



Department of
Children's Services



CORE Foundations Week 2

Facilitator Guide

Tennessee Department of Children's Services | CHPS1000 | Ver. 23.04



Curriculum Information

- CORE Week 2
- Training Credit: GROUP 5 = 29.5 Training/floor hours.
- Trainers will give participants two 15-minute break daily.
- This curriculum was developed by the State of Tennessee Office of Training and Professional Development.

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Learning Objectives

- Participants will continue to develop an understanding of their role working at the Department of Children's Services.
- Participants will have a greater understanding of time management in child welfare.
- Participants will understand the benefits along with internal and external barriers.
- Participants will evaluate their own time styles and learn tools to assist with how to manage according to their results.
- Participants will gain knowledge on Energy Levels.
- Participants will gain knowledge on Covey's Time Management Matrix and be able to apply the matrix to child welfare work.
- Participants will understand CFSR and how the worker goes above and beyond to meet expectations of the family.
- Participants will understand the importance of quality contacts and documentation and how they relate to and impact safety, permanency, and well-being.
- Participants will be able to define and understand the characteristics of purposeful, quality contacts.
- Participants will understand the three phases of a quality contact. Participants will be aware of buzzwords and how they can impact documentation and concerted Efforts.
- Participants will understand the importance of integrating assessments

into case practice and understand global assessment.

- Participants will be knowledgeable of childhood developmental milestones. Participants will learn and demonstrate basic childcare practices.
- Participants will be knowledgeable of basic medical needs and when to seek treatment.
- Participants will understand the role caregivers play in strengthening child development.
- Participants will review strategies and discuss building resiliency in children.
- Participants will have a greater understanding of Comfort Rules and how to reach consensus in a CFTM.
- Participants will have a greater understanding of the history of the CFTM Process used in Tennessee.
- Participants will receive an overview of the CFTM Guide.
- Participants will have a greater understanding of how CFTMs relate to CFSR and best practice.
- Participants will understand the Stages of the CFTM including the Preparation Stage prior to the formal meeting.
- Participants will learn the role of the facilitator in a CFTM.
- Participants will learn engagement strategies to implement when the role is both case manager and facilitator.
- Participants will have a better understanding of the importance of communication skills in a CFTM.
- Participants will receive strategies and have a greater understanding of dealing with challenging behaviors in a CFTM.
- Participants will be able to demonstrate and model effective teaming using formal and informal resources.

- Participants will identify how to assess if the CFTM was quality.
- Participants will identify how to transfer information into field practice.
- Participants will understand we use minimal questioning to yield information necessary to provide for the child's immediate safety and immediate medical needs.
- Participants will understand the importance of Safe Sleep practices.
- Participants will recognize the ABC's of Safe Sleep.
- Participants will differentiate between unsafe sleep positions and environments and Safe Sleep positions and environments.
- Participants will be familiar with the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture.
- Participants will understand the process for accessing and replenishing Safe Sleep furniture.
- Participants will be able to assemble Pack 'n' Play Safe Sleep furniture.
- Participants will learn Tennessee Child Passenger Safety Seat Laws and achieve basic understanding of car seat systems.
- Participants will learn to identify correct use and misuse and be able to guide others in choosing and installing car seat systems.
- Participants will be an advocate for child passenger safety laws and enforcement and understand how to reduce personal liability.
- Participants will learn how to correctly install rear-facing, forward-facing, and booster seats using the seat belt and/ or LATCH.
- Participants will be able to define conflict and its potential impact on relationships.

