementation of their intensive family preservation programs. Evaluators Raymond Kirk and Kellie Reed Ashcraft began planning for the evaluation with a team of state and county child welfare, mental health and juvenile justice workers, supervisors and managers. It soon became clear that one of the most important outcomes of family preservation was improved family functioning.
- The work group decided to measure five “assessment” domains. The instrument was then developed and field-tested for one year in the eight family preservation programs. As a result of this testing, several items were dropped, some new ones were created, and the result is the NCFAS 2.0 that will be used in Colorado.

Using the NCFAS

- ☞ Refer trainees to Handout 5-d: *NCFAS-R – North Carolina Family Assessment Scale for Reunification: Introduction*. The NCFAS-R has replaced the NCFAS as a family assessment instrument for families where a child is placed out of the home. If there are no children in placement, the NCFAS is done, which is the first five domains of the NCFAS-R. At this time, because the R is not in TRAILS, the worker completes the NCFAS in TRAILS and the two R domains on hard copy.
 - Let’s examine the items that comprise each domain and the way the instrument is scaled. Look first at the basic instrument. What is the first thing you notice about the scaling of the instrument? Is it symmetrical? (Same number of problem choices as strength choices?) At first glance, it seems very lopsided. There is more room to identify problems than strengths. At second glance, however, we might argue that the baseline rating, which indicates that the family is functioning adequately with regard to this item, is, in fact, a strength rating. That is, families whose functioning is adequate should not be forced to receive involuntary child welfare services.
 - It is important to note that the overall rating is the last factor in a domain, despite being at the top of a domain. This makes data collection more efficient. Also, remember that the overall rating has its own definition. It is not an average.
- ☞ Now direct trainees to Handout 5-e: *NCFAS-R – North Carolina Family Assessment Scale for Reunification: Definitions*. The very first version of the NCFAS was constructed to leave room after each item for caseworkers to jot down some words that described the basis of their rating. This information was then used to construct the item definitions. That is, the item definitions emerged from casework practice.
- ◇ Ask trainees to look over the instrument. What are your impressions? Do these items capture things that you hope to see changing in the families you work with?

- We should focus for a few minutes on the child well-being domain, because there are some choices to make here. Many families have multiple children. Should the worker simply pick a child to rate? To answer this we need to step back and remember that we are trying to assess family functioning. Our focus is on the family system. So, if a family has two children who have severe conflict between them, and another child with severe mental health problems, it seems foolish to have to pick one of these as a problem area. After all, both of these areas are problems for the *family*. The downside of rating this way is that you may miss some of the strengths in some of the children. (The fighting siblings may have great mental health, for example.) Still, we are trying to capture desired changes, so it seems best to capture the problem areas accurately. This is a common-sense approach to rating, but it requires continuing framing of child well-being in terms of the family.
- There is one other issue that often comes up in discussions of the NCFAS. Because the NCFAS-R is an instrument, some workers assume that there are absolute right and wrong ratings for each family. This really isn't true; like all casework, the worker's perspective has some influence on the rating.
- Now, if one worker rates a family as a +2 and another worker would rate them as a -3, that is a problem! Experience teaches us that this is very uncommon. Individual workers, or a worker and their supervisor, may differ as to whether the family is a -3 or a -2, but this isn't critical. It is more important that each worker develop a sense of the magnitude of change. We are not expecting absolute agreement among every worker in the system!
- Remember that the focus is on decision-making. If you are using the instrument to focus your thinking about desired changes, and then asking whether you are seeing those changes, then you are using the instrument correctly.
- Caseworkers will use the NCFAS primarily as a way to think about and prioritize family needs for change. That is, it is a tool that supports case practice.

Thinking About Culture

- One of the thorny issues in using any standardized instrument is the extent to which it is open to cultural bias. There are really two practical issues. The first is that the instrument itself should not lead the caseworker into making biased assessments. The concepts and the language used to describe them should not be biased. This is something the instrument developer has some control over.
- The second issue has to do with how the caseworker thinks about the family before rating their functioning. The caseworker should not use a biased lens to think about discipline, for example, before deciding what is "appropriate" or "inappropriate." This is not something that the instrument can help with. Cultural competence is about caseworker skills and attitudes—not just about the form!

Nitty-Gritty Policy Stuff

- The NCFAS-R is *required* two times in the life of a case (7.301.1F). The required points are:
 - When the case plan is developed; and
 - At case closure or when the goal is no longer reunification.
- As you can see, however, once we use the instruments to frame our understanding of the family, they become useful in some informal ways as well.

- For example, having framed your case plan around areas of needed change, it makes sense to think about using the same conceptual framework for reporting on family progress, even if you aren't required to "do the form." Here are a few points in the case process when it could be helpful to use the NCFAS to guide your thinking.
 - The 90-day review;
 - The 6-month review;
 - Preparing court reports; and
 - Any time the family experiences a major life event or change in circumstances.
 - You may even want to actually rate the family to help structure your communication of the nature of family change.
- ◇ Ask trainees if they have any questions about the NCFAS.
- ◇ Explain to trainees that they will now have the opportunity to practice filling out the NCFAS-R.
- ◇ Ask trainees to think back on the Gordon/Williams family that they met in Core I. Remind them that the mother, Ms. Williams, had given birth to a baby that was cocaine positive. Although the assessment worker attempted to do a safety plan with the family and leave the children at home, a subsequent report of neglect made it necessary to place all three children. Although trainees saw Act 2 of the video in Core I, we are going to show it again in order to help them to complete the NCFAS.
- 📄 Refer trainees to Handout 5-f: *Summary Information on the Gordon/Williams Family*. Have them read over this handout prior to showing the video.
- 📺 Show Gordon/Williams, Act 2.
- ◇ After watching the video, ask trainees to complete the NCFAS, using the definitions. They must do this activity alone for the purpose of the validation study.
- ◇ Tell trainees that at the end of the training, we will be collecting their NCFAS in order to help Colorado do a reliability study. Trainees will also need to complete a demographic sheet when they do the NCFAS at case closure. Once trainees have completed the NCFAS, process their scores as a large group. Remind trainees that it is not important if they scored the family a -3 on a subscale, while someone else scored the family a -2 on the same subscale. What is important is that they have identified the major areas of family need, and that when the family is reevaluated at a later date, the worker is able to look at changes in family functioning that have taken place since the original evaluation.

Part B: Out-of-Home Placement Criteria

Time	2 hours
Purpose	To provide information about the criteria used by caseworkers to assess if an out-of-home placement is necessary and to explore the potential impact of out-of-home placement on children.
Competency	❖ The caseworker can describe the criteria for out-of-home placement.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Recognize the importance of the decision to place children out of their homes and better understand the impact of that placement.❖ Understand that race/ethnicity affects placement, reunification, and adoption of children.
Materials	Post-it® Notes Video: <i>Gordon/William (Act 2)</i> Flip chart and markers; tape Trainer Materials
Method	Guided group discussion and experiential exercises

Training Module

- ◇ Introduce the topic and review the learning objectives.

Activity: The Post-it® Exercise

- ◇ Conduct an exercise that illustrates the difficulty of these decisions. Explain the following:
 - One of the biggest problems in placing children, particularly young children, in homes other than their own is that children begin to develop problems with their identity.
 - How we define who we are, where we came from, and what we stand for is heavily dependent on those systems of which we are a part. Our identity is greatly influenced by our “culture,” as defined in Core I. Remember that culture is more than ethnicity and race. Culture, as we defined it, is beliefs, attitudes, and values that regulate individual and group behavior that are incorporated into group life to assure the survival and well-being of the group members. Our culture does much to shape our identity.
 - What are some groups/systems that shape your identity?
- ◇ Coach the group until at least the following groups/systems are identified. If trainees identify individuals such as “my parents,” encourage the trainee to expand the individuals into a more systemic response such as “my mom, Marion.” If trainees identify things such as gender, remind them that we are looking for groups or systems that shape their identity.

📌 Trainer Note:

So that the group can grasp the many groups that influence identity, ask specific questions such as, “Who are you from eight to five Monday through Friday?” or “Who are you on the week-ends?” can be used to generate the responses.

- ◇ Responses should include:
 - Immediate and extended family
 - Work/vocational activities, career
 - Educational background
 - “Friends” or psychological family
 - Neighbors and other social groups (i.e., clubs, recreation, political affiliation, etc.)
 - Religious affiliation
 - Affiliations based on ethnicity or nationality
 - Pets and hobbies (cat lover, dog owner, gardener, cook, etc.)
- ◇ Distribute five post-its to each trainee. Ask them to think of the five most significant systems that have defined their identity. Instruct them to write one system on each post-it. Direct the group not to spend too much time analyzing what to record, but to put whatever comes to mind first.
- ◇ Once the group has recorded their responses, conduct the activity as described below:
 - Assume that I have taken control of your life and you must follow my instructions completely. You must do as I say and you cannot contradict my directives. Unfortunately, you must give up one of the systems that influence your identity. Choose the one that you can most easily give up, crumple it in your hand, and put it on the floor beside you.

📌 Trainer Note:

Usually, this is a relatively easy choice. Most people give up their job or vocation. This is usually done with humor and comments such as, “Well, there goes my job.” Look for uniformity among the group.

- Since you have made your first reduction, it is important for you to know that you must give up another. This may be difficult, but you have no choice. Make your choice, crumple it, and put it on the floor.
- Now you must reduce your systems to three. I know how difficult this is, but you have no choice. You must do as I instruct.
- Although you may be able to adjust to having just three systems that influence your identity, you must now reduce it to two. Put it down. Get rid of it quickly.

📌 Trainer Note:

At this point in the activity, the group may become rebellious and refuse to continue. Be forceful. Insist that the group comply quickly without negotiation.

- Unfortunately, you are left with only one system. Choose quickly, say good-bye to what you are giving up, and put it on the floor.
- ◇ Ask trainees what they have left. What did they hold on to?
- Most people hold on to their family or their spirituality. They can give up friends, jobs, and other things, but the “non-negotiable” is our families or our faith.
 - It has been the trainer’s experience that majority culture individuals do not name race, ethnicity, or culture as the final post-it that they hold onto. On the other hand, some minority members do. While as caseworkers they are comfortable sharing the fact that they held this as their last one, other individuals might feel uncomfortable about the final choice
- ◇ Ask trainees how they feel. Try to get a response from each trainee. Acknowledge their feelings, but do not “process” the activity at this time.
- What do you think is the learning point of the activity?
When given a choice, we hold to our families or spirituality and give up all other things. Often, children put into placement give up friends, neighbors, and schools, as well as their families. Unfortunately, family is often the first thing children in placement are forced to relinquish.
 - Why is this an important point to keep in mind when placing children?
Placements, even temporary ones, can cause the child to “disconnect” from family. Children begin to question who they are and attachments become tenuous. We will learn more about placement and attachment issues in Core IV, but need to stress the importance of the impact on identity when talking about placing children.
- ◇ Remind trainees that the weight of the decision to remove a child and place him/her in care is theirs. Complete the activity by telling trainees:
- I want you to pick up all the crumpled post-its. Once you have them, please smooth them out, and put them back together.
- ◇ Ask trainees:
- Are they the way they were in the beginning?
 - Could you put them back together?
- ◇ Provide the following information, asking questions to generate discussion:
- What are the most common causes of out-of-home placement?
- ✍ Write answers on flip chart and then ask trainees to prioritize these causes.

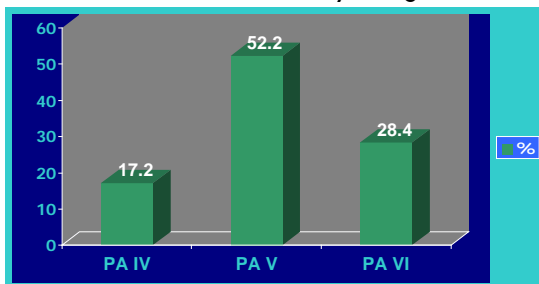
 Top 5 Reasons for Out-of-Home Placement

1. Neglect
2. Parental Drug/Alcohol Abuse and Child’s Behavior Problem (tie)
3. Parent/Caretaker Inability to Cope
4. Physical Abuse

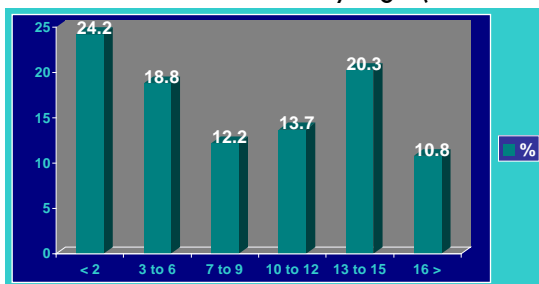
(Source: TRAILS 2008)

- ◇ Ask trainees if they have any questions or comments about the above information.
- ◇ Provide information on the demographics of children in out-of-home placement using the following PowerPoint slides.

