

DCS

Field Mentor Program
For
New Family Case Worker Training



Using
Skill Assessment Scales

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Field Mentor Program for New Family Case Managers
Indiana Department of Child Services
Updated November 2007

Description of Program

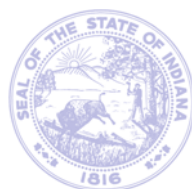
Effective Staff Development is a critical component to improving outcomes for children and families in Indiana. It is essential that coursework presented in the classroom be practiced in the field with appropriate guidance and supervision. It is equally as important that the process be continually evaluated and enhanced, particularly in the wake of the Indiana Practice Reform Model that has now been initiated in all 18 Regions.

The field mentor program has been developed to help reinforce learning with practice in real life situations so that trainees completing their initial nine week training program and subsequent three week on the job training can work alongside a designated mentor. This mentor will help prepare the individual trainee to accept a caseload upon graduation.

The Feedback Process

The feedback process is coordinated between the trainee, the field mentor, and the trainee's supervisor. Sheets will be reviewed on established criteria indicating whether the trainee has developed an "unacceptable", "average" or "superior" rating. These sheets will be completed at the end of each Transfer of Learning Period during the initial 9 week training program and weekly during the 3 week On The Job Training period. The rating system developed is called the "Skills Assessment Scales" (SAS). Prior to working with a trainee, the field mentor and supervisor will receive training on how to complete these rating sheets.

The trainee will be evaluated on some skills daily, while other skills are applicable to only certain situations or as the training program develops. If the new employee does not rate as "average" consistently in specified areas, a remedial program will be developed by the trainee's supervisor in consultation with the training staff to meet the specific needs of that employee. If this process determines that trainees/employees are collectively lacking in a knowledge or skill, the classroom training curriculum will be revised as appropriate to meet the needs of the new workers.



Protecting our children, families and future

Field Mentor Selection Process

- Person has a strong commitment to best practice, agency policies and procedures
- Person is experienced in child welfare services (both initial and ongoing if possible)
- Person has basic abilities to teach, and has a proven ability to relate well with all types of people
- Person is a Family Case Manager and is considered very competent in their Family Case Manager role, including the Indiana Child Welfare Information System (ICWIS)
- If selected, person must satisfactorily complete any training provided for Field Mentors

It is recommended that Regional Managers ask for anyone interested in this position to notify their supervisors who in turn will notify the County Directors/Regional Manager. The Regional Manager or designee will then make the selection of field mentors in every county based on the number of trainees who will become new workers in that county with each Cohort as well as the selection criteria outlined above. The Regional Manager or designee will provide this list of field mentors to the Staff Development Field Mentor Coordinator matching a field mentor to a trainee one week prior to the first Transfer of Learning Day (TOL) for the trainee. These designated field mentors will then complete training just prior to the trainee's first Transfer of Learning Day.

Goals and Expectations for DCS Field Mentors

Goals

- Teach new workers best practice in the field, in addition to the theory in the classroom
- Workers increase their confidence level in doing casework in the county where they will be working
- Increased productivity because of workers' ability to focus and prioritize
- Reduced turnover because of workers' better understanding of their Family Case Manager role and what to expect
- Benefit from observing the experienced Field Mentor's experience in coping with difficult situations
- Better outcomes for families because of workers' focus and skills

Expectations In Addition To The Qualifications Listed In The Selection Process

- Field mentor will work with trainee throughout the 12 weeks of classroom/transfer of learning/3 weeks on the job training experience either directly or by facilitating contact with other Family Case Managers
- Field mentor will also be available for an additional three months after graduation for consultation in any needed areas (primarily by email and phone)
- Field Mentor will model superior practice in the various skills identified on the rating sheets
- Field Mentor will assess trainees on the skills identified on the rating sheets through observation and discuss strengths/needs relating to these skills with the trainee as appropriate; the Field Mentor will complete the rating sheets at the end of each TOL

period during the initial 9 week Training Program and weekly during the On The Job Training 3 week Training Period. The Skill Assessment Scale completed at the end of the 12 weeks should be comprehensive and cover as many of the skills as possible. Scales completed prior to that time need only address those skills observed/mentored during the specific review period. Additionally, the Trainee's Supervisor should complete a Final Skill Assessment scale three months following graduation based on the skills displayed by the new Family Case Manager during that time period

- The Field Mentor will note any skill areas that need additional assistance and will provide mentoring and guidance specifically related to those needs
- The Field Mentor will work with the Trainee's supervisor to provide additional mentoring and guidance in areas that need improvement
- Each Field Mentor will mentor one trainee at a time (may be modified in some counties based on needs and resources)
- The Field Mentor will provide feedback to the trainee on identified needs and strengths on a daily basis
- The Field Mentor will provide the completed rating sheets to the trainee, the trainee's Supervisor and the Staff Development Field Mentor Coordinator

Evaluation of Field Mentor

- At the end of the six month training period for new trainees (3 months classroom and On the Job Training; 3 months of consultation services), Trainee's Supervisor will complete evaluation on Field Mentor, see appropriate evaluation form
- If the Field Mentor meets expectations (based on an average), the Field Mentor will be compensated \$500*
- If the trainee does not complete the six month training period due to leaving the agency or any other reason not related to the Field Mentor, the Field Mentor will still be compensated \$500* if the Field Mentor has met the expectations as noted above.
- If a Field Mentor is working with two trainees simultaneously, the Field Mentor will receive \$500* for each of the trainees upon successful completion of the evaluation described above

Feedback Regarding the Field Mentor By The Trainee

- At the end of the six month mentoring period, the Trainee will complete a Review of the Field Mentor and the Field Mentor Program and submit it to DCS Central Office. This form must be completed and submitted before the compensation described above will be processed.

Goals and Expectations for DCS Trainee Supervisors

- Supervisors will review all skill assessment scales prepared by Field Mentor and document their completion for each Trainee
- Supervisors will work with Field Mentor to develop assistance for the Trainee in any area that is below average based on the skill assessment scales
- If Trainee's Field Mentor is based in another County, Supervisor will coordinate closely with the Field Mentor during the 3 week On The Job Training Period in the Trainee's County and assign Trainee to other Family Case Managers within the County to work with and provide feedback to the Field Mentor
- Supervisor will complete an evaluation form for the Field Mentor six months after they begin working with the Trainee and will submit that form to the DCS Staff Development Field Mentor Coordinator

* This \$500 incentive program is expected to continue until December 31, 2008 (involving the last Cohort trained in June of 2008).

New Worker Training – Effective January 7, 2008
38 Classroom
11 County Based Transfer of Learning Days
11 County Based On the Job Reinforcement Days

- **Module I: Orientation & Foundations of Practice: 10 Classroom & 1 county based days.**
- 1 Day Orientation in Central Office-HR presentation (ID, Finger Printing, Swearing-in, info on location of training, parking, etc.)
- 3 Days Getting to Know DCS, (introduction to agency mission and values, agency structure, intro to child welfare practice, intro to teaming concepts)
- 1 Day Tablet Distribution and Set-up/Policy Documents (Use of Tablets and how to find and utilize Policy Manual on-line)
- 1 Day Orientation in County Office (Intro. to field office staff, shadow experienced worker, discuss A-4, Travel Claim, community , etc.)
- 2 Days Practice Model-Engagement (process of Change, working with resistance, Johari's window, core condition and skills, solution focused questions, challenge model, functional strengths, cycle of need, Simmons family sculpt, application of identifying strengths and needs of Simmons family)
- 3 Days Practice Model-Assessment (continue using Simmons Family as a practice case for application of skills)

Module II: Intake and Investigation: 8 Classroom & 5county based days.

- 2 Days Family Centered CPS: Part I (overview of abuse & neglect, screening, continue using Simmons family)
- 2 Days Worker Safety (preparing for the visit and investigation, law enforcement presentation regarding drug issues, car seat use)
- 2 Days Family Centered CPS: Part II (planning the interview, techniques of interviewing, in-class practice of assessment, continue using Simmons family)
- 2 Days ICWIS module training covering log-on, help features, intake, investigation, assessment, Simmons family used in labs
- 5 Days Transfer of Learning & Skill Reinforcement in Field

Module III: Case Planning: 7classroom and 5 county based days.

- 2 Days Culture and Diversity (specifically includes the impact of culture and diversity on the process of case planning, defining culture, working with others, recognizing cultural differences and dealing with biases, information specific to culture of poverty)
- 3 Days Case Planning and Family-Centered Casework (includes, policy, best practice, engagement of family in team process, understanding positive intentions/link with cycle of need, identification of functional strengths and needs, links back to the change process and resistance from engagement class)
- 2 Days ICWIS training covering Case Management (Simmons family used in labs.)
- 5 Days Transfer of Learning and Skill Reinforcement in the Field

Module IV: Placement and Permanency: 12 classroom days.

- 2 Days The Effects of Abuse/Neglect on Child Development (includes child develop and the adverse effects of abuse and neglect on placement/care, early brain development included)
- 2 Days Separation, Child Placement and Permanency (includes policy, best practice and adoption information)
- 1 Day Legal

- 2 Days Practice Model Teaming (Setting up the Simmons family team meeting; preparation of parents, identification of team members by parents, discussion of formal and informal supports, preparation interview with a team member)
- 2 Days ICWIS training covering Placement and Adoption
- 3 Days Planning & Intervening; the last two Practice Reform Skills (includes information on domestic violence, mental health, the impact of childhood trauma, substance abuse and reviewing reports from other disciplines such as mental health and law enforcement.)

On the Job Skill Reinforcement, post-training: 11 county based days.

- Work with Field Mentor
- Engage in case activities

Summation and Graduation: 1 classroom day.