- Participants will be knowledgeable of different conflict positions in conflict resolution.
- Participants will understand the importance and role of communication in the prevention and/or resolution of conflict.
- Participants will examine “triggers” and “de-escalation” strategies for intervening in the traumatic response and supporting trauma impacted children/youth.
- Participants will be introduced to the concept of ambivalence in child welfare.
- Participants will gain understanding of the causes of ambivalence and how to decrease ambivalence with Motivational Interviewing (MI).
- Participants will become familiar with resistance, sustain talk and discord.
- Participants will become knowledgeable of change talk and how to evoke change talk.
- Participants will become aware of Preparatory language (DARN) and Commitment language (CAT).
- Participants will be able to identify DARN CAT when you hear it practice.
- Participants will have knowledge of how to evoke Change Talk.
- Participants will understand how to use the readiness ruler and decisional balance strategy.
- Participants will understand the laws and policies related to protecting children and youth at risk of CSEM.
- Participants will demonstrate how to apply the definition of CSEM to determine if trafficking is occurring.
- Participants will recognize the indicators and risk factors of CSEM and the dynamics of sex trafficking relationships.

- Participants will understand DCS policy for identification, intervention, and reporting of CSEM and case manager tasks.
- Participants will understand the challenges of engaging with trafficked youth and how to use effective strategies.
- Participants will be aware of the impact of CSEM and needs of CSEM survivors.
- Participants will recognize the immediate and long-term health care needs of trafficked youth and be aware of local and statewide resources.
- Participants will conducting a thorough assessment while identifying family needs, strengths, contributions to maltreatment, and resources to promote children's safety.
- Participants will assess their personal safety when working with families.
- Participants will identify risks to their safety and adjust their behavior accordingly.
- Participants will assess their own personal wellbeing and identify strategies for taking care of themselves.
- Participants will be empowered for the next steps in the Pre-Service Process.

Materials Checklist

Materials needed for this curriculum:

- CORE Week 2 Facilitator Guide and Power Point / Annotated Agenda
- Time Management Facilitator Guide and PowerPoint
- Quality Contacts Facilitator Guide and PowerPoint
- Child Care Basics Facilitator Guide and PowerPoint
- Child and Family Team Meeting for the Case Manager Facilitator Guide and PowerPoint
- Safe Sleep Facilitator Guide and PowerPoint
- Child Passenger Safety Facilitator Guide and PowerPoint
- Communicating for Conflict Resolution Facilitator Guide and PowerPoint
- Commercial Sexual Exploitation of Minors Facilitator Guide and PowerPoint
- Google Classroom Resources/Handouts
- Base Camp: Case Family Handouts: Collateral Interviews
- 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)

Day	Units/Lessons	Time	Learning Objectives	Activities
Day 1	Unit 1: Welcome	25 min		
	Unit 2: Time Management	120 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
Day 1 & 2	Unit 3: CFSR/Quality Contacts	285 min	<ul style="list-style-type: none"> • See QC FG on Base Camp 	
	Unit 4: Child Care Basics	180 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
	Unit 5: CFTM for the Case Manager	240 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
Day 2 & 3	Unit 6: Minimal Facts	90 min		
	Unit 7: Safe Sleep	60 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
	Unit 8: Child Passenger Safety Seat and Installations	180 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
Day 4	Unit 9: Communicating for Conflict Resolution	210 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
	Unit 10: Motivational Interviewing	135 min		
Day 4 & 5	Unit 11: Commercial Sexual Exploitation of a Minor	240 min	<ul style="list-style-type: none"> • See FG on Base Camp 	
	Unit 12: Case Work	90 min		
	Unit 13: Personal Safety and Well-Being	40 min		
	Unit 14: Wrap-Up	15 min		

Unit 1: Welcome Back

Unit Time: 25 minutes

Learning Objectives:

- Participants will continue to develop an understanding of their role working at the Department of Children's Services.

Supporting Materials:

- CORE Week 2 Power Point

Lesson 1.1 Welcome Back

Lesson Time: 25 Minutes

Key Teaching Points / Instructions

- **PRIOR TO CLASS: POST** the following 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)