🖨 Out-of-Home Placement by Program Area (TRAILS 2005)

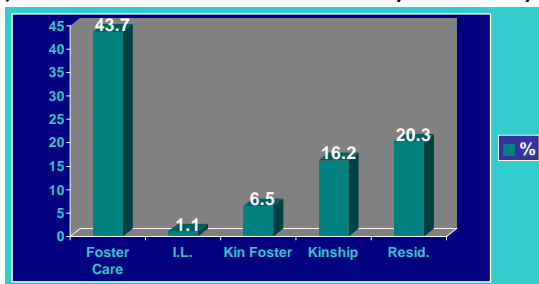


🖨 Out-of-Home Placement by Age (TRAILS 2005)



🖨 Out-of-Home Service Types

(A child is counted once in every service type received during the year.)



🖨 Children Served in Out-of-Home Placement (TRAILS 2005)

- Child in out-of-home placement
 - 14,338
- Gender of children in placement
 - 53.7% male
 - 46.3% female

- ☞ Total Colorado Children < 18 years
2003 (AFCARS)
 - White (non-Hispanic) 65.5%
 - Hispanic (of any race) 24.7%
 - Black (non-Hispanic) 4.2%
 - Asian 2.3%
 - Alaska Native/American Indian 0.7%
 - 2 or more races 2.6%

- ☞ All Children vs. Out-of-Home Children
AFCAR Data in Foster Care on 9/30/03

○ White	65.5%	○ White	50.4%
○ Hispanic	24.7%	○ Hispanic	33.0%
○ Black	4.2%	○ Black	12.0%
○ Asian	2.3%	○ Asian	0.5%
○ A.N./A. Indian	0.7%	○ A.N./A. Indian	1.3%
○ 2 or more	2.6%	○ 2 or more	2.4%

- ☞ Reunification by Race/Ethnicity
AFCAR 2003

○ Asian	61.8%
○ White (non-Hispanic)	69.8%
○ Alaska Native/American Indian	57.6%
○ Black (non-Hispanic)	60.8%
○ Hispanic (any race)	69.1%
○ 2 or more races	62.2%

- ☞ All Children vs. Children Waiting Adoption
2003 AFCAR Data

○ White	65.5%	○ White	47.0%
○ Hispanic	24.7%	○ Hispanic	32.7%
○ Black	4.2%	○ Black	16.4%
○ Asian	2.3%	○ Asian	0.1%
○ A.N./A. Indian	0.7%	○ A.N./A. Indian	0.7%
○ 2 or more	2.6%	○ 2 or more	2.5%

Family Services Plan

- ☞ Refer trainees to Part 4A of the FSP on Handout 5-b: *Family Services Plan Instructions* and cover the following points:
 - Purpose: The 4A is now used for all children placed in Core Services and all children placed in Kinship Care or Kinship Foster Care. The form must be completed at initial placement and then every 6 months thereafter, as long as the child remains in Core Services or Kinship placement, or remains at imminent risk of placement. This form is used to document imminent risk for Core Services, Title IV-E, and Child Welfare TANF Maintenance of Effort programs.

- Court use: It is not required to submit any of Part 4 to the court.

☰ Refer trainees to Parts 4B and 4C of the FSP on Handout 5-b: *Family Services Plan Instructions* and cover the following points:

- Purpose: The placement information provides for documentation of a child's placement history. This section is filled out for children in out-of-home placement. A separate page must be filled out of each child. The Placement Information Blocks ensure that the worker is meeting all federal and CWSA requirements for children in placement. Information is to be filled out for the first foster care placement after each removal from the home. This only applies to foster care (group home, RTCs, independent living, etc.). It does not include hospitals or detention.
- Part 4C is similar to the Part 4B, except that it is used to document subsequent placements.
- Short-term temporary placement of less than 30 days, when a child returns to the same placement, does not need another placement block completed. If the child is in a short-term placement, and then goes to another placement, both placements must be documented on the 4C.

☰ Refer trainees to Part 4D of the FSP on Handout 5-b: *Family Services Plan Instructions*. Part 4D is the Plan for Transition to Independent Living.

- Purpose: This is to be used to document the Independent Living Plan for all youth 16 or older in out-of-home placement. If a child turns 16 while in placement, the worker has 60 days after the child's birthday to complete the Independent Living Plan.
- Court use: This may be submitted to the court at the time of the Permanency Planning Hearing in order to meet the federal requirement that the court determine "whether needed services are provided for a child age 16 or older to transition from foster care to independent living." If the plan is not submitted to the court, the worker must address independent living needs and skills in the Permanency Plan, and ask the court to make a finding that services for transition to independent living are being provided.
- We will be looking at these segments of the FSP on TRAILS later in the training.

◇ Summarize by stating that assessment is the foundation of case planning. Once a comprehensive family assessment has been completed and a determination of whether out-of-home placement is necessary, the caseworker and the family should move toward collaborative development of the case plan. In the next section, we will work on specific development of the case plan.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION VI: developing the case plan

Time	4 hours
Purpose	To provide trainees with information about developing a case plan with a family and Colorado policy regarding the Family Services Plan, and to provide them with the opportunity to develop a case plan using case examples.
Competency	<ul style="list-style-type: none">❖ The caseworker knows how to involve families in the development of an appropriate, time-limited Family Services Plan, knows how to formulate measurable, behavioral objectives, and knows how to identify the most appropriate services and activities to achieve case objectives.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Identify the goal of child welfare services.❖ Explain the purpose of the case plan.❖ Formulate concrete, behavioral statements of case objectives.❖ Formulate action steps to meet case goal and objectives.❖ Understand how to develop case plans during the case plan staffing.
Materials	Handout 5-a: <i>Family Services Plan</i> Handout 5-b: <i>Family Services Plan Instructions</i> Handout 6-a: <i>Case Plan Versus Treatment Plan</i> Handout 6-b: <i>Permanency Goals Scramble</i> Handout 6-c: <i>Permanency Pacts</i> Handout 6-d: <i>Concurrent Planning Components</i> Handout 6-e: <i>Colorado Concurrent Planning Guide – 1998 Statutory Changes</i> Handout 6-f: <i>S.M.A.R.T. Case Plans</i> Handout 6-g: <i>Case Plan Components</i> Handout 6-h: <i>Action Verbs for FSP Objective Statement</i> Handout 6-i: <i>Benefits and Purposes of Visits</i> Handout 6-j: <i>Visitation Chart</i> Handout 6-k: <i>Adolescent Case Scenario</i> Handout 6-l: <i>Case Planning Exercise</i> Video: <i>In Their Own Voices: Reena</i> Laminated posters labeled: Domestic Violence, Supervision Issues, Medical Care, and Nutritional Needs Flip chart and markers; tape Trainer Materials

Method Guided group discussion and group exercises

Training Module

Activity: Case Planning – Something You Want to Change (15 to 20 Minutes)

- ◇ Tell trainees to think about something that they want to change about themselves. Something like exercise more, eat healthier, watch less TV. Preferably, select something minor, not major.
 - ◇ Now ask trainees to get with a partner and talk with them about the thing they want to change. They should discuss what they have done in the past to change this behavior. Allow **5 minutes** for this discussion.
 - ◇ Next, ask trainees to write an objective, action steps, measurement of success, and time frames for their partner. They should do this without input from their partner. Allow **5-10 minutes** for this part of the activity. When the plans are completed, have trainees exchange plans, and review the plan they have been given by their partner.
 - ◇ Process the activity by asking the group the following questions:
 - Is your plan realistic?
 - Is it something you can do?
 - If you had been allowed to have input in the plan, would it look different?
 - Are you going to begin working on your plan today or tomorrow, and will you have achieved your objective by the time you get to Core III? Core IV?
 - If not, why not?
 - Why would you not make the change, especially considering this is something you said you wanted to change about yourself?
 - ◇ Make the point that even when there is something you want to change about yourself, change is not easy. If it were easy, none of us would have any bad habits. It is even more difficult to change when it is a change that is being forced on us and when we have no input in the change plan. It is important to remember this when we are working with clients and wondering why they don't run out and make the changes we want them to in order to get their kids back home.
 - ◇ Tell trainees that it is also important to remember that in order to help clients to make certain changes they must be engaged in the process, be included in developing the plan, and the plan must be written to include the changes that will increase safety and reduce risk. The plan is the client's road map.
 - ◇ Before discussing the elements of the case plan, take a few minutes to review some basic information about the case plan and the court ordered treatment plan.
- 📄 Refer trainees to Handout 6-a: *Case Plan Versus Treatment Plan*. The handout contains the following three paragraphs:

- Federal (P.L. 96-272) law requires a separate case plan for each child. This is because of the potentially different needs of children in same family because of age, sex, developmental levels, etc. Colorado meets this requirement in Part 3A of the Family Services Plan. Children may go on the same page, but each child needs a discrete section.
- State law [CRS 19-1-103 (IV) (10)] requires that in every case where a child(ren) is (are) adjudicated dependent and neglected, an “appropriate treatment plan” shall be approved by the court. The plan will involve the child(ren) named AND each respondent named and served in the action. The law further states that an appropriate treatment plan means a “treatment plan approved by the court which is reasonably calculated to render the particular respondent first to provide adequate parenting to the child(ren) within a reasonable time and which relates to the child(ren)’s needs.”
- Previously, workers had to complete a discrete case plan and a treatment plan. Now, in many counties, the Family Services Plan merges these documentation requirements. These are two separate requirements that have been merged onto the same form, but the requirements are still distinct.

Case Plan vs. Treatment Plan

- | | |
|---|---|
| ○ Federal law requires a separate case plan for each child | ○ CRS 19-1-103 (IV) (10) requires an “appropriate treatment plan” approved by the court |
| ○ Done on Part 3A | ○ Plan will involve the child named AND each respondent |
| ○ Children may go on the same page, but each needs a discrete section | |

- ◇ Ask the group if they have any questions about the two different documents. Explain that one of the differences is the time frames required by federal regulation and the Colorado Children’s Code.
- ◇ Explain that whether you are doing a case plan or a treatment plan, one of the first things you need to determine is your permanency goal.

Goals


Activity: Permanency Goals Scramble (5 minutes)

- 📄 Refer trainees to Handout 6-b: *Permanency Goals Scramble*. Explain that the handout contains all seven of Colorado’s approved permanency plan goals in no particular order. But there is a preferred order. Ask participants to take a few minutes to order the goals from 1 to 9, with 1 being the most preferred goal and 9 being the least.
- ◇ Process the activity by going over the correct order. Use the information below.
- ◇ Explain to trainees that each time a case plan is formulated, the caseworker should be able to specify the current case goal. One must also select an alternative permanency goal for concurrent planning. Objectives and action steps should then be formulated to achieve this goal.

Permanency Goals

- Remain home
 - Return home
 - Permanent placement with relatives through adoption
 - Adoption (non-relative)
 - Permanent placement with relatives through guardianship/permanent custody
 - Non-relative guardianship/permanent custody
 - Other planned permanent living arrangement through emancipation
 - Other planned permanent living arrangement through relative
 - Other planned permanent living arrangement through non-relative
- *The underlying assumption with all of these goals is that permanency will be achieved for the child(ren) in a family—preferably, the child's own family. The goals are listed in order of preference.*

◇ Ask trainees if they think our kids are ready to be on their own when they are 18 years old. Ask them if once they were out of the house if they never relied on their parents or caretakers again.

 Show the video, *In Their Own Voices: Reena*, to reiterate that: 1) children in foster care are aware that their situation is not permanent; and 2) children in foster care, of all ages, long for that permanent connection.