- ½ Day Cohort summary work
- ½ Day Graduation Ceremony

**EVALUATION OF FIELD MENTOR BY SUPERVISOR OF TRAINEE**State Form 53205 (1-07) / CW 3512
DEPARTMENT OF CHILD SERVICES

Name of Field Mentor	Date (month, day, year)
Name(s) of trainee(s)	County

TASK	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS
Worked with trainee during 12 weeks and was available for 3 months of follow-up consultation.		
Completed weekly sheets on identified skills and provided feedback to trainee on strengths and needs.		
Provided additional assistance to trainee on any identified needs.		
Provided feedback to trainee's supervisor regularly and worked with that supervisor to provide additional mentoring and guidance in any areas that needed improvement.		
Provided rating sheets to the Staff Development Field Mentor Coordinator weekly.		
Overall performance of field mentor		

Signature of trainee supervisor	Date (month, day, year)
Name of trainee supervisor	

Please submit to:

*Matthew Gooding
Administrative Assistant
Department of Child Services
402 West Washington Street
Room W392-MS 47
Indianapolis, IN 46204
Phone: (317) 234-5207
Fax: (317) 234-4497*



REVIEW OF FIELD MENTOR BY TRAINEE
 State Form 32001 (R 7-2-07) (CWS13)
 DEPARTMENT OF CHILD SERVICES

Name of Field Mentor		Date (month, day, year)	
Name(s) of trainee(s)	County	Cohort number	

TASK	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS
Provided assistance and direction to me during transfer of learning days and the three week on the job training period; was available by email and phone for the three months following graduation to answer questions.		
Reviewed skill assessment scale sheets with me after each module and after each week of on the job training and helped me develop a plan for any areas that needed additional development.		
Provided feedback to me regularly regarding tasks I was working on, which assisted me in further developing my skills.		
The best practice content as presented in the classroom matches the practice of the mentor in the field.		

Things I found helpful in working with my Field Mentor (attach additional sheets, if necessary):

Suggestions I have for improving the Field Mentor Program (attach additional sheets, if necessary):

Please submit to:

*Matthew Gooding
 Administrative Assistant
 Department of Child Services
 402 West Washington Street
 Room W392-MS 47
 Indianapolis, IN 46204
 Phone: (317) 234-5207
 Fax: (317) 234-4497*

Indiana Department of Child Services Training Progress Record

What is a Progress Record?

As you (a new worker) participate in training activities and get adjusted to working for the Indiana Department of Child Services, you will periodically be provided learning Progress Records. The Progress Records may consider pre and post test results that relate to content (**Cognitive learning**). Formal progress can be gleaned through Pre and Post Tests, as well as through informal teaching methods (clarifying, correcting cognitive errors, etc.)


You may also receive feedback regarding affective learning. (**Affective learning**) addresses a learner's emotions towards learning experiences. A learner's attitudes, interest, attention, awareness, and values are demonstrated by affective behaviors. These emotional behaviors are organized in a hierarchical format also, starting from simplest and building to most complex.

The classroom learning will focus primarily on Knowledge through some Analysis. Transfer of Learning in the field will focus primarily on Analysis through Evaluation for Cognitive learning. Affective learning will apply to both in-class and Skill Building experiences.

Who will use this Progress Record? And how will it be used? Supervisors, participants, Field Mentors, trainers and the training program administration can benefit from this report. Participants can self-assess and receive feedback regarding professional expectations and development. They can make adjustments during training, as needed. Supervisors and Field Mentors can get a sense of a worker's strengths and areas for further development and can tailor Skill Building Activities, coaching and other on-the-job experiences to expedite job competence. The training program can document trends and patterns and adjust the curriculum or delivery, as needed. By using Progress Records, decisions can be made based on evidence, rather than perceptions that may be filtered.


Why offer feedback to new workers in training? The training program is based upon competencies that directly impact families and their abilities to succeed. The new worker needs to demonstrate competence during training, so that families can be assured of caring, competent service. Performing at a high standard of professionalism and ability to apply skills are required on the job. These skill sets are also expected during training (as it is a part of the job). Encouraging and supporting new workers with specific feedback as they learn can promote success both during training and in the field.

Bloom's Taxonomy: Cognitive Domain

	Levels and Abilities	FCM Characteristics, evidence
<p>Most Simple</p>  <p>Most Complex</p>	<p>Knowledge recall of data</p>	Can correctly recognize, identify, memorize, list, name, recall information
	<p>Comprehension understanding information</p>	Can describe, compare, contrast, rephrase, put in own words, explain the main idea, etc.
	<p>Application applying knowledge to a new situation</p>	Can apply, classify, use, demonstrate, choose, employ, give examples, solve, address how many, which, what is, etc.
	<p>Analysis separates information into parts for better understanding</p>	Can analyze reasons why, identify causes, draw conclusions, determine evidence, support
	<p>Synthesis builds a pattern from diverse elements</p>	Can perform original and creative thinking, that synthesizes what they know from different arenas, make predictions, solve problems that allow a variety of creative answers. design, develop, construct, addresses “how can we improve”, “what would happen if”, “can you devise”, “how can we solve, etc.”
	<p>Evaluation judges the value of information</p>	Can judge how well something is working. Ask questions that do not have a single correct answer. Use the concept that some standard or criteria must be used and that differing standards may be quite acceptable and naturally result in different answers. This type of question helps involved parties to realize that not everyone sees things the same way. Can form opinions about the merit of an idea, a solution to a problem, or an approach.

Bloom's Taxonomy: Affective Domain

(Modification based on works of Kibler, et al., and Gronlund)

	Levels and abilities	FCM Characteristics
<p>Most simple</p>  <p>Most Complex</p>	<p>1. Receiving – willingness to receive or to attend to particular phenomena or stimuli (classroom activities, textbook, assignment, etc.).</p>	<p>acknowledge, ask, attend, be aware, choose, describe, follow, give, hold, identify, listen, locate, name, receive, reply, select, show alertness, tolerate, use, view, watch</p>
	<p>2. Responding – refers to active participation on the part of the student. The student is sufficiently motivated not to just be willing to attend, but is <i>actively</i> attending.</p>	<p>agree (to), answer, ask, assist, communicate, comply, consent, conform, contribute, cooperate, discuss, follow-up, greet, help, indicate, inquire, label, obey, participate, pursue, question, react, read, reply, report, request, respond, seek, select, visit, volunteer, write</p>
	<p>3. Valuing – the student sees worth or value in the subject, activity, assignment, etc. Behavior characterized by valuing is that the participant is motivated, not by the desire to <i>comply</i> or obey, but by the individual's <i>commitment</i> to the underlying value guiding the behavior. Learning outcomes in this area are concerned with <i>behavior that is consistent</i> and stable enough to make the value clearly identifiable</p>	<p>accept, adopt, approve, complete, choose, commit, describe, desire, differentiate, display, endorse, exhibit, explain, express, form, initiate, invite, join, justify, prefer, propose, read, report, sanction, select, share, study, work</p>
	<p>4. Organization – bringing together a complex of values, possible disparate values, resolving conflicts between them, and beginning to build an internally consistent value system. The learner sees how the value relates to those already held or to new ones that are coming to be held. The integration of values is less than harmonious; it is a kind of dynamic equilibrium that is dependent upon salient events at a specific point in time.</p>	<p>adapt, adhere, alter, arrange, categorize, classify, combine, compare, complete, defend, explain, establish, formulate, generalize, group, identify, integrate, modify, order, organize, prepare, rank, rate, relate, synthesize, systemize</p>
	<p>5. Characterization by a Value or Value Complex – internalization of values have a place in the individual's value hierarchy. The values have controlled one's behavior for a sufficiently long period of time to have developed a characteristic "life style." The behavior is pervasive, consistent, and predictable.</p>	<p>act, advocate, behave, characterize, conform, continue, defend, devote, disclose, discriminate, display, encourage, endure, exemplify, function, incorporate, influence, justify, listen, maintain, modify, pattern, practice, preserve, perform, question, revise, retain, support, uphold, use</p>

These five categories can be thought of in a scaffolding manner, one must be learned in order to move onto the next category. Both are essential components in providing excellent service to families and professional working relationships.

KOLB'S LEARNING STYLE MODEL

This model classifies students as having a preference for 1) *concrete experience* or *abstract conceptualization* (how they take information in), and 2) *active experimentation* or *reflective observation* (how they internalize information). The four types of learners in this classification scheme are:

- *Type 1* (concrete, reflective). A characteristic question of this learning type is "Why?" Type 1 learners respond well to explanations of how course material relates to their experience, their interests, and their future careers. To be effective with Type 1 students, the instructor should function as a *motivator*.
- *Type 2* (abstract, reflective). A characteristic question of this learning type is "What?" Type 2 learners respond to information presented in an organized, logical fashion and benefit if they have time for reflection. To be effective, the instructor should function as an *expert*.
- *Type 3* (abstract, active). A characteristic question of this learning type is "How?" Type 3 learners respond to having opportunities to work actively on well-defined tasks and to learn by trial-and-error in an environment that allows them to fail safely. To be effective, the instructor should function as a *coach*, providing guided practice and feedback.
- *Type 4* (concrete, active). A characteristic question of this learning type is "What if?" Type 4 learners like applying course material in new situations to solve real problems. To be effective, the instructor should stay out of the way, maximizing opportunities for the students to discover things for themselves.

Traditional engineering instruction focuses almost exclusively on formal presentation of material (lecturing), a style comfortable for only Type 2 learners. To reach all types of learners, a professor should explain the relevance of each new topic (Type 1), present the basic information and methods associated with the topic (Type 2), provide opportunities for practice in the methods (Type 3), and encourage exploration of applications (Type 4). The term "teaching around the cycle" was originally coined to describe this instructional approach.

