

Curriculum Information

- This curriculum was developed by the State of Tennessee Office of Training and Professional Development.

This curriculum was developed by the Tennessee Department of Children's Services with federal funds. It is available to use in part or in whole free of charge. Suggested citation:

OTPD. (2023). CORE/Foundations Week 1 of Child Welfare Practice. Tennessee Department of Children's Services.

Learning Objectives

- Participants will develop an understanding of their role working at the Department of Children's Services.
- Participants will understand how family-centered, strengths-based practice leads to quality practice and positive, timely outcomes with families.
- Participants will know the importance of ensuring safety, achieving timely permanence, and overall well-being for all children served by child welfare agencies.
- Participants will understand the importance of cultural competency and identifying case worker bias in order to manage their potential impact on case assessment and practice.
- Participants will have a greater understanding of how engaging families leads to quality contacts.
- Participants will learn the OARS of Motivational Interviewing to help facilitate readiness for change.
- Participants will understand the importance of building and maintaining the Child and Family Team.
- Participants will understand the importance of conducting and documenting comprehensive family assessments for the purposes of case planning and service delivery.
- Participants will understand how to write quality case documentation and why it is important to practice.
- Participants will understand the emotional impact while working in Child Welfare and how to develop resiliency.

Materials Checklist

Materials needed for this curriculum:

- CORE Facilitator Guide and Power Point / Annotated Agenda
- Allegations of Harm on Cardstock
- Flip charts:
 - Good/Poor Quality Documentation
 - Elements of Cultural Identity
 - Engagement: What does Engagement Look Like
- Posters in the training room for the duration of the week:
 - The Practice Wheel
 - DCS Values: Strengths Based, Family Centered, Culturally Responsive
 - DCS Outcomes: Safety, Permanence, and Well-Being
 - Safety/Risk Continuum
 - Core Conditions: Empathy, Genuineness, Respect
 - DCS Vision
 - DCS Mission
 - Employee Assistance Program (EAP)

CORE FOUNDATIONS of CHILD WELFARE PROFESSIONAL AGENDA

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Units/Lessons	Time	Learning Objectives
DCS Outcomes	120 min	<ul style="list-style-type: none"> • Participants will understand how family-centered, strengths-based practice leads to quality practice and positive, timely outcomes with families. • Participants will understand the importance of cultural competency and identifying case worker bias in order to manage their potential impact on case assessment and practice.
DCS Themes	60 min	<ul style="list-style-type: none"> • Participants will know the importance of ensuring safety, achieving timely permanence, and overall well-being for all children served by child welfare agencies.
Unit 4: Engagement	35 min	<ul style="list-style-type: none"> • Participants will have a greater understanding of how engaging families leads to quality contacts.
Unit 5: Motivational Interviewing	90 min	
Unit 6: CFSR and Quality Contacts	30 min	
Unit 7: Teaming	100 min	<ul style="list-style-type: none"> • Participants will understand the importance of building and maintaining the Child and Family Team.
Unit 8: Continuing the Practice Wheel	105 min	<ul style="list-style-type: none"> • Participants will understand the importance of conducting and documenting comprehensive family assessments for the purposes of case planning and service delivery.
Unit 9: Quality Documentation	45 min	<ul style="list-style-type: none"> • Participants will understand how to write quality case documentation and why it is important to practice.
Unit 10: Working with Children	105 min	<ul style="list-style-type: none"> • Participants will gain awareness of the role of attachment in healthy child development. • Participants will become familiar with the Nature vs. Nurture debate, Maslow's Hierarchy of Needs, and Erikson's Psychosocial Theory of Development.

DCS Outcomes

Unit Time: 2 hours

Learning Objectives:

- Participants will know the importance of ensuring safety, achieving timely permanence, and overall well-being for all children served by child welfare agencies.

Supporting Materials:

- Core Power Point
- Work Aid 1: CPS Categories and Definitions of Abuse/Neglect

Lesson Safety, Permanency, and Well-Being Outcomes

Lesson Time: 60 Minutes

Key Teaching Points / Instructions

- **REMIND** participants the DCS Outcomes: Safety, Permanency, and Well-Being outcomes come from the Adoption and Safe Families Act (ASFA).
- **REVIEW/EXPLAIN and DISPLAY** poster with factors to consider around permanency:
 - stability
 - relationships
 - attachments
 - long term view
 - permanent parenting relationship
 - permanent connections with family and kin

CORE FOUNDATIONS of CHILD WELFARE PROFESSIONAL AGENDA

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- a sense of connectedness and attachment
- feeling a child has of being connected to a family that can meet his or her needs
- **REVIEW/EXPLAIN and DISPLAY** poster with factors to consider around well-being including the following:
 - current functioning
 - family's parenting capabilities
 - education
 - employment
 - physical health
 - mental health
- **REVIEW/EXPLAIN and DISPLAY** poster with factors to consider around safety including the following:
 - Maltreatment (allegations)
 - Domestic violence
 - Substance use
- **SHARE** the Continuum of Maltreatment and Parenting Practices. **EXPLAIN** family functioning is typically fluid, and no family is perfect or completely free of risk. Therefore, it is vital for case workers to develop critical thinking and assessment skills in order to evaluate if children are “safe enough” in their family home environment or if DCS intervention is required.
- **SHARE** the Continuum of Maltreatment and Parenting Practices is a tool for staff to utilize to determine where they feel the family falls on the scale to determine what intervention might be needed to reduce the risk to the child.
- **EXPLAIN** DCS utilizes the FAST (Family Advocacy Support Tool) and CANS (Child Adolescent Needs and Strengths) to formally identify risks and

strengths and participants will learn more about these assessments in the coming weeks.

- **DISPLAY** the Continuum of Maltreatment and Parenting Practices slide and present the following examples to the participants. **ASK** them where on the Continuum of Maltreatment and Parenting Practices they would rate the child. **TRAINERS** may ask volunteers to place a post-it note/or use a dry erase marker to mark on the board where they would rate the child.
 - A child that has missed 45 days of school.
 - A home with holes in the floor.
 - A toddler with a broken arm.
 - A teen caught stealing junk food from a store.
- **ASK** participants to share why they rated the child the number they selected. **DISCUSS** with participants what other information they want to know and what questions they would want to ask.
- **ASK** participants how age or developmental level or access to resources would impact their placement on the scale. **ELICIT** ideas.
- **ASK** participants how their personal opinions or biases could impact the scale. **EXPLORE** participant thoughts.
- **EMPHASIZE** the importance of assessing for safety in every contact the worker makes with the child in every environment they are in.
- **DISCUSS** the three Essential Safety Questions and how they would use these when rating the child.
 - Is the child safe at home?
 - If not, are there services that would ensure safety in the home?
 - If not, what alternatives exist to ensure safety?

- **ENSURE** participants understand how to use this tool to assist in critical thinking when working a case.
- **STATE** a child and family typically come to the attention of DCS as the result of a breakdown in the family system that threatens the child's well-being. In most cases, with caring and timely intervention, the family can be strengthened in ways that permit the child to remain safely with the family. In cases where this is not possible and a child must enter out-of-home care, DCS professionals diligently manage placements in ways that minimize, as far as possible, the pain and bewilderment of separation and assure that the child will be protected and well nurtured until permanency can be achieved.

Lesson Allegation Introduction

Lesson Time: 60 Minutes

Key Teaching Points / Instructions

- **SHARE** where cases start and briefly describe how DCS becomes involved in families' lives.
- **DISCUSS** the difference between non-custodial and custodial cases. Non-custodial cases are cases often served by Child Protective Services, Juvenile Justice, Family Support Services, and Family Crisis Intervention Program. These cases are prevention cases, and we are trying to support families without the children/youth entering care. All custodial cases are children/youth who have been removed from their families. They have entered state custody and the State of Tennessee are now their custodians.

- **SHARE** the different ways children and youth come into custody including:
 - CPS Referral
 - Bench Order (Open CPS or Unruly petition)
 - Juvenile Justice (youth committed a crime and as a result came into custody)
- **EXPLAIN** the majority of children/youth enter custody through a CPS referral which correlates to an allegation of harm.
- **SHARE** with participants it is important to know the different allegations and how children enter care, as well as what they will be assessing for throughout the custodial episode.
- **DISPLAY** Allegations of Harm and reference Work Aid 1: CPS Categories and Definitions of Abuse/Neglect. **REQUEST** different volunteers to read the different Allegations of Harm definitions from Work Aid 1 and ask if participants have any questions following each allegation.
- **OPTIONAL ACTIVITY:** Matching Allegation Game
 - Trainer Note: In preparation, have all the allegations listed separately on card stock, as well as specifics about the allegations. Post allegations of harm headers on the wall.
 - Post Allegations of Harm including:
 - Physical Abuse
 - Drug Exposure
 - Environmental Neglect
 - Nutritional Neglect

- Medical Neglect
- Educational Neglect
- Lack of Supervision
- Abandonment
- Child Sex Abuse
- Commercial Sexual Exploitation of a Minor
- Psychological Harm
- Child Death/Near Death
- Domestic Violence (added October 1, 2021)
- Have volunteers to read specifics about an allegation from the card stock and have them place it under the corresponding allegation header.
- Ask if participants have any questions following the activity.
- **TRANSITION** to the next lesson by stating we will now take a closer look at the DCS Themes.

DCS Themes

Unit Time: 1 Hour

Learning Objectives:

- Participants will understand how family-centered, strengths-based practice leads to quality practice and positive, timely outcomes with families.
- Participants will understand the importance of cultural competency and identifying case worker bias in order to manage their potential impact on case assessment and practice.

Supporting Materials:

- Core Power Point
- “The Monkey Business Illusion” (1:41)
https://youtu.be/IGQmdoK_ZfY

Lesson Strengths-Based and Family-Centered

Practice Lesson Time: 30 minutes

Key Teaching Points / Instructions

- **ASK** participants what they recall strengths-based practice is. **SHARE** the information from the Child Welfare Information Gateway about being Strengths-Based, it is “an individualized, strengths-based approach refers to policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit

approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family's unique set of strengths and challenges and engages the family as a partner in developing and implementing the service plan. Formal and informal services and supports are used to create service plans based on specific needs and strengths, rather than fitting families into pre-existing service plans.”

- **SHARE** these principles form the foundation of the strength’s perspective:
 - o Every individual, group, family, and community have strengths.
 - o Trauma, abuse, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity.
 - o Assume that you do not know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously.
 - o We best serve clients by collaborating with them.
 - o Every environment is full of resources.
 - o The context of caring and caretaking supports strengths and solution finding.
- **STATE** A strengths-based approach to practice helps the case manager:
 - o Focus on what is working well.
 - o See how the family copes successfully.
 - o Identify past successes that can be accessed to help address the family’s needs.
 - o Understand how family members have been resilient.

- **ASK** participants how they would identify strengths/protective factors with a family. Responses may include asking open ended questions, using observation to gather more information about items in the home or positive interactions between the parent and child. For example, if the case manager enters the home and there are age-appropriate toys in the home, this is an indication of knowledge of child development.
- **SHOW** video, “The Monkey Business Illusion” and **PAUSE** the video at 38 seconds **ASK** participants how many times the players in white pass the ball.
Link:
https://youtu.be/IGQmdoK_ZfY
- **ASK** participants if they noticed the gorilla in the video. **ASK** if anyone noticed the color of the curtain changing or the member of the black team leaving. **RESUME** the video, Time (1:41).
- **STATE** people tend to see only what they are focused on or what they are expecting to see. It is vitally important for case managers to approach situations with an open mind and looking for strengths, as well as safety hazards in each situation.
- **REMIND** participants strengths-based does not mean only discussing what is working well; it is also confronting risky situations/behavior/thinking.
- **EMPHASIZE** the importance/difficulty of having discussions about challenging situations, needs, and conflicts.
- **REMIND** them conflict and confrontation can be an opportunity to develop a trust-based working relationship that involves professionalism and respect.

- **ASK** participants, “what is the definition of Family-Centered Practice?”
REVIEW definition: “Family- centered services are based upon the belief that the best place for children to grow up is in a family and the most effective way to ensure children's safety, permanency, and well-being is to provide services that engage, involve, strengthen, and support families.”
- **SHARE** the key components of family-centered practice including:
 - Working with the family unit to ensure the safety and well-being of all family members.
 - Strengthening the capacity of families to function effectively by focusing on solutions.
 - Engaging, empowering, and partnering with families throughout the decision-and goal-making processes.
 - Developing a relationship between parents and service providers characterized by mutual trust, respect, honesty, and open communication.
 - Providing individualized, culturally responsive, flexible, and relevant services for each family.
 - Linking families with collaborative, comprehensive, culturally relevant, community-based networks of supports and services.
- **EXPLAIN** our entire approach to working with families is family centered.
Family-centered practice is based upon these core values:
 - The best place for children to grow up is in families.
 - Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency,

and well-being.

- o Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers.
- o Family and child assessments are strengths-based and solution-focused.
- o Services are community-based and build upon both formal and informal supports and resources. In some cases, a child's family may not be in their best interest, and in those cases, an alternative family environment will be sought. We do not imply that family is always best no matter what. So, the first approach is always to work with the child's family but when that is not possible, an assessment of an alternative family may be needed.
- **ASK** participants to think of and share an example of what Family-Centered Practice might look like at DCS. Possible responses: kinship care, utilizing informal or formal supports already in place, using resources in their community, etc.
- **TRANSITION** now we have looked at Strengths based and Family Centered Practice, let's take a look at Culture.

Lesson Culturally Responsive

Practice Lesson Time: 30 minutes

Key Teaching Points / Instructions

- **STATE** the word "cultural" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

The word competence is used because it implies having the capacity to function effectively.