◇ Lead the trainees in a discussion about efforts made in Colorado to fulfill this obligation. Point out that three counties participated in Colorado Youth Connections Project in 2002 and 2003. The counties hired caseworkers to comb through the files and talk with the youth about any past relationships they had had with adults. The caseworkers followed up on leads, even if it was one message of inquiry 10 years ago (e.g., maybe a teacher called to find out how a kid was doing). The project was very successful, finding 122 connections, 14 of them resulting in permanent homes.

◇ Tell trainees that although there is no longer funding for this project, it speaks to the fact that sometimes the connections are already made and they are in the file. Although it may not be possible to scour the cases of every adolescent on your case load, there are some things that can be done to help youth in foster care make permanent connections. Whether it's finding permanent families or permanent connections, we best serve our teenage clients through permanent relationships with healthy adults. This is not only best practice, but it is also state policy.

Other Planned Permanent Living Arrangement

"If this goal is not achieved through relative care, a family like network of significant people shall be developed to provide the child/youth with a sense of belonging and with support expected to endure over a lifetime." (7.301.24 O 4)

- Permanency Pacts are one way to help develop this family like network.

 Refer trainees to Handout 6-c: *Permanency Pacts*.

 What is a Permanency Pact?

A pledge by a supportive adult to provide specific supports to a young person in foster care with a goal of establishing a lifelong, kin-like relationship.

- ◇ Lead a discussion about why these Permanency Pacts are crucial.
 - Youth transitioning from foster care are often unsure about who they can count on for ongoing support.
 - Many of their significant relationships with adults have been based on professional connections, which will terminate once the transition from care is completed.
 - It is critical to the youth's success to identify those adults who will continue to provide various supports through and beyond the transition from care.
 - Clarifying exactly what the various supports will include can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

 Examples of Permanency Pacts


- [Need to get these examples.]

- ◇ Emphasize that Permanency Pacts are especially critical for youth emancipating from residential facilities and group homes. These youth may not have the luxury of a permanent connection with foster parents. All of their connections are probably with rotating staff that may or may not still be working at the facility a couple of months after the youth leaves care.
- ◇ Remind trainees that permanency for adolescents has often been overlooked in our system, but it is also important for us to keep our focus on permanency for younger children. This process begins with the permanency goal.
 - At all times in the case planning process, we should be working toward one of these goals for each child we are serving. The identified goal will determine the objectives, action steps, and outcomes that should be included in the case plan.
 - The case goal may change during provision of services to a family. Initially, the caseworker must consider the goal for a child at high risk is to remain in his own home with intensive in-home services. If this fails or is not possible due to imminent risk, we must provide immediate, safe placement. The goal may then change to return home of the child as the issues that led to the maltreatment are resolved.
 - For children in out-of-home placement, the initial goal must be to return home unless certain conditions exist. These conditions are defined in 5B of the FSP and are now expanded in the Adoption and Safe Families Act. The Children's Code also defines circumstances under which the court may find that no appropriate treatment plan can be defined to address the unfitness of the parents. These are located in 19-3-604. If it is determined the child(ren) will not be able to go home, the permanency goal must change.

- ◇ Lead trainees in a brief discussion about the pros and cons of the other permanency goals. Ensure that the following points are made:
 - Adoption, especially by a relative, is considered the most desirable alternative permanency goal because it is the most permanent alternative. The Adoption and Safe Families Act (ASFA) says that a Petition to Terminate Parental Rights should be filed in all cases where the child(ren) has been in placement for 15 of the last 22 months. This includes adolescents. The premise is that even adolescents should have a chance at an adoptive home. Adolescents must be provided information on adoption and counseling must be provided for youth on adoption. This goes beyond just asking a youth if they want to be adopted. A referral to an adoption worker may be warranted if the youth's caseworker does not feel they have the ability to provide this counseling. It is important to remember that it is not right for any professional to make the decision about adoption on behalf of a youth. A worker must show the court that it is not in the child's best interest to have rights terminated if this is the case. The ASFA also offers incentives to states for increasing their rates of adoption for children.
 - When the permanency goal changes to legal guardianship/custody (APR), some decisions need to be made which is the most appropriate option. This should be discussed with your county attorney.
 - Other planned permanent living arrangement is considered one of the least desirable permanency options, because it does not involve a legal commitment from a family. Even though the child may be in foster care, and the child and the foster parent may express a long-term commitment, the child is still in foster care. [Trainers may want to use the case example of a 5-year-old boy who was placed in long-term foster care. The foster parents did not want to adopt or take guardianship, even though they put him in private school and treated him as one of the family. When the boy turned 12, the new adolescent worker again approached the foster parents about taking guardianship. The foster father said no because when the boy turned 16 and wanted a driver's license, he wanted to be able to say that the Department (not the foster parents) would not allow him to have a license. As he got older, and problems arose around adolescent issues, the boy would call the worker and ask her to find him a new home. Even though he had been in the home for 11 years, he thought of himself as a foster child and he could just get new foster parents that allowed him more freedom. Eventually, when the boy turned 16, the problems escalated and he was placed in an emancipation group home.]
 - Other planned living arrangement through emancipation is a permanency goal that may only be considered for children that are 16 or older and are in out-of-home care.
 - When a case plan is developed, the caseworker must specify the current case goal. Goals may be changed at regular reviews of the FSP with supervisors, or when a change in case circumstances occurs. Objectives and action steps should then be developed/modified to achieve this new goal. Caseworkers must also specify an alternative case goal, in case the initial case goal cannot be achieved. This alternative goal should be worked on concurrently with the initial goal. When we do this, it is called concurrent planning.

- ◇ Ask trainees to define concurrent planning. Remind trainees that concurrent planning is working towards family reunification while, at the same time, developing an alternative permanent plan (Katz et al., 1994).

- Concurrent planning is a model that focuses on achieving early permanency for young children whose family problems place them at high risk for foster care drift. Concurrent planning involves vigorous outreach to parents, tight timelines, and placements in potentially permanent homes.
- Collaboration and communication between all parties is essential in concurrent planning cases. Other important components of the model are:

 Refer trainees to Handout 6-d: *Concurrent Planning Components*.

Concurrent Planning

1. Success Redefined

[The agency and court define their primary goal as timely permanency, with family reunification as the first, but not only, option.]

2. Differential Diagnosis

[Within the first 90 days of placement, the agency determines (sometimes using LSS standardized instruments) the family's likelihood of being reunited within the next two months, based on the family's history, relationship with the child, and demonstrated progress. Families given a poor prognosis receive a concurrent planning.]

3. Timelines

[The entire case plan is structured by the legal requirements for timely permanency. These timelines are explained to families as part of the "full disclosure."]

4. Visiting

[Vigorous efforts are made to institute frequent parental visiting, even with ambivalent or unresponsive parents. The agency's zeal in promoting visiting will result in either faster reunification or early decision-making in favor of an alternative permanent plan.]

5. Plan A/Plan B

[Children are placed with a family willing and able to work cooperatively with the biological parents, but also prepared to become the children's permanent family if needed. This may be a relative or a foster family. The family's commitments to the process and to the child are clearly articulated to the parents.]

6. Written Agreements

[The case plan is reduced to a series of small steps, written down with or by parents, on a weekly or monthly basis.]

7. Behavior (Not Promises)

The agency and the court proceed based only the progress (or lack of progress) documented by observations, service provider reports, and expert testimony.]

8. Forensic Social Work

[The agency provides caseworkers with ongoing legal training, consultation, and support, so caseworkers produce legally sound case plans, concise court reports, and competent testimony.]

9. Full Disclosure


All families are given information about the detrimental effects of out-of-home care on children, the urgency of reunification, and the agency's concurrent plan to safeguard the child from drifting in care. The family's options are thoroughly and repeatedly reviewed with them.

◇ Ask trainees if they have any questions about concurrent planning. Emphasize to trainees that although concurrent planning is a philosophy that should help guide casework practice, it is also a specific model. The state has prepared a tool to help workers to implement concurrent planning. It addresses some specific assessment issues in concurrent planning, as well as legislative issues important in concurrent planning cases.

 Refer trainees to Handout 6-e: *Colorado Concurrent Planning Guide – 1998 Statutory Changes*.

◇ Provide the following information:

- Once the permanency goal has been established, it is time to begin writing a case plan that will help the family to achieve the goal. The case plan is the parent's road map to successful involvement with DHS. The case plan is based on a thorough assessment, and these are the services that are going to help families get to where they need to go.

 Case planning should bring about a change to...

- Increase safety
- Enhance permanency
- Improve family functioning
- Increase parental capacities
- Decrease delinquent and increase positive behavior

◇ Explain to trainees that even though the purpose of the case plan is consistent across counties, how case plans are written differs tremendously from one county to another, and often times from one unit to another. We are going to present one framework for developing case plans. It will be a foundation for writing solid plans to help families achieve change.

 The case planning process should:

- Measure change
- Be done in collaboration with the client
- Provide a road map to the client

◇ Explain to trainees that there are three main parts to the case plan. They are:

 Case Plan Elements

- Objectives – What needs to be done.
- Action Steps – How it needs to be done.
- Measurement of Success – As measured by...

S.M.A.R.T Case Plans

◇ Discuss case planning in general. Present the information below, asking questions whenever possible to generate discussion.

📌 Trainer Note:

Trainees may have considerable difficulty with the content of this section. They may not understand the difference between objectives and action steps. Many will have been taught definitions that are not consistent with the planning methodology taught in this curriculum. Be prepared for confusion. Trainees may have particular difficulty writing measurable objectives. Acknowledge the difficulty of the task and the frustration trainees may feel. Explain that the most competent planners struggle with the issue of measurability each time a case plan is written. Case decisions to remove or return children, or to legally terminate parental rights, are often made based upon the criteria of whether the family has achieved the case objective. In these instances, caseworkers are expected to demonstrate that the family understood clearly what was expected of them, and that they have, or have not, met these expectations. As a result, trainees may try to achieve an unreasonable level of specificity and measurability in their case objectives.

📄 Handout 6-f: *S.M.A.R.T. Case Plans*.

- Provide information on S.M.A.R.T. case plans.

📄 S.M.A.R.T. Case Plans

- Specific
 - Measurable
 - Achievable
 - Relevant and Result Focused
 - Time Limited
- ◇ Cover the information on the handout. As you review the information, one of the most important points is that whether in the objective or in the measurement of success, it must be clear to everyone (courts, attorneys, clients, DHS) what the change is that is expected. If the objective does not make this totally clear, it must be clear in the measurement of success. Whether in the end you are looking at TPR or reunification with case closure, all parties must be clear about how the plan has or has not been achieved.
- ◇ After discussing case plans in general, review some of the specific components of the plan. Tell trainees that it is important to remember to focus only on those objectives that relate to the risk of recurrence of maltreatment. Many client families (as well as the rest of us) have multiple areas in our lives where we could make changes that could improve parenting. If these areas are not related to risk, they should not be the focus of objectives unless families feel strongly about including them.

📄 Refer participants to Handout 6-g: *Case Plan Components*.

Objectives

📄 Objectives are...

- The behavior change that is needed to accomplish the permanency goal
- Based on family assessment (NCFAS -2 and -3) and linked to risk factors

 Objectives are not...

- A service for parents to participate in or attend

◇ Ask trainees to think of Yvette in the Gordon/Williams video. Ask the group to come up with suggestions of how they would write a substance abuse goal for Yvette. Give the group time to respond, and then show an example of a good goal (even though trainees may not agree that it is appropriate).

 Objective for Yvette and David

- Parents will remain substance free while parenting their children.
- Trainees may feel that “parents will remain substance free” is a better goal; the point is that each county deals with substance abuse differently. Can a parent have a beer? Can a parent drink a glass of wine? Can a parent refrain from using illegal substances, but pass out from alcohol when their children are at home?
- Every county and court system must figure out how they are going to deal with this.
- It is also important to understand that not every client should have the exact same goal when it comes to substance abuse. Each client is different and has the right to have a goal written specifically with them, for them.

Action Steps

◇ Discuss action steps, asking questions whenever possible to promote discussion and ensuring the following points are made.