TEACHING TO ALL TYPES

Here are some strategies to ensure that your courses present information that appeals to a range of learning styles. These suggestions are based on the Felder-Silverman model.

- *Teach theoretical material by first presenting phenomena and problems that relate to the theory* (sensing, inductive, global). For example, don't jump directly into free-body diagrams and force balances on the first day of a statics course. First describe problems associated with the design of buildings and bridges and artificial limbs, and perhaps give the students some of those problems and see how far they can go before they get all the tools for solving them.

- *Balance conceptual information (intuitive) with concrete information (sensing).* Intuitors favor conceptual information--theories, mathematical models, and material that emphasizes fundamental understanding. Sensors prefer concrete information such as descriptions of physical phenomena, results from real and simulated experiments, demonstrations, and problem-solving algorithms. For example, when covering concepts of vapor-liquid equilibria, explain Raoult's and Henry's Law calculations and nonideal solution behavior, but also explain how these concepts relate to barometric pressure and the manufacture of carbonated beverages.
- *Make extensive use of sketches, plots, schematics, vector diagrams, computer graphics, and physical demonstrations (visual) in addition to oral and written explanations and derivations (verbal) in lectures and readings.* For example, show flow charts of the reaction and transport processes that occur in particle accelerators, test tubes, and biological cells before presenting the relevant theories, and sketch or demonstrate the experiments used to validate the theories.
- *To illustrate an abstract concept or problem-solving algorithm, use at least one numerical example (sensing) to supplement the usual algebraic example (intuitive).* For example, when presenting Euler's method for numerical integration, instead of simply giving the formulas for successive steps, use the algorithm to integrate a simple function like $y = x^2$ and work out the first few steps on the chalkboard with a hand calculator.
- *Use physical analogies and demonstrations to illustrate the magnitudes of calculated quantities (sensing, global).* For example, tell your students to think of 100 microns is about the thickness of a sheet of paper and to think of a mole as a very large dozen molecules. Have them pick up a 100 ml. bottle of water and a 100 ml. bottle of mercury before talking about density.
- *Occasionally give some experimental observations before presenting the general principle, and have the students (preferably working in groups) see how far they can get toward inferring the latter (inductive).* For example, rather than giving the students Ohm's or Kirchoff's Law up front and asking them to solve for an unknown, give them experimental voltage/current/resistance data for several circuits and let them try to figure out the laws for themselves.
- *Provide class time for students to think about the material being presented (reflective) and for active student participation (active).* Occasionally pause during a lecture to allow time for thinking and formulating questions. Assign "one-minute papers" near the end of a lecture period, having students write on index cards the lecture's most important point and the single most pressing unanswered question. Assign brief group problem-solving exercises in class that require students to work in groups of three or four.

- *Encourage or mandate cooperation on homework* (every style category). Hundreds of research studies show that students who participate in cooperative learning experiences tend to earn better grades, display more enthusiasm for their chosen field, and improve their chances for graduation in that field relative to their counterparts in more traditional competitive class settings.
- *Demonstrate the logical flow of individual course topics* (sequential), *but also point out connections between the current material and other relevant material in the same course, in other courses in the same discipline, in other disciplines, and in everyday experience* (global). For example, before discussing cell metabolism chemistry in detail, describe energy release by glucose oxidation and relate it to energy release by nuclear fission, electron orbit decay, waterfalls, and combustion in fireplaces, power plant boilers, and automobiles. Discuss where the energy comes from and where it goes in each of these processes and how cell metabolism differs. Then consider the photosynthetic origins of the energy stored in C-H bonds and the conditions under which the earth's supply of usable energy might run out.

CONCLUSION

A learning style model is useful if balancing instruction on each of the model dimensions meets the learning needs of essentially all students in a class. The four models I've discussed in this article satisfy this criterion. Which model educators choose is almost immaterial, since the instructional approaches that teach around the cycle for each of the models are essentially identical. Whether educators are designing a course or curriculum, writing a textbook, developing instructional software, forming cooperative learning teams, or helping students develop interpersonal, leadership, and communication skills, they will benefit from using any of these models as the basis of their efforts.

ADDITIONAL READING

For more information on each of the learning style models discussed in this article, check the following sources.

Myers-Briggs Type Indicator

G. Lawrence, *People Types and Tiger Stripes*, 3rd Edition. Gainesville, FL, Center for Applications of Psychological Type, 1994.

M.H. McCaulley, "The MBTI and Individual Pathways in Engineering Design." *Engr. Education*, 80, 537-542 (1990).

M.H. McCaulley, G.P. Macdaid, and J.G. Granade. "ASEE-MBTI Engineering Consortium: Report of the First Five Years." Presented at the 1985 ASEE Annual Conference, June 1985.

Kolb Learning Style Model

D.A. Kolb, *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ, Prentice-Hall, 1984.

B. McCarthy, *The 4MAT System: Teaching to Learning Styles with Right/Left Mode Techniques*. Barrington, IL, EXCEL, Inc., 1987.

J.E. Stice, "Using Kolb's Learning Cycle to Improve Student Learning." *Engr. Education*, 77, 291-296 (1987).

J.N. Harb, S.O. Durrant, and R.E. Terry. "Use of the Kolb Learning Cycle and the 4MAT System in Engineering Education." *J. Engr. Education*, 82(2), 70-77 (1993).

Herrmann Brain Dominance Model

N. Herrmann, *The Creative Brain*. Lake Lure, NC, Brain Books, 1990.

M. Lumsdaine and E. Lumsdaine. "Thinking Preferences of Engineering Students: Implications for Curriculum Restructuring." *J. Engr. Education*, 84(2), 193-204 (1995).

Felder-Silverman Learning Style Model

R.M. Felder and L.K. Silverman. "Learning Styles and Teaching Styles in Engineering Education." *Engr. Education*, 78 (7), 674-681 (1988).

R.M. Felder, "[Reaching the Second Tier: Learning and Teaching Styles in College Science Education](#)," *J. Coll. Sci. Teaching*, 23(5), 286--290 (1993).

Purpose and Process of Field Mentoring

Purpose

- A formal system of training reinforcement in the field.
- Districts may have tried to accommodate the needs of new workers by sending them out with experienced workers or initially reducing their caseload, but workers were not given an opportunity to “try out” skills learned in training.
- Training provides role play which *simulates* real cases, but workers need to work with actual cases with formal supervision and feedback to shape **best** practice.
- Transfer of learning from training to home office (Job Skill Building).
- Provide detailed behavior shaping and positive and corrective feedback

Ultimate Goals

- Teach new workers best practice in the field, rather than theory in the classroom.
- Workers increase their confidence level in doing casework.
- Increased productivity because of workers’ ability to focus and prioritize.
- Reduced turnover because of workers’ sense of self efficacy.
- Benefit from observing Field Mentor’s experience in coping strategies.
- Better outcomes for families because of workers’ focus and skills.

Field Mentor Tip Sheet

- Take the time to have contact by phone or email prior to meeting your new worker for the first time. Let them know directors, where to park, or anything else helpful.
- Let new workers know not to share their ratings with others in the office (to prevent any bad feelings).
- Divide, Conquer, & Review! Let your new worker help enter your case information and then use it to review and give feedback.
- Maintain on going conversations about how they are doing.
- Let your new worker know that some things might run late.
- Ask them what kind of learner they are and use the tool if possible.
- Give them homework or things to think about until you meet again.
- Use your fellow field mentors for support.
- Always review previous ratings and feedback.
- Include your new workers on your conversations with your supervisor to increase their comfort level.

New Worker ICWIS Accessibility
Effective 11-1-2004

INTAKE

Report Listing
Report Entry
Profile
Allegations
Service Request
Institution
Relationship
CPS Alert

INVESTIGATION

Investigation Listing
Investigation Summary
Profile
Institution
Relationship
Temporary Contacts

CASE MANAGEMENT

Temporary Contacts
Profile
Demographics
Hearings
Removal and Placement
Temporary Case Plan
Temporary Visit Logs
Passport

ELIGIBILITY

All data entry is available to new workers.

Role Play Exercise

Each participant will be asked to divide into four groups based on their “color” learning style. We will then arrange four groups with mixed learning styles to develop the following role play. After the process is completed we will all discuss what it was like to work with different “colors” and if you could see there interacting fitting with what you understand that learning style to be.

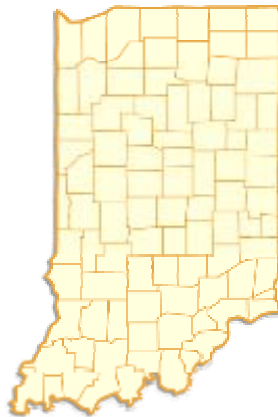
- Group 1 = Anchors 1-6
- Group 2 = Anchors 7-12
- Group 3 = Anchors 13-17
- Group 4 = Anchors 18-23

Instructions:

Create two short role plays based on the anchors your group is assigned to cover. Act out one scene the correct way and the other as an unacceptable way (Don’t tell us which order you are going to do them in & try to make it subtle). Address as many of the anchors in your section as possible. Be ready to discuss how those anchors were demonstrated in your group’s role play and how the group rated the anchors prior to acting out the play.