- **EXPLAIN** a culturally competent system of care acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. In other words, cultural competence means understanding other people, their values, and their concerns, from their point of view.
- **SHARE** culturally competent individuals and organizations understand cultural competence is a continuous process of assessing and broadening our knowledge of and respect for diverse individuals and communities. As child welfare professionals and systems learn to integrate the unique strengths and perspectives of culturally diverse communities, the relationships, and interactions between service providers and families become less strained (CWLA, 2002).
- **ASK** participants to brainstorm a list of elements that contribute to our individual and cultural identity. Trainer can record the responses on a flip chart or have participants to place answers on a prepared flip chart from post-it notes. Possible responses might include:
 - o Race
 - o Ethnicity
 - o Gender
 - o Age
 - o Geography
 - o Socioeconomic status

- o Marital status
- o Parenting practices
- o Religion / spirituality
- o Art, literature, music
- o Traditions
- o Family history
- o Social circle / friends
- o Historical time
- o Food
- o Hygiene
- o Communication
- o Family Roles
- o Boundaries
- o Relationship to authority figures
- **DISCUSS** the Importance of Cultural Competence including:
 - o When we overlook culture or when we do not understand what is normal in the context of the culture, we can make harmful decisions. We limit our ability to engage families and communities and build on their strengths.
 - o Cultural competence allows social workers to feel more comfortable and be more effective in their interactions with families whose cultures are different from their own. It enables families to feel good about their interactions with their social worker, and it allows the two parties to accomplish their goals.
- **DISCUSS** the Influences of Culture on the Family including:
 - o When gathering information on child and families, it's important to filter this information through the child and family's culture in order to get an

- accurate picture. It helps you to get a picture of how the child and family interacts with the world around them.
- o It's also important, for workers to recognize when they are filtering the information about child and families through their own cultural beliefs about families and family life.
 - **ASK** participants how they can minimize the possibility of their own cultural beliefs and biases influencing case work with families. Possible answers may include training, acknowledge your own biases and assumptions, ask questions of the family for better understanding, workers have to find opportunities to talk about cultural components in their cases. Workers must find a forum to address these issues, either in case conferences, with their supervisor, or with co-workers they trust.
 - **STATE** Strengths-Based and Family-Centered Practice, along with the Culturally Responsive practice, are the foundations of our Practice Wheel.
 - **SHARE** each component of the Practice Wheel involves a strength-based, family-centered, and culturally competent approach to evidence-based best practice. This is done through a trauma lens while employing empathy, genuineness, and respect.
 - **TRANSITION** to the next lesson by stating we will now take a closer look at the Practice Wheel starting with engagement.

Unit Engagement

Unit Time: 35 Minutes

Learning Objectives:

- Participants will have a greater understanding of how engaging families leads to quality contacts.

Supporting Materials:

- Core Power Point

Lesson Engagement

Lesson Time: 35 minutes

Key Teaching Points / Instructions

- **TRANSITION** by asking “What does Engagement look like?”
- **DIVIDE** participants into two groups and provide them with a flipchart with one of the following questions:
 - “What does engagement with a parent look like?”
 - “What does engagement with a child look like?”
- **DEBRIEF** and **ENGAGE** the group in a discussion centered around the questions. Possible answers:
 - The parent is opening up or providing more information to the Case Manager than just what was asked for.
 - The Case Manager encouraging the parent to talk about him/herself or tell about the family, what it is like, how they interact.
 - The Case Manager might ask the child about what they like to do in their

free time, about school, or about their favorite toys. The Case Manager would know the child is engaged by open body language, the child interacting with the worker, possibly showing the worker the child's toys or room, etc.

- **SHARE** there are many skills we can use to engage families including:
 - Acknowledge family is the expert in their own lives
 - Be clear, honest, and direct
 - Be matter of fact and non-defensive
 - Be courteous and respectful
 - Assess strengths as well as risks
 - Convey understanding of parent's viewpoint
 - Clarify available choices
 - Be a good listener
 - Respect the expression of values that differ from your own
 - Establish feasible, small steps to help build early success
 - Acknowledge difficult feelings and encourage open discussion of feelings
 - Reframe the family's situation
- **DISCUSS** with participants the benefits of engagement including:
 - Reduces the chances that parents will lose custody of their children
 - Hastens family reunification

- o Increases the likelihood that parents receive the services they need
- o Parents visit more with their children and are more likely to be reunited
- o Results in fewer subsequent reports of child maltreatment
- **EMPHASIZE** we must demonstrate respect, genuineness, and empathy (as defined by the family's culture) for all family members.
- **ASK** how the following Core Conditions help build trusting relationships and how they can be used while hearing the family's story.
 - o Genuineness:
 - being real, being yourself
 - spontaneous and non-defensive
 - o Empathy:
 - communicating understanding
 - connecting with feelings
 - recognizing non-verbal cues
 - discussing what is important to the child and family
 - showing a desire to understand the feelings of others
 - o Respect:
 - showing commitment
 - communicating warmth and suspending critical judgment
 - applauding the child and family's resiliency
- **ASK** how do we know the family's story? How do we know what the family's

perspective is on how they got to the point where we are involved? How do we know what they see as their greatest strengths or needs? **ANSWER:** We ask them. We hear their story.

- **EXPLAIN** what is involved in hearing the family story:
 - o What is the family's view of the situation/problem?
 - o What has happened in the family?
 - o How has the family coped in the past?
- **ASK** who knows the family best? The family is the expert. We respect that they are the experts of their own family. **ASK** the group to relate this to their own lives and families. **SHARE** if they are unable to make the connection: in our own experience, when going to a professional like a doctor or a counselor, we want to be acknowledged as the experts of what is happening in our family and our circumstances rather than have someone assume to know or make preconceived judgements.
- **STATE** developing a helping relationship with families in order to hear their story is critical to helping them change the conditions or the patterns of behavior that led to DCS intervention.
- **EMPHASIZE** the relationship begins with the very first contact and continues to develop during ongoing communication and interaction between the case manager and the family.
- **EXPLAIN** interviews are made up of 3 stages including:
 - o The introduction "rapport building and stating the purpose of the interview"
 - o The getting to know you "gathering information"

- o Closing “next steps and thank you”
- **EXPLAIN** rapport building is important to building a trusting relationship with families. **ASK** the group to give some examples of how they build rapport in their own lives when they meet someone new. **REVIEW** a few examples.
- **ILLUSTRATE** how their rapport building in their own lives translates to the field. **POINT OUT** having a conversational tone is one technique that can go long way.
- **ASK** participants where phase two and three of the interview fall in the Practice Wheel? **ANSWER:** Phase 2: Gathering information – Assessment and Teaming. Phase 3: Next steps and thank you- Planning and Teaming.
- **EMPHASIZE** establishing a trusting relationship with the family will assist in ensuring the rest of the Practice Wheel functions as needed, in order to get the family back on track for success.
- **EMPHASIZE** positive engagement greatly impacts our ability to help the family build a team that will move them forward.
- **SHARE** with the group they will discuss these phases during their Bridge Class in preparation for Simulation Labs. **ASSURE** participants the experience will provide them an opportunity to gain confidence and comfort in their own skills.
- **ASK** if they have any questions.

Unit ~~Motivational~~ Interviewing

Unit Time: 1 Hour 30 minutes

Learning Objectives:

- Participants will learn the OARS of Motivational Interviewing to help facilitate readiness for change.

Supporting Materials:

- Core Power Point

Lesson OARS

Lesson Time: 60 Minutes

Key Teaching Points/Instructions:

- **SHARE** the following quote and ask participants what they think about the quote and how it pertains to Motivational Interviewing. **ELICIT** ideas from the group.
 - “If you were able to believe in Santa Claus for like 8 years; you can believe in yourself for 5 minutes.” ~Unknown
- **STATE** we have discussed what Motivational Interviewing is and the spirit and guiding principles behind this engagement style.
- **LET’S RECAP** and **REMIND** participants Motivational Interviewing is an evidence-based, conversational style of engagement that is designed to help support families to make positive change. Using a collaborative, strength-based approach, MI emphasizes autonomy and can strengthen an individual’s personal motivation and commitment to change.
- **SHARE** the Spirit of Motivation Interviewing. **REMIND** briefly the four concepts of the Spirit of MI includes:

- Collaboration (a partnership that honors the client's experience and views)
- Acceptance (unconditional positive regard for the person)
- Evocation (families have the motivation and resources from within)
- Compassion (engaging the family in a way their human dignity is preserved)
- **EXPLAIN** if we begin our interactions with families by using the foundational concepts of the Spirit of MI we will be able to use the fundamental principles used in motivational interviewing to help us think about how to best engage and collaborate with the children and families we work with. These principles represent conversational strategies that can help resolve internal conflict within clients, the client is able to talk themselves into change rather than us trying to convince them to change.
 - Expressing Empathy
 - Rolling with Resistance
 - Developing Discrepancy
 - Supporting Self-Efficacy
- **SHARE** Open questions, affirmations, reflective listening, and summary reflections (**OARS**) are the basic interaction techniques and skills that are used "early and often" in the motivational interviewing approach. OARS is an acronym for:
 - Open-ended questions
 - Affirmations
 - Reflections

- Summaries
- **STATE** utilizing OARS is an important conversation tool that we will use as we are communicating with those we are engaging with. OARS are the tools in the toolbox we need to make sure we are using while implementing motivational interviewing while also keeping in mind the Spirit of MI. Even in a brief conversation, they can build collaboration and enhance motivation for change. It gives us power to move, yet it is not a powerboat.
- **ASK** the group to define open-ended questions and how they impact our work. **ELICIT** feedback.
- **STATE** Using open questions gives the client the opportunity to tell their story and provide important information. This skill demonstrates interest in the client's life and their struggle with behavior change, and it assists in building acceptance and trust.
- **EXPLAIN** Open questions in motivational interviewing gather broad descriptive information. They:
 - Facilitate dialogue
 - Require more than a simple yes or no response
 - Often start with words like "how", "what", "tell me about", or "describe"
 - Usually go from general to specific.
- **EMPHASIZE** closed questions have a place for gathering discrete pieces of information such as employment or marital status. Be cautious not to get into a question-and-answer session. Asking question after question can seem a little like an interrogation. The accepted practice is to ask no more than 3 questions in a row with the client doing most of the talking. **SHARE** Open-Ended Questions-are those that have a variety of possible answers and do not limit the client.

- **EXPLAIN** it is a very simple concept that requires we slow down and really talk and engage with our children and families. It's very easy to fall back into close ended questions even though we know we should be using open-ended questions. The reason open ended questions are so important to MI is tied back to the spirit and principles of Motivational Interviewing. Open ended questions elicit more than a one-word response. Open ended questions pull for people to respond in a way that gives you more information, and really communicates to them that you are interested in what they have to say.
- **SHARE** the following thoughts on open ended questions:
 - Open-ended questions encourage people to talk about whatever is important to them. They help build a relationship, gather information, and increase understanding.
 - Open-ended questions invite more information about the subject. Closed questions are the opposite, they are questions which require only a limited response, such as "yes" or "no" and they provide only a limited increase to the knowledge of the interviewer.
 - Open-ended questions invite people to tell their own stories in their own words from their own point of view. Their answers reveal a richness of content that goes far beyond mere facts and allows the listener to hear "what makes the person tick."
 - Open-ended questions should be used frequently with children and families.
- **ENSURE** the following additional benefits of open-ended questions are shared in the discussion:

- Open ended questions will help call forward the individuals' feelings and thoughts. They pull and invite elaboration from the other person, to talk more about their experiences or their ideas and solutions they have tried. Closed ended questions can come across as judgmental. Open ended questions are a respectful way of drawing out somebody else's thinking and perspective in a way that allows them to elaborate.
- Crucial to power dynamics as we work with individuals, open ended questions allow us to give some of that power back to the individual. It communicates collaboration and curiosity for us as the DCS worker. If our goal is to build collaboration and engagement and evoke from our children and families their thoughts, feelings, desires, and experiences, then open ended questions are going to be more successful moving individuals towards change based on their own desires for change. If you feel your "righting reflex" starting to come out based on what an individual is saying, do not fall into the closed ended question trap. Instead ask, "Tell me more about that, say more about why you feel that way" is a good idea. It doesn't mean you agree with them, you are simply drawing out their perspective in a way that you can fully understand their view and their thinking in the process.
- Open ended questions can also help with our own strong emotional response to what is being said. It prevents us from falling into the power struggle/righting reflex and keeps it in a conversational place that keeps it more productive.
- **OPTIONAL: SHOW** Ask Open Ended Questions video. Time: 2:13. **DEBRIEF** afterward: <https://www.youtube.com/watch?v=V-rIkN5bDw0>

- **STATE** let's practice. **ASK** participants to reword the following closed questions to make them open-ended:
 - Did you have a good relationship with your parents?
 - Is drinking alcohol a problem?
 - Is your substance use affecting your children?
- **SHARE** these examples of open-ended questions. **EXPLAIN** these can help to explore ambivalence (when someone is on the fence):
 - Tell me more about...?
 - Help me understand ...?
 - How would you like things to be different?
 - What are the positive things about...?
 - What is difficult about...?
 - What do you think you will lose if you...?
- **TRANSITION** to Affirmations. Affirmations are statements we make about an attribute or characteristic or even a past behavior that was supportive of client change. **INFORM** affirmations are different than compliments.
- **SHARE** Affirmations can be used liberally in motivational interviewing, but they should be congruent and not over the top. They must feel and believe what you say – if you are not genuine, the client will feel this, and trust may be lost. Affirming is different from praising. Affirming the client acknowledges and supports the client's struggles and hard work. Notice opportunities to use affirmations in your work. Affirmations are best when they focus on the client rather than on your response.
- **STATE** Affirmations are tied directly to the concept of self-efficacy. Affirmations charge us with looking for opportunities to provide and affirm

self-efficacy for those we are interacting with. A lot of our families really struggle with finding their own strengths and seeing their successes.

- **EXCLAIM** Affirmations are what we can do to help instill confidence and hope in the individual we are talking to. We need to look for opportunities to provide affirmations and sprinkle these throughout our conversations. It's important for families to know that we know about the deficits, but we also know about the strengths.
- **SHARE** MI is most effective when we are sprinkling genuine affirmations throughout the conversation. Finding moments to affirm and acknowledge the efforts, intentions, and strengths of the person as outcomes.
- **STATE** A study showed that individuals who were using affirmations while engaging other people had the best outcomes. Affirmations need to be genuine, to be most effective. This can be hard with some of the cases we are working. We must think about even the small things when providing affirmations. Even the small things can communicate to an individual you are committed to engaging, connecting and collaborating.
- **SHARE** Affirmations can be wonderful rapport builders and recognition of client's strengths.
 - By making statements that affirm the client's sense of self-worth and your faith in them, you increase their confidence in their own ability to make a positive change.
 - Be specific when you mention the client's achievements or positive attributes.
- **SHARE** the tip Affirmations statements commonly begin with you. **SHARE** the following examples:
 - It took a lot of courage for you to...

- You're a very resourceful person...
- You showed a lot of patience when...
- You put in a lot of hard work to achieve...
- **REVIEW** the following additional examples:
 - I appreciate that you are willing to meet with me today.
 - You are clearly a very resourceful person.
 - You handled yourself well in that situation.
 - That's a good suggestion.
 - If I were in your shoes, I don't know if I could have managed nearly so well.
 - I've enjoyed talking with you today.
- **ASK** the participants if they can you see how Affirmations are more effective when they are specific and stated in a positive manner (example: "You are not a weak person" vs. "You are a strong person") and ensure you are being genuine. **LET** the participants know they are going to have a practice opportunity.
- **SHARE** the benefits of using affirmations:
 - Accentuates the positives/strengths of the individual you are in conversation with.
 - Recognizes and acknowledges the inherent worth of the individual.
 - Communicates a genuine appreciation of the strengths of the individual.
 - Supports engagement between you and the other person.
 - Reduces you being perceived as a threat, and notices competence in the other individual.