 Action Steps

- What are the *specific actions* to be taken by a person/agency to achieve the objective/change in behavior?
- Who has a *role* in completing the action step?
- In what *time frame* does the action need to be taken?
- The case plan must specify the necessary actions that must be taken by the person/agency to achieve each stated objective. This part of the case plan can be viewed as the “step-by-step implementation or action plan,” which will structure and guide the provision of services.
- Action steps should be written for each objective included in the case plan.
- Action steps should be jointly formulated and agreed upon by the family and the caseworker.
- Action steps should be incremental. Complex action steps with multiple components should be broken down into parts, and each part should be listed as a separate task. For example, the task, “mother will find a job,” may include a sequence of more discrete action steps, including reading newspaper ads, going to the unemployment office, calling to get information from prospective employers, setting up job interviews, filling out written application forms, or attending job interviews.

- Action steps should be prioritized. When action steps consist of a series of “small steps,” they are easier to prioritize and to implement in a specified order. There is also a greater opportunity for the family to succeed, which often increases motivation to attempt additional action steps.
- Action steps should be written in language the client can understand.
- In situations where the family’s abilities are not in question, but their motivation or willingness to become involved is in question, the action steps may be more complex and written within a shorter, but reasonable, time frame to push for a timely resolution.
- Action steps should be set up for a reasonable period of time. The average time frame for a case plan should be between three to six months. A review of the goal, objectives, and progress in implementing action steps should preferably be conducted quarterly. In very active situations, more frequent reviews should be conducted. The plan should also include an expected time frame for the completion of each identified activity.

◇ Ask trainees to think of some action steps that might be good for Yvette. Give the group the opportunity to share a number of action steps. Try to draw the group in by asking if they feel it is a good action step. Show some examples of action steps for Yvette.

Action Steps for Yvette

- Parent will complete inpatient treatment.
- Parent will continue in outpatient treatment upon discharge.
- Parent will participate in random UAs.
- Parent will participate in AA meetings on a weekly basis.
- Parent will formulate a relapse plan.

Measurement of Success

Measurement of Success

- Describes how the person or agency will demonstrate they have completed the actions successfully and achieved the objective
- Breaks down the objective into small measurable components
- May be used to measure the overall success of the objective

Measurements of Success Can Be Quantifiable and Qualitative

- Client must attend 90% of her parenting classes (quantifiable)
- Client must gain certain skills, exhibit certain specific behaviors, and demonstrate impulse control (qualitative)

◇ Going back to the objective and action steps for Yvette, ask trainees to think of some measurements of success that might be useful. Give the group the opportunity to think of their own measurement of success, and then present the PowerPoint.

- 📄 Measurements of Success for Yvette and David
 - Parent will attend 90% of all required meetings reported by provider
 - Parent will be able to explain to the worker and children how drug use has impacted their family
 - Parent will follow relapse plan if needed
 - Parent will have three months of clean UAs for objective to be considered successful

- 📄 Before moving on to the activity, refer trainees to Handout 6-h: *Action Verbs for FSP Objective Statement*. Tell trainees that this handout contains a list of action verbs that they may want to utilize when developing objectives or measurements of success.

Activity: Good, Bad, or Indifferent (20 minutes)

- Break the large group up by tables.
- Post the four laminated posters around the room: Domestic Violence, Supervision Issues, Medical Care, and Nutritional Needs.
- Explain that each poster has an objective, action steps, and measurements of success. Their job is to determine which objective, action steps, and measurements of success are good and which are bad. Their job is to re-write the bad ones and make them better. If they are good, they can just leave them.
- Groups should do their re-writes on flip chart paper and post them next to the laminated flip.
- Use the following information to process activity

Domestic Violence

Objective

- Parents will use non-violent ways to resolve conflict so that the children are prevented from witnessing violence in the home. [Good]

Action Steps

- Parent will attend and complete domestic violence offender/victim treatment. [Good]
- Parents will learn and utilize effective communication and anger management skills. [Good]
- Parents will address the impact domestic violence has had on themselves and their children. [Good]
- Parents will stop violating the restraining order and other court orders. [Bad – *Parents will follow terms and directives associated with no-contact orders, temporary and permanent restraining orders.*]

Measurements of Success

- Attend 90% of the time and complete class as reported by parent and provider. [Indifferent – *Parents will attend at least 90%.*]
- Parent reports using new techniques to control anger. [Bad—they need to do more than just report. *Parents are able to discuss and demonstrate with the caseworker, treatment provider, and children the new ways they are learning to communicate with each other. Other family members may also report on progress between the parents.*]

- Elimination of safety concerns related to domestic violence on the safety assessment. [Good]
- Parents will not be caught together. [Bad – *Parent will not have contact with each other as outlined in the temporary restraining order.*]

Supervision Issues

Objective

- Parents will provide safe, adult supervision of the children at all times. [Good]

Action Steps

- Parent will not leave the children with inappropriate care givers. [Bad – *Parent will provide caseworker with a list of alternative caregivers. Caseworker and parent will meet and discuss the list and agree upon appropriate alternative caregivers.*]
- Parent will attend parenting classes. [Hard to tell. Will parenting classes help resolve the issue that caused the lack of supervision?]

Measurements of Success

- The parent will have no further referrals for lack of supervision. [Good]
- Parent will check the doors and outside gates and ensure that the children cannot easily leave the house or yard if parent is not in near proximity of the children. [Good]
- The children will have adult supervision at all times by an alternative caregiver on the agreed upon list. [Good]
- Elimination of safety concern related to supervision on the safety assessment. [Good]

Medical Care

Objective

- Parent will ascertain and consistently follow medical care plan. [Bad, especially if the parent does not understand “ascertain.” *The parent will find out the medical needs of the child and follow the medical plan set up by the doctor.*]

Action Steps

- Parent will attend weekly doctor’s/physical therapy appointments and learn ways to meet her child’s medical needs. [Good]
- Parent will subscribe to the AMA Journal and make a PowerPoint presentation for the caseworker about what the current research says regarding her child’s medical condition. [Bad – *Parent will get information from the doctor or other sources to find out more about her child’s medical condition.*]
- Parent will utilize techniques in the home to maintain the child’s safety and continued developmental advancement.

Measurements of Success

- Parent and medical provider report parent attending appointments and that parent is understanding and learning the necessary techniques to care for the child. [Good]
- Parent is able to describe the techniques needed to care for the child. [Bad – *Parent is able to use the medical techniques needed to care for her child during visits.*]
- Child shows developmental growth in accordance the age and ability as assessed by caseworker and doctor/physical therapist.

Nutritional Needs

Objective

- Parent will provide children with consistent, nutritionally balanced meals so that the children gain weight in a manner consistent with their pediatrician's recommendations. [Good]

Action Steps

- Parent will apply for food stamps within one week and provide a copy of the application to the worker. [Good]
- Parent will attend two sessions with nutritionist to gain knowledge around nutritional needs of his children. [Good, but you would want to make sure that the parent or someone else can pay for this.]

Measurements of Success

- Parent receives food stamps. [Good, as long as they are eligible.]
- Parent will make nutritional meals and snacks. [Bad—as measured by who? *Parent will prepare meals and snacks that have been approved by the nutritionist 90% of the time.*]
- For one week, parent will provide a food journal to caseworker and nutritionist that includes what the family ate, as well as any benefits and/or challenges to following guidelines. [Bad—this is unnecessary work. Perhaps this could be that the parents meet with the nutritionist monthly to check in and monitor the children's health.]
- The children will gain weight consistent with their age and height as recommended by their pediatrician. [Good]

- ◇ Make the point that if clients understand these objectives (because they helped design them and then they buy in to them), they will be more likely to achieve them!

Trainer Note:

The following information on the FSP can be reviewed briefly in the classroom, or it can be reviewed in the lab when you enter the 3A information in TRAILS.

- ◇ Review the FSP and cover the information below.

-  Discuss case plan documentation in the FSP, Part 3A. Refer trainees to Handout 5-a: *Family Services Plan* and Handout 5-b: *Family Services Plan Instructions*. Ask them to turn to Part 3A in

the FSP. Remind trainees that even though we are looking at a hard copy of the FSP, we will spend some time later completing this section of the FSP in TRAILS.

Part 3A: Treatment Plan

Purpose

- The FSP, Part 3 can serve as both the case plan and as the treatment plan to be submitted to court. [7.301.21 B]

Court Use

- Part 3A (along with 3B and 3C) is used as the dispositional treatment plan.
- It may be used for the 30-day interim treatment plan.
- The court receives all information on Part 3A, including information related to providers. The court is clear about who it has jurisdiction over, however, in terms of showing reasonable efforts by the county department. It is important to provide the court with the information about what providers are agreeing to do in the case. The providers need to know that they are not subject to court orders in the case, but their involvement in case planning is essential to the agency's management of the case and to any performance-based contracting.
- For court-involved cases, workers should use the required elements on Part 3A and add other information that their court specifically wants.
- Note that new court filings, in and of themselves, do not require a new FSP. If there is currently an FSP involving the family, it is necessary to review all parts of the FSP to ensure that the current situation is reflected. For instance, does the 3A reflect objectives and action steps regarding this current situation? Is there new placement information? Each section must be revised to reflect specific changes in circumstances that occurred as a result of the new filing.

Timelines for Completion (Including Updates)

- Part 3A is completed no later than the due date for the Family Services Plan (60 days from the date of case opening).
- It is completed for the dispositional court hearing for court-involved cases, if that date precedes the Volume VII due date for the Family Services Plan.
- Part 3A could serve as the proposed interim treatment plan for court-involved cases, if that is what your county department and court worked out. Each county must meet with their courts to make a decision.
- If permanency goal changes resulting in significant corrections, caseworkers are to update Part 3A: Treatment Plan and submit it to court as an attachment to the 5A. Significant change means one that changes a major part of the treatment plan. When recommending other changes in the treatment plan, counties have the option of either submitting a revised 3A treatment plan with the requested changes, or just requesting the changes on the 5A: Review page, and then entering the court-approved changes with the date of court approval on the existing 3A: Treatment Plan. These changes may be handwritten.

- Colorado State Judicial requests submission of the 3A to the court *only* when there are *major* changes. Judicial files, like DSS files, are too thick to incorporate unnecessary duplication.


Instructions for Completion

- Address the child/family’s needs by formulating objectives and action steps that include time frames, measurement of success, service provider, and responsibility for fees/costs of services.
- Each child must have a permanency goal with a targeted date for achievement of that goal. Each child open in the CYF must be addressed individually in Part 3A. Children placed out-of-home must be addressed in discrete sections of Part 3A.
- Parents and others who are part of the treatment plan should be addressed individually. Specifically address action steps for service providers and DSS staff.
- Due to federal requirements for a discrete case plan for each child in out-of-home placement, multiple children must have a separate section for each child with that child’s permanency goal, objectives, action steps, and timeframes. This means that more than one child can be on the same page, but each child in placement must be addressed in a specific section.
- For in-home cases, children who have specific needs should be addressed separately, and children with similar needs can be addressed in the same sections.

Specific Sections

- For Child/Youth/Parent/Provider/Agency: Write in the name of the person/agency whose needs will be addressed in this section.
- Date of most recent approved court ordered treatment plan: After the court has approved the treatment plan, write in the date for the most recent approval. If the plan is changed and the changes approved, add the changes and write in the new date. (See instructions for Part 5A, “When Used as a Court Review.”)
- Permanency Goal: Identify one of the permanency goals. NOTE: The permanency goal and associated dates are only required if you are addressing the objectives/action steps for a child.
- Date Set: The date the current goal was established.
- Target Date: The specific date upon which you expect the goal to be achieved. This is your best estimate given the progress and situation in the case.
- Alternative Permanency Goal: This is also known as the concurrent plan goal—the goal that will be pursued on a concurrent basis when there is no significant progress toward the approved goal. This is recognizing that reasonable efforts must continue on the approved goal until the court adopts an alternative permanency plan. The alternative goal is optional at this time.

Parts 3B, 3C, & 3D

-  Discuss Part 3B, Part 3C, and Part 3D of the Family Services Plan. Refer trainees to those sections of their handout.

Part 3B: Visitation Plan

- Purpose: Part 3B provides a format for workers to document visitation for children in placement. It covers visitation between a child in placement and any other significant person or family member on a regular basis. One or more children may be on the same plan. Label any child specific sections or information with the child's name if you include more than one child in the plan.
- Court use: The visitation plan is to be submitted to the court as part of the treatment plan (3A).
- Timelines for completion: Part 3B must be completed when child goes into placement.
- Instruction for completion: Fill in the specific sections. One or more children can be included in the same plan, but the worker must label any child specific sections or information with the child's name if the worker includes more than one child in the plan.