State of Indiana

Skill Assessment Scales For The Department of Child Services



Field Mentor Program for New Family Case Managers

Daily Behaviors

1. *Acceptance of Feedback from Trainers/FMs/Supervisor- Evaluates the way family case manager accepts feedback from authority figures and how that feedback is used to further the learning process and improve performance.*
 - (1) **Unacceptable-** Rationalizes mistakes, denies that errors were made, argues, refuses to, or does not attempt to, make corrections. Considers criticism as a personal attack.
 - (4) **Acceptable-** Accepts feedback in a positive manner and applies it to improve performance and further learning
 - (7) **Superior-** Actively solicits feedback in order to further learning and improve performance. Does not argue or blame others for errors.

2. *Attitude towards Child Welfare- Evaluates how family case manager views new career in terms of personal motivation, goals, organization, and acceptance of the responsibilities of the job.*
 - (1) **Unacceptable-** Sees career only as a job, uses job to boost ego, abuses authority, demonstrates little dedication to the principles of the profession
 - (4) **Acceptable-** Demonstrates an active interest in new career and in child welfare responsibilities, demonstrates dedication to the principles of the profession
 - (7) **Superior-** Utilizes off-duty time to further professional knowledge; actively soliciting assistance from others to increase knowledge and improve skills. Demonstrates concern for engaging in best child welfare practice, maintains the high ideals in terms of professional responsibilities and principles of the profession.

3. *Attitude toward the family served by DCS: Evaluates the family case manager's ability to engage and team with families and individuals in an appropriate and efficient manner; working in partnership with the family, involving them in problem solving, recognizing their rights and capacity to be decision makers in realizing an improved quality of life.*

- (1) **Unacceptable** - Abrupt, belligerent, overbearing, arrogant, uncommunicative. Exhibits traits of an Authoritarian: rigid, black and white thinker, racist, hierarchical, power motivated, etc. Dictates plan to the family and does not involve them in problem solving; turns them away with no services or any attempt at referral for services; does not identify any family strengths; displays a condescending attitude toward the family and their concerns; and focuses only on the presenting concern(s) without consideration of other interventions.
- (4) **Acceptable** - Courteous, friendly, empathetic, respectful, genuine and trustworthy. Communicates in a professional, unbiased manner, is service oriented. Makes eye contact with clients. Actively listens to the family while keeping a good rapport; shows respect toward them; generally engages them in problem solving; makes referrals to appropriate community partners and usually explores creative alternatives; considers other standard needs of the family beyond the presenting concern.
- (7) **Superior** - Is very much at ease with the family. Quickly establishes rapport and leaves people with feeling that the FCM was interested in helping them. Is objective in all contacts. Excellent "non-verbal" skills. Encourages the family to assume ownership of problem solving; actively listens to them and responds appropriately; approaches them with respect and honesty at all times; utilizes creativity in exploring all avenues to achieve positive outcomes with the family; exhibits masterful knowledge of available community resources to meet their needs; takes a holistic approach to the assessment of the needs of the family by focusing on their strengths; actively engages them in creating a road map for their future, based upon attainable outcomes.

4. ***Relationship with Cultural Groups other than their own - Evaluates the family case manager's ability to interact with members of groups other than own (ethnic, racial, religious, sexual orientation, social class, etc.), in an appropriate and efficient manner.***

- (1) **Unacceptable** - Is extreme in approach to different groups which could range from outright hostility to being overly sympathetic. Is prejudicial, subjective and biased. Treats members in out-group members differently than members of their own group.

- (4) **Acceptable** - Is at ease with members of other groups. Serves their needs objectively and with concern. Does not feel threatened in their presence.

- (7) **Superior** - Understands the various cultural differences and uses this understanding to competently resolve situations and problems. Is totally objective and communicates in a manner that furthers mutual understanding.

5. ***Relationship with other DCS personnel and community partners: Evaluates the family case manager's ability to effectively interact with other co-workers and partners in various positions and in various capacities. Identifying the key partners, involving others in moving the family toward targeted outcomes, engaging team members as full partners.***

- (1) **Unacceptable** - Patronizes or is antagonistic to other DCS and community partners. Gossips. Is insubordinate, argumentative, and sarcastic. Considers self superior. Belittles others. Is not a team player. Fawns on others. Does not identify key partners (including other DCS and community partners) and/or keep them connected; is reluctant to share information with other partners; and does not acclimate the family to the team approach to problem solving.
- (4) **Acceptable** - Respectful of other DCS personnel and community partners. Accepts role in the organization. Good peer relationships. Is accepted as a group member. Generally involves the family and DCS and community partners as allies in moving toward targeted outcomes; identifies obvious partners but may fail to identify other *potential* key partners; utilizes conflict resolution methods and problem solving techniques appropriately; makes efforts to acclimate the family to the team approach toward problem solving but does not check for acceptance.
- (7) **Superior** - Is at ease in contact with all other DCS personnel and community partners, including superiors. Understands others' responsibilities. Respects and supports their position. Peer group leader. Actively assists others. Consistently embraces the family and DCS agency and community partners as allies in moving toward targeted outcomes; is highly effective in identifying key partners (including other DCS and community partners) and keeping them connected; and assures that the family is acclimated to the team approach to problems; and utilizes conflict resolution methods and problem solving techniques appropriately.

6. *Focuses on DCS outcomes more than simply programmatic issues.*

- (1) **Unacceptable** – Provides only programmatic services without regard to DCS outcomes; considers providing program services as entire purpose of job; and does not seek to understand what issues brought the client to DCS or what steps are required to achieve targeted outcomes.
- (4) **Acceptable** – Provides programmatic services and generally understands the need for a holistic approach to providing services; regularly partners with client to identify targeted outcomes and plan an approach to achieve those outcomes.
- (7) **Superior** – Understands the need for a holistic, comprehensive approach to providing services which will lead to success in achieving DCS outcomes; consistently involves others in planning and providing/referring for services; and understands long term client goals and the need for partnering.

7. *Can deal effectively with a resistant client by remaining calm, respectful but authoritative, and understanding.*

- (1) **Unacceptable** - Cannot deal effectively with a resistant client by remaining calm, respectful but authoritative, and understanding. Manner and actions tend to make resistant clients more resistant and non-resistant clients become resistant.
- (4) **Acceptable** - Can generally deal effectively with a resistant client by remaining calm, respectful but authoritative, and understanding. Manner and actions tend to make resistant clients less resistant. Actions do not inflame non-resistant clients.
- (7) **Superior** - Deals very effectively with a resistant client by remaining calm, respectful but authoritative, and understanding. Manner and actions make resistant clients cooperative. Actions do not inflame non-resistant clients.

8. ***Engagement: Establishes rapport and creates a safe dialogue environment which welcomes the client and provides genuineness, empathy, respect and professionalism. Employs open-ended questions and probing follow-up questions. Utilizes active listening skills. Welcomes family as an equal member of the team while creating a safe, empowering environment which promotes outcome based results.***

- (1) **Unacceptable** – Cannot establish rapport. Questions client only about programmatic issues; asks only closed-ended questions and rushes through communication; does not utilize active listening techniques; fails to create a safe dialogue environment; sees service to the family as just a job duty; and perpetuates the stereotype of uncaring bureaucratic government agencies. Does not show empathy or respect.

- (4) **Acceptable** – Is able to list a repertoire of tools to establish rapport and does so appropriately, given the context of the situation. Can generally establish rapport with the family. Utilizes a combination of open- and closed-end questions; allows the client(s) to fully express themselves during the interview process. Takes time during the interview to question beyond the scope of the presenting issue and to fully listen to and respond to the family’s concerns; understands and utilizes the dialogue model; generally employs active listening techniques. Sees the family as a partner in the problem solving progress; creates a safe, welcoming environment which encourages participation from the family; suspends judgments while facilitating the family through assessments. Shows empathy and respect.

- (7) **Superior** - Has a repertoire of tools to establish rapport and does so with great skill. Welcomes the client and creates a safe environment from the beginning of the interview; allows the client to fully express concerns, questions, opinions and suggestions; recognizes the family is a full partner in the problem solving progress; encourages participation from the family; takes notes in a non-distracting manner; exhibits respect and honesty; always employs active listening techniques and asks a combination of open- and closed-ended questions; asks probing follow-up questions and restates the client’s points for clarification; understands and utilizes the dialogue model; effectively utilizes “I” statements; suspends judgments while facilitating the family through assessments; takes whatever time is required to fully listen to and respond to the family’s concerns; acknowledges and encourages family’s contributions and celebrates successes with the family. Shows great empathy and respect.

9. ***Accountability: Follows up with all team members ensuring tasks are completed and child and family remain focused on outcomes. Follow through on responsibilities and communications.***
- (1) **Unacceptable** – Feels accountable only for meeting program requirement deadlines; fails to keep client and others informed of case progress and often blames others for lack of progress; does not adhere to timelines standards and acts with no sense of urgency; and makes promises that are unrealistic and offers excuses when promises cannot be kept.
 - (4) **Acceptable** – Accepts accountability for actions; is willing to accept occasional leadership roles on project teams and generally follows through on assigned tasks; attempts to keep expectations realistic; adheres to timelines standards and acts with a sense of urgency when called for; and usually keeps others informed of actions.
 - (7) **Superior** – Fully accepts accountability for actions and consistently follows through on tasks; readily accepts leadership roles on project teams; keeps others fully informed of progress; sets realistic expectations for self and others; always adheres to timelines standards and acts with a sense of urgency when called for; and accepts responsibility for completion of tasks.
10. ***Has a clear understanding and acceptance of the Adoption and Safe Families Act and permanency planning. Is aware of options available for permanency planning and understands the need to continuously have the child’s long-term permanency goals in mind. Plans accordingly. Follows policy and best practice in the selection of permanency plans.***
- (1) **Unacceptable** – Does not have a clear understanding and acceptance of ASFA and permanency planning, is unaware of all of the options available for permanency planning, and does not plan for long-term goals. Does not understand the effects of ASFA on casework. Does not follow policy or good practice in the selection of permanency plans.
 - (4) **Acceptable** – Has a clear understanding and acceptance of ASFA and permanency planning, is aware of all of the options available for permanency planning and does plan for long-term goals. Understands the effects of ASFA on casework. Generally follows policy and good practice in the selection of permanency plans.
 - (7) **Superior** – Has a clear understanding and acceptance of ASFA and permanency planning in all decisions, is aware of all of the options available for permanency planning, and consistently plans for long-term goals. Makes all decisions based on permanency goals. Thoroughly understands the effect of ASFA on casework. Always follows policy and best practices in the selection of permanency plans.