- Builds confidence in the other person.
- Tips ambivalence towards change in the individual you are in conversation.
- **STRESS** as mentioned before there is a difference between Affirmations and Praise. **EXPLAIN:**
 - **Compliment:** an expression of praise, commendation, or admiration. When a person hears praise, but not affirmation, they learn to equate praise with validation. The problem with this is that this type of validation must be earned, so a person begins to think that they must accomplish or achieve something in order to be validated. Inherent security and confidence are not built. The belief grows that praise is the only form of compliment or encouragement that will be heard, so the striving begins to hear that praise.
 - **Affirmation:** an expression of support by giving approval, recognition or encouragement. Affirmation is the confirmation, support, or encouragement of someone based on an inherent attribute possessed by the person. Affirmation does not require a condition to be given.
 - Affirmation looks at the innate value and worth of someone and honors it. "You have a beautiful heart." "Your kindness is admirable." "You are a wonderful son/daughter."
 - Affirmation is approval, solace, and reassurance. Affirmation builds a foundation of belief and confidence and sees the worth in someone simply because they are. To receive praise is one thing; to be affirmed is quite another.

- **CHALLENGE** the group, ask them to think about how you honor someone when speaking with them. Do you honor a task or accomplishment? Or do you honor an attribute or an aspect of their character? There is nothing wrong with praising an accomplishment or goal reached or life event. But don't let that be the only thing we recognize. Instead of, "I'm proud of you for _____," how about saying, "I'm proud of you." Or instead of saying, "I love you because you did _____," how about "I love you for the person you are," or "I love your heart."
 - Personal affirmations are important supportive statements to help clients increase their confidence in their ability to change. These statements are intended to make the client feel supported by you, regardless of the status of their behavioral changes and attempts to change.

- **REMIND** Affirmations:
 - Emphasize a strength
 - Notice and appreciate a positive action
 - Should be genuine
 - Express positive regard and caring
 - Strengthen therapeutic relationship

- **DISCUSS** Affirmations may include:
 - ***Commenting positively on an attribute:***
 - *"You're a strong person, a real survivor."*
 - ***A statement of appreciation:***
 - *"I appreciate your openness and honesty today."*
 - ***Catch the person doing something right:*** *"Thanks for coming in today!"*

- **EXPLAIN** A compliment:

- *"I like the way you said that."*
 - **An expression of hope, caring, or support:**
 - *"I hope this weekend goes well for you!"*
- **CONDUCT ACTIVITY:** Forming Affirmations
 - **TRAINER** instruct the participants to do the following:
 - Think of a friend, relative, client, or someone else they know well.
 - Write down at least three strengths, attributes, and/or positive qualities you see in this person.
 - Now write out at least two affirmations you might offer to this person related to those strengths, attributes and/or qualities that you identified.
 - **NOW** repeat the first two steps with a different person in mind. Choose a person you find particularly challenging to be around and practice forming strengths and affirmations for this person.
 - **ASK** for a volunteer to share the strengths and affirmations they wrote down (they do not need to share the identity of the person they created affirmations for).
 - How did it feel to affirm the person you chose? Did you experience any challenges in affirming either person?
 - What will be the benefits of affirming this person? Think about the benefits that person will experience in addition to the benefits you may experience (and if it is a client, what benefits the team may experience).
 - How can you continue to strengthen your skills in affirming others?
- **STATE** we are going look at the "R" in OARS now. Reflective Listening:
 - 75% of MI should be comprised of reflections

- Encourages disclosure
 - Let's the person know they are being heard
 - Allows the person to hear what they said
 - And decide if it is what they want to convey
 - And spot their own discrepancies
 - Allows the interviewer to gather information about the person from their perspective.
- **EXPLAIN** Reflective Listening-reflective statements or reflections are statements that
 - Listen carefully to your clients
 - When you are in doubt about what to do, listen.
 - Reflection-Forget about saying “what I hear you saying...” not about you
 - Say- “You seem to be saying...is that right? Tell me more...”
 - **SHARE** Why listen REFLECTIVELY?
 - Demonstrates that you have accurately heard and understood the client
 - Strengthens the empathic relationship
 - Encourages further exploration of problems and feelings
 - Can be used strategically to facilitate change
 - **INFORM** Reflective listening is a “checking-in” exercise in which statements are clarified, validated, and truly appreciated. Though it can feel artificially structured, reflective listening can actually be very efficient, as it:
 - Reduces repetition of statements because both parties feel understood.
 - Accurately clarifies broad questions so that they can have specific answers.

- Clarifies directions so that each party can proceed with appropriate action.
- **GUIDE** Reflective listening manages conflicts without getting mired in insults, digging-in behavior, and other unhealthy communication habits.
- **SHARE** there are different types of reflective listening including:
 - Simple Reflections
 - Amplified Reflections
 - Double-Sided Reflections
 - Shifting Focus
 - Agreement with a Twist
 - Reframing
- **EXPLAIN** Reflective Listening-reflective statements or reflections are statements that repeat, rephrase, or paraphrase what the client said.
 - Common reflective statements start with:
 - “So, you feel...”
 - “It sounds like you...”
 - “You're wondering if...”
 - “For you it’s like...”
- **DIVE** into explaining the different types of reflections:
 - Simple reflections:
 - The simplest approach to responding to resistance is with nonresistance, by reflecting the client’s statement in a neutral form.
 - This response acknowledges and validates what the client has said and can elicit an opposite response.

- Amplified Reflections:
 - Reflects the client's statement in an exaggerated form-stated in an extreme way but without sarcasm; and
 - Can move the client toward positive change rather than resistance.
 - Client: "I like to smoke weed. It helps me feel calm."
 - CM: "Smoking weed is only thing you can do to relax."
 - Client: "Well it is not the only thing I do."
- Double sided reflections
 - Tied to developing discrepancy or helping client look at differences between where they are and where they want to be
 - Client: "It shouldn't matter what time I get to school, as long as, I get my work done. Don't they know I'm a teenager and need to sleep late."
 - CM: "On one hand you like sleeping late, on the other being late to school is getting you in trouble."
- Shifting Focus:
 - Use when a client is "stuck" focusing on obstacles and barriers
 - Offers an opportunity to affirm clients' choices regarding the conduct of their lives.
 - Client: "I don't want to stop smoking weed when all of my friends are doing it."
 - CM: "You're way ahead of me. We're still exploring your concerns about staying in school. We're not ready to decide how marijuana fits into your goals."

- Agreement with a Twist:
 - A subtle strategy to agree with a client, but with a slight twist or change of direction that propels the discussion forward
 - Client: “Nobody can make me go to school. You wouldn’t go to school either if you had to deal with my life.”
 - CM: “You’re right, your life is pretty stressful, and it sounds like you’re going to want to think about what to do about that so you can reach your goal of graduating.”
- Reframing:
 - Is a good strategy to use when a client denies personal problems;
 - Offers a new and positive interpretation of negative information provided by the client; and
 - Acknowledges the validity of the client’s perception but offer a new meaning for consideration.
 - CFTM: “Looks like we’re going to discharge her...”
 - Reframe: “It’s exciting that she’s about to get a permanent family.”
- **SHARE** the basic listening formula includes a tentative opening, plus feeling, plus about/because/when, plus thought. **SHOW** slide with examples.
- **CONDUCT ACTIVITY: Reflective Statements**
 - **EXPLAIN** to the participants that they are going to watch a short clip. While they watch, take notes of the story being presented. **EXPLAIN** they will be asked to create at least three reflective statements they would use in this situation. **STRESS** the importance of taking in the emotions, the body language, and the words.
 - **SHOW** participants this short clip: <https://youtu.be/7rPIdO29ZN0> (1:42)

- **NEXT** ask the participants to spend 3 minutes considering the situation of the client in the video as if they were her counselor/worker/in home provider.
 - **INSTRUCT** participants to create at least three reflective listening statements they would use with this client.
- **DEBRIEF** by asking for volunteers to share their reflective statements.
 - **DEBRIEF** the use of emotions and words in their statements.
- **ASK** participants if they have any questions regarding reflective listening statements.
- **SHIFT** to summaries and **SHARE** summaries are important to MI because we use them to pull together statements clients have made and perhaps even link these statements to something they previously stated. This is an opportunity to make sure everyone is on the same page moving forward
 - The first minutes of an initial interview is focused on using OARS to engage and build rapport with clients and gain their perspective on their concerns or problems.
- **STATE** summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, i.e., after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.
- **EXPLAIN** Summarizing helps to ensure there is clear communication between the speaker and listener. It can provide a steppingstone towards change.
 - Summarizing reinforces what has been said and shows you have been listening carefully.
 - Summaries are usually brief, about 3-4 sentences.

- Use summaries throughout the contact as well as at the conclusion of a contact. This is a good way to check that both the Case Manager and the client are on the same page. The client hears a rundown of their concerns and has the opportunity to correct any errors in understanding. A summary can also be used to help shift direction in the contact and to move the conversation forward.
- **STATE** there are three types of Summaries typically used:
 - Collective Summary
 - “Let’s go over what we have talked about so far.”
 - Linking Summary
 - “A minute ago, you said you wanted to talk to.... Maybe now we can talk about how you might try....”
 - Transitional Summary
 - “So, you will make an appointment today before you leave and maybe we will see you again soon.”
- **STATE** summaries are important to MI because we use them to pull together statements that clients have made and perhaps even link these statements to something they previously stated. This is an opportunity to make sure that everyone is on the same page moving forward.
- **SHOW** participants the Protective Shield Monologue video (Time: 2:11). Link: <https://youtu.be/wlO-zzCNE4>
 - **INFORM** participants to write a summary of the monologue. **ALLOW** 3 minutes for the activity.
 - **ASK** for one or two people to share their summary with the large group.
 - **THANK** the participants that share their summaries.

- **EXPLORE** why are accurate summaries important to the work that we do?
ELICIT thoughts from the group.
- **ASK** if there are any questions and **TRANSITION** to Unit 6: CFSR and Quality Contacts.

Unit CFSR and Quality Contacts

Unit Time: 30 minutes

Learning Objectives:

- Participants will be able to define and understand the characteristics of purposeful, quality contacts.

Supporting Materials:

- CORE Power Point
- Meaningful Visits with Children of Any Age (Google Classroom handout)

Lesson CFSR and Quality Contacts

Lesson Time: 30 Minutes

Key Teaching Points/Instructions:

- **STATE** as a state child welfare agency, we are required to meet state and federal standards to ensure we are meeting the needs of the children and families that we serve. We participate in many internal and external reviews to continue to improve our quality of work. Child and Family Service Review (CFSR) is a federal review that all states are required to participate in.
 - The Child and Family Services Reviews enable the Children’s Bureau to:
 - ensure conformity with federal child welfare requirements
 - determine what is actually happening to children and families as they are engaged in child welfare services
 - assist states in enhancing their capacity to help children and families achieve positive outcomes
 - The CFSR reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs. Ultimately, the goal of the reviews is to help states improve child welfare services.
- **STATE** quality contacts are purposeful interactions between caseworkers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes. These face-to-face interactions often are referred to as “home visits” or “caseworker visits.”
- **SHARE** the following aspect of quality contacts:
 - Quality contacts represent a professional contact that reflect engagement, teaming, and contribute to assessment and case planning processes.

- Face to face visits, including home visits between case managers and children, youth, parents, and foster parents are purposeful interactions.
- These contacts go beyond a “friendly visit to chat about how the kids are doing.”
- Home visits are important and an integral part of child welfare practice. They provide an opportunity to observe the family in their environment. In addition to physical safety concerns that could potentially be identified, staff are also able to see the natural dynamics of the family in context of their living situation.
- Visits must include one-on-one private conversation between the worker and each child.
- **LEAD** a discussion of the importance of quality contacts and the opportunities for case managers to ensure child safety, support permanency planning, and promote child and family wellbeing. **REFERENCE** Meaningful Visits with Children of any age in Google Classroom handouts. This resource includes suggestions for conducting contacts for all ages in order to assess for safety, permanency, and well-being.
- **ENGAGE** the group in a brief discussion about why in their opinion, worker face to face contacts in the home are more effective than alternative locations. Responses may include:
 - Get to see how the family really lives and can assess the child’s safety in their own home
 - Chance to meet other family members or friends who may be a source of support for the family in the future
 - Able to assess physical safety of home environment

- Shows the family that we want to reach out and provide services for them
- Some families have problems getting into the office. They have problems with transportation and childcare.
- Get more accurate information for a complete family centered assessment and a better understanding of the family
- **REVIEW** the Three Phases of a Quality Contact including before, during, and after.
 - Before:
 - Preparation and planning tailored to the specific circumstances of the child or youth and family
 - During:
 - Assessment of: Safety, risk, permanency, and well-being
 - Progress toward individual case goals
 - Engagement of children, youth, parents, and resource parents by the caseworker through use of empathy, genuineness, and respect
 - Dialogue that values the youth and parent voice and promotes reflection on strengths, needs, and concerns
 - After:
 - Follow-up on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned)
 - Decision-making and problem solving to address needs and move the case plan forward

- Documentation to support monitoring and follow-up
- **DISCUSS** with participants Reasonable and Concerted Efforts.
 - Reasonable Efforts: As used in this section, “reasonable efforts” means the exercise of reasonable care and diligence by the department to provide services related to meeting the needs of the child and the family. In determining reasonable efforts to be made with respect to a child, as described in this subdivision (g) (1), and in making such reasonable efforts, the child’s health and safety shall be the paramount concern.” TCA 31-1-166(g) (1).
 - Concerted Efforts: is similar to Reasonable Efforts. It is the language used in CFSR reviews. Explain CFSRs are the State’s report card on how well we are meeting needs around Safety, Permanency, and Well-being.
- **ASK** participants to think of examples the Department does to show reasonable efforts.
- **SHARE** with participants that CFSR looks for evidence of concerted efforts in documented casework activities and through interviews with all CFT (Child and Family Team) members to assess the quality of contacts. CFSR also looks for consistency and a shared vision/understanding of the family plan and its implementation.
- **SHARE** how we demonstrate Concerted Efforts in practice includes documenting the following:
 - Our attempts to engage the child and family in completing recommended assessments and services on a monthly basis.
 - The informal assessments we made through conversations and observations with children, families, and foster parents on a monthly

basis.