- **GREET** participants and **WELCOME** them back.
- **INTRODUCE** any new Trainers to the group and have them share information about their previous experiences working with children and families in the child welfare system.
- **PROVIDE** any housekeeping information for the training location i.e., restrooms, break room, safe room, closest exit, location if office emergency occurs, and smoking areas. **INFORM** the participants lunch and break times are flexible and may be changed if needed.
- **DISTRIBUTE** sign-in sheets. **ALLOW** time for laptop/tablet log-in and assist with any technical issues.
- **INFORM** the group we will begin the day by answering any questions participants have from the previous week.
- **REVIEW** the Core Week Two Agenda:
 - Time Management
 - Child and Family Team Meeting for the Case Manager
 - Child Care Basics
 - CFSR/Quality Contacts
 - Minimal Facts
 - Safe Sleep
 - Child Passenger Safety and Installations
 - Communicating for Conflict Resolution
 - Motivational Interviewing
 - Commercial Sexual Exploitation of Minors
- **DISCUSS** Training expectations and **REVIEW** comfort rules developed during the **INTRODUCTION** and **CORE WEEK 1** and **ASK** if any adjustments need to

be made or additional rules need to be added. **REINFORCE** the importance of genuineness, empathy, and respect in the training environment as well as the concept of Do No Harm. **ASK** participants if they can continue to agree to support the comfort rules.

- **EXPLAIN** the comfort rules may be revisited or revised at any point during the training week as needed.
- **TRANSITION** to Unit 2 Time Management.

Unit 2: Time Management

Unit Time: 2 hours

Learning Objectives:

- Participants will have a greater understanding of time management in child welfare.
- Participants will understand the benefits along with internal and external barriers.
- Participants will evaluate their own time styles and learn tools to assist with how to manage according to their results.
- Participants will gain knowledge on Energy Levels.
- Participants will gain knowledge on Covey's Time Management Matrix and be able to apply the matrix to child welfare work.

Supporting Materials:

- Time Management Facilitator Guide and Power Point

Key Teaching Points / Instructions

- **TRAINER NOTE:** Please refer to the Time Management Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 3: CFSR/Quality Contacts

Unit Time: 4 hours and 45 minutes

Learning Objectives:

- Participants will understand CFSR and how the worker goes above and beyond to meet expectations of the family.
- Participants will understand the importance of quality contacts and documentation and how they relate to and impact safety, permanency, and well-being.
- Participants will be able to define and understand the characteristics of purposeful, quality contacts.
- Participants will understand the three phases of a quality contact. Participants will be aware of buzzwords and how they can impact documentation and concerted Efforts.
- Participants will understand the importance of integrating assessments into case practice and understand global assessment.

Supporting Materials:

- CORE Week 2 Facilitator Guide and Power Point

Lesson 3.1 Child and Family Service Review

Lesson Time: 45 Minutes

Key Teaching Points / Instructions

- **REMIND** participants of CFSR (Child and Family Service Review). **STATE** we are going to discuss CFSR and all you need to know to meet requirements in daily practice.

- **SHARE** The Child and Family Services Reviews enable the Children’s Bureau to: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes.
 - **EXPLAIN** Ultimately, the goal is to help states improve child welfare services and achieve the following seven outcomes for families and children who receive services. Those 7 outcomes are divided into three categories: Safety, Permanency and Well-Being. We’ll look at each individually.
 - **Safety**
 - Children are, first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes whenever possible and appropriate.
 - **Permanency**
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved for families.
 - **Family and Child Well-Being**
 - Families have enhanced capacity to provide for their children’s needs.
 - Children receive appropriate services to meet their educational needs.
 - Children receive adequate services to meet their physical and mental health needs.
- **BRIEFLY REVIEW** CFSR components and items requiring action.

- **ASK** How do we ensure in our daily practice we are meeting requirements?
ELICIT thoughts from the group. **ENSURE** the following are discussed:
 - Engagement of children, parents, and caregivers is a key part in the work we do. This may help with assessments, planning, service provision, safety, and moving faster towards permanency.
 - During contacts, conversations around safety, permanency, well-being, and case progress can help quality assessments and ensure the right services are in place for the child and family.
 - In visits or contacts, be mindful to ask about safety, permanency, well-being, case progress, and document all observations during that visit/contact.
 - Some examples: did the parent appear nervous or under the influence, was the child observed to be meeting developmental milestones by grasping items, eating on their own, saying their A,B,C's. Did the foster parent appear to be feeling overwhelmed or stressed over a child's behaviors.
 - These are things we need to be mindful for and watch for during our visits and contacts. Then discuss with the appropriate individuals how to address these needs to help move forward.
- **SHARE** The Federal Government has expectations that the worker goes **above and beyond** to meet expectations of the family. This is what they call "Concerted efforts."
 - Concerted efforts should consist of documented efforts or attempts to engage a family
 - Offer services to a family
 - Assess a family on an ongoing basis