11. *Is able to identify and undertake actions the FCM can take in the field and in the office to protect themselves.*

- (1) **Unacceptable-** Does not know actions FCMs can take in the field and in the office to protect themselves. Does not use these precautions when making home visits or when meeting clients at the office. Puts themselves and others at risk of harm.
- (4) **Acceptable** -Can articulate actions FCMs can take in the field and in the office to protect themselves. Uses these precautions when making home visits or when meeting clients at the office. Rarely puts themselves and others at risk of harm.
- (7) **Superior-** Can articulate actions FCMs can take in the field and in the office to protect themselves. Diligently uses these precautions when making home visits or when meeting clients at the office. Extremely skilled in avoiding conflict and calming clients.

12. *Can identify and demonstrate understanding of appropriate health precautions.*

- (1) **Unacceptable-**Cannot articulate the proper health precautions to avoid contracting communicable diseases. Does not use these precautions when making home visits or when meeting clients at the office. Puts themselves and others at risk.
- (4) **Acceptable** -Can articulate the proper health precautions to avoid contracting communicable diseases. Uses these precautions when making home visits or when meeting clients at the office.
- (7) **Superior-** Extremely knowledgeable in the proper health precautions to avoid contracting communicable diseases. Diligently uses these precautions when making home visits or when meeting clients at the office.

INTAKE AND REFERRAL

13. *Sees the role of Intake and Referral as an educational service and part of public relations and thus, engages callers effectively in order to acquire accurate and informative data as well as to ensure that the caller is treated appropriately.*
- (1) **Unacceptable** – Does not respond politely and with helpful information to all referrals whether they are criterion based or not. Does not see the role of Intake and Referral as educational and part of public relations and thus does act accordingly.
 - (4) **Acceptable** – Does respond politely and with helpful information to all referrals whether they are criterion based or not. Does see the role of Intake and Referral as educational and part of public relations and thus does act accordingly.
 - (7) **Superior** – Is particularly skilled at taking referrals and building positive rapport with callers, especially other professionals. Does respond politely and with helpful information to all referrals whether they are criterion based or not. Does see the role of Intake and Referral as educational and part of public relations and thus does act accordingly.
14. *Assists the reporter in providing clear and concrete information and recalling important information. Asks appropriate questions during a referral thus, has appropriate interviewing skills related to the specific context of intake and gathers other appropriate information in order to make a determination.*
- (1) **Unacceptable** – Asks inappropriate questions or misses critical questions during the phone call that make it impossible to make a determination or a follow-up. Does not research history on the family in question.
 - (4) **Acceptable** – Asks appropriate questions including most critical questions during the phone call that make it possible to make a determination or follow-up visit. Does research history on the family in question and integrates that information into the determination
 - (7) **Superior** – Asks appropriate questions including all critical questions during the phone call that make it possible to make a determination or follow-up visit. Does research history on the family in question and integrate that information into the determination. The details are extensive and the information is extremely helpful to the investigating worker.

15. *Demonstrates knowledge of acceptable criteria for abuse, neglect, and dependency referral, resource linkage, and can refer cases that don't meet legal standards of maltreatment to the appropriate community partners thus has the ability to take in information and analyze it correctly to come up with the appropriate determination and thus the appropriate referral .*

- (1) **Unacceptable** – Does not know the acceptable criteria for abuse and neglect, resource linkage, and makes poor decisions about whether to investigate the case or not. Cannot refer cases that don't meet legal standards of maltreatment to the appropriate community partner.
- (4) **Acceptable** – Generally knows and uses the acceptable criteria for abuse and neglect, resource linkage, and makes accurate decisions about whether to investigate the case or not most of the time. Can refer cases that don't meet legal standards of maltreatment to the appropriate community partner.
- (7) **Superior** – Knows and always uses the acceptable criteria for abuse and neglect, resource linkage, and makes accurate decisions about whether to investigate the case or not all of the time. Can refer cases that don't meet legal standards of maltreatment to the appropriate community partner.

16. *Can document the gathered intake information in the ICWIS system (has knowledge of the appropriate forms to complete in the computer system and documents the information and decision accurately, clearly and in a timely fashion).*

- (1) **Unacceptable** – Cannot document the gathered intake information in the ICWIS system. Cannot navigate through ICWIS screens, does not enter information into the appropriate fields, misses critical fields.
- (4) **Acceptable** – Can document the gathered intake information in the ICWIS system with few errors. Can generally navigate through ICWIS screens without errors, can enter information into the appropriate fields, and rarely misses critical fields.
- (7) **Superior** – Can document the gathered intake information in the ICWIS system with no errors. Can consistently navigate through ICWIS screens without errors, can enter information into the appropriate fields, and never misses critical fields.

17. *Communicates effectively both orally and in writing with the next FCM who has the case in order to ensure a smooth transition of the case for the benefit of the clients involved.*

- (1) **Unacceptable** – Does not communicate at all orally to the next worker about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation are not clear enough for the next worker to understand the case fully in order to react appropriately to the client’s situation.
- (4) **Acceptable** – Does communicate orally to the next worker about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation are clear enough for the next worker to understand the case fully in order to react appropriately to the client’s situation.
- (7) **Superior** – Is particularly skilled at communicating orally to the next worker about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation very clear so that the next worker can understand the case fully in order to react appropriately to the client’s situation.

ASSESSMENT

18. *Demonstrates knowledge of appropriate time frames for initiation of investigation for completion of assessment.*
- (1) **Unacceptable** – Does not know or follow the required time frames for response. Does not recognize imminent danger situations. Does not consult supervisor for advice for prioritizing investigations.
 - (4) **Acceptable** – Knows and uses the required time frames for response most of the time. Can generally recognize imminent danger situations. Consults with supervisor to help prioritize investigations.
 - (7) **Superior** – Knows and uses the required criteria for response all of the time. Always recognizes imminent danger situations. Consults with supervisor to help prioritize investigations.
19. *Has appropriate interviewing skills related to the specific context of an assessment and gathers other appropriate information in order to make a determination.*
- (1) **Unacceptable** – Cannot articulate characteristics of an assessment interview, not skilled in conducting assessments or actual interviews. Is not sensitive during the interview process, does not go to all necessary sources, rarely documents all of the information gathered during an interview.
 - (4) **Acceptable** – Can articulate characteristics of an assessment interview, generally shows skill in conducting assessments and actual interviews, is somewhat sensitive during the interview process, interviews all necessary sources, documents all of the information gathered during an interview.
 - (7) **Superior** – Can articulate characteristics of an assessment interview, shows extremely high levels of skill in conducting an assessment and an actual interview, is sensitive during the interview process, interviews all necessary sources, documents all of the information gathered during an interview. Goes above and beyond the call of duty in depth of interviews and numbers of people interviewed for each case.

20. *Knows the time, place and recommended sequence of interviewing. Can explain the rationale for a recommended sequence of interviewing.*
- (1) **Unacceptable** – Does not know the time, place, or recommended sequence of interviewing. Cannot explain the rationale for a recommended sequence of interviewing. Does not follow the recommended rules for interviewing which leaves children at risk.
 - (4) **Acceptable** – Generally knows the time, place and recommended sequence of interviewing. Can explain the rationale for a recommended sequence of interviewing. Follows the recommended rules for interviewing which helps to ensure the safety of children.
 - (7) **Superior** – Consistently knows the time, place, and recommended sequence of interviewing. Can explain the rationale for a recommended sequence of interviewing. Follows the recommended rules for interviewing which helps to ensure the safety of children. Is particularly good at interviewing and getting useful information.
21. *Demonstrates knowledge of stages, tasks, and milestones of normal child development in physical, cognitive, social and emotional domains/birth through adolescence and can accurately identify dynamics and indicators of child maltreatment.*
- (1) **Unacceptable** – Can't articulate knowledge of child development. Rarely picks up on problems with child development in actual cases, rarely documents problems with child development. Can't articulate dynamics and indicators, including medical indicators of physical abuse or neglect, rarely recognizes them in actual cases and fails to document leaving children at risk. Impaired ability to make an accurate risk assessment or to determine whether abuse is substantiated or not.
 - (4) **Acceptable** – Can articulate knowledge of child development, generally picks up on problems in child development in actual cases, documents those problems that they catch. Can generally articulate dynamics and indicators, including medical indicators of physical abuse or neglect, recognizes them most of the time in actual cases, and documents those that are caught in assessment. Generally able to make an accurate risk assessment and determination.
 - (7) **Superior** – Can articulate knowledge of child development, quickly picks up on problems in child development in actual cases, documents in each case. Can articulate dynamics and indicators, including medical indicators of physical abuse and neglect, recognizes all of them in actual cases, and documents in the assessment. Able to make an accurate risk assessment and determination. Report gives a great deal of helpful information for the ongoing worker to use.