Part 3C: Summary & Recommendations

- Purpose: Part 3C provides a format for workers to summarize the family assessment and proposed treatment plan when it is submitted to the court, and to list any additional recommendations to court.
- Court use: As stated above, this section is optional for cases that are not involved with the court.
- Timelines for completion: This is done at the time of writing the Dispositional Report for court. It could be used when first developing the Family Services Plan to summarize your recommendations. This is not a required section. This summary is not updated for the court. This is another form included in the Family Services Plan that will be used for future reports to the court and is only submitted at the dispositional hearing. For non-court cases involving placement, this form serves for initial placements and could be used if there were a substantial change in the plan that would require extensive reworking of the Family Services Plan.
- Instructions for completion: As part of the summary, the caseworker should include the reasonable efforts that have been made to prevent placement and/or reunify the child(ren) with the parents. Examples of recommendations might be that the agency be granted custody, that placement be found by the court to be in the best interest of the child(ren), and that reasonable efforts have been made to return the child home, parental fees be assessed, releases of information get signed, etc.

Part 3D: Signature Page

- Purpose: This page documents the family and service providers' involvement with the development of the case plan and reflects the level of agreement.
- Court use: Part 3D can be used for court to document where agreement has been reached by all parties prior to the court hearing. In cases where attorneys are involved, it may be necessary for workers to consult with them in advance in order for signatures to be obtained. When this page is used as a signature page for a stipulated agreement to go to court, add identifying information at the top referencing the agreement.
- Timelines for completion (including updates): It is completed when you complete the Family Services Plan with the family. This page may need to be periodically updated to add the signatures of the current worker, supervisor, and/or provider. If there are significant changes in the treatment plan, new signatures of the parties, including the family, are needed to show they are aware of the changes. It may be completed when Part 5A is revised.

- Instructions for completion: The signature page is to be signed by all persons involved in the treatment plan. Each person should initial the appropriate box to the right of their signatures. Under the comments area, the worker may write in any comments or objections by any party signing the plan. Use this space to explain why any of the required signatures were not obtained and the efforts to obtain them. For non-court placements (voluntary) this section is completed with the parent and provider to demonstrate how and who was involved in the development of the case plan. NOTE: Parties can sign and indicate that they “received a copy,” “participated in the development,” and “reviewed” it without necessarily agreeing or disagreeing. Hopefully, this may encourage parents to be more willing to sign it without having to have their attorney see it first.

Visitation Planning

- ◇ Explain to trainees that we are going to spend a brief amount of time discussing visitation. This topic will be covered more thoroughly in Core IV, but since we are talking about case planning and doing the FSP including the visitation plan, it is important that we discuss some basic concepts of visitation plans
- ◇ Ask trainees, “What are the benefits of doing visits?” After giving the group an opportunity to respond, ask, “What is the purpose of visits?” Give the group an opportunity to respond before reviewing the handout.
- 📄 Refer trainees to Handout 6-i: *Benefits and Purposes of Visits* Ask trainees if visits are about more than complying with the court’s order for visitation.
- ◇ Ask trainees if they can think of other benefits that are not on the handout. Make the following points:
 - Courts look at visitation as a critical part of reunification and this can be an issue that can be appealed.
 - Our permanency guidelines (Expedited Permanency Planning) are critical and visits should occur as often as possible.
- ◇ Ask trainees if they can think of other purposes that are not on the handout. Provide the following information:
 - Children see parents and foster parents can get along and this may help to eliminate “loyalty” issues, this is a safe place for children to ask their parents questions they may have, visitation supervisor should be using strengths based approach in order to build a trusting relationship with parents.

More on visitation (Thanks to Steven Brethauer for some of the following points)

- When developing a visitation plan, the focus must be on planning familial contact that addresses the case permanency goal. For example, if the permanency goal is to return a child home, the visitation plan should respond to such issues as the need for parents and children to develop and/or maintain relationship and interact effectively with one another in preparation for the parent(s) resuming his/her parenting role. In other words, the plan’s

focus is on facilitating contact between the child and parent (both parents whenever possible), and the child and his/her siblings so that relationships are strengthened.

- Visits must be positive for the kids. Worker's need to think about how to structure the visits so that children have a positive experience.
- Parents don't always look forward to visits, understand the purpose of visits, know when they are doing well, know how their kids feel, know how to play with, talk to or enjoy their children, know how to read and understand court reports, know how to separate their own emotions when seeing their kids. Worker's should talk with parents about visits ahead of time and structure visits so that parents learn to accomplish some of these talks.
- Foster parents may not be aware of what visits are like and they differ from child to child.
- The plan must also address the reason that the children are in placement. Part of a visitation plan is to help parents practice what they have learned in doing their treatment plan and the worker to be able to assess whether or not the progress that is being made is reflected in the parenting during the visit.
- So, if the children are in placement due to lack of supervision, visits should give the parents the opportunity to show they can supervise their children. If the children are in placement due to physical abuse, the visit must give the parent the opportunity to show that they can parent without using physical discipline. Visits should give them the chance to practice other methods of discipline. Visits should provide a way for the visit supervisor to teach parents new skills, help parents practice new skills, and for us to evaluate how well they are incorporating new skills into their parenting.
- A visitation chart has been developed by Rose Wentz of the National Resource Center on Family Centered Practice and Permanency Planning and adapted by the Butler Institute for Families. This chart should be used to help you think of visitation as something more than a service you have to provide. It can help you think of setting up visitation that helps you to meet the needs of each family and their unique situation.

☞ Refer trainees to Handout 6-j: *Visitation Chart* and review the different aspects of visitation that should be considered when setting up a plan for a family. Remind trainees that if they are not the visit supervisor, the specifics of the visit should be discussed with the visit supervisor. Caseworkers also need to observe visits on a regular basis. This is one way they can meet their mandates for monthly face-to-face contact.

Activity: Williams/Gordon Case Planning and Visitation (1 hour, 30 minutes)

◇ Introduce the exercise by explaining that trainees will now be given the opportunity to formulate objectives and action steps for the Williams/Gordon case. Adolescent workers will also have the opportunity to write a plan on an adolescent case. Groups will also design a visitation plan for their family.

☞ If there are trainees that work exclusively with adolescents, refer them to Handout 6-k: *Adolescent Case Scenario*.

☞ Refer participants to Handout 6-l: *Case Planning Exercise*. Explain that this handout provides the exercise instructions, as well as a place to jot down responses.

- ◇ Explain that the purpose of this exercise is to provide trainees with practice in assessing case strengths/needs and in formulating appropriate objectives and action steps to meet those needs while using the FSP and in consideration of the family's strengths. A second purpose of the exercise is to reinforce the linear thought processes associated with the identification and assessment of a problem, the formulation of objectives to address that problem, and the identification of action steps to meet the stated objective. A third purpose is to think of visitation and the visitation plan in regards to the needs of the child and the parents. Finally, these components must be completed in the context of engaging the family.
- ◇ Explain to trainees that they are going to write objectives and action steps for the areas of need identified in the NCFAS that was completed on the Gordon/Williams family. We are going to do this on in the classroom, and then transfer the information into TRAILS.
 - Divide trainees into six groups: five for the Gordon/Williams family and one for the adolescent scenario. Assign groups the Gordon/Williams groups into the following areas of need:
 - Financial Management
 - Supervision of Children
 - Expectation of Children
 - Relationship between Parents/Caregivers
 - Each group, including the adolescent group, should write one objective, all of the required action steps, as well as the measurement of success statements.
 - Ask trainees to write their objectives and action steps and criteria of success on flip chart paper and to designate a member of the group to present to the large group.
 - Trainees are also going to develop a creative visitation plan for the family that meets the specific needs of the children and why they are in placement.
 - Ask one group to design a visitation plan for Kim and her parents; two groups should design a plan for Ricky and Yolanda with David and Yvette; two groups should develop a plan for sibling visitation; and the adolescent group should develop a plan for Greg and his parents.
 - Allow approximately **45 minutes** to complete the exercise.
- ◇ Reconvene the group and process the activity as a large group. Ask trainees, "If they were the client, would they have a clear understanding of what they were expected to do for each of the objectives?"
- ◇ Most importantly, the trainer should challenge the verbiage of the objectives, action steps, and measurements of success if they are confused, non-specific, or otherwise insufficient.
- ◇ When reviewing the visitation plans, look at how the plans address the needs of the children as well as the parents. Focus on the needs that brought the family to the attention of the Department and how the visitation plan takes these things into consideration. Developmental needs of the children must also be considered. Ask the groups that developed the sibling visitation plan how they would continue this visitation if parental rights were terminated and the children remained in different placements. Focus on the reasons that the children are in placement. Encourage creativity around involving parents with their children in a variety of activities. Ensure that there are plans for the parents to be involved with Kim around medical

needs, as well as Ricky around his behavior and Head Start. Also, make sure trainees have addressed visitation between Kim and her siblings.

- ◇ Remind trainees that the case plan is reviewed every 90 days and is likely to change as the family's situation changes. Flexibility in the case plan is an important component.

Computer Lab Activity

- ◇ Move trainees into the computer lab to review the parts of the FSP we have already covered, to look at the NCFAS, and to record case plan information in TRAILS. Trainees should bring their copy of the NCFAS that they have already completed.

Trainer Note:

Bring one objective on flip chart paper into each of the computer labs (not the substance abuse objective). Trainees will use this to enter information into Part 3 of the FSP on TRAILS.

- ◇ Begin by looking at the parts of the FSP that have already been covered.
- ◇ Have trainees run the Part 1 report of the FSP. This has already been completed by the assessment worker. [TRAILS trainers will take trainees through the lab training.]
 - Let's look at the information that is missing and find where in TRAILS that information should be entered for it to appear on the FSP Part 1 report.
 - Have the participants close out the report after listing what is missing, (school/employment information, attorney information, phone information).
 - Next have trainees navigate to the client toolbar and select Kimberly from the client pick list.
 - Click on the demo button, and then click on phone number; enter a primary phone number for Kimberly.
 - Click back on client, click employment/education, and then the education button; enter day care data and make sure to enter a start date in the educational progress tab or else the info won't appear on the FSP.
 - Navigate to the court toolbar by clicking on the workload button and then the court button. Select the court case and click the show button. (Notice that the **ct_col** button is grayed out indicating that no collaterals have been entered in this case.)
 - Click on the collaterals button and show the copy collaterals feature here.
 - Change Jamal Abraham role to GAL.
 - Click on the **ct_coll** button and enter Jamal as the GAL for Kimberly with today as the start date.
 - Go back and run the FSP Part 1 report and verify that the entered information now shows on the report.
 - Next, have trainees look at Part 2 of the FSP. This contains the social history information on the Gordon/Williams Family.
 - Now have trainees look at Part 3A of the FSP. We are now going to practice entering the case plan information into this section of the FSP on TRAILS.
 - First, the FSP participants must be selected.