- Updating plans and formal assessments to ensure an accurate depiction of the child or family is obtained
- Engaging the individual to discuss case progress and have open and honest conversations
- Asking about safety, permanency, and well-being for all children.
- Concerted efforts are more than just a one and done. They're ongoing efforts.
- Regional Policy is a mandated expectation of the requirements needed to meet these goals. Regional policy is established as the minimal expectations to ensure we're meeting goals for all cases, but not setting expectations too high to set someone up to not meet goals. They're centered around meeting Title IV-E requirements.
- Regional Protocol is what your region's goals are and what your Regional Leadership has set up to ensure Regional goals are met, as needed.
- **SHARE** ideas how we can achieve reasonable efforts including:
 - Vary the time of day and location when attempting to locate a family for response.
 - Collateral contacts - talking with extended family, friends, neighbors, school, employers, landlords to locate, identify supports for the child and family, as well as gain insight about their needs.
 - Consistent follow-ups regarding assessments or well-being needs of the child.
 - Ongoing discussions around services for the child and family.
 - Tracking and adjusting services as indicated by family needs and/or preferences.
- **EXPLAIN** Quality visitation/ contacts with children:

- A quality visit should be long enough to address the case circumstance and include one on one private time
- Discuss visitation with parents/siblings, the child's well-being (physical, dental, mental, behavioral, etc.), the child's services (therapeutic, medication management, etc.), safety, permanency plan progress, safety plan (if one is in place), etc.
- Developmentally appropriate conversations and interactions regarding the children's safety, permanency, and well-being.
- Informally assessing the child and their environment through observations and conversations.
- Follow up on any issues, concerns, or questions from the previous months visit.
- **STATE** You are the expert:
 - You are the one working with the child and family day in and day out. **YOU** are the expert.
 - Use quality documentation to show all the concerted efforts you have made on the case. This will allow others to get a better understanding of the case and all the work you have put into it. It is less information you will have to try and remember later down the road.
 - Ensure you upload case documents pertaining to the case.
 - It will make it easier for someone else to step into your place when you finally get that winning lottery ticket and move to the Bahamas.
- **EXPLAIN** we want cases to go "as smooth as butter."
 - From case opening to case closure – it must be seamless.

- Remember when working with provider agencies, service providers, community members, attorneys, or anyone else who may be involved with the case, communication is key.
- Utilization of team members through the use of formal CFTM's and informal planning conversations to discuss action steps is a great way to partner together to support the family.
- The more supportive people that are involved, the smoother a case will flow from start to finish. This in turn could help alleviate some of the daily stress by sharing the responsibility.
- Building a strong team from the beginning will help ensure the success of the children and families we serve.
- **SHARE** family and natural supports are important in this process.
 - Keep in mind, that just because a family member/kin cannot be a placement option for a child they can still be utilized as a support person. Diligent searches can help you identify these individuals.
 - Here are some examples of ways to explore additional support:
 - Moral support/Encouragement
 - Transportation
 - Accountability
 - Relapse plan/Support
 - Baby sitting
 - Preserving connections
 - Writing letters, phone calls, visitation
- **STRESS** Ongoing Diligent Searches are required throughout the life of the case.