22. *Demonstrates knowledge and practice of strengths-based, family-based practice including engagement, teaming, assessment, planning and intervening (in regions that have received this training)*
- (1) **Unacceptable** – Can't articulate Indiana's Practice Model principles including engagement, teaming, assessment, planning and intervening. Can't practice using the model.
 - (4) **Acceptable** – Can generally articulate Indiana's Practice Model principles including engagement, teaming, assessment, planning and intervening. Can generally practice using the model.
 - (7) **Superior** – Can articulate Indiana's Practice Model principles including engagement, teaming, assessment, planning and intervening. Can and does practice using the model.
23. *Demonstrates knowledge of information needed from medical personnel for child maltreatment. Knows what a physician can and cannot detect. Knows how to take appropriate action when there is a discrepancy between the medical diagnosis and other evidence.*
- (1) **Unacceptable** – Can't articulate what knowledge to get for each problem, rarely gets information in cases/rarely gathers medical reports, doesn't document in own assessment, and doesn't take appropriate action when there is a Discrepancy between the medical diagnosis and other evidence.
 - (4) **Acceptable** – Can generally articulate what knowledge to get for each problem, gets information in cases/gathers medical reports, documents in own assessment, and often takes appropriate action when there is a Discrepancy between the medical diagnosis and other evidence.
 - (7) **Superior** – Can articulate what knowledge to get for each problem, gets information in cases/gathers medical reports and documents in own assessment. Even gathers extra information that would be helpful to the ongoing worker. Always takes appropriate action when there is a discrepancy between the medical diagnosis and other evidence.

DOMESTIC VIOLENCE, SUBSTANCE ABUSE AND MENTAL HEALTH

24. *Applies knowledge of domestic violence, substance abuse and mental health issues in assessments.*
- (1) **Unacceptable** – Doesn't look for evidence of domestic violence, substance abuse or mental health issues. Can't make accurate determinations in response to scenarios or in actual investigations, leaves adults and children at risk.
 - (4) **Acceptable** – Does look for evidence of domestic violence, substance abuse or mental health issues. Can generally make accurate determinations in response to scenarios and in actual investigations. Does not leave children and adults at risk
 - (7) **Superior** – Does look for evidence of domestic violence, substance abuse or mental health issues. Consistently makes accurate determinations in response to scenarios and is exceptional in the ability to make accurate determinations in actual investigations. Does not leave children and adults at risk.
25. *Can accurately identify dynamics and indicators of domestic violence (including physical, psychological, etc.), substance abuse and mental health issues*
- (1) **Unacceptable** – Can't articulate dynamics and indicators, rarely recognizes them in actual cases, and fails to document, leaving children at risk.
 - (4) **Acceptable** – Can articulate dynamics and indicators, recognizes them most of the time in actual cases, and documents those that are caught in assessment. Generally able to make an accurate risk assessment and determination that does not leave children at risk.
 - (7) **Superior** – Can articulate dynamics and indicators, pick all of them up in actual cases, and documents in the assessment. Consistently able to make an accurate risk assessment and determination that does not leave children at risk. Report gives a great deal of helpful information for the ongoing worker to use.
26. *Can identify the effects of domestic violence on the children in the home.*
- (1) **Unacceptable** – Can't articulate the effects of domestic violence on the children in the home and rarely sees the effects of domestic violence on the children in actual cases.
 - (4) **Acceptable** – Can generally articulate the effects of domestic violence on the children in the home and can see the effects of domestic violence on the children in actual cases.
 - (7) **Superior** or Rating of 7 is defined as: Can consistently articulate the effects of domestic violence on the children in the home. Can see the effects of domestic violence on the children in actual cases, and clearly integrates the domestic violence problem within the family plan.

CHILD SEXUAL ABUSE

27. *Can identify child protective services, law enforcement and multi-disciplinary team roles and implementation in a coordinated approach to intervention*
- (1) **Unacceptable** – Can't identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and thus does not coordinate well with police officers and other community partners during sex abuse investigations.
 - (4) **Acceptable** – Can generally identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and generally coordinates adequately with police officers and other community partners during sex abuse investigations.
 - (7) **Superior** – Can clearly identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and consistently coordinates well with police officers and other community partners during sex abuse investigations.
28. *Can use appropriate child sexual abuse interview protocol and techniques to conduct forensic interviews, including accurate use of interview tools.*
- (1) **Unacceptable** – Does not follow appropriate child sexual abuse interview protocol. Does not use the appropriate interview techniques in child sexual abuse investigations, potentially damaging later attempts to remove the child or prosecute the perpetrator, and does not use interview tools.
 - (4) **Acceptable** – Generally follows appropriate child sexual abuse interview protocol and is able to conduct a sufficient interview, using appropriate interview techniques including accurate use of interview tools most of the time.
 - (7) **Superior** – Always follows appropriate child sexual abuse interview protocol and is able to conduct an outstanding interview, consistently using interview tools specific to child sexual abuse, with great skill.

29. *Demonstrates knowledge of safety/risk factors in the assessment and why gathering this data is important. Can document findings competently in ICWIS, including:*

- interview results
- observational results
- risk assessment
- assessment for determination

- (1) **Unacceptable** – Cannot document in ICWIS using the assessment with all of the back up materials that are needed when a child is in the home or in case a child must be taken from the home. Does not know the safety factors. Does not include all details of interviews and interview results, observations and observational results, risk assessment results, including medical documentation and final assessment conclusions.
- (4) **Acceptable** – Can generally document in ICWIS using the assessment with all of the back up materials that are needed when a child stays in the home or in case a child must be taken from the home. Generally knows the safety factors but requires some assistance. Does include details of interviews and interview results, observations and observation results, risk assessment results, including medical documentation and final assessment conclusions.
- (7) **Superior** or Rating of 7 is defined as: Exceptional documentation in ICWIS using the assessment with all of the back up materials that are needed when a child stays in the home or in case a child must be taken from the home. Very competent in the use of safety factors. Does include all details of interviews and interview results, observations and observation results, risk assessment results, including, medical documentation and final assessment conclusions.

30. *Demonstrates knowledge of domestic violence safety factors in an assessment and why gathering this data is important. Can document findings competently in ICWIS*

- interview results
- observational results
- assessment for determination

- (1) **Unacceptable** – Cannot document in ICWIS using the assessment and the safety factors that relate to domestic violence effects on adult victims and children with all of the supportive documentation that is needed in case a child must be taken from the home. Does not include all details of interviews and interview results, observations and observational results, medical/criminal justice documentation and final assessment conclusions.
- (4) **Acceptable** – Can generally document in ICWIS using the assessment and the safety factors that domestic violence effects on adult victims and children with all of the backup documentation that is needed in case a child must be taken from the home. Does include details of interviews and interview results, observations and observational results, medical/criminal justice documentation and final assessment conclusions.
- (7) **Superior** – Does an excellent job of documenting in ICWIS using the assessment and the safety factors that relate to domestic violence effects on children and adult victims with all of the documentation materials that are needed in case a child must be taken from the home. Does include all details of interviews and interview results, observations and observational results, risk assessment results, medical/criminal justice documentation and final assessment conclusions.

31. *Demonstrates ability to make accurate findings.*

- (1) **Unacceptable** – Can't make accurate findings in response to scenarios or in actual investigations, leaving some children at risk.
- (4) **Acceptable** – Can generally make accurate findings in response to scenarios and in actual investigations.
- (7) **Superior** – Consistently makes accurate **findings** in response to scenarios and is exceptional in the ability to make accurate determinations of status in actual investigations.

32. *Communicates effectively both orally and in writing with the next FCM who has the case to ensure a smooth transition of the case for the benefit of the clients involved.*

- (1) **Unacceptable** – Does not communicate at all orally to the next FCM about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation are not clear enough for the next FCM to understand the case fully in order to react appropriately to the client’s situation.
- (4) **Acceptable** – Does communicate orally to the next FCM about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation are clear enough for the next FCM to understand the case fully in order to react appropriately to the client’s situation.
- (7) **Superior** – Is particularly skilled at communicating orally to the next FCM about the information that was gathered in order to ensure a smooth transition of the case for the benefit of the clients involved. Writing and documentation very clear so that the next FCM can understand the case fully in order to react appropriately to the client’s situation.

CASE MANAGEMENT

33. *Demonstrates knowledge of appropriate time frames for initiation of case planning, completion of the initial case plan, and updates on the case plan over time.*
- (1) **Unacceptable** – Does not know or follow the required time frames for planning.
 - (4) **Acceptable** – Knows and uses the required time frames for planning most of the time.
 - (7) **Superior** – Knows and uses the required criteria for planning all of the time.
34. *Can gather the appropriate participants for a Child and Family Team Meeting or Case Conference in order to develop, with the family, timely Family/Case Plans.*
- (1) **Unacceptable** – Cannot gather the appropriate participants for a FTM. Does not develop, with the family, timely Family/Case Plans.
 - (4) **Acceptable** – Can generally gather the appropriate participants for a FTM. Generally develops, with the family, timely Family/Case Plans.
 - (7) **Superior** – Always gathers the appropriate participants for a FTM. Develops, with the family and with great detail and insight, Family/Case Plans.
35. *Can write Family/Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, goals, and steps to promote changes in family behavior as well as steps for preventing ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues.*
- (1) **Unacceptable** – Cannot write Family/Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues. Tends to ignore certain pieces of information
 - (4) **Acceptable** – Can generally write Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, and goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness, and child abuse/neglect issues.
 - (7) **Superior** – Always writes Family/Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, and goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues.