- Have trainees click **FSP/DCP** on the tool bar. Click **Family Info** on the tool bar. Next, click the **Client** radio button and select Kim Williams from the **Client** pick list. Now, select **Return Home** from the **Permanency Goal** pick list and record today's date in the **Date Set** field. Record the date that is 6 months from today's date in the **Target Date** field. Now click **Add** and then click **Clear**. This process will need to be repeated to add the other participants, such as David, Yvette, Ricky and Yolanda.
- Also, since this is a placement case, the provider must also be selected as a participant. Click the **Provider** radio button. Select **Brand New** from the **Provider** pick list. Click **Add**, and then click **Cancel** to close this window.
- Now let's record our objectives and action steps in the treatment plan. [Trainer may want to point out that on the **FSP/DCP** toolbar, they will find the other sections of the FSP that we have already reviewed in hard copy. You may want to give trainees a minute to click on **Family Info, Assessment, Placements, and I/L Plan.**)]
- Click on **Treatment Plan** on the tool bar. Next, have trainees type in the objective on the flip chart paper in the **Objective** field. Now have trainees' type in the action steps from the flip chart paper in the **Action Steps** field. Next, have trainees enter the criteria for success from the flip chart paper in the **Criteria/Measurement of Success** text box. When trainees have completed this, have them click **Add**. Next, have trainees click **Select** next to the **Participants/Services** group box and then click the **Client** radio button. Select the appropriate client for whom the objective was written from the **Client** pick list. Then type today's date in the **Start Date** field. Then type the date you anticipate the objective will be reached in the **Estimated Completion Date** field. Click **Add** and then click **Cancel** to return to the FSP Part 3A window.
- This process would then be repeated for all objectives in the plan. When writing objectives for providers, the only difference is that when the worker is in the **Participant/Services** group box, they would click the **Provider** radio button instead of a **Client** radio button.
- Now ask trainees to review the other parts of the FSP that we have reviewed. Instruct trainees to click on **Visitation** and **Summary** to look at these in TRAILS.
- Now we are going to look at the NCFAS in TRAILS.
- Have trainees look at the NCFAS.
- Have trainees click **Workload** on the tool bar. Then click **Okay** on the toolbar. Have trainees select the **Gordon/Williams** case and click **Show**. Next, click **Assessment** on the tool bar, and then **NCFAS**.
- In the NCFAS, there are screens for the 5 different domains, and then one for the scores. Have trainees fill out the 5 NCFAS domains on the computer. They should use their hard copy of the NCFAS that they already filled out to complete the NCFAS in TRAILS.
- Tell trainees that the scores in the NCFAS are not valid and should not be used. These will be removed from TRAILS in a further version.
- Allow **45 minutes** for this activity.

◇ Summarize this information with the following:

- Most caseworkers will provide a combination of direct services and case management in their cases based upon their case plan. Which intervention is used at what time depends upon several variables including:

- The caseworker's own level of skill and expertise in a particular intervention (this is where knowledge and creativity apply).
 - The availability and appropriateness of resources in the community.
 - The amount of time available for the caseworker to devote to each case.
 - The agency's definition of the caseworker's job and the types of tasks which are expected of the caseworker.
 - The availability of core services.
- As caseworkers you deal with complex, vital personal issues. Many, if not most of you, entered the profession wanting to deal with people, not paper. Yet we find ourselves, as this last section demonstrated, increasingly occupied with documentation and paperwork. In the next section, we will address some of the reasons why we do this, and why it is so critical.
- ◇ Tell trainees that we will now move back into the classroom to discuss ongoing assessment.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION VII: case recording

Time	2 hours, 45 minutes
Purpose	To review the importance of thorough, timely case recording in all aspects of casework—progress notes, case plans, court reports, and correspondence. While many trainees give “lip service” to the importance of case recording, in practice they may not regard case recording as a high priority. The purpose of this section is to help trainees realize that properly completed case recording is not simply an agency expectation to ensure accountability, but an essential tool in good casework practice, which can serve many beneficial purposes.
Competency	❖ The caseworker knows how to write case recordings of concise, summarized case assessment, case plan, and other supporting documentation into the family case record in a timely manner.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Understand the importance of all aspects of documentation in a family’s case file, including progress notes, correspondence, court reports, and the case plan.❖ Know multiple purposes for documentation in the case file.❖ Know the characteristics of complete case documentation.
Materials	Handout 7-a: <i>The Purposes of Case Recording</i> Handout 7-b: <i>Characteristics of Good Case Recording</i> Handout 7-c: <i>Aspects of Supervision</i> Handout 7-d: <i>Case Tracking Guide</i> Video: <i>Gordon/Williams, Act 3</i> Prepared flip chart for “Wheel of Fortune” Activity: <i>Work Not Written...</i> Flip chart and markers; tape Trainer Materials
Method	Presentation, group discussion, and practice exercise

Training Module

- ◇ Review the competency and learning objectives for this section.


Activity: Wheel of Fortune


- ◇ Introduce the idea of the importance of case recording by playing the game of Wheel of Fortune. Remind trainees of the rules: They guess letters; if they are correct, then we fill in the blanks. If they are wrong, we write the letter down under the phrase. Trainees should yell out the phrase as soon as they think they know what it is. A prize will be given to the person that guesses the phrase correctly.
- ✂ Display the prepared flip chart. Once the game is complete, discuss the implications of the phrase, “Work Not Written Is Work Not Done.”
- ◇ Stress that actions not documented in the case record are considered as not having happened, as there is no way to prove that they occurred.
- ◇ Point out that case documentation is one of the least glamorous but most critical parts of the caseworker’s job. Objective, professional documentation is a vital casework skill.
- ✂ Ask the following questions and write responses on the flip chart. Cover the information following each question.
 - Why is case recording so important?

Case documentation provides a history of interaction and interventions with families, as well as creating a tangible record of work done by caseworkers, the agency, and other professionals. Often case records prove to be a child’s only connection to their past or serve as the only information adoptive families have about their new son/daughter. Well written case recording can serve several purposes for the caseworker and the agency.
- 📄 Refer trainees to Handout 7-a: *The Purposes of Case Recording*, noting the following information.
- 📄 Purposes of Case Recording
 - Documentation for administrative review and federal mandates
[All child welfare agencies are subject to federal statutory mandates (P.L. 96-272) and, as a result, agencies must make “reasonable efforts” and require basic guidelines for case recording, including a standardized case plan for each family served by the agency. Maintaining written case recording in the case record provides documentation that federal mandates have been met. Many of these federal mandates affect funding to families involved with the agency.]
 - Court documentation/testimony
[The court, or other parties involved in the case, can ask to see your records at any time. Case recording provides information to all parties of the work that the caseworker has done to contact clients, assist clients, arrange services, visit families, etc. It should support information that has been written in court reports. Caseworkers are often required to testify in court about what they have done in a case. Case recording assists the worker in remembering the specifics of a particular case. It is important to remember that a worker may be required to testify years after they have worked on a case.]

- Facilitate case review by supervisor and others
[Continuity and quality of services are best served by routine supervisory review and monitoring of cases. When case documentation is complete, a supervisor can assess case progress without relying on the caseworker to verbally communicate the information. This can save considerable staff time and permits the supervisor to make decisions in the caseworker's absence that are consistent with the case plan goal, objectives, and tasks.]
- Assist other staff that are covering cases
[Unless you are in the office everyday, it is highly likely that your supervisor or another worker in your agency will handle a call on one of your cases and may be required to make an important decision on a case. Without case recording to document your work, it is highly likely that the person covering your case will make a decision contrary to what you would want. Case recording provides invaluable information for those that are making quick decisions on a case.]

◇ Lead the group in a discussion of the characteristics of good case recording. Ask questions about the bullets on the screen and ensure that the following points are covered.

 Refer trainees to Handout 7-b: *Characteristics of Good Case Recording*, noting the following information.

 **Characteristics of Good Case Recording**

- Accuracy is an important characteristic
[If a case recording is not accurate, it has no value! Always strive to record information in the case file as accurately as possible. If the caseworker later learns that some information is incorrect, the new, correct information should be added to the record. Under no circumstances should a caseworker “white-out” or erase the original information. Instead, the caseworker updates the data and notes the circumstances.]
- Clear and concise documentation
[All case recording should be as clear and concise as possible. It is often difficult to decide what information is essential and what is not. Sometimes the most innocuous bit of information turns out to be critical later on. For example: A notation that “Uncle Joe” spent the weekend visiting the family may take on new meaning months later when allegations of sex abuse arise.]
- Behavioral stated observations
[Caseworkers should be careful to record the behaviors they observe without interpreting them. If it is known that a person acted a certain way for a specific reason, then it can be recorded as such. However, if the cause or reason is not known, there should be no written speculation or guesswork.]
- Objective and non-judgmental
[All case documentation should be written as objectively as possible. In those instances when an opinion or judgment is required, it should be labeled as such and set apart in the progress notes. Caseworkers must be able to back up this opinion/judgment with written, factual information. Case recording emphasis should be upon factual, not interpretative, information. It is not a forum for personal feelings about members of the family or service team.]

- Informative quotations
[One of the best ways to “paint a picture” about a family is through the use of quotations. They can vividly convey in a concise manner much about a person’s mood, intent, etc. The issue of profanity is often raised. Do not edit quotations; instead, be certain to include quotation marks and the context in which the statement was made.]
 - Should caseworkers take notes during an interview or visit?
[There is no right answer to this question. You should do whatever feels comfortable to them. If caseworkers choose to write during the interview/visit, s/he should fully explain what is being written and why it is being written down; e.g., “Everything you say to me is very important, so I am going to write down what you say so I won’t forget.”]
- ◇ Discuss the importance of avoiding the use of jargon and behaviorally anchored language.
- ◇ Use the following examples to explain behaviorally worded case recording and present the information below:
- Example: “Wally was acting out.”
This sentence contains jargon and does not really mean anything. A better way of saying this is, “Wally skipped school and was caught shoplifting in a record store. He also got into a fight with a peer at school.”
 - Example: “Ward has a substance abuse problem.”
- ◇ Ask trainees for a better way of expressing this thought. Generate the following:
- “Ward has a substance abuse problem as evidenced by: 3 DUIs in the last month, being placed in detox, being fired for coming to work intoxicated, and, during a visit, the worker noticed beer cans all over the floor.”
 - Now that we have discussed the purpose of ROC notes and some elements for writing good ROC notes, let’s discuss in more detail specific information that workers should cover in their notes.
- 📖 ROC Notes Should Cover:
- Who, what, where, and how
[Who did you talk to or who did you see? Include everyone that is present during face-to-face visits. What did you see or hear? What questions did you ask? What information did you obtain that is relevant to the case? Where did you see the family? In the home, in the office, at school, at court? How did you contact the client? By phone or in person? Did they call or did you call?]
 - Progress/barriers to success
[Worker should document progress family is making on their treatment plan. Have they achieved their objectives? Which ones? If not, what barriers prevent their achievement?]
 - Client behaviors~change
[How is the client changing? What specific behaviors are changing that may indicate achievement of their objectives? This may include specific documentation of behavior during visits.]

- Change in environment~safety
[While visiting at the client's home, document specifics of the home environment. What specifically has changed to make the home a safe environment? For children in foster care, where are they sleeping, who are they sharing a room with, how do they get along with the other children, do they feel safe in their foster home?]
 - Client insight regarding prior behavior
[How does the client now view the behaviors that brought them to the attention of the department? Does the client now see the need for change? Does the client feel that the changes have been for the better?]
 - New risks or safety concerns
[Are there any new safety or risk concerns? Remember that risk and safety must be assessed continually. Sometimes children have a very black and white view of safety, and you will have to ask numerous questions to complete a thorough assessment. What do you like about living here? What don't you like about living here? What would you like to see changed? What would you want to be sure stays the same? Tell me about mealtimes/school/bedtime. Tell me about a typical day. What haven't I asked you about that you want to tell me?]
- Should caseworkers take notes during an interview or visit?
[Discuss the pros and cons of note taking and how to explain to the client the rationale for doing so. Encourage the group to offer tips they have found successful in note taking.]
 - It is important to remember that when you are meeting with parents and children, you are not just "visiting." You have a purpose and there is specific information you are trying to obtain. It is important to ask and document things pertaining to safety and progress. You should be asking children for descriptions about things such as daily routines, discipline, conversations they are having with parents/foster parents, relationships with sibling/foster siblings, etc. Depending on the family situation, you need to find ways for the child to share information about their situation without asking things like, "Do you feel safe?" or "How are things going?" This information then needs to be documented and used in your case plan decisions.
 - The safety of children both at home and in foster care, and documenting this in the case file, is one of the driving factors of new mandates for workers under the Child and Family Service Improvement Act of 2006. Part of this Act mandates that by October 1, 2011, 90% of children in foster care will be visited monthly (once per calendar month) by their caseworkers and that the majority of these visits will take place in the child's residence. The state is currently working with the Feds to establish benchmarks for this and how it is going to be monitored. So again, documentation to show that these visits are taking place, where they are taking place, and what information is being gathered is critical.
- ◇ Ask trainees if they have any questions regarding the above information. If trainees have any specific questions on recording contact in TRAILS, write the question down on flip chart paper and let them know that we will get the question(s) answered by the TRAILS trainers once we move back into the lab.