- Diligent Searches should be conducted on all non-custodial and custodial parents, caregivers, and/or relatives when their location is unknown.
- Diligent Search efforts are a vital part of casework as this can assist with timely permanency, engagement to help facilitate services, planning together to form the most appropriate action steps, informal assessments to best determine the needs of the family, and help assist with the overall well-being of the child.
- ALL diligent searches should be captured in your documentation to show as evidence of your efforts to locate that individual. Any conversation you have with a child, parents/caregivers, relatives, friends, or other collateral contacts about the whereabouts of that individual is considered a diligent search if it is documented.
- Only completing a CLEAR search is **NOT** a diligent search. A CLEAR search is a tool to help you conduct a diligent search. You will need to call all possible numbers listed, contact relatives listed, and mail letters to all last known addresses.
- **EXPLAIN** What Diligent Search IS NOT to participants:
 - Talking to a parent about what time the following day's court hearing starts.
 - Sending the same letter to the same person at the same address more than once as an attempt to locate them with no other efforts documented.
 - Sending ICPC paperwork to Central Office.
 - Waiting an indefinite period of time for a parent to return a phone call with no other efforts documented.
 - Documenting a CLEAR search without utilizing the information on it.

- **EXPLAIN** What Diligent Search IS to participants:
 - Getting the grandparents' addresses from a known parent or the child and sending them the Family Notification Letter.
 - Asking the mother when her child is removed if she can identify any family or friends as possible placement options for the child.
 - Calling the utility company to find dad's address and following up with a visit to the address.
 - Asking the child for his coach's contact information and contacting the coach to engage him in the Team
 - Engaging a newly located aunt to supervise visitation between the child and parents.

- **SHARE** These are some things that can help to preserve a placement:
 - Partnering with your resource parent support or provider worker
 - Including them in case planning discussions as laid out in the foster parent handbook:
<https://files.dcs.tn.gov/policies/chap16/FPHandbook.pdf>
 - Offering services, identifying supports, offering respite, monthly conversations/check ins
 - Think outside of the box –all ideas have potential!

- **EXPLAIN** Informal and Formal Assessments are required to help identify needs and to ensure we are addressing those needs and the progress being made by the family.

- **EXPLORE** what part or parts of the Practice Wheel are you using at this time with your families.
 - Remember, proactive, not reactive.
- **STRESS** How to explain CFSR to others: This process serves as an annual qualitative review process that helps us determine as a Department what is working and what opportunities we have to improve upon for the children and families we serve in our practice. The process is utilized widely on a national level by all Public Child and Family Service Departments across the nation and helps aid in the process for the identification of trends and patterns in overall practice; as well as a tool that can be used by front line staff to look at trends, strengths, and needs within individual cases.
In other words ... it's a report card for the Department.
- **SHARE** These efforts could increase the likelihood for a positive outcome for child and family. This aligns with best practice.
 - Concerted Efforts
 - Diligent Search Efforts
 - Quality Visits/Contacts
 - Supports
 - Assessments
- **ASK** if there are any questions?
- **THANK** participants for their participation and **TRANSITION** to Quality Contacts.

Lesson 3.2 Quality Contacts

Lesson Time: 240 Minutes

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Quality Contacts Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 4: Child Care Basics

Unit Time: 3 hours

Learning Objectives:

- Participants will be knowledgeable of childhood developmental milestones.
Participants will learn and demonstrate basic childcare practices.
- Participants will be knowledgeable of basic medical needs and when to seek treatment.
- Participants will understand the role caregivers play in strengthening child development.
- Participants will review strategies and discuss building resiliency in children.

Supporting Materials:

- Child Care Basics Facilitator Guide
- Child Care Basics PowerPoint

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Child Care Basics Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 5: Child and Family Team Meeting for the Case Manager

Unit Time: 4 hours

Learning Objectives:

- Participants will have a greater understanding of Comfort Rules and how to reach consensus in a CFTM.
- Participants will have a greater understanding of the history of the CFTM Process used in Tennessee.
- Participants will receive an overview of the CFTM Guide.
- Participants will have a greater understanding of how CFTMs relate to CFSR and best practice.
- Participants will understand the Stages of the CFTM including the Preparation Stage prior to the formal meeting.
- Participants will learn the role of the facilitator in a CFTM.
- Participants will learn engagement strategies to implement when the role is both case manager and facilitator.
- Participants will have a better understanding of the importance of communication skills in a CFTM.
- Participants will receive strategies and have a greater understanding of dealing with challenging behaviors in a CFTM.
- Participants will be able to demonstrate and model effective teaming using formal and informal resources.
- Participants will identify how to assess if the CFTM was quality.
- Participants will identify how to transfer information into field practice.