36. *Demonstrates ability to conduct and document case management work within the required time frames. Documentation must include the progress or lack of progress for each goal and step on a monthly basis using appropriate Forms.*

- (1) **Unacceptable** – Does not conduct and document ongoing case management work within the best practice time frames. Documentation does not include the progress or lack of progress for each goal and step on a monthly basis. Forms are not kept up to date.
- (4) **Acceptable** – Does conduct and document ongoing case management work within the best practice time frames. Documentation does include the progress or lack of progress for each goal and step on a monthly basis. Forms are kept up to date and reassessments are conducted in a timely basis.
- (7) **Superior** – Does conduct and document ongoing case management work within the best practice time frames. Documentation does include the progress or lack of progress for each goal and step on a monthly basis. Progress is happening because of their engagement with the family, children and collaterals. Forms are kept up to date and reassessments are conducted in a timely basis.

37. *Demonstrates ability to conduct ongoing case contacts, face to face contacts, contact with collaterals, service provision and case reassessment during routine visits with the family and child. Visits must assess protection and safety of children, establishing provision of services, assessing progress toward goal achievement, participant involvement, etc.*

- (1) **Unacceptable** – Does not conduct case contacts, face to face contacts, and contact with collaterals in a timely fashion or document results of those visits. Does not ensure service provision. Does not conduct case reassessment thoroughly or within time frames. Visits do not document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, participant involvement, etc.
- (4) **Acceptable** – Does conduct case contacts, face to face contacts, and contact with collaterals in a timely fashion and document results of those visits. Does ensure service provision. Does conduct thorough case reassessment within time frames. Visits do document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, participant involvement, etc.
- (7) **Superior** – Does an excellent job of conducting case contacts, face to face contacts, and contact with collaterals in a timely fashion and document results of those visits. Does ensure service provision. Always conducts thorough case reassessment within time frames. Visits do document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, and participant involvement.

38. *Demonstrates knowledge of and collaborative working relationships with resource providers and community partners who are available to assist in the preservation of families.*

- (1) **Unacceptable** – Does not know the resources and community partners available for successful preservation of families. Does not have a collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Does not know the protocol for matching resources with families.
- (4) **Acceptable** – Generally knows the resources and community partners available for successful preservation of families. Has a basic collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Generally knows the protocol for matching resources with families.
- (7) **Superior** – Thorough knowledge of the resources and community partners available for successful preservation of families. Has an excellent collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Always knows the protocol for matching resources with families.

CASE MANAGEMENT- OUT OF HOME CARE

39. *Can gather appropriate participants to develop timely out of home care Family/Case Plans and on-going Assessments which also include objectives for children around such areas as permanency, education, mental health, physical health, attachment, independent living skills and other court orders.*
- (1) **Unacceptable** – Does not gather appropriate participants to develop timely out of home care Family/Case Plans and on-going Assessments which also includes objectives for children around such areas as permanency, education, mental health, physical health, attachment, independent living skills and other court orders.
 - (4) **Acceptable** – Generally gathers appropriate participants to collaboratively develop timely out of home care Family/Case Plans and on-going Assessments which also include objectives for children around such areas as permanency, education, mental health, physical health, attachment, independent living skills and other court orders.
 - (7) **Superior** – Always gathers appropriate participants to collaboratively develop timely out of home care Family/Case Plans and on-going Assessments which also include an objective for each child around permanency, education, mental health, physical health, attachment, independent living skills and other court orders.
40. *Exhibits knowledge of determining the level of care for children in out of home care, timeframes, and finding appropriate placements to meet their needs.*
- (1) **Unacceptable** – Does not have a functional knowledge of determining the level of care. Does not know the correct forms to be completed to place a child or fails to complete them. Does not know or follow time frames and is unable to follow guidelines for finding an appropriate out of home care placement.
 - (4) **Acceptable** – Has a general knowledge of determining level of care. Knows the correct forms to be completed to place a child and completes them in a satisfactory manner. Follows the time frames and generally follows the guidelines for finding an appropriate out of home care placement.
 - (7) **Superior** – Has a thorough understanding of determining level of care. Always completes the correct forms for placement in a scrupulous manner and well within the time frames. Is adept at finding an appropriate out of home care placement.

41. *Demonstrates the standards of practice for child and family contacts, including on—site contacts in all levels of care. Ensures frequent visitation with mother, father, and siblings, strives to place siblings together, promotes parent-child attachment and works with fathers.*

- (1) **Unacceptable** – Cannot relate the standards of practice for child and family contacts, including protocol for obtaining on-site contacts in all levels of care. Doesn't ensure frequent visitation with mother, father, and siblings. Doesn't strive to place siblings together. Doesn't promote parent-child attachment or work with fathers.
- (4) **Acceptable** – Can generally relate the standards of practice for child and family contacts, including protocol for obtaining on-site contacts in all levels of care. Generally ensures frequent visitation with mother, father, and siblings. Generally strives to place siblings together. Generally promotes parent-child attachment and work with fathers.
- (7) **Superior** – Can relate the standards of practice for child and Family contacts, including protocol for obtaining on-site contacts in all levels of care, with a high degree of competency. Always ensures frequent visitation with mother, father, and siblings. Always strives to place siblings together. Always promotes parent-child attachment .

42. *Articulates and demonstrates in the field knowledge of attachment and utilizes this knowledge to ensure the child has frequent visits with members of their biological family.*

Attachment is a psychological connection that develops within the first year between the parent and child that makes them significant to each other. Indicators of a secure attachment are child interacts positively with parent, child can play apart from parent, but frequently turns to parent as a “secure base” as they explore the environment, child can play independently, child briefly distressed when parent leaves the room, but easily is calmed down, child is happy to see parent when parent returns. Indicators of insecure attachments are child/parent interactions are often tense, negative or non-existent, child clings to parent or is distant from parent and does not explore environment, either highly dependent or apathetic, highly distressed or highly apathetic when parent leaves the room, not easily calmed when upset or shows little emotion, ambivalent or rejecting when parent returns.

- (1) **Unacceptable** – Cannot articulate or demonstrate in the field knowledge of attachment. Does not ensure that children in out of home care have frequent visits with members of their biological family.
- (4) **Acceptable** – Can articulate and generally demonstrate in the field knowledge of attachment. Knows how to facilitate attachment between children and foster families. Ensures that children in out of home care have frequent visits with their biological parent(s), and ensures visitation with siblings and extended family members (e.g. grandparents, aunts, uncles, cousins).
- (7) **Superior** – Can articulate and always demonstrate in the field knowledge of attachment. Knows how to facilitate attachment between children and foster families. Ensures that children in out of home care have frequent visits with their biological parent(s), and ensures visitation with siblings and extended family members (e.g. grandparents, aunts, uncles, cousins).

43. *Demonstrates a belief in the importance of placing siblings together and successfully places siblings together in the same home when possible. Tries to identify family members who will take all of the children in a family, and recruits foster care homes that are willing to take sibling groups, especially large sibling groups. Recognizes barriers to sibling group placement and attempts to overcome those barriers.*

- (1) **Unacceptable** – Does not believe in the importance of placing siblings together. Does not seek to or actually achieve the placement of siblings together in most cases. Does not conduct diligent recruitment efforts to find foster families that are willing to take sibling groups, especially large sibling groups.
- (4) **Acceptable** – Does believe in the importance of placing siblings together. Does seek to and actually achieves the placement of siblings together in most cases. Does conduct diligent recruitment efforts to find foster families that are willing to take sibling groups, especially large sibling groups.
- (7) **Superior** – Strongly believes in the importance of placing siblings together. Always seeks to and actually achieves the placement of siblings together in almost all cases. Does conduct timely and effective Family Team Meetings that identify family members who will take all of the children in a family. Does conduct diligent recruitment efforts to find foster families that are willing to take sibling groups, especially large sibling groups.

44. *Demonstrates value of the importance of preparation of a child for placement and effectively prepares children who are experiencing an initial entry into a foster family or any subsequent foster family or institution and documents such preparation in the out of home case plan.*

- (1) **Unacceptable** – Does not value the importance of preparation of a child for placement nor effectively prepares children who are coming into care for entry into an initial foster family or any subsequent foster family or institution. Does not document any efforts.
- (4) **Acceptable** – Does value the importance of preparing children for placement. Does generally effectively prepare children who are coming into care for entry into an initial foster family or any subsequent foster family or institution. Takes the time to and effectively helps the child understand why their birth family cannot take care of them at this time, and thus the need for substitute care. Helps the child understand where they are going, how the family is a good match for their needs and provides assurances that they will remain in contact with their birth family members in weekly or monthly visitations. Generally documents such preparation in the case plan.
- (7) **Superior** – Strongly values the importance of preparing children for placement. Always effectively prepares children who are coming into care for entry into an initial foster family or any subsequent foster family or institution. Takes the time to and effectively helps the child understand why their birth family cannot take care of them at this time, and thus the need for substitute care. Helps the child understand where they are going, how the family is a good match for their needs and provides assurances that they will remain in contact with their birth family members in weekly or monthly visitations. Always documents such preparation in the case plan.

45. *Demonstrates a belief in the importance of and effectively prepares foster families to receive children who are coming into care for entry into their homes.*

- (1) **Unacceptable** – Does not believe in the importance of nor effectively prepares foster families to receive children who are coming into care for entry into their homes. Does not share adequate information about the child, including type of maltreatment, mental health or others special needs.
- (4) **Acceptable** – Does believe in the importance of preparing foster families for the placement of children into their homes. Does generally effectively prepare families for children who are coming into their care. Takes the time to and effectively helps the family understand why the child is coming into care, what happened in their birth family, the types of abuse or neglect they suffered, what issues they are coping with and how they are generally coping with the stress of leaving their birth family or a former foster care or institutional placement. Shares information regarding child’s mental health, physical health, school functioning, etc. The child’s placement history is discussed, what worked and what didn’t work in previous placements. Helps the family know how the family is a good match for the child’s needs.
- (7) **Superior** – Strongly believes in the importance of preparing foster families for the placement of children into their homes. Always effectively prepares families for children who are coming into their care. Takes the time to and effectively helps the family understand why the child is coming into care, what happened in their birth family, the types of abuse or neglect they suffered, what issues they are coping with and how they are generally coping with the stress of leaving their birth family or a former foster care or institutional placement. Shares information regarding child’s mental health, physical health, school functioning, etc. The child’s placement history is discussed, what worked and what didn’t work in previous placements. Helps the family know how the family is a good match for the child’s needs.