- o The different methods and various efforts we made to continue to engage resistant children and families to complete assessments and services on a monthly basis.
- **SHARE** CFSR resource link from Google classroom for more information.
Link: <https://sway.office.com/EgbJaKqAJeOrT0ll?ref=Link>
- **ASK** the participants what questions they have about Quality Contacts and advise them there is also a full day training with more details about quality contacts.

Unit Teaming

Unit Time: 1 Hour and 40 Minutes

Learning Objectives:

- Participants will understand the importance of building and maintaining the Child and Family Team.

Supporting Materials:

- Core Power Point
- CFTM Guide

Lesson The Concept of Teaming

Lesson Time: 20 Minutes

Key Teaching Points/Instructions:

- **STATE** within DCS we use teams to make decisions and develop plans with families. We use teams to get our work done. We are inclusive rather than exclusive. We value and respect the voice of all involved. Teaming also helps in fostering accountability for tasks and outcomes. In this, a balance between individual and shared responsibility for outcomes can be assumed. Teaming with families can be informal or formal. The formal avenue is teaming within the context of a Child and Family Team Meeting. Informal teaming occurs with quality contacts completed such as face to face visits, home visits, school visits, etc.
- **ASK** participants to pull up the Child and Family Team Meeting Guide from the policy page and **ASK** for a volunteer to read the following statement from page 13:

- o *“The FSW has the primary responsibility for building, preparing and maintaining the Child and Family Team. This requires working closely with the family to identify their support systems, extended family members and community resources that can help the family achieve their goals. The family and child/youth (if age- appropriate) are always central to the decision-making and planning process of the Child and Family Team. Collaboration among team members from different agencies is essential. A diverse team is preferable to assure that the necessary combination of technical skills, cultural knowledge, community resources and personal relationships are developed and maintained for the child/youth and family. Collectively, the team will have the expertise, family knowledge, authority, and ability to flexibly mobilize resources to meet the child/youth’s or family’s specific needs. The development of the Child and Family Team begins when a child/youth is at risk of entering custody but continues throughout DCS’s involvement with the family. The team comes together to help make important decisions regarding safety, permanency and well-being which include, but are not limited to, the development of Immediate Protection Agreements or Safety Plans, removal of the child/youth from the home, changes in placement, permanency plan development, review and revision, and discharge. The family is strengthened through the process of making decisions as a team and with team support.”*
- **ASK** participants what the key concepts around the CFTM process are based on this information.
- **CONDUCT ACTIVITY:** Who is on my team?
 - o Have participants think about a challenging time in their life (death of a loved one, serious health issue, serious accident, etc.).
 - o Have each participant write on a piece of paper the name of the first person they told about the event.
 - o Have them note how this person responded: What did they say? What did they do?

- o Next, have participants list others who became involved. How did each respond? What things were said? What did each do?
- o Have each participant think about and note on their paper how this “team” was important as the participant faced the event.
- o Have each participant think about how the outcome might have been different without this team.
- **SHARE** the purpose of this activity is to have participants understand that we all have a “team”.
 - o Life is difficult for everyone at times; however, it would be more difficult without a cohesive, effective team.
 - o Teams may vary depending on the event and specific circumstances.
- **SHARE** our team includes:
 - o Those who will remain by our side throughout the course of the event.
 - o Those who assist us with transportation (medical procedure, etc.).
 - o Those who assist with childcare (watching before/after school, picking up at school, etc.).
 - o Those who offer sound, useful advice when needed and requested (a good medical specialist, a trustworthy, effective service provider, etc.).
 - o Those who just listen and support us.
- **ASK** while considering the importance of teaming in our own lives, how does this correlate to the need of an effective, cohesive team for the families and children we serve?
- **TRANSITION** to the next lesson regarding how to build, prepare, and maintain an effective team.

Lesson Building and Maintaining Effective Teams

Lesson Time: 80 Minutes

Key Teaching Points/Instructions:

- **ASK** participants what characteristics they look for when building their own team. **RECORD** responses on prepared flipchart.
- **ASK** participants who has the knowledge and expertise to identify people with these characteristics when building the family's team? **RESPONSES** may include:
 - The family has expertise regarding those close to them. Some assistance from the Case Manager may be required.
 - The Case Manager will identify other DCS professionals and outside service providers; however, including the family is vital since it is the family's team.
- **STATE** building the family team is not only for the purpose of participating in the Child and Family Team Meetings. The family team is developed to help and support the family throughout the life of the case.
- **ASK** participants what is the difference between formal and informal supports?
 - Formal supports are paid resources such as doctors, therapist, provider staff, lawyers, teachers, case manager, etc.
 - Informal supports are unpaid supports such as family, friends, religious leaders, coaches, etc.
- **STATE** typically the team will consist of different types of supports; however, informal supports are needed to continue with the family after the DCS case is closed.

- **EXPLAIN** there are a variety of tools and resources available to help the Case Manager build the team with the family.
- **STATE** the family should be engaged to determine who they would like to be invited to the meeting, including their own support system.
- **SHARE** if the family finds it difficult to identify potential team members, the worker can help by asking a few questions such as:
 - Who do you spend holidays with?
 - Who cares about what happens to your family?
 - Who do you talk to on the telephone?
 - Who attends your children's birthday parties?
 - Who calls you when they are in trouble and need your help?
- **ASK** participants to share their knowledge or previous work with Genograms and Ecomaps. **EXPLAIN** these are examples of pictorial tools we use to engage and help elicit information from the family. When properly used they aid us in Teaming and Assessment.
- **INFORM** participants the Genogram and Ecomap are to *ALWAYS* be completed with the family.
- **DIRECT** participants to the Genogram Contacts Sheets *CS-0774* and Family Eco- Map *CS-0782* on the Forms and Doc Intranet link: <https://www.teamtn.gov/dcs/forms-and-documents.html>. Give a short introduction to both forms.
- **STATE** pictorial tools are to be considered a method of engagement as well as teaming and assessment tools. When properly done, the process draws the family into the change process, helps family members gain insight

regarding family strengths and needs, and communicates to family members that they are the heart of the team.

- o Pictorial tools are useful in the teaming process as a way to identify team members and supports, as well as things that draw energy from the family.
- o Pictorial tools are useful in the assessment process as a way to identify family dynamics and patterns in the family interaction.
- o Pictorial tools are useful in the planning process as a means to identify needed services and supports.
- o Pictorial tools are useful in the tracking and adjustment process to help the team visually see progress in the family system.
- **ENGAGE** participants on how genograms are beneficial in identifying resources for the family. Cover the following points:
 - o Help overcome communication barriers and ease the child welfare professional into questions of a family in a way which engages the family constructively and guides the family's exploration and awareness of their own patterns and trends
 - o Help predict future possibilities of abuse or neglect based on patterns, trends, and history within the family system
 - o Identify kin and support activities related to kinship
 - o Help all involved people learn the elements of the family system
 - o Communicate a social history
 - o Support design of interventions to break the cycles of negative behaviors
 - o Support identification and assessment of potential placement options
 - o Illustrate patterns in the extended family that are not captured in risk assessments or ecomaps

- **ENGAGE** participants on how ecomaps are beneficial in identifying resources for the family. Cover the following points:
 - o Illustrate the connections in a family whether those connections and interactions are helping or hurting the family. Part of this value is in supporting the concept of observing “resource and energy flow” to and from a family as a result of its connections and interactions with its environment
 - o Provide consistent base of information to inform and support intervention decisions
 - o Allow objective evaluation of progress-the team can observe impact of interventions, both on the family and on other elements of their environment
 - o Support discussion of spiritual and value related issues in a constructive way.
 - o Support engagement of the family in a dialogue which can build rapport and buy-in, while heightening awareness of the team to family supports
 - o Identify and illustrate strengths which can be built upon and concerns which can be addressed
 - o Summarize complex data and information into a visual, easy to see and understand format to support understanding and planning
- **INFORM** participants pictorial tools are also used to help identify placements. If a relative placement isn't located, a Kinship Exception Request (KER) is to be completed before Placement will begin looking for a foster home. Please note: all regions do not use the Kinship Exception Request.
- **INFORM** participants DCS assists all children/youth and families in careful searches for known and unknown parents, maternal and paternal grandparents, and any other adult relatives/significant kin who may provide

support to both the child and family. This process is referred to as Conducting Diligent Searches.

- Diligent searches are part of our due diligence, and it is required that we show efforts to engage/find absent parents as part of our case work. At times, it can be difficult to find absent parents and that is why we must show our diligent search efforts.
- Diligent searches are more than looking for placement for the child or finding an absent parent. Diligent searches can also be used to build support for the family.
- The search begins with the child/youth's first contact with DCS, includes a thorough search and identification of all potential resources, including those located in-state or out-of-state. The search results are documented as part of the Department's permanency planning efforts.
- Diligent search process continues throughout the child/youth's involvement with DCS.
- **REFER** participants to policy 31.9 Conducting Diligent Searches and **ASK** participants to review and answer the following questions.
 - What is the purpose of conducting diligent searches?
 - What are the benefits of conducting diligent searches?
 - When does the case manager conduct diligent searches and where are results documented?
- **DEBRIEF** after 5 minutes with the group and process their answers.
- **ENGAGE** participants to identify ideas of how to conduct a diligent search.
- **ENCOURAGE** creativity from the group. Answers may include:

- Facebook
 - Putative Father Registry
 - Case Mining
 - Prison Inmate Locator
 - Other known family
 - Genogram
 - National Directory of New Hires
 - Department of Revenue
 - Arrest records
 - Department of Human Services
 - USPS
 - Family obituaries
- **ILLUSTRATE** preparatory concept by **ASKING** the group, when was the last time they prepared for a trip. **ASK** a volunteer to share what they did to prepare for the trip (researched locations, made a list of things to do, bought tickets, make arrangements for children and/or pets, purchased needed items for trip, packed, etc.). **ASK** what the benefits were of preparing for the trip. **EXPLORE** with the volunteer the outcome of the trip following the prep work that went into planning the trip (positive and/or negative).
 - **EXPLAIN** preparing beforehand allows for a smoother transition and better outcomes as you have explored what could go well, what could go wrong, having a plan A, B, and C, etc.
 - **SHARE** we use this preparatory concept in working with our families prior to

interviews and Child and Family Team Meetings as we want the best outcomes as possible.

- **TRANSITION** once the team is identified, it will be important to prepare each team member prior to any scheduled Child and Family Team Meeting.
- **SHARE** CFTM preparation is an important piece to having a successful and productive meeting.
- **ASK** what are benefits of preparing the team for the meeting.
 - o Family feels more comfortable
 - o Opens the lines of communication
 - o Trouble shoot any issues such as transportation, childcare, or interpreter services.
 - o Shorter meeting times
 - o More productive plans-greater outcomes achieved
- **SHARE** according to the CFTM guide, the following information should be discussed when preparing for the CFTM:
 - o Why the team is meeting
 - o What potential topics might be discussed and any safety risks that might be present.
 - o If any protected health information may be shared at the meeting, the worker will discuss the importance of needing to discuss that information and obtain the permission of the parent to do so. Consult with legal on how to proceed if the parent does not want to share information with certain individuals.
- Additionally, **SHARE** other topics to discuss to ensure a successful meeting:
 - o Describe the child and family team meeting process and clarify the

- specific purpose of the upcoming meeting.
- o Explain that the family story of how they became involved with DCS will be told by family members. Help the family articulate their current situation as well as their strengths, needs, concerns, and desired outcomes. Ask what they would like to see happen as a result of the meeting.
 - o Explain that the focus is on family strengths and needs, review assessments information with the family and determine who can summarize the identified strengths and prioritized needs. Encourage the family to assist in the design of services and action steps.
 - o Explore with the family who should attend the meeting based on what they can contribute toward the outcomes. Ask who cares about their family and who they would like to invite to the meeting.
 - o Ask if there are any potential conflicts and explore ways in which difficult situations can be handled. Discuss ways participants can manage their own emotions. Identify what could go wrong and a contingency plan in that event.
 - o Discuss the time and place of the meeting.
 - o Explore alternatives for input if a team member cannot attend or if there are safety concerns such as domestic violence.
- **SHARE** with the group how to access the Preparation Work Aids.
ENCOURAGE participants to review these work aids and practice using these when completing field activities.
 - o Work Aid: Child and Family Team Meeting Preparation Tool-How DCS Workers Can Help Prepare Families for the Meeting:

<https://files.dcs.tn.gov/policies/chap31/WACFTMPrepFam.pdf>

- o Work Aid: Child and Family Team Meeting Tool-Preparing the Facilitator for the Meeting:

<https://files.dcs.tn.gov/policies/chap31/WACFTMPrepFacilitator.pdf>

- **TRANSITION** into a discussion around maintaining a child and family team. **ADVISE** participants child and family teams change over time. Members leave and others are added according to the needs of the family.
- **ASK** participants for ideas of how to maintain an effective team. Responses may include:
 - o Effective communication with each team member.
 - o Follow-up with specific team members regarding progress and barriers.
 - o Include/engage all team members during Child and Family Team Meetings.
 - o Provide updates to each member as appropriate and required.
 - o Notify team members of Child and Family Team Meetings in a timely manner and in advance when possible.
 - o Ensure each team member has a role to play or task assigned to feel included in the process.
- **ASK** participants to identify benefits of having an effective family team during the CFTM process and record on a prepared flipchart. **ENSURE** the following are mentioned:
 - o More productive CFTMs
 - o Less conflict
 - o More accurate assessment
 - o More thorough family permanency plans
 - o Ultimately, better outcomes for children and families
- **EMPHASIZE** teaming begins with the initial contact and continues

throughout the life of the case. **REMIND** participants the ultimate goal for helping the family build and maintain an effective team is to support them through the case and especially after DCS is no longer involved. The family's team will serve as a support if the family experiences stress or crisis.

CONCLUDE the unit by asking if participants have any questions about teaming.

Unit Continuing the Practice Wheel

Unit Time: 1 hour 45 minutes

Learning Objectives:

- Participants will understand the importance of conducting comprehensive family assessments for the purposes of case planning and service delivery.

Supporting Materials:

- Core Power Point
- Assessment Red Flags Google Classroom Handout
- Daycare Licensing Link: <https://www.tn.gov/humanservices/for-families/child-care-services/child-care-types-of-regulated-care.html>

Lesson Assessment

Lesson Time: 60 minutes

Key Teaching Points / Instructions

- **TRANSITION** to the next unit by stating we are now going to discuss the remaining components of the practice wheel.
- **SHARE** the following definition of assessment:
 - o Assessment is the on-going process of gathering and analyzing information, drawing conclusions, and making decisions.
 - o Assessment is a process not an event. We start assessing from the moment we get the case throughout the life of the case.