Supporting Materials:

- CFTM for the Case Manager Facilitator Guide
- CFTM for the Case Manager Brains PowerPoint deck

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the CFTM for the Case Manager Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 6: Minimal Facts

Unit Time: 1 hour and 30 minutes

Learning Objectives:

- Participants will understand we use minimal questioning to yield information necessary to provide for the child's immediate safety and immediate medical needs.

Supporting Materials:

- CORE Week 2 Facilitator Guide and PowerPoint

Lesson 6.1 Minimal Facts

Lesson Time: 90 Minutes

Key Teaching Points / Instructions

- **STATE** Since the child's interview could be the majority of the evidence in your case, we don't want to mess it up by doing improper interviews.
- **EXPLAIN** We do child interviews to determine Safety/Risk. Our global assessment can be guided by FAST questions.
 - Global Assessment: These interviews are conducted with all members of the family to assess for strengths and needs in a comprehensive, holistic manner. The global assessment interviews are conducted by the DCS case manager.
 - Minimal Facts: This is to be used when needing to determine immediate safety when perpetrators may still have access to the victim(s). This should not be standardly used on all cases. The minimal facts interview is conducted by the DCS case manager or law enforcement.

- Forensic Interview: This is a structured conversation with a child intended to elicit detailed information about a possible event(s) that the child may have experienced or witnessed. This interview is conducted by forensic interview specialists.
- **SHARE** Minimal Facts Interviews are:
 - A Minimal Facts Interview is usually conducted by the Case Manager in a child abuse investigation, most commonly in sexual abuse cases. In some instances, it may also be conducted by a law enforcement officer.
 - Minimal Facts Interviews are used to obtain the very **basic facts** concerning the alleged abuse that allow a case manager to provide for the child's immediate safety and immediate medical attention.
- **EXPLAIN** What is a minimal facts interview?
 - May be part of initial contact.
 - A basic fact-finding, brief interview conducted with a child regarding allegations of abuse.
 - Uses **minimal questioning** to yield information necessary to provide for the child's immediate safety and immediate medical needs.
 - Are only done when required and in consultation with CPIT partner.
 - Providing for the child's IMMEDIATE SAFETY AND MEDICAL ATTENTION is different than assessing the ACV/family/home for safety and risk.
- **STATE** What are the goals of minimal facts interviews?
 - Gain information from the child that is needed to provide for the child's immediate safety and immediate medical attention.
 - Prevent repetitive interviews which can be psychologically harming to the child as they repeatedly experience details of the abuse.
 - Repetition of disclosure is not corroboration.

- Inconsistency or non-repetition in details doesn't mean it was false but can affect court outcomes.
- Providing for the child's IMMEDIATE SAFETY AND MEDICAL ATTENTION is different than assessing the ACV/family/home for safety and risk.
- **SHARE** What information do we need?
 - Was a disclosure made?
 - We only need to identify ONE jurisdiction to begin the process. We do not need to obtain information during initial contact about other jurisdictions, as this will be clarified during the forensic interview. If we already know the location of one incident, this does not need to be asked.
 - Timeframe – to determine if an emergency medical examination is needed, did it occur in the last 72-96 hours?
 - WHO is the alleged perp (in-home person, do they meet our relationship criteria)?
 - HOW SOON will the AP have contact again?
- **EXPLORE** When Is a minimal facts interview necessary?
 - Only if we need some or all of the information needed to determine:
 - Is there an immediate safety risk?
 - Are there immediate health needs or possible physical evidence?
 - Consider: Who is the referent? Is there a non-offending caregiver we can talk with for more details and need to ask if non-offending caregiver aware of abuse.
- **EXPLAIN** What is not a minimal facts interview?
 - A complete exploration of all events of sexual abuse.
 - A way to confirm that the child has disclosed abuse before scheduling a forensic interview.