46. *Demonstrates an ability to assess foster care appropriateness, striving to place each child in the least restrictive environment and close to the child’s home, according to the safety, special needs, and well-being needs of each child.*

- (1) **Unacceptable** – Does not place children in least restrictive environments, close to the child’s home or according to the child’s needs.
- (4) **Acceptable** – Does generally place children in least restrictive environments, close to the child’s home and according to the child’s needs.
- (7) **Superior** – Consistently places children in least restrictive environments, close to the child’s home and according to the child’s needs.

47. *Demonstrates an ability to enhance the stability of foster care by appropriately matching children with families and providing resources to both the children and the foster family to strengthen their ability to cope with issues that arise and form close relationships with one another.*
- (1) **Unacceptable** – Does not believe in the importance of nor does effectively support foster families. Does not enhance foster care stability by matching children with families nor provides resources to both the children and the foster family to help them cope with problems or form close relationships.
 - (4) **Acceptable** – Does believe in the importance of supporting foster families. Does generally effectively provide resources to both the children and families after placement. Takes the time to assess the needs of the children and foster family members in order to give them the kind of ongoing support they need to effectively cope with the foster child and form a close relationship with the foster child.
 - (7) **Superior** – Strongly believes in the importance of supporting foster families. Effectively provides resources to both the children and families after placement. Takes the time to assess the needs of the children and foster family members in order to give them the kind of ongoing support they need to effectively cope with the foster child and form a close relationship with the foster child.

48. *Demonstrates an ability to work with teens in care to help them develop independent living skills. Assessments and Family/Case Plans document skills in working with youth and meeting their needs according to the Chaffee Act.*

- (1) **Unacceptable** – Does not demonstrate an ability to work with teens. Does not move their teens in care to successful independence. Assessments and Family/Case Plans lack critical elements. Assessments of youth over the age of 12 in out of home care do not include developmentally and culturally appropriate assessments of stress, cognitive capacity, social behaviors, social support and mental health status. Family/Case Plans and independent living plans do not include developmentally and culturally appropriate service referrals, and interventions to help youth develop coping skills and deal with crises, transition and independent living planning related to education, employment, housing, daily living skills, avoidance of pregnancy, and maintenance of services to aid in coping with mental illness, developmental delays, substance abuse or delinquency. Family/Case Plans and running record notes don't include engaging youth in leadership opportunities, skill building, and planning for their futures. All Family/Case Plans have youth signatures to show involvement.
- (4) **Acceptable** – Does demonstrate an ability to work with teens. Does move their teens in care to successful independence. Assessments and Family/Case Plans generally include critical elements. Assessments of youth over the age of 12 in out of home care include developmentally and culturally appropriate assessments of stress, cognitive capacity, social behaviors, social support and mental health status. Family/Case Plans and independent living plans generally include developmentally and culturally appropriate service referrals, and interventions to help youth develop coping skills and deal with crises, transition and independent living planning related to education, employment, housing, daily living skills, avoidance of pregnancy, and maintenance of services to aid in coping with mental illness, developmental delays, substance abuse or delinquency. Family/Case Plans and running record notes include engaging youth in leadership opportunities, skill building, and planning for their futures. All Family/Case Plans have youth signatures to show involvement.
- (7) **Superior** – Demonstrate an extraordinary ability to work with teens. Has a strong record of moving their teens in care to successful independence. Assessments and Family/Case Plans always include critical elements. Assessments of youth over the age of 12 in out of home care include developmentally and culturally appropriate assessments of stress, cognitive capacity, social behaviors, social support and mental health status. Family/Case Plans and independent living plans always include developmentally and culturally appropriate service referrals, and interventions to help youth develop coping skills and deal with crises, transition and independent living planning related to education, employment, housing, daily living skills, avoidance of pregnancy, and maintenance of services to aid in coping with mental illness, developmental delays, substance abuse or delinquency. Family/Case Plans and running record notes include engaging youth in leadership opportunities, skill building, and planning for their futures. All Family/Case Plans have youth signatures to show involvement.

49. *Demonstrates knowledge of the law and policy in determining when to recommend a case plan for reunification or an alternative permanency plan.*
- (1) **Unacceptable** – Cannot write Initial Family/Case Plans with the most appropriate goal of reunification or an alternative plan.
 - (4) **Acceptable** – Can generally write Initial Family/Case Plans with the most appropriate goal of reunification or alternative permanency plans.
 - (7) **Superior** – Always writes Initial Family/Case Plans with the most appropriate goal of reunification or appropriate alternative permanency plan.
50. *Demonstrates ability to complete ICWIS documentation within the required time frames, including incidences that require investigations, ongoing cases, Title IV-E cases, Assessments, Family/Case Plans, and Contacts. Documentation must include the progress or lack of progress for each objective on a monthly basis.*
- (1) **Unacceptable** – Does not complete all ICWIS documentation within the best practice time frames, including incidences that require investigations, ongoing cases, Title IV-E cases, Assessments, Family/Case Plans, and Contacts. Does not document progress or lack of progress for each objective on a monthly basis.
 - (4) **Acceptable** – Does complete ICWIS documentation, including incidences that require investigations, ongoing cases, Title IV-E cases, Assessments, Family/Case Plans, and Contacts. Generally completes the necessary forms within the best practice time frames. Generally documents progress or lack of progress for each objective on a monthly basis.
 - (7) **Superior** – Does complete ICWIS documentation, including incidences that require investigations, ongoing cases, Title IV-E cases, Assessments, Family/Case Plans, and Contacts with no errors. Always completes the necessary forms within the best practice time frames. Always documents progress or lack of progress for each objective on a monthly basis.

COURT/LEGAL ISSUES

51. *Demonstrates knowledge of when to use legal authority and when to consult with a supervisor around legal procedures.*
- (1) **Unacceptable** – Can't articulate when to use legal authority and when to consult with a supervisor around legal procedures.
 - (4) **Acceptable** – Can generally articulate when to use legal authority and when to consult with a supervisor around legal procedures.
 - (7) **Superior** – Is exceptional in articulating when to use legal authority and when to consult with a supervisor around legal procedures.
52. *Demonstrates knowledge of legal documents. Knows when to use each document, what to include in each one and how to fill each out accurately.*
- (1) **Unacceptable** – Can't articulate what goes into each legal document, when to use documents. Rarely completes a document accurately
 - (4) **Acceptable** – Can generally articulate what is necessary for each document, knows when to use each document, and completes documents accurately
 - (7) **Superior** – Can articulate what is necessary for each document, knows when to use each document, and completes documents accurately and with extensive detail that aids in successful case disposition.
53. *Demonstrates knowledge of proper and effective court and testifying preparation, behavior and documentation (including court reports and ICWIS screens).*
- (1) **Unacceptable** – Cannot articulate proper court and testifying preparation, behavior or documentation, rarely prepares for testimony, does not testify well, rarely handles cross-examination well, not appropriately assertive in court.
 - (4) **Acceptable** – Can generally articulate proper court and testifying preparation, behavior and documentation, prepares for testimony, testifies adequately, handles cross-examination adequately and is appropriately assertive in court.
 - (7) **Superior** – Can consistently articulate proper court and testifying preparation, behavior and documentation, thoroughly prepares for testimony, testifies well, handles cross-examination well and is appropriately assertive in court.

54. *Demonstrates ability to cope with judgments of the court that are out of their control.*

- (1) **Unacceptable** – Can't let go of judgments of the court that worker disagrees with and that are out of their control, lets it interfere with other work.
- (4) **Acceptable** – Can let go of judgments of the court (that worker disagrees with) eventually, interferes with work only some of the time, but eventually gets over it.
- (7) **Superior** – Can let go of judgments of the court (that worker disagrees with), doesn't let poor decisions interfere with rest of work.

CASE CLOSURE

55. *Demonstrate knowledge of reasons for case closure and can accurately assess which current cases should be closed.*
- (1) **Unacceptable** – Does not know the reasons for case closure and cannot accurately assess which current cases should be closed.
 - (4) **Acceptable** – Can generally articulate the reasons for case closure and accurately assesses which current cases should be closed.
 - (7) **Superior** – Can articulate the reasons for case closure and is exceptional in accurately assessing which current cases should be closed.
56. *Demonstrates knowledge of the barriers to closing a case.*
- (1) **Unacceptable** – Does not know the barriers to closing a case and thus is likely to keep cases open unnecessarily or close other cases prematurely.
 - (4) **Acceptable** – Generally knows the barriers to closing a case and thus is likely to close cases that need to be closed and not likely to close cases prematurely.
 - (7) **Superior** – Exceptional knowledge of the barriers to closing a case and closes cases appropriately.
57. *Exhibits knowledge of documentation to be used in case closure.*
- (1) **Unacceptable** – Does not know what documentation to use in case closure.
 - (4) **Acceptable** – Knows what documentation to use in case closure and completes only the minimum requirements for approval.
 - (7) **Superior** – Knows what documentation to use in case closure and routinely completes all requirements for approval.