Supervision Helping Manage the Demands of the Job



Trainer Note:

You have just talked about case recording and the importance of it. Either the sense of being overwhelmed has already come up, or you can use “the amount of paperwork and responsibilities can be very stressful on this job” as your lead-in.

- ◇ Ask trainees, “Who can help you manage this stressful aspect of the job?” [Supervisor]
- ◇ Ask the group who feels like they are getting adequate and productive supervision? Be prepared for many people stating they are not getting supervision.
- ◇ Point out that there are actions they can take to get the supervision they deserve. There are pieces before, during, and after that the trainee can do to be an active participant in their supervision.
- ◇ Tell trainees you will now talk about the various roles a supervisor should be playing.

Trainer Note:

If there is time, brainstorm with the group what jobs fall under each category.

-  Refer trainees to Handout 7-c: *Aspects of Supervision* to take notes on the following information:
 - Administrative Supervision is concerned with the efficient and effective delivery of services.
 - Deadlines
 - Permanency goals
 - Service utilization
 - Policy and procedure requirements
 - Educational Supervision is concerned with educating the worker for a more knowledgeable skilled performance of their tasks.
 - Case-specific knowledge or skill
 - Areas requiring knowledge or skill improvement
 - Professional development
 - Engaging clients
 - Supportive Supervision is concerned with supporting, sustaining, and motivating the worker in performance of these tasks.
 - Personal issues brought out by cases
 - Work-life balance
 - Job satisfaction
-  Refer trainees to Handout 7-c: *Aspects of Supervision* for the second part, “Self-Reflection.” Allow **5-10minutes** for them to discuss questions with 2-3 other people.
- ◇ Process by asking if anyone wants to share what they have identified. Encourage people to share some of the things that they need for good supervision.

- ◇ Point out that most of our time in supervision is spent on the administrative piece.
- ◇ Elicit from the group if they feel this is the best use of time. The goal would be to point out that supervision can be so much more than just the administrative piece.
- 📄 Refer trainees to Handout 7-d: *Case Tracking Guide*. In an effort to help with paperwork and minimize the time spent on this aspect of supervision, this is a way to track their cases, both for supervision and to keep up with the paperwork demands.
- ◇ Pass around an email list if people want it emailed to them so they can customize the headings, since different areas require different information.
- ◇ After a discussion about how the use of the tracking system can help minimize the use of supervision time for administrative duties, direct trainees to take out their MAPs and record ways they are going to actively seek the supervision that they deserve.

📌 Trainer Note:

This discussion may lead to caseworkers discussing their frustration with supervisors. Be supportive, but attempt to not allow it to move to a complaining session. Continue to point out ways they can ask for their needs to be met.

- ◇ To meet all the demands of the job, effective supervision is key to our success. Ask participants what they will do differently. Refer them to their MAPs and ask them to write something on them in regards to how they are going to enhance their supervisory experience.
- ◇ Wrap up activity with eliciting the ideas people came up with and helping others brainstorm ideas so their needs can be met.

CORE II: CASE PLANNING & FAMILY-CENTERED CASEWORK IN CHILD WELFARE



SECTION VIII: ongoing assessment, evaluation, & case closure

Time	3 hours, 30 minutes
Purpose	To provide information and strategies for case review and case closure.
Competency	<ul style="list-style-type: none">❖ The caseworker understands the importance of conducting routine and timely case staffings with families and knows how to reassess the outcomes of all case plans and service interventions and make appropriate modifications in the case plan.❖ The caseworker is able to explain strategies for closing a case that involve the family and utilize community resources.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">❖ Understand the importance of regular case reviews to monitor progress and to modify the case assessment, goal, objectives, and tasks as needed.❖ Know at what point a case should be closed, and will have knowledge of proper closure strategies.
Materials	Handout 5-a: <i>Family Services Plan</i> Handout 5-b: <i>Family Services Plan Instructions</i> Handout 5-e: <i>NCFAS-R: North Carolina Family Assessment Scale-Reunification: Definitions</i> Handout 8-a: <i>Six-Month Summary on Gordon/Williams Family</i> Handout 8-b: <i>Gordon/Williams Family Update</i> Video: <i>Gordon/Williams, Acts 3 & 4</i> Flip chart and markers; tape Trainer Materials
Method	Guided group discussion and experiential exercises

Training Module

- ◇ Introduce the topic and review the learning objectives for this session.

Case Plan Evaluation

○ Compliance with Action Steps

[When evaluating the client's progress, the first thing the worker must look at is whether or not the client is doing what they are supposed to do. Are they, for example, going to their drug/alcohol classes? If they are not going, the worker must assess the reason behind this. Is it an issue of transportation, finances, location, timing, etc.? If all barriers to attendance are eliminated, and the client is still not complying, the worker must again ask why.]

○ Measurement of Success (client change)

[If the client is complying with the action steps, the worker must assess if the client is making the changes in behavior outlined in the case/treatment plan. If the client is complying with the action steps, but their behavior is not changing, the worker must assess why. Have the correct services been put into place? Is the client utilizing the services provided? Is the client capable of the necessary change? *It is important to remember that outcomes begin with a good assessment. If the family is not moving toward their outcomes (the Permanency Goal) it is important to review your assessments and see if there is any thing you missed or that has changed.*]

○ Is the Permanency Goal being achieved?

[If the client is complying with the action steps and their behavior is changing, is it enough to bring the family closer to achieving the Permanency Goal. Are the children going to be safe now? Has the risk been reduced? If the client is not moving towards achievement of the Permanency Goal, even though they are doing everything they need to do, the worker must ask if the Permanency Goal needs to be changed.]

- Outcome measures were established during the assessment phase, expressed in the Family Services Plan, and are evaluated during this phase. The evaluation carefully considers whether the Family Services Plan achieved what it was designed to accomplish. Outcomes are looked at from the perspective of everyone who is involved with the case. Measurement of outcomes provides documentation of case progress.

Ongoing Assessment and Evaluation

◇ Discuss issues of ongoing assessment and evaluation. Emphasize that evaluation is conducted through ongoing assessment. Ask the following question and cover the following points:

- When should a case plan be formally reviewed? Colorado policy specifies the following review processes:
 - FSP – Every 90 days with your supervisor, or at any time when the case situation changes
 - Foster Care Review – Every six months
 - Treatment Plan – Minimum every six months for a court or administrative review
 - Permanency Plan must be in place within 12 months from date of initial placement. Expedited permanency cases require a permanency plan within 3 months of dispositional hearing.
- Other times for case review would include changes in family composition, new family stresses, new safety or risk concerns, and at any time the worker has concerns about the progress of the family.
- The Part 5 of the FSP is the form that is used for this review process.

📌 Trainer Note:

The review of the Part 5 of the FSP may be done in the classroom or in the lab. If it is done in the lab, you may want to review the reasons for case closure before going into the lab. This information follows the information on the Part 5.

📄 Refer trainees to Handout 5-a: *Family Services Plan* and Handout 5-b: *Family Services Plan Instructions*. Discuss the FSP, Part 5A and Part 5B. Provide the information below.

Part 5A: Review

Purpose

- This part is a multi-purpose document that meets the requirements of the 90-day worker/supervisor review conference and the court review reports following disposition. It is family-based and can be used to address the entire family. To meet the CWSA requirements (Paragraph 44) and Volume VII (7.301 E) for the 90-day reviews, the case plan must be reviewed in conference between the worker and the supervisor. It is not enough to have the worker write the review (Part 5A) and the supervisor to read and sign the review. A conference between the worker and supervisor to review the case plan must occur every 90 days. A foster care review may substitute for a 90-day review.

Court Use

- The 5A also is designed to substitute for court review reports. When the 5A is submitted to the court, the worker should document the FCR findings from the most recent review. The 3A is to be sent to the court only if there are significant, i.e., major, changes in the plan.
- This form is submitted to the court as a written review to update the court on progress that has been made and will allow for recommendations to be made regarding orders that need to be initiated or amended. It allows for changes in the treatment plan, and also incorporates family assessment and risk assessment updates.
- A court review will require Part 5A, a new Part 1, and possibly a revised 3A.

Timelines for Completion (Including Updates)

- This form is to be used at the time of the 90-day meeting with the worker's supervisor and for court reviews.

Instructions for Completion

- Reason for Review: Check the type or types of reviews that apply. Depending on the use chosen, only certain parts of the form will be completed, as explained below. It is required that it be used as your court progress report when a progress report is due. It is acceptable to add other information that your particular court may require.

Trainer Note:

Refer trainees to Handout 5-b: *Family Services Plan Instructions* for specific, detailed directions for the two uses of this part of the FSP.

Part 5A, Termination of Parental Rights Review

- This document was developed in response to the Adoption and Safe Families Act.
- Point out the time frames found in Section A (“...15 of the last 22 months”) and the directive to file a petition to terminate parental rights and to move towards adoption for children that meet this criteria.
- Explain that at the review the worker must check one of the four boxes in section A if there is currently a D&N on the case. Most cases will be checked #3 if termination is not in the child’s best interest. If #3 is checked, the reason why must be documented in the choices (a through f).
- If there is not a current D&N filed for a child in placement, most often a child/youth is under a delinquency petition and the worker must decide if a D&N should be filed as well.
- This review requires both the caseworker’s and the supervisor’s signatures, as well as a court order.

Part 5B: CWSA Requirements/Special Reviews

Purpose

- This page is to be completed for children in placement who require such reviews in placement, but it is not to be submitted to court with the other review pages nor given to the parent. It is to be used for documenting special circumstances and exceptions as required by the CWSA. Each “block” addresses a separate review requirement. Each time the supervisor and worker have a 90-day review conference on a case of a child in placement, this page must be reviewed and completed for any blocks that apply at the time of the review.
- Some blocks (special circumstances) require further county action, such as administrative review, county permanency planning team review, or special county review. The space on this page is to document that those reviews have been done. If you have a separate form that your county uses for any of these special reviews, instead of completing the block, you may attach that form and indicate “see attached” in the appropriate block.

Court Use

- It is not required court submission.

Timelines for Completion (Including Updates)

- It is completed at each of the key intervals as specified by the headings; e.g., initial case plan exception, 12 months, 18 months.
- This form would need to be reviewed at supervisory progress meetings to determine whether the child has or is falling into one of the special review categories.

Instructions for Completion

- Initial Case Plan Exception: If the INITIAL (meaning the goal immediately following a child being removed from their home) goal is NOT “return home,” check the reason, date, and initial.
- Child in Placement 12 Months: This only applies if permanency goal continues to be “return home.” At the 90-day review that would occur on or immediately after the child has been in placement for 12 months, give written explanation for why goal continues to be “return home.” Supervisor and caseworker need to date and initial.
- Child in Placement 18 months: This also only applies if the permanency goal continues to be “return home.” At the 90-day review on or immediately after the child has been in placement for 18 months, give written explanation, including the extraordinary circumstances that warrant a continuation of efforts to return child home, and the strong reason(s) why you think child can still be returned home within a reasonable time period and give the ADMINISTRATIVE approval.
- When Legal Guardianship or Long-Term Foster Care are being considered: Consider all three check-offs in this block, check them, give explanation where asked for, indicate when your county designated permanency planning team (Volume VII: 7.504.23 & 7.504.24) reviewed and approved this plan. The caseworker and supervisor need to date and initial.
- Special County Review: Each of the four items listed in this block are separate items to be considered each time a 90-day review is done. Since they are separate items, one or more could apply at any time. They are “trigger” events that require “further county review.” This review is an administrative review. Record the date and results of each review as required by each of the “trigger” events occurring. Use the backside if more space is needed. NOTE: For special county review #1, only count placements since October 1995.

◇ Move trainees into the computer lab.

 Show *Gordon/Williams* video, Act 3.

◇ After watching the video, ask trainees to think back on the section on case recording. Ask trainees what they saw in the video that would be important to document in the case file. They should mention things such as the physical changes in the apartment, the relationship between David and Yvette, perceptions of the visits, etc.

◇ Refer trainees back to the visitation plan. Based on what they saw in the video, would they make any changes in the visitation plan? Specifically talk about the relationship between David and Ricky and Yolanda. Did anyone hear anything in the video about sibling visitation?

◇ Have the group talk about which important changes they would want to include in their ROC notes regarding changes in environment and David and Yvette’s relationship. What insights have been gained?