- Should not be asking detailed follow-up questions especially facts related to the details of the abuse.
- Should not ask “WHY” the abuse occurred, it implies that the child is to blame.
- **STATE** If a child discloses to the teacher or another trusted adult, we cannot expect that they would then disclose to us (a random stranger, while at school or at home where the AP likely is). We need to give them the opportunity to do an FI in a trauma-informed and child friendly location. We need to just schedule the FI.
- **ASK** Do we need to do a minimal facts interview? **SHARE** scenario: Case Manager (CM) Bryant conducted a visit at the family home. CM Bryant was met at the door by Ms. Archer and spoke to her privately. Ms. Archer said her daughter Dana (ACV) informed her last night that Uncle Marco "molested" her one time at his home in Shelby County about two weeks ago. Ms. Archer reported she confronted Marco and he denied the allegation, and Dana will not have any contact with Marco ever again. Ms. Archer reported everyone in their immediate family is aware of what is going on since Dana disclosed to Ms. Archer, and Marco will not have any access to children in the family. Ms. Archer reports this is the first time there has ever been a concern involving Marco. CM Bryant explained the investigative process and Ms. Archer reported understanding the process.
 - **ELICIT** answers from the group.
 - Answer: NO. The trusted adult, the mother, provided all of the information we need to plan for safety and potential medical needs.
 - Disclosure? **YES** Where? **SHELBY COUNTY (jurisdiction)** When? **ABOUT TWO WEEKS AGO (immediate medical exam not needed)** Who? **UNCLE**

- MARCO, (family member, meets criteria)** When will AP next have access? **HE WON'T HAVE ACCESS, FAMILY IS PROTECTIVE**
- Next steps?
 - **SHARE** Consider before doing a minimal facts interview:
 - Choose a **location** away from where the alleged abuse occurred.
 - **Never** talk to the child in the presence (or proximity) of the alleged perpetrator.
 - Where can we talk to the child that will be private and allow them to feel safe?
 - Be aware of how the location affects the child:
 - School – office/guidance?
 - DCS office?
 - **EXPLAIN** NOT the location of alleged abuse:
 - Child's bedroom/home could be traumatizing. If you **MUST** talk to the child at their home, at least ask the child where he/she would feel most comfortable talking to you.
 - **SHARE** Children may not be ready to tell you:
 - Because of who you are (DCS, police) – the child may fear authority figures
 - Initial disclosure was upsetting
 - Events of abuse are emotional/upsetting & don't want to tell a stranger.
 - They may have been threatened by the perp or told not to tell.
 - May not have been believed previously.
 - "I got it off my chest already..."
 - Best predictor of getting a disclosure of abuse is if there has been a previous disclosure and the child perceives a positive outcome or the child feels safe disclosing.

- **EXPLORE** Initial ACV contact: Sex Abuse allegation, ACV's dad is the AP.
SHARE Scenario: Case Manager (CM) spoke with Margaret alone in the living room of her home. Margaret was dressed in a blue shirt and jeans with no visible marks or bruises observed. Margaret stated she is ten years old and attends Marshall Middle School. Margaret said her father made her smoke marijuana. CM asked Margaret if she had ever seen her father use drugs and she said she has seen him smoke marijuana. Margaret understands there are places on her body that no one should touch, and she denied that her father has ever touched her in a sexual way. CM asked if anyone else ever touched her in a sexual way, and Margaret replied yes. CM asked Margaret if her father leaves her home alone and she replied yes, all the time.
- **ELICIT** answers from the group. Good or Bad Example? Answer: **BAD**
EXAMPLE The ACV made a disclosure of sex and there is no Minimal Facts done – the info needed to make a safety decision with regard to that new allegation was not obtained. Also, the location could be a problem - in the family home, living room. Was the child at least asked where she would be most comfortable talking?
 - What other questions should the worker have asked to gain the information needed for a minimal fact interview.
- **SHARE** Some rules for minimal facts interviews
 - Talk to the child alone.
 - Show interest in what child is saying.
 - Use open-ended questions.
 - Avoid leading questions.
 - Don't go further than you need to.