- **ASK** participants what spokes of the practice wheel are essential for a quality assessment? **ENSURE** Engagement and Teaming are shared.
- **SHARE** we use quality engagement skills and tools in order to obtain a quality assessment of the family.
- **STATE** one of the purposes of engaging the family is to obtain an accurate assessment with the family and one of the goals of assessment is to engage the family. These two components of the practice wheel work together.
- **INFORM** participants active listening skills are vital during the assessment process. It is imperative that workers listen to the information the family is sharing so they can develop an understanding of the family story.
Observation is another key factor in assessment. From the moment a case manager pulls up to the family home, they can begin assessing for strengths/protective factors and needs.
- **STATE** while it is very important to use engagement skills when assessing, we also want to remind you of the importance of continuing the teaming effort with the family during the assessment.
- **DISCUSS** how our own values, beliefs, and assumptions impact our ability to hear a family's story. As people tell their stories, we get a sense of their family history and culture, and we learn what matters most to them.
- **EXPLORE** the qualities of a Case Manager that might make a family member want to tell their story and the qualities that might get in the way of hearing a family story.
- **STATE** it is natural to reveal personal information gradually. We want to feel fairly certain the person to whom we reveal the information will remain non-judgmental and will maintain confidentiality. Our confidence in the other

person, if it develops at all, will develop over time with shared experiences.

- **BRAINSTORM** reasons our families may not want to share personal information with us initially. Responses may include:
 - They don't want to be looked down upon.
 - It's painful to talk about.
 - It goes against their cultural values.
 - They may be revealing criminal behavior.
- **STATE** over time, in moving through the case progression, if confidence in the partnership grows, more personal information about the family will be shared and discussed.
- **EXPLAIN** there are two types of assessment: formal and informal. Briefly **REVIEW** examples of each:
 - Informal:
 - Observations
 - Interviews/conversations
 - Review of summary or progress reports, records, etc.
 - Shared conclusions
 - Formal:
 - CANS/FAST
 - EPSDT
 - Psychological (ex: MMPI)
 - Behavioral

- Parenting
- Educational
- **STATE** informal assessment activities are often used to inform formal assessment. Informal assessment occurs during every interaction and is what is used to inform the formal assessment. In turn, formal assessments are used to drive planning and decisions regarding services within the Child and Family Team.
- **ASK** participants if they are familiar with any of the DCS assessments that are used on a regular basis. **EXPLAIN** participants will use many different assessments, but the below are the most common DCS assessments they will see:
 - o FAST/CANS
 - The Family Advocacy and Support Tool (FAST) is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. The purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. The most common use of the FAST is in efforts to address the needs of families who are at risk of child welfare involvement.
 - **STATE** the Child and Adolescent Needs and Strengths (CANS) is an assessment intervention which best exemplifies strength-based, culturally responsive and family focused casework which allows for genuineness, empathy, and respect for the family.
 - **SHARE** the CANS provides an opportunity for understanding the permanency and treatment needs of youth and making decisions

about care and services.

- **INFORM** the CANS assessment intervention is completed by DCS staff in order to assess the strengths and needs of the child and family. Gathering this information may take place by:
 - Interviews
 - Observations
 - Records checks
 - Collateral reports
 - Evaluations
 - Pictorial tools (i.e., genogram, timeline, family map)
 - Other DCS assessment tools
- o Life Skills
 - Life Skills Assessment allows workers to identify youths' areas of strength and needs and consolidate the results in order to create strength and need records.
- o EPSD&T
 - The Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening identifies medical, mental health and/or dental needs for children and Youth as they enter DCS custody and is the gateway through which DCS accesses services to meet those needs.
- **HIGHLIGHT** the value of informal assessment the case manager provides throughout the case. **STATE** we use each of our five senses when we are assessing. **ASK** participants for examples of how sight, sound, smell, taste,

and touch are used to assess. **POSSIBLE RESPONSES** include:

- o Sight- observe the home environment including signs of protective factors and safety hazards, observe interactions between others.
- o Sound- hearing the family story and perspective of the situation, listening for what is not being said, listening to tone and emotion being expressed.
- o Smell- environmental hazards, certain smells are red flags for problems. For example, any smell that would suggest the presence of a meth lab in the home could impact the workers own personal safety. If workers find themselves in a suspected meth lab, they will leave immediately.
- o Taste- talking the talk, using your tongue in conversation.
- o Touch- awareness of how the environment feels (temperature, textures on the floor and furniture), awareness of how interactions feel (tension, gut feelings, intuition).
- **ADDITIONALLY**, workers utilize the sixth sense of awareness of one's body in space to assess for personal safety and well-being during interactions.
- **DISCUSS** the importance of gathering family information from multiple sources.
 - o To determine strengths, protective factors, safety threats and identify risk, we want to utilize tools, professional skills, and judgment. These include conducting interviews to gather more information and interviewing the parent to understand psycho-social information. We want to evaluate past history, including information on prior reports of abuse or neglect.
- **STATE** we are assessing the following with all families regardless of program area including:
 - o Strengths / protective factors. Family strengths to be explored during the

assessment process relate to parent/caregiver's past and current efforts in protecting children from harm, maintaining loving parent-child relationship, accessing extended family and other support systems, and making efforts to address past and current stress conditions (e.g., alcohol and drug abuse, family violence, mental health issues, unemployment, etc.). This approach also involves the use of family strengths and resources in developing a case plan to prevent future abuse and neglect and to increase well-being of the child. We refer to these types of strengths as "functional strengths" because they form the basis for addressing problems and concerns in the family.

- o **SHARE** protective factors are already in place within the family when we become involved. Practice factors build family strengths and promotes optimal child development. **REVIEW** the following Protective Factors:
 - **Concrete Support**-Families who can meet their own basic needs for food, clothing, housing, and transportation - and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs and are better able to ensure the safety and well-being of their children.
 - **Social and Emotional Competence**-Children's early experiences of being nurtured and developing a positive relationship with caring adults affects all aspects of behavior and development.
 - **Nurturing and Attachment**-Research consistently shows children who receive affection and nurturing from a consistent caregiver have the best chance of growing up to be happy, healthy, and productive. Research also shows these children do better academically, behaviorally, and have an increased ability to cope with stress.

- **Knowledge of Parenting and Child Development**-Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence.
 - **Social Connections**-Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves.
 - **Resilience**-Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well.
- Safety hazards and risk factors: It can be challenging to differentiate between safety hazards and risk factors. Safety hazards/threats are about immediate danger whereas risk refers to the likelihood of future maltreatment.
 - The immediacy of a hazard to a child's safety requires a different response than the possibility of harm identified by assessing for risk - treating risk like harm could lead to unnecessary removal.
 - Not seeing the immediate need to address a safety threat could result in children being left in unsafe situations without adequate safety plans - treating safety like risk could lead to child injury that could have been prevented with safety planning.
 - Needs, concerns, and "red flags"
 - **EXPLORE** with participants what are some examples of needs (risk/concern) that might be present in homes.

- **ASK** participants to define a “red flag.” Responses may include a red flag is an indicator **more information is needed** to determine the risk of harm to the child. Prior DCS history is an example of a red flag. If a family has a history with the Department, it does not mean the current allegation is factual; however, it provides supporting information to put the context around the current allegation. Other possible red flags may include:

- Are cues to more serious problems that may exist.
- Should be explored further.
- Can be misinterpreted. (Ladder of Inference)
- Family has prior history.
- Child is 6 or younger.
- Child has physical or developmental disability.
- Child/Family attempts to isolate themselves.
- Caretaker has history of abuse or neglect as a child.
- Caretaker has mental health issues.
- Caretaker has alcohol or drug issues.
- Caretaker has criminal arrest history. (adult or juvenile)
- Family has a history of domestic violence.
- Home environment is unsafe or unstable.
- Caretaker’s explanation is inconsistent with injury.
- Caretaker blames child or responds to child negatively.
- Caretaker is unable or unwilling to protect child.
- Caretaker is unable or unwilling to provide immediate needs.

- o Underlying needs

- **EXPLAIN** in addition to going to a deeper level to identify strengths we

must also look into the meaning behind behavior at a deeper level.

ASK: "All behavior is an expression of what?" **ANSWER:** All behaviors are an expression of a need (underlying needs).

- **SHARE** needs are expressed in both healthy and unhealthy ways, through behaviors, presenting problems, and signs of risk.
- **STATE** behaviors frequently do not communicate the need directly or explicitly.

Instead, it is necessary to understand the need that is driving the behavior, the underlying need. For example, when a toddler has a temper tantrum, the underlying need may be that he needs a nap, or assistance with resolving frustration.

- **EMPHASIZE** often, our focus is on resolving a behavior problem because it is easier to see and identify than the underlying need. However, when we fail to address the underlying need, we are solving the wrong problem.
- **LEAD** the group in a discussion of the importance of identifying underlying needs by asking the following questions:
 - What happens when only the behaviors are addressed?
 - What does identifying the underlying needs allow us to do?
 - How are families helped when they uncover and understand their underlying needs?
- **REITERATE** at their most basic, assessments come down to answering the three basic questions safety questions.
 - o Is the child safe at home?
 - o If not, are there services that would ensure safety in the home?

o If not, what alternatives exist to ensure safety?

- **EXPLAIN** we assess for safety in all environments the children come into contact with including biological homes, school, church camps, daycares, and foster homes. **STATE** as we complete our safety assessments on the children we are assigned, we also assess for safety for the other children in that environment as well.
- **SHARE** staff entering foster homes should assess for safety if they observe the foster parent providing an in-home daycare or babysitting for numerous children. Our agency has experienced near death or certain situations with children as a result of a foster parent caring for multiple children. We do not want to discourage or restrict foster families from having an in-home business. However, we encourage staff to assess for safety if multiple children are in the home.
- **STATE** assessment is an ongoing process, and you are always assessing safety. When conducting foster home visits, it is important to complete a walkthrough of the home and identify and address all potential safety risks. If there are additional children in the home, the worker will engage the foster family in a discussion around the role they play with the children and how often the children are in the home. The worker will assess for **EACH** child's safety by determining if there is adequate adult supervisor for the number of children in the home and identifying if there are environmental hazards in the home based on the age of the children. In addition, according to the safe sleep protocol, all children under the age of 12 months, are required to have a safe sleep environment if they are in the home full or part-time.
- If the worker observes an unlicensed home daycare, the worker should discuss with Leadership. According to the Department of Human Services,

Family Child Care Homes can provide care for at least five but no more than seven unrelated children. Up to 5 additional children related to the primary caregiver may also receive care in family childcare homes. Please note assessment of safety is not contingent on the number of children in the home but the circumstances around the child's situation and the home environment.

- Information regarding Daycare licensing can be found at:
<https://www.tn.gov/humanservices/for-families/child-care-services/child-care-types-of-regulated-care.html>

Lesson Global Assessment

Lesson Time: 45 minutes

Key Teaching Points / Instructions

- After a clear understanding of assessment has been achieved, **ASK** participants if they are familiar with the term "Global Assessment". The Oxford Dictionary defines global assessment as, "Relating to or embracing the whole of something, or a group of things."
- **CONDUCT ACTIVITY:** Making Assumptions
 - o Choose one or both scenarios for the activity.
 - o **SHOW** scenario and **ASK** the participants what they think happened.
 - Allow all possible answers before revealing the correct answer.
ENCOURAGE the participants by praising their attempts and creative thinking.
 - o Scenario: Rooster?
 - Justin Summers owns a vacation house in northern Ontario which has

an A shaped roof. One side of the roof faces north and the other side faces south. The prevailing winds from the north are usually quite strong. The strange thing is that the stronger the north wind blows, the stronger the resulting updraft on the south side of the roof. Therefore, if a rooster was to lay an egg on the peak of the roof during a strong northerly wind, on which side should the egg fall most of the time?

- **Answer:** Roosters don't lay eggs.
- **False Assumption:** That the rooster, being a chicken, was a hen.

o Scenario: Two trains?

- Two train tracks run parallel to each other, except for a short distance where they meet and become one track over a narrow bridge. One morning, a train speeds onto the bridge. Another train coming from the opposite direction, also speeds onto the bridge. Neither train can stop on the short bridge, yet there is no collision. How is this possible?

- **Answer:** The trains were crossing the bridge at different times of the morning.
- **False Assumption:** Sounds like the two trains had arrived there at the same time; it was just the same morning.

- **DEBRIEF** and **ASK** the group why global assessment is so important to our work with children and families.
- **DISCUSS** global assessment, as the definitions implies, "embrace the whole" of the family. This means assessment is an ongoing process that involves not only the family but also their community and any other significant individuals (professionals, friends, extended family, etc.) that have close relationships with the family.
- **EMPHASIZE** global assessment refers to gathering information from families

(and other sources) about all aspects of their lives to create a complete picture to best understand what will be most effective.

- **EXPLAIN** assessment begins at the initial contact with the family and sometimes even earlier (by reviewing existing records/information before the meeting with the family for the first time) and continues for the duration of the case. “Embracing the whole” of the family’s progress requires that we assess along the way, not just in the beginning.
- **EMPHASIZE** assessments can be used to infer all kinds of information about the children, youth, and families. Assessments can be like a photograph – a moment captured in time. For our global assessment, the whole slide show is important, adding all the pieces together to create the bigger picture.
- **STATE** in order to develop a clear picture of the family situation, workers must gather information about all aspects of the family situation, not just the referring concern. There could be other things contributing to the protective factors or the needs. For example, if a family has financial instability this can contribute to the parent’s stress and coping skills, which can impact their parenting and discipline techniques.
- **FACILITATE** a discussion around family-centered assessment and include the following points:
 - o Focuses on the whole family, values family participation and experience, and respects the family’s culture and ethnicity
 - o Helps families identify their strengths, needs, and resources to develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being
 - o It is not a one-time event but is a process of information gathering, analysis and decision making when working with children and family

members.

- **DISCUSS** the importance of assessing the family's understanding of the safety and risk factors facing their children, as well as permanency and well-being issues. We must also help the family examine what they have already done to address the existing concerns, what they consider barriers to their progress, and their most pressing needs in relation to the safety and risk, permanency, and well-being factors. This information is also incorporated into the overall family assessment.
- **CONDUCT OPTIONAL ACTIVITY:** What's Red
 - Ask participants to walk around the room see how many things they can see that are red. Give participants 2-3 minutes to complete. When everyone has returned to their seats, ask one participant to come to the front of the room. Ask the participant to face the wall (away from the room) and name as many of the red items that they can remember. Count the number of red items found and disclose this number to the group when the participant is done. Then ask the participant to name all the yellow items they saw. Typically, the participant will only be able to name an item or two. Allow the participant to sit down. Debrief by discussing how this exercise is a demonstration that we will see what we expect to see, and not much else. Link the importance of this understanding to the ladder of inference as well as to the assessment process. The principle holds for looking for family strengths as well. If we expect to see problems and needs, that is what we will see. If they expect to find strengths, they will find them.
- **EXPLAIN** the concept of Assessment Integration. **STATE** global assessment is

a great starting point, but minimally effective if it is not used to drive planning and to measure progress along the way.