Trainer Note:

Whenever possible, ask trainees how they would complete the following steps. Give trainees the opportunity to explain how the following steps would be done. If trainees are unable to provide the information, take trainees through the following steps.

- ◇ Have trainees click **Assessment** on the tool bar, and click **Risk Reassess**. Once they get into the instrument, have them complete the Risk Reassessment based on the information from the video and Handout 8-a: *Six-Month Summary on Gordon/Williams Family*. Allow trainees **10 minutes** for this activity.
- ◇ Process the activity as a large group using **Trainer Materials**.
- ◇ Ask trainees to comment on what they would document on a ROC sheet from the visit on the video. If they are re-evaluating the case, what things did they see in the video that would help document case progress or barriers? [Comments should include David and Yvette's physical appearance, house cleanliness, improvement in communication, progress in drug treatment, working with Head Start.]
- ◇ Tell trainees that along with the Risk Reassessment, it is also time to go to court on the Gordon/Williams family, so let's enter the court information in TRAILS.
 - Click **Workload**. Click **Court** on the secondary tool bar. Next, select **Show** in the **Select Case Response** window. Now click on **Hearings**, and then click **Clear**.
 - Enter whatever date it was one month ago (e.g., if it is November 1, enter October 1) in the **Scheduled Date** field. In the **Hearing Status** field, select **Held**. In the **Hearing Type** field, select **Review**. Then, in the **Held Date** field, put in the same date as in the **Scheduled Date** field. Click **Add**.
 - Now click on the **Findings** command button. In the **Findings Type** multi-select pick list, select **Continued Placement in Foster Care**. From the **Client** multi-select pick list, select **Yolanda, Ricky, and Kim**. Click **Okay** and then click **Add**.
 - Click on the **Orders** button in the secondary tool bar and click **Clear**. In the **Hearing Type** pick list, select **Review Hearing**. Next, in the **Order Type** pick list, select **Continued Placement in Out-of-Home Placement Approved**. Enter the same date used above (one month ago) in the **Order Date** field. In the **Clients** multi-select pick list, select **Yolanda, Ricky, and Kim**. Click **Add**, then **Okay**, then **Add**, then **Cancel**.
- ◇ Trainees have now entered the most current court hearing information.

Case Closure

- ◇ Lead the group in a discussion about the proper ways to determine when a case should be closed. Ensure that trainees are aware of the systemic impediments to case closure, and that they fully understand the inherent liabilities of poorly planned case closure. Present the following, asking questions to promote discussion.
 - What is the criterion for case closure? The appropriate criterion for closing a case should be the following:

 Why should you close a case?

- There is reasonable surety that the children will be safe, no longer at risk, and will not be subjected to further maltreatment. This can be assured if the contributing factors to risk or maltreatment have been reduced and eliminated; or
- The children have been placed into another permanent family situation.

 Case Closure in Volume VII (7001.7)

1. Specific program eligibility criteria are not met.
 2. Client withdraws.
 3. Client no longer needs the service.
 4. Client has moved out of county.
 5. Client has died.
 6. Services are completed.
 7. The child is ready for emancipation or reaches his/her 21st birthday.
- When there are no assessment instruments or case plan to guide caseworker activities, decisions to close cases are often made using unclear or inconsistent criteria. Cases may either be closed prematurely, or they may remain open for extended periods of time without planful services.

◇ Explain to trainees that once they have assessed that it is appropriate to close a case, it is important to discuss with the family, and to plan for case closure with the family.

◇ Lead the group in a discussion of planning for case closure, asking questions to ensure the following points are covered:

- How can the service plan involve the family during case closure?
 - The service plan should include helping the family to develop and use their own inherent strengths, supports, and resources that “naturally” exist within their environment.
 - The “natural” sources of support may vary between cultural groups and communities. The caseworker should work with the family to identify those sources of support that are present within the family’s own cultural and reference group.
 - Such supports can include family and extended family; development of friendships; membership in a church and a relationship with a pastor or minister; the development of relationships with staff of community centers; and access to other community services.
 - Most caseworkers believe that the families they serve are eager to “be rid of the caseworker.” In reality, many families view the caseworker as helpful and as a source of support, even though they may never verbalize these feelings. As a result, there may be an increase in family problems and dysfunction when case closure is imminent. *Closing the case may be viewed by the family as a threat, and they may not want to end casework involvement.*
 - If the family can be taught to rely with confidence on their own strengths and resources, and can be helped to access and utilize supports and resources in their families and communities, it is less likely that the withdrawal of casework services will be experienced as stressful or as a loss.


- How might issues of separation affect case closure?
 - Proper management of separation and termination of the casework relationship at the time of case closure is essential. When a positive casework relationship has been developed, case closure may be experienced by the family as a loss.
 - Isolation, low self-esteem, an absence of support, and discomfort and conflict in interpersonal relationships are common contributing factors to child maltreatment. When a family has developed a positive relationship with the caseworker, it may be the first time the family has experienced being viewed as worthwhile, cared for, and valued by another person. It may also be the first time in which another person has been consistently trustworthy and dependable.
 - Termination of a positive casework relationship may not only be a significant loss, but may reinforce the family's perception that people "come and go" from their lives at whim, that people are not to be trusted, and that there are no permanent relationships.
 - Closure may be viewed as abandonment, and may precipitate a regression to previous ways of behaving and relating. The caseworker can prevent this by ending the relationship properly.
- What strategies can facilitate a positive and healthy closure?
 - Define the nature of the relationship early in the casework process. The caseworker should help the family to understand that the purpose of the casework relationship is to help family members utilize their own strengths and resources and to learn new ways to help themselves, and that it will end when that purpose has been achieved. This will help prevent the family from feeling that the caseworker has "changed the agreement" and abandoned them.
 - Include a planned period of separation prior to final closure. Caseworkers should involve the family in planning for closure through case plan discussion and review and by setting time frames for case closure. The caseworkers' direct involvement should be gradually decreased during this period. The caseworker should encourage and reward the family for learning to manage problems for which they previously turned to the caseworker. Increased and successful management of their own problems will increase the family's self-confidence.
 - Encourage the transfer of attachments from the caseworker to other relationships within the community. Through the relationship with the caseworker, the family may have learned that other people can be trusted and will help them. Linkage with naturally occurring support systems can provide the family with relationships that can exist over long periods of time. The caseworker should encourage and promote the development of these relationships as part of the service plan. The family should be helped to identify potential supports and to develop skills to access them. Participation in groups (including therapy or support groups, education groups, or recreational groups), linkage to programs such as Alcoholics Anonymous or Parents Anonymous, involvement in a church, or family counseling with immediate or extended family members are appropriate.

- ◇ Point out to trainees that when a case is closed the worker must document the following information:
 - Reason(s) for closure
 - A summary of services provided, which includes progress made toward stated goals
 - An assessment of risk of further child abuse or neglect for PA 5 cases

Activity: Case Closure

- ◇ Explain to trainees that they are now going to watch the last of the Gordon/Williams videos. After watching the video, they are going to complete the Safety Assessment, the Risk Reassessment, and the NCFAS on the family. The use of these instruments will help guide the worker in making decisions about proper case closure.

 Show *Gordon/Williams* video, Act 4.

 Have trainees read Handout 8-b: *Gordon/Williams Family Update*.

Trainer Note:

Instructions for the following activities will be provided by the TRAILS trainers. Trainer should have a copy of the Safety and Risk Assessment definitions, as trainers do not have this in their handouts, and there may be questions that arise about whether something meets the definition of not.

- ◇ Have trainees complete the Safety Assessment in TRAILS using their definitions. Review the Safety Assessment to see if there are any current safety concerns. Use **Trainer Materials** to process this information.
- ◇ Next, trainees need to complete the Risk Reassessment using their definitions. Use **Trainer Materials** to process this information. Trainer should point out that the risk level for this family is moderate. Discuss closing the case as moderate risk, or overriding the risk level to low.
- ◇ Ask trainees, based on the instruments, if the family has made the changes necessary to keep the children safe and free from future maltreatment.
- ◇ Next, complete the NCFAS on TRAILS and review to see if the family has made changes, especially in the areas that were previously rated -2 or -3. Use **Trainer Materials** to process this information.
- ◇ Ask trainees, based on the instruments, if the family has made the changes necessary to keep the children safe and free from future maltreatment.
- ◇ Tell trainees that we are going to begin by looking at Part 5 of the FSP in TRAILS. This case was scheduled for a 90-day review prior to the case being closed, so let's look at the information in Part 5A. After reviewing this information, review Parts 5B and 5C to make sure that there isn't any information that needs to be recorded in these sections.

- ◇ Now, in order to close this case, Kim must be taken out of placement and returned home. (The other children have already been taken out of placement as they returned home earlier.)
 - To end the placement, click **Workload** on the secondary tool bar. Then click **Svc. Prov.** on the tool bar. Highlight Kim's name in the inset grid, and then click **Show**. Now click **Srvc Auth** on the tool bar and then type in today's date in the **End Date** field. Since Kim is going home after successful completion of services, select **Treatment Successful** from the **Leave Reason** pick list. Have trainees note the other leave reasons in the pick list. Now click **Change** and then click **Cancel** to close out of the window.

- ◇ Trainees must now record the end of Kim's removal from the home and show her as being reunited with her parents. (This is different from ending the placement payment.)
 - Click **Removal** on the tool bar, and then type in today's date in the **Removal End Date** field. Select **Reunification with Parents** from the **Removal End Reason** pick list. Ask trainees to take note of the other options available in the pick list. Next, click **Change** and then **Cancel** to close out of the window. (TRAILS trainers will then show trainees how the information from this section pre-populates into the 4B of the FSP.)

- ◇ Now workers must close out the court case, because the D&N has been dismissed.
 - Click on **Hearings**, and then click **Clear**. Enter today's date in the **Scheduled Date** field. In the **Hearing Status** field, select **Held**. In the **Hearing Type** field, select **Review**. In the **Held Date** field, enter today's date. Click **Add**.
 - Now, click on the **Findings Command Button**. In the **Findings Type** multi-select pick list, choose **Return Home is in the Best Interest of the Child**. From the **Client** multi-select pick list, select **Yolanda, Ricky, and Kim**. Click **Add**, click **Okay**, and then click **Add**.
 - Click the **Orders** button on the secondary tool bar, and then click **Clear**. In the **Hearing Type** pick list, select **Case Dismissed**. Enter today's date in the **Order Date** field. In the **Client** multi-select pick list, select **Yolanda, Ricky, Kim, Yvette, and David**. Click **Add**, then **Okay**, then **Add**, then **Cancel**.

- ◇ Now we are ready to close the case
 - Click **Workload** on the tool bar, and then click **Summary** on the tool bar. Click the **Close Case** control button.

- ◇ Tell trainees that in order to close a case, there must not be any outstanding tickler, and the supervisor must approve the case for closure. In this case, there is an outstanding tickler. The permanency goal has not been changed to remain home. The case cannot be closed when the permanency goal is to return home. We need to change this in TRAILS so that we can close the case.
 - Click **FSP** on the toolbar. Click on **Family Info**. Highlight Kimberly's name on the **Inset Grid**. In the **Permanency Goal** pick list, select **Remain Home**. Click **Change**.

- ◇ Each client's active participation in the case must be end dated prior to the case itself being closed. This allows a leave residence and reason for each client. Have the trainees navigate to the **Client → Gen'l Info** window and record the following information for each client in the case.

- Parents:
 - Ending Residence: On Own
 - Reason for End Date: Services Successful
- Children:
 - Ending Residence: Parents
 - Reason for End Date: Services Successful
- Click **Workload** on the tool bar and then click **Summary** on the tool bar. Click **Close Case**.
- Ask trainees what they would write in a closing summary, using the documentation outlined in Volume 7: reason for case closure, summary of services provided including progress toward goals and assessment of risk of further abuse/neglect for program area 5 cases. Have them type information into summary based on what they say.

- ◇ Explain that this requires supervisor approval and that once the supervisor has approved, this case drops off of the worker's workload.

 Trainer Note:

If time allows, trainer may wish to show trainees how the supervisor approval is done.

- ◇ Thank trainees for their participation in training. Remind them to bring their binders to the next training—Core III.
- ◇ Return to the classroom to distribute the training evaluation and pass out certificates.