- **STATE** assessment integration refers to the intentional use of both formal and informal assessments to inform services, plans, and make decisions about next steps.
- **SHARE** the formula Global Assessment + Assessment Integration= Quality Outcomes with the group.
- **ASK**, “How can our biases interfere with conducting an accurate assessment? What can happen if we rely on our assumptions instead of taking the time to gather information?”
- **REMIND** participants of the Ladder of Inference. **STATE** it is human nature to skip steps and conclude without first gathering the needed information; however, we must come back down the Ladder of Inference and gather the needed information to ensure understanding.
- **EXPLAIN** unchecked biases, as well as not taking the time to engage and build trust with the family can lead to inaccurate assessment. This can mean missing underlying needs, employing/recommending the wrong services, not recognizing inherent family strengths, etc. Ultimately, it can negatively impact the family’s outcome.

Lesson Implementation and Tracking and Adjusting

Lesson Time: 15 minutes

Key Teaching Points / Instructions

- **SHARE** once the plan has been developed with the family, the team will begin

assessing the progress of the family plan and tracking and adjusting as necessary.

- **STATE** implementation, tracking and adjusting, is directly linked to the Family Permanency Plan. It asks the following questions:
 - o To what degree are the tasks being implemented? If they are not being implemented well, are the tasks still relevant? If so, what can be done to help with implementation? If not, how do they need to be changed? Are the services being utilized and are they the right services? Are they potent enough? Are the service providers focused on the objectives and goals? Are they providing useful and timely information for the reviews?
 - o Are the objectives being accomplished? In what ways? Is more progress needed? Are the tasks still relevant to these objectives? Are other tasks needed to help achieve them?
 - o Are the goals being achieved? Are they still relevant? Do they need modification? If so, what would need to change or be added in terms of objectives and tasks?
 - o Are the issues still relevant? Are there new issues that have become apparent in the course of the family's involvement with child welfare? If so, are new or modified goals, objectives, or tasks needed? Are the specific safety concerns and risks identified earlier being ameliorated? Are family needs being met?
 - o Are the strengths of the family being used? Has any new information surfaced that adds to family strengths or questions those that were identified? Are the strengths being used to help implement the service

plan? Can something be done to improve this?

- o Is the review process timely and does it involve the right players? Is each player welcomed and encouraged to participate? Is the progress review documented? What follow up is being put in place to support the modifications made in the plan as part of the review? If a child is out of the home, is the concurrent plan discussed in each review? Are court dates and other mandatory reviews and timeframes being addressed?
- o Is information about progress being provided along the way instead of only at the last minute? For example, are parents encouraged to call and leave a message on the worker's or counselor's voice mail when he/she has successfully used an alternative discipline technique such as time out? Are service providers required to provide written reports in sufficient time to allow the worker to include them in reports to the court? Regular feedback can be quite motivating and can reinforce the partnership between the worker and family. It provides a clear mechanism for informing changes in the Family Permanency Plan.
- **SHARE** with participants CFSR looks for evidence of concerted efforts in documented casework activities and through interviews with all CFT (Child and Family Team) members to assess the quality of contacts. CFSR also looks for consistency and a shared vision/understanding of the family plan and its implementation.
- **STATE** ongoing, purposeful, quality interactions with the child and family are vital to service implementation and tracking and adjusting.
- **EMPHASIZE** our primary goal is to empower families to reach positive outcomes while maintaining child safety.
- **ASK** participants how they would define empowerment. **SHARE**

“empowerment is the process by which we help others gain control and mastery over their own lives.” **DISCUSS** the Chinese Proverb “Give a man a fish and he eats for a day, teach a man to fish and he eats for a lifetime.”

- **STATE** overall we desire to empower and equip families to develop and utilize tools to make them successful in the future.
- **STATE** participants will focus more on the development of family plans and gain more knowledge and skills to deliver more evidence-based casework during Specialty training. The components of the Practice Wheel will also be discussed in greater detail during Specialty training.

Unit Documentation

Unit Time: 45 minutes

Learning Objectives:

- Participants will understand how to write quality case documentation.

Supporting Materials:

- Core Power Point
- Descriptive Language Handout

Lesson Quality Documentation

Lesson Time: 45 minutes

Key Teaching Points / Instructions

- **FACILITATE** a discussion with the group around the value of quality documentation. **ASK** participants who can read or reviews our documentation. Possible responses may include supervisors, other case managers, legal/court personnel, external partners who audit and review our case records such as COA, CFSR, as well as clients at some point.
- **CONDUCT ACTIVITY:** Documentation Walk About
 - o Place two blank flip chart papers on the wall. Encourage participants to write 1-2 job examples of a time that **good quality documentation** helped them (prior jobs or experiences) and 1-2 examples of a time that **poor quality documentation** created a problem for them. **HAVE** participants place sticky notes on labelled flip chart on the wall.

- Good quality documentation may include winning a court cases, better understanding a family's history, communicating needs to a provider, or case review readiness.
- Poor quality documentation may include losing a court cases, unsure of the family history, setting up repeat services that haven't worked in the past, unable to communicate needs to a service provider, did poorly on a case review.
- **ENSURE** participants are able to identify reasons why quality documentation is a good investment of their time.
- **ENCOURAGE** them to consider how quality documentation benefits the families we serve, the agency, and them personally.
- **ASK** the group how good documentation benefits the child and family.
INCLUDE the following points:
 - o May serve as a historical timeline of a child's life which may not be captured elsewhere
 - o May connect the family with support systems
 - o Identifies services for families
 - o Provides a "road map" to success
 - o Case documents may be requested by the family
 - o Will help to measure the family's service participation
 - o Serves as an aid in case decision making
- **ASK** the group how good documentation benefits the case manager.
INCLUDE the following points in the discussion:
 - o Helps workers see family patterns
 - o Provides a historical timeline
 - o minimizes potential liability

- Promotes accountability for responsible parties
- Serves as a road map for case activity
- Reflects the workers' professionalism
- Serves as an aid in case decision-making
- **REFER** participants to Policy 31.14, Documentation of TFACTS Case Recordings and review the purpose of case recordings. They serve as:
 - 1. The official record of efforts made to serve DCS client children/youth and families. This information may be used in administrative hearings, court proceedings, audits, and reviews.
 - 2. A supervisory tool for management and administrative staff.
 - 3. A reference tool for the case management staff for preparing court summaries and other documents, and at the point of case transfer when new professionals are assigned and in need of historical information on the current case.
 - 4. A resource for historical information that may be useful after the case is closed if the family has a subsequent relationship with DCS through referrals, reentry, or through the next generation.
 - 5. A resource for important information about a child/youth's life should she/he request it after she/he becomes an adult.
 - 6. A method to demonstrate tracking of outcomes.
 - 7. A guide for ongoing case planning.
- **ASK** participants what they would consider to be professional documentation. What would they expect to read in documentation that represents professionalism? What might they consider to be unprofessional? Examples include poor writing mechanics such as misspellings and grammatical errors, use of inflammatory language, improper punctuation,

etc. As participants generate their list, highlight the four specific standards to be aware of and how important these are to accurately documenting contacts in a professional manner:

- **Pertinent Detail vs. Verbosity**

- Recognize that we are all limited in time so while it is essential to be thorough, it is equally important that we use our time wisely. One way to be more efficient is to include only relevant details in our documentation and exclude any details that do not contribute to the purpose of our involvement with the family and to their established goals.

- **Tone**

- Define tone as a writer's attitude toward the subject or its readers and explain that by reflecting personal or prejudicial language in case documentation, the writer/worker subsequently places themselves in a vulnerable position. Personal feelings should, therefore, not be included in case documentation because it can potentially compromise the credibility of the document.

- **Culturally responsive writing**

- **CONVEY** that culturally responsive practice is one of our agency's core values and entails tailoring services to best meet the goals for children and families without dishonoring their sense of dignity.

- **Unsupported conclusions and opinions**

- **ASK** participants to reflect on how documented, unsupported conclusions and personal opinions can potentially affect the outcome in our cases.

- **EXPLAIN** people often write in the same way they speak; however, this does not always promote effective communication. When we speak, we are often able to receive direct feedback and clarify whether the listener(s) correctly understands what we are trying to say. With documentation, you rarely have the same opportunity to clarify, and your writing must speak for itself so it is imperative that we write in a manner that is clear to any reader.
- **REFER** back to the Policy 31.14 Documentation of TFACTS Case Recordings and **EXPLAIN** the narrative of case recordings documenting significant contacts with or on behalf of children/youth and families, either face-to face or by other methods, are written to include Purpose of Contact, Content, Observation, and Next Steps (Plan). **HIGHLIGHT** PC- COP formatting in section D of the policy.
- **DISCUSS** the components of quality documentation including the following:
 - o Clear and brief (behaviorally descriptive)
 - o Easy to read/flow like a story
 - o Concise and precise (Complete names and roles of case members)
 - o Accurate and complete (Abbreviations and acronyms must be commonly understood)
 - o Timely
 - o Contains proper grammar/punctuation
 - o Written in third person
 - o Professional language (do not include slang language or subjective/personal value judgments)
- **CONDUCT OPTIONAL ACTIVITY:** Descriptive language

- **HANDOUT** or **SHARE** link Descriptive Language handout:
<https://public.3.basecamp.com/p/hpcaUJTQ6utquT6YGxg5JNNU>
- **HAVE** participants to take each vague phrase, write a specific example of the phrase in clear, behavioral terms. **GIVE** approximately 5 minutes to complete.
- **REVIEW** and **DISCUSS** the statements with the group. **ELICIT** volunteers to share examples with the large group.
- **STATE** While it is unrealistic for anyone to expect case managers to capture every minute detail of every interaction they have with families; it is critical that case managers are able to identify what practice standards *must* be prioritized and evident in our documentation.
- **SHARE** how we demonstrate Concerted Efforts in practice includes documenting the following:
 - Our attempts to engage the child and family in completing recommended assessments and services on a monthly basis.
 - The informal assessments we made through conversations and observations with children, families, and foster parents on a monthly basis.
 - The different methods and various efforts we made to continue to engage resistant children and families to complete assessments and services on a monthly basis.
- **ASK** participants, “What is one of the most common rules regarding practice and documentation in our agency?” If necessary, provide a hint about the general rule: “if it is not in TFACTS, it did not happen.”
- **ASK** participants if they have any questions about how to document case recordings.

Unit Working with Children

Unit Time: 1 hour 45 minutes

Learning Objectives:

- Participants will gain awareness of the role of attachment in healthy child development
- Participants will become familiar with the Nature vs. Nurture debate, Maslow's Hierarchy of Needs, and Erikson's Psychosocial Theory of Development

Supporting Materials:

- "ReMoved" video (12:48)
- Erik Erikson's Stages of Psychosocial Development handout
- Developmental Milestones Chart

Lesson Attachment

Lesson Time: 45 minutes

Key Teaching Points / Instructions

- **EXPLAIN** we will begin the discussion on working with children by watching the "ReMoved" video: a story of a young girl involved with the Child Welfare system. **SHARE** her family and their experience is a common one.
- **INFORM** the participants the story in the video tends to evoke strong emotions and **ENCOURAGE** them to practice self-care as needed.
- **PLAY** "ReMoved" (12:48): <https://www.youtube.com/watch?v=lOeQUwdAjE0>

- **HONOR** strong emotions in the room by allowing the participants to contemplate the content for a few minutes after the video ends.
- **DEBRIEF** the video by discussing what stood out most about Zoe's story.
- **TRANSITION** to the subject of attachment and child development by explaining the importance of understanding children's needs when working in Child Welfare. how different family cases may be, they all involve children. Our knowledge of children's needs and behaviors is crucial.
- **STATE** we will first discuss attachment as it begins in infancy and greatly impacts development, which we will discuss in the upcoming lesson.
- **ASK** participants to describe some characteristics of parent-child relationships where strong attachment/bonding is present. Responses may include the following:
 - Shared affection
 - Ongoing interaction and bonding
 - Positive emotional connection
 - Involves safety, comfort and pleasure for parent and child
 - Reciprocal feelings
 - Commitment to caring for the child and being present
- **ASK** the group to describe some characteristics of parent-child relationships where the attachment/bond is weak or inconsistent (examples from "ReMoved" would be helpful). Response may include:
 - Lack of consistency in meeting the child's needs

- No commitment to being there long-term for the child
- Fragile or inconsistent emotional connection
- Child's needs are not a priority
- Lack of trust and security
- **DEFINE** attachment as an instinct, throughout the life span, to seek proximity to a specific person who will comfort, protect, and/or help organize one's feelings.
 - Attachment first develops in the context of the relationship with the primary caregiver, such as the mother-infant relationship. It is the pattern of emotional and behavioral interaction that develops over time as the infant and caregiver interact, especially in the caregiver's response to the infant's needs for attention and comfort.
- **EXPLAIN** the basic Cycle of Need: The infant has a need (is hungry, wet, wants to be held) and expresses it, typically by crying. The caregiver responds by meeting the need (feeding, changing, holding), resulting in the infant feeling comforted and soothed. Over time, these interactions develop a level of trust and security within the child, believing that his/ her needs will be met. This is the process of developing a strong, secure attachment.
- **STATE** these early attachments not only affect us during infancy – they continue to influence us throughout our lifetime. **ELICIT** some examples of how the quality of attachment in childhood might impact an individual at different stages of the lifetime.
- **DISCUSS** the function of attachment:

- It is adaptive, meaning that it is instrumental in survival
- It is crucial to ensuring the basic needs of the child are met
- Provides comfort and security during times of threat, injury or emotional distress
- It facilitates exploration and independent functioning of the child
- It serves as a model and provides positive experiences that then influence the development of future relationships
- Is the basis for social learning because it provides the foundation for the feelings and beliefs that we develop about relationships:
 - Can I trust that my physical and emotional needs will be met?
 - Is the world a safe place to explore?
 - Will there be someone to comfort me in times of distress?
- Leads to feeling emotionally safe and secure, which is the basis for mental health and well-being. Thus, healthy attachments are crucial for long-term mental health.
- **STATE** while parenting practices differ across the world, the attachment process is universal. One of the more significant and robust findings from attachment research is that the way we relate to one another, termed “attachment style”, is handed down from generation to generation. We parent the way we were parented.

- **EXPLAIN** successfully responding to a child's cue (a direct or indirect signal from the child for a specific need on the circle to be met) *most of the time*, over time

(remember it doesn't have to be perfect), typically results in a securely attached child. Being able to complete the circle depends on the caregiver recognizing and responding sensitively to the child's cues.

- Securely attached children:
 - Enjoy more happiness with their parents
 - Feel less anger at their parents
 - Get along better with friends
 - Have stronger friendships
 - Are able to solve problems with friends
 - Have better relationships with brothers and sisters
 - Have higher self-esteem
 - Know that most problems will have an answer
 - Trust that good things will come their way
 - Trust the people they love
 - Know how to be kind to those around them
- A securely attached child's ability to depend on his caregiver and have his needs met ultimately leads to independence and the ability to trust

others. The child feels confident that his cues (direct or indirect signals/requests for a specific need to be met) will be understood and acted upon.

- Inversely, when the caregiver consistently fails to recognize and appropriately respond to the child's distress, it can result in miscuing. A miscue is a misleading or contradictory signal used to protect the child from the pain of having a specific need exposed or unmet.
- About 40% of us were raised by parents who struggled to recognize and respond sensitively to our distress.
- When we grow up feeling like we can't rely on others, it impacts trust and emotional regulation as it did in the case of Zoe.
- Trust:
 - We lose a sense of trust in the world and the people in it.
 - Trust is fundamental to our ability to be curious
 - Without trust, we struggle to tolerate uncertainty.
- Emotion Regulation:
 - We lose our ability to tolerate negative emotion because we don't learn to communicate in a way that is reliably recognized by others (bottom part of the circle).
- **EXPLAIN** when we are uncomfortable due to uncertainty, we want black and white answers – not gray (absolutes vs. ambiguity). So, the experiences we have with the world become thought of in limited ways, either good or bad. If we have only limited ways to experience the world, we have limited capacity to interpret, cope and empathize with others.

Lesson Child Development

Lesson Time: 60 minutes

Key Teaching Points / Instructions

- **TRANSITION** to this lesson by explaining that secure attachment is only one of the factors contributing to a child's development.
- **ASK** the participants if they know the difference between development and age maturation and if they can provide examples.
- **DEFINE** development as the process of changing and the changes that occur through the lifespan. On the other hand, aging is an inevitable process that does not necessarily include change. Child development is affected by many factors including experience, trauma, and nurture.
- **EXPLAIN** age alone does not account for the varied responses to life events because:
 - It only accounts for biological maturity
 - Different elements of biological growth proceed at different rates
 - It reflects past experiences that may influence current behavior
 - It tells little about underlying developmental issues
- **SHARE** an individual's development is impacted across the lifespan by biological, psychological, and social/environmental forces. These are referred to as biopsychosocial interactions.
- **INTRODUCE** Erik Erikson's Theory of Psychosocial Development. **ASK** if any of the participants are familiar with Erikson's work and **DISCUSS** the responses.

- **EXPLAIN** Erikson's theory states that there are eight psychological stages of development which occur in sequence. During each stage, the individual experiences a psychological crisis (ex: Trust vs. Mistrust in infancy) which must be successfully resolved in order for the individual to develop certain characteristic strengths (Erikson referred to these as "basic virtues"). The stages are:
 - Infancy (0-18 months):
 - Trust vs. Mistrust
 - Basic virtue: Hope
 - Early Childhood (18 months - 3 years):
 - Autonomy vs. Shame & Doubt
 - Basic virtue: Will
 - Preschool (3 - 5 years):
 - Initiative vs. Guilt
 - Basic virtue: Purpose
 - School Age (5 - 12 years):
 - Industry vs. Inferiority
 - Basic virtue: Competency
 - Adolescence (12 - 18 years):
 - Identity vs. Role Confusion
 - Fidelity
 - Young Adulthood (18 - 40 years):
 - Intimacy vs. Isolation

- Basic virtue: Love
- Middle Adulthood (40 - 65 years):
 - Generativity vs. Stagnation
 - Basic virtue: Care
- Maturity (65+ years):
 - Ego Integrity vs. Despair
 - Basic virtue: Wisdom
- **ASK** the group how being aware of these stages may be useful when working in Child Welfare.
- **INFORM** the group that one of the most significant stages in childhood is Trust vs. Mistrust which sets the tone for all future relationships and the way we view the world.
- **REMIND** the participants that this stage coincides with the critical attachment period discussed in the previous lesson.
- **STATE** another stage/crisis that we often overlook is the one that occurs during adolescence – Identity vs. Role Confusion. For youth involved with DCS and removed from their family, developing a sense of self and personal identity can be immensely challenging.
- **ENCOURAGE** the participants to familiarize themselves with the Theory of Psychological Development as part of their ongoing professional development.
- **TRANSITION** to a discussion around the Nature vs. Nurture debate. We have discussed the role of caregivers in attachment but what other factors influence our development and personalities?

- **USE** the following questions to spark the discussion:
 - Is development attributed to our innate tendencies (nature) or to our environment, society, and parents (nurture)?
 - Are you born the way you are or are you a blank slate?
 - Are genetics more influential than environment on development?
- **INFORM** the group that there is no “right answer” and that both nature and nurture impact development.
- **CONCLUDE** the discussion by having the group consider the implications of Nature and Nurture in the context of Child Welfare.
- **INTRODUCE** Maslow’s Hierarchy of Needs and **POLL** the participants to see how many are familiar with the concept.
- **INFORM** the participants that a significant portion of the children and families involved with DCS have unmet physiological needs. According to Maslow’s theory, these families will not be able to adequately address other issues (e.g. attachment, relationships, and parenting practices) until their basic needs are met (adequate finances, stable housing, basic utilities, sound mental health and are able to take care of their basic needs).
- **EXPLAIN** Maslow believed that a person’s development was impacted by the extent of which that person’s needs were met and only about 2% of us will become a fully actualized in our lifetime.
- **ADDITIONALLY**, Maslow separated human needs into 5 levels and stated that the needs lower in the hierarchy must be satisfied before the individual

can attend to the needs of the higher levels. The levels of needs are listed below by category:

- Basic Needs:
 - Physiological: food, water, shelter, sex
 - Safety: security, protection, stability, freedom from fear and anxiety
- Psychological Needs:
 - Love & Belonging: connectedness, love, nurturing, intimate relationships
 - Esteem: positive self-image, self-worth, positive image of others
- Self-Fulfillment Needs:
 - Self-Actualization: highest level of development, doing all that one believes that they are capable of doing
- **CONDUCT ACTIVITY:** Draw a Child Part 1 – Child Development
 - **BEGIN** the activity by outlining the following developmental stages and the timeframes associated with each stage:
 - Infancy (0 - 18 months)
 - Early Childhood (18 months - 3 years)
 - Preschool (3-5 years)
 - School Age (5-12 years)
 - Adolescence (12 - 18 years)

- **DIVIDE** participants into small groups and assign one developmental stage to each group. **ENSURE** all stages are represented. **PROVIDE** each group with flipchart paper and **STATE** they will be drawing/creating a child or youth who age corresponds to the group's assigned stage of development.
- **EMPHASIZE** to the participants to make up a child and **not base the activity on a child they know** as we will be using the same child/youth later on during the unit on trauma.
- **EXPLAIN** along with drawing their child/youth, each group should develop a short profile of their child/youth to include the following:
 - age
 - name
 - gender
 - physical health
 - mental health
 - educational status/achievement of milestones
 - personality and interests that correspond to the child's developmental stage
 - parenting capabilities required to meet the child's needs
- **ENCOURAGE** the group to refer to the "Erik Erikson's Stages of Psychosocial Development" and the "Developmental Milestones Chart" resources included in the Participant Guide to help inform their work

during the activity. Participants may also use the internet for additional resources on child development and milestones.

- **ALLOW** 20 minutes for this activity.
- **DEBRIEF** by having the groups present their child and share their profile with the entire class.
- **DISCUSS** the information presented regarding the child's developmental stage.
- **Trainer's Note:** *The primary content for this section will come from the participants' presentation of their assigned stage. Trainers will fill in any gaps and assist in answering any questions from the group.*

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ADDITIONAL ACTIVITIES GUIDE

Commonalities and Uniquities

Estimated Time: 15-20 minutes

Materials: paper and pens

Objectives:

- √ Build the classroom team
- √ Promotes unity
- √ Set the environment for discussion on team building

Procedure:

- Form into groups of 5 to 8 people. If the group is very small, have them all work together. Give each group two sheets of paper and a pen.
- Each group compiles a list of things they have in common. In order to make the list, it must apply to everyone in the subgroup. Avoid writing things that people can see— body parts and clothing (two eyes, wearing shoes, etc.). The objective is to dig deeper.
- After about 5 minutes, have a spokesperson from each group read their list.
- Return to groups. You can have them return to the same group, or have half of each group switch to another group.
- On the second sheet of paper, have them record unquities, meaning that each item applies to only one person in the group. The group tries to find at least 2 unquities for each person. Again, they should go beyond the superficial, avoiding those things that people can readily see.
- After 5-7 minutes, report out. Each person can say their own unquities or one person can read the list and have others try to guess who it was.

Debrief:

- What does each of these categories (commonalities and unquities) say about the group in general?
- In what way does having something in common with other participants impact the group?
 - Participants may realize they have more in common than they first realized.

- It can bring unity to the group.
- It allows participants to find common ground.
- It can lead to stagnated thinking because new ideas may not be presented.
- In what way does having something unique to others in the room impact the group?
 - Participants may feel empowered to offer the group something unique.
 - It brings diversity, unique ideas and experiences to the group.
 - It allows the group to complete tasks (including learning tasks) that they would not otherwise be able to complete without each person's contribution.
 - It can make it difficult to find common ground.
 - It can result in some people feeling ostracized from the group.
- How might these same principles apply to family teams? Are there unique qualities about family teams that may not have been present in the room for this activity?

Fear In A Hat

(Adapted from: Brandes, D. Try Something New, Nurturing Potential, Issue 5, at: <http://www.nurturingpotential.net/Issue5/NewII.htm>)

This is a good game to begin training with. Participants frequently have fears or concerns about training or about being able to competently perform in their new jobs. This is also a good lead-in to the development of a working agreement and ground rules.

Estimated Time: 5-7 minutes plus about 2 minutes per participant.

Materials: Pencil, paper, receptacle (hat, tin, etc.).

Objectives

- To foster communication and rapport, a more open and supportive group.
- To foster participation and cooperation for future activities.
- Allow participants to get to know each other.
- Create an opportunity for each participant to be heard without comment or evaluation—an important opportunity, especially for quieter participants.

Procedure: Played in a circle. Everyone (including the facilitator) will complete this sentence (anonymously): "In this group, I am afraid that . . ." The scraps of paper are then placed in the receptacle in the center; this is then passed around, stopping at each person who then draws one out and reads it,

enlarging on the sentence and trying to express what the person was feeling.

For example: the leader reads the first one and might say: "In this class I am afraid that I will be laughed at . . . (continues) I am afraid to say my feelings because everyone laughs at me, so I never say anything." This procedure continues around the circle.

Leader must make sure that everyone simply listens and does not comment. No arguing or comment is allowed. Then the group discusses what was noticed or discovered.

Variations: Worries in a Hat; Gripes in a Hat; Wishes in a Hat; Likes and Dislikes (two hats).

Human Knot

Use: problem solving, communication, leadership, completing a task

Materials: none

Use small groups of 6-10 people for the first round. For added challenge, you can try again with a larger group. Participants stand in a circle facing each other. Every member of the circle inserts their right hand and grabs someone else's hand. Then they insert their left hand and grab a different person's hand. Once everyone's hand is intertwined, the group works together to untangle without letting go of each other. This activity can be time consuming but very worthwhile for a team activity. The object is to have the group standing in an untangled circle again.

from: <http://www.drexel.edu/OCA/I/tipsheets/Teambuilders.pdf>

The Human Web

Estimated Time: 15 minutes

Use: focuses on how people in the group inter-relate and depend on each other

Materials: ball of yarn

The facilitator begins with a ball of yarn. Keeping one end, pass the ball to one of the participants, and the person to introduce him- or her-self and their

role in the organization. Once this person has made their introduction, ask him or her to pass the ball of yarn on to another person in the group. The person handing over the ball must describe how he/she relates (or expects to relate) to the other person. The process continues until everyone is introduced.

To emphasize the interdependencies amongst the team, the facilitator then pulls on the starting thread and everyone's hand should move.

from: <http://www.drexel.edu/OCA/I/tipsheets/Teambuilders.pdf>

Three Read

Estimated Time: 15 minutes

Use: listening skills, focus, problem solving, personal strengths/weaknesses

Materials: At least 3 pieces of reading material (about 1 page each and in simple enough language that the lowest functioning member of your group can read them).

One group member will sit in the middle of a circle with three others around him/her. The rest of the group can observe. Each of the members around the person in the middle receives a different reading passage. The participant in the middle is told that all they have to do is listen to the others read their stories and then summarize what each story was about giving any details that they can remember. Just before the activity begins, tell the group that the readers will all read their stories at the same time. A three count signals the readers to begin reading. Allow a minute or two of reading to go and say "STOP!" Find out what the person in the center can recall!

from: <http://www.drexel.edu/OCA/I/tipsheets/Teambuilders.pdf>

Common Responses Estimated Time: 30 minutes Procedure:

Facilitator Note: *New workers are often anxious about how they should respond to difficult statements or questions from the client. Following are two options for conducting an activity to explore these issues. The intent of both options is to offer possible responses to difficult client statements or questions and to help trainees differentiate between what clients are saying and what they are feeling.*

For the sake of the exercise, we will assume that the client's response does not pose a threat to personal safety. Both options below raise the issue of the worker's credibility, whether it is related to gender, age, race or culture, number of children, etc. Remind participants that clients may not be comfortable relating to the worker for any number of reasons and initial resistance may have little to do with the worker's level of skill.

For example, female authority figures may be difficult for some individuals. A Muslim father, for example, may be uncomfortable talking to a female worker as some Muslim religious traditions teach that it is not appropriate for non-family members of the opposite sex to interact unless other people (preferably the spouse of the client) are present.

- Hold a brief discussion regarding the fact that there are often two messages in clients' statements. One message deals with the actual content of the statement. The other, non-verbal message is a communication of emotion and focus on the unstated feelings behind the message.
- This activity provides practice in addressing both verbal and non-verbal messages. Each of these statements reflects an underlying non-verbal communication, perhaps a worry or concern that is not being directly stated. The client could, for example, fear a loss of self esteem, family status, privacy, or government intrusion in their lives.

Activity: The handout for this option includes only the client statement, with blank space for participant response.

- Divide participants into small groups and distribute the *Common Responses* handout. Each group should:
 - Identify the possible non-verbal messages underlying the statement's content.
 - Identify how they would respond to address both the verbal and non-verbal statements.
- Instruct participants to use specific phrases and words as they decide how to respond. During the reporting, the facilitator and other participants should critique the responses to resistive statements. (If pressed for time, the facilitator may instruct each group to report on only one of the statements they considered. Be sure to choose different statements to ensure that a variety of issues are discussed)
- As small groups report, encourage the large group to provide constructive feedback. Give examples of inappropriate responses and alternative appropriate responses. Engage the group in critiquing responses. You may also engage the group in impromptu role play, as appropriate. Following is an example.

Client question: "Do you have any children of your own?"

Inappropriate Responses:

1. “No, I do not have any children, but I took a number of child development classes in school.” This response attends only to the content of the client’s question, and does not invite conversation about why this issue is worrisome to the client. This is also defensive.
2. “No, I do not have children, but this conversation is not about me, it’s about you.” This is also a content response, tinged with over-use of authority. It implies that there is no reciprocity in the relationship. While the worker expects the client to disclose extremely personal information, the worker will tell the client absolutely nothing about his life outside of work.

Appropriate Responses:

1. “No, I don’t have children, but one thing I’ve learned on this job is that all children are different, and even if I did have children, it might not help me understand your family.” In this example, the worker is responding to the content of the question, with an invitation to discuss the underlying issue: whether the client believes the worker understands her situation well enough to be helpful. This same response can be altered for caseworkers who do have children. “Yes, I do have children, but one thing I’ve learned in this job is that every family is different.”
2. “No, I don’t have children. You are the expert on your family, and I need help in sorting all of this out. I’d like your help in doing that.” Again, this response addresses the content and invites further discussion.
3. “No, I don’t have children. Is that important to you?” This statement responds to the non-verbal communications and asks the client to discuss her thoughts and feelings behind the question.
4. “No, I don’t. Even if I had children, I wouldn’t know about what parenting is like for you. I’d like to talk with you about this.” In this case, the client can either respond with facts or with feelings about what parenting is like for him.
5. “No, I don’t have children. It sounds like you’re not sure if you think I’ll be helpful to you.” This response attends to the non-verbal message and gets to the heart of the issue. The worker will need to judge whether this is too intrusive for the client. Usually, more trust between the client and the worker is needed for clients to be able to discuss feelings at this deeper level. There may be individual personality characteristics or cultural norms that inhibit discussing deep personal feelings or issues. Workers may need to learn other interviewing

strategies, such as analogies or story-telling to use with clients who feel very uncomfortable discussing emotions.

Common Responses

How would you respond to these questions/statements from family members?

1. How would you know what it's like to be a single parent on public assistance?
2. Do you have any children?
3. I'm not doing anything wrong. You should be investigating my next door neighbor.
4. I want to know who called you about us.
5. Just how old are you anyway?
6. Who do you think you are telling me how to take care of my own kids?
7. The Bible says that if you spare the rod, you spoil the child. Don't you believe in God and follow the Bible?
8. Why are you talking to me about this? I was raised this way and nothing is wrong with me.
9. Why is this a problem? We do this all the time in my country.
10. You are no better than that last worker who came out here. Why should I talk to you?
11. If you think you can do a better job at raising this boy, then you take him.

Exploring My Own Culture Worksheet

Briefly respond to the following questions on a separate sheet of paper.

1. Who took care of you when your mother or caregiver had to go out? At what age were you left alone? At what age were children in your family given responsibility to care for the other kids in the family? At what age were you allowed to baby-sit with younger siblings or other children?

- *Discuss values about teaching children to be responsible and self-reliant, and at what age; and discuss different groups' expectations regarding children's capabilities and what constitutes age-appropriate expectations for children. When does inappropriate supervision*

become an issue? Pose the conundrum for parents who lack money to hire appropriate child care while they're working. How do codes of conduct change based on necessity?

2. What form of discipline or punishment did your family use most often? Did this form of discipline affect how you felt about your parents? How so? Were there any kinds of discipline or punishment that your parents wouldn't use because they felt it was harmful to you?

- *Identify different child rearing practices among cultures aimed at achieving the same or similar goals. Explore differing views about physical discipline, and what is or is not in children's best interests. Are there common limits to the extent of "safe" physical discipline?*

3. What were the family rules about meals? Did everyone sit down at the table together? Who cooked? Did your family cook regular meals every day? Did children cook? Did older kids feed the younger kids? Could you eat whatever you wanted, whenever you wanted to? What kinds of foods did you eat most?

- *Discuss what constitutes proper nutrition and parental responsibility to provide food for the family. Are there practical issues that may encourage or discourage families from eating meals together? What are some differences in traditions about meals? (Evening meals? Sunday meals?)*

4. Did your family have different expectations for different children in the family? Older (or younger) children? Boys and girls?

- *Discuss appropriate roles of children in the family. Identify, especially, instances in which children assume responsibility for activities typically the responsibility of parents. How might this differ from role reversal, which is sometimes seen in abusive families?*

5. Who made what kinds of decisions in your family? Which were made by your mother, your father, or other family members? Any joint decisions? What influence was extended by family, grandparents, or others living in the home? What decisions were children permitted to make for themselves?

- *Discuss the patterns of authority and power in the family, the roles of various family members, and the relationships between parents and extended family in managing family life. Assess the flexibility of roles in some cultures and the rigidity of roles in others.*

6. Who did your family turn to for help and support in times of need or trouble? Did you help yourselves? Did you turn to immediate, close, or extended family? A wide range of extended family and friends? A church group? A community? Did you turn to "professional" helpers (the plumber, the electrician, a counselor, the bank)?

- *Identify different sources of family support, and discuss attitudes about sharing information about personal problems with other people.*

7. Did any adult other than your parents take care of you for a period of time or have a strong influence on your development? How did you feel about being cared for by people other than your parents? What was your relationship with relatives? What part did aunts, uncles, cousins, grandparents, non-blood family, and godparents play in your life?

- *Discuss the differences in child rearing responsibilities between cultures in which the nuclear family is the exclusive seat of child care, and cultures in which a widely extended family, including unrelated persons, may have child care responsibilities.*

8. What were your family's values and beliefs about the following:

- Respecting your elders
- Sex outside of marriage
- Pregnancy outside of marriage
- People who didn't work regular jobs
- Formal education
- Talking to people outside the family about family matters
- Finances, money, and the importance of money and success
- The major life goals your family had for you
- Cultural groups different than yours

- *Ask participants to identify specific ways in which strict adherence to their own values can create biases that might potentially interfere with their ability to understand or relate to persons from different cultural backgrounds.*

9. Which of your family's values and patterns of behavior do you still adhere to and which have you changed?

- *Discuss ways in which the participants' values and beliefs have changed as a result of having reached adulthood and moved out of their families of origin. Identify ways in which they have adopted or "assimilated" values different from those of their parents.*

Practice Wheel At The Car Lot

Engage participants in a discussion about how the practice wheel is evident in many areas of our everyday lives. Use an example, like the one below, to facilitate the discussion. You could also use other day-to-day activities, such as going to a restaurant, etc.

The Practice Wheel at the Car Lot:

Engagement: When you go to buy a car, what is the first thing that happens when you step onto the car lot? You are greeted by a salesperson. What does he/she do next? He/she utilizes some type of engagement to build trust and connect to you. Have the group share some examples of how that may have happened for them.

Teaming: You are often asked by the salesperson if you are shopping alone or with someone. Or they may ask how they can (the salesperson) assist or ask "What can I do to get you into a car today?" The salesperson is demonstrating a form of teaming.

Assessment: Next the salesperson might ask you what type of car would meet your needs. You need a car that will...comfortably hold 5 people, is sporty, gets good mileage, etc. This is a demonstration of assessment and understanding.

Planning: Then you and the salesperson plan to meet your needs by looking at cars that meet your criteria and discuss how payment would need to be structured.

Implementation: After the plan is developed, you implement the plan....you

test drive the car. While test driving the car, you realize you really want more cup holders, you would like a red car instead of black, the car used an excessive amount of gas, etc.

Tracking and Adaptation: When you arrive back at the car lot, you share your experience with the salesperson. The plan is then adapted to reflect the amenities you would like and the desire to have a hybrid. Two days after you purchase the car, the salesperson calls you to complete a satisfaction survey of your experience in purchasing your new car to track customer approval.

Resistance Skill Practice

- Remind the group that in child protective services, the processes of engaging clients and working through resistance often occur simultaneously. As mentioned earlier, methods for engaging clients are also useful in managing resistance.
- Distribute the handout **Resistance Case Scenarios** and conduct either a large or small group discussion to identify strategies for managing Ms. Smith's and Mr. Phillips' resistance while engaging them in collaborative relationships. If there is not time to conduct discussions about both case examples, discuss the Phillips case scenario.
- Strategies for managing the clients' resistance and engaging them in a collaborative working relationship follow each scenario below. The group may develop different, equally valid strategies. Engage the group in critiquing suggested strategies.
- Alternately, or additionally, depending on how much work participants seem to need, you may practice having the group develop strategies for dealing with resistance with the Gatewood family.

Smith Case Scenario

Ms. Smith is a 40-year-old single mother of two girls, seven and ten. She was referred for alleged abuse of the seven-year-old but states she doesn't know how the child was hurt. Ms. Smith's husband left her when she was pregnant with the younger girl, and she has had a series of unsuccessful relationships since then. She reports serious financial problems due to a recent job loss and great frustration with the girls "constantly needing things." She is angry at her former employer who fired her "for no reason," and is angry at the school that keeps "bugging" her about fees, books, field trips, and school supplies. Now, Ms. Smith is angry at the worker's intrusion and asks, "Why don't you people just leave us

alone?" This is the FSWs first visit to the home.

Content to be Discussed:

- The worker should try to defuse Ms. Smith's anger by empathizing with her situation, then gradually returning to the issue of the child's injuries.
- The worker could state that she is required to help the family resolve the problems that led to court intervention, and that the most important thing now is to determine how the worker and client can work together to prevent further injuries. If further explanation is needed, the worker could state that she knows from experience that serious frustration and family problems can lead parents to do things they did not mean to do. (example of being straightforward about the nature of the relationship and purpose of this visit while remaining empathetic).
- The worker should empathize with her difficult situation, (i.e., the pressure from school, her financial problems and feeling frustrated or upset when she cannot buy the things her daughters need).
- The worker should probe for strengths. For example, saying "no" to the daughter's requests for unnecessary items in order to have money to pay for necessities. (example of recognizing strengths)
- The worker should empathize with Ms. Smith's desire to manage the family without intervention. The worker should recognize this as strength. (example of surfacing and honoring resistance)
- The worker should probe for any other reasons why Ms. Smith prefers to be left alone. For example, is it embarrassing to have a caseworker involved with her family? Does she think this means she is an inadequate mother? (example of exploring resistance)
- The worker should explore with Ms. Smith how they might work together. It may not be necessary to insist that Ms. Smith admit to maltreating her daughter – that may come later. The worker should, however, help negotiate ways in which Ms. Smith could accept some help from the worker, including helping her recognize the benefits of developing a case plan and helping her complete it. (example of exploring ways to resolve resistance)
- Before the visit ends, the worker should set a time to discuss these issues further with Ms. Smith.

Phillips Case Scenario:

Mr. Phillips is a single father of four children, ages 6 to 15. His wife died

in an accident last year and, since then, he has struggled with grief and depression. Mr. Phillips no longer looks for work (he had been a contract painter) and seldom interacts with the children. The older two children take care of the younger two, but have asked for help and support from their father to no avail. When the CPS Assessment worker arrives at a pre-arranged noon visit, Mr. Phillips hasn't been up yet and is distant, pre-occupied, and listless. His first comment to the worker is, "We're doing just fine here and don't need any help."

Content to be Discussed:

- The worker should gently remind Mr. Phillips why the case was opened. (Example of being straightforward about the purpose of agency intervention)
- The worker should demonstrate her knowledge about how grief and depression rob people of energy to complete their daily living responsibilities. The worker should empathize with the difficulty he is having with accomplishing daily tasks. (Example of using empathy)
- The worker should compliment any strengths evident in the home, and acknowledge that Mr. Phillips' desire to care for his children without intervention from children services is admirable. (Example of searching for and complimenting strengths)
- The worker may be able to empathize with the client's frustration and anger that, because of his current situation (i.e., grief and/or depression) he currently cannot care for his children without intervention. (Example of empathy and surfacing and honoring resistance)
- The worker should explore other reasons why Mr. Phillips resists agency intervention. For example, does he feel useless as a father? Does he feel that he should be able to "snap out of" his grief without any help? Is he embarrassed? (Example of further exploring resistance)
- The worker should explore ways in which she could help Mr. Phillips. (Example of exploring possible ways to resolve the resistance)
- The worker will eventually need to identify strategies to help him care for his children despite his grief and, perhaps, strategies for managing his grief. (Example of providing services to the family and demonstrating the worker's ability to help the family.)

What Do You Know? Identifying Child Abuse and Neglect

Estimated Time: 25 minutes

Materials: What Do You Know? Activity Handout.

Have participants individually complete the handout (5-10 minutes). Remind participants of the allegations of harm and referral criteria. After they have finished the quiz, debrief the responses.

Determine whether these situations would constitute maltreatment.

1. A 2 ½ year old has a bruise on the forehead, centered between the eyes. Her mother says she was running and tripped and stumbled into a door jamb. This injury was likely to have been inflicted by abuse. True or **False**
2. A 3 year old has stocking burns on both his feet, with well demarcated lines around the ankles. Her father says the child was standing in the tub and turned on the hot water. This injury was likely to have been inflicted by abuse. **True** or False
3. A 3 month old infant is brought to the hospital in a semi-coma. The aunt says she has no idea what's wrong – the baby was OK until yesterday. There are no bruises. X-ray reveals subdural hematoma, or a blood clot on the brain. This injury was likely to have been inflicted by abuse - **True** or False
4. A seven year old takes his four year old brother out back and makes him pull his pants down. This is a sign of sexual abuse - True or **False**
5. A 2nd grade child is fearful and anxious about going home, and tells the teacher she would rather stay at school. This is an indicator of abuse - **True** or False
6. A child's parents use traditional healers for health care. This is medical neglect. True or **False**
7. A child is not immunized - This is medical neglect. True or **False**
8. A family's strengths can offset the risk of abuse - **True** or False
9. A child is neglected when he/she is cared for by multiple care givers. True or

False

10. A child who is developmentally challenged and acts out is more likely to be abused than a compliant child. **True** or False