- Document your questions & child's responses.
- **EXPLAIN** A minimal facts interview may include:
 - Exploring body parts and areas that may have been touched using child's word.
 - Who is the perpetrator? (Age and relationships to the child, if the perpetrator has access to other children)
 - Age of the victim/alleged perpetrator(s)
 - Where did it happen? (Location, Jurisdiction, only one is needed to begin, the rest can be identified later)
 - When did it happen last? We need to determine if immediate medical attention is necessary, if abuse has taken place within 72 hours, a medical exam is usually necessary to gather evidence. Consult with your supervisor to discuss where the exam will take place.
- **STATE** Minimal facts interview format:
 - Introduction (you & your role today)
 - Rapport building
 - Transition to concerns reported
 - Limited questioning
 - Set the stage for FI
 - Thank the child
- **STATE** Let's move on and discuss each segment individually.
 - Introduction
 - Your name
 - Profession (in child's terms)
 - *"I talk to kids about things that have happened to them."*

- *"I talk to kids to find out how they are doing/if things are okay/if they are safe."*
- Rapport
 - Talk about everyday things & topics that interest the child.
 - *"Tell me about your favorite sport/pet/subject in school".*
 - Show interest in what the child has to say.
 - Explore the child's interests.
- Transition Questions
 - *"Do you know why am I here today?"*
 - *"What did your Mom/Dad/teacher (whomever brought them to you) say about coming to speak to me today?"*
 - *"I heard that someone is worried that something may have happened ..."*
 - BOTHERED....not TOUCHED. Don't give the child the words they may use in their disclosure.
- Child says something happened. Now what?
 - **Confirm** WHO, WHERE, WHEN, AND NEXT ACCESS.
 - **Do not ask for specifics** regarding type of touch, number of times, or any other details.
 - It is okay to ask if the victim knows if this has happened to anyone else.
 - **Transition** to explaining next steps/FI.
 - **Redirect** the child from sharing more.
 - "What you're saying is very important. I'd like you to talk to someone else about this somewhere where you can be more comfortable. Is that okay?"

- This is the same process if you are investigating a different type of allegation and the child happens to also disclose to you some sort of sexual abuse
- **EXPLAIN** Role Play Scenario:
 - You are each given a brief scenario.
 - Write down 3-5 questions to ask the ACV during your minimal fact interview.
 - You have about 5 minutes to write down your questions before we role play each scenario.
 - 5-year-old Susan disclosed to her teacher that her uncle Johnny touched her “cookie” a few nights ago, and she did not like it.
 - 10-year-old Mike disclosed her older brother has been coming into his room at night making him do things he shouldn’t.
 - 13-year-old Morgan told her friend Mary who reported to school counselor that Morgan has been forced to have sex with you step-dad for over a year.
 - 15-year-old Danny disclosed to his baseball coach that his older sister Michelle’s husband Michael has been raping him for about six months and he is supposed to go stay with them this weekend and he really doesn’t want to go because he knows what will happen.
- **STATE** Preparing the Family for the Forensic Interview:
 - Use less threatening language
 - Explain what a forensic interview is and how the interview takes place.
 - This conversation looks different for children and adults.

- Answer questions about the CAC and the next steps (do not just give appointment info)
- Explain to the family what a CAC is, what an FI is, and why we use this process. Trauma-informed and child friendly, etc.
- **EXPLAIN** Forensic Interview:
 - Who conducts a Forensic Interview? Forensic interviews are conducted by a specially trained Forensic Interviewer who is employed by the Children's Advocacy Center. A forensic interviewer is formally trained in the use of protocol, how children disclose abuse, child development, age-appropriate questioning.
 - What is a Forensic Interview? A fact-finding interview in which a child who is alleged to be a victim of abuse is questioned in a developmentally appropriate, non-suggestive and child friendly environment.
 - Why are Forensic Interviews important? To obtain detailed information in the child's own words about the allegations of abuse. This is to ensure the safety of the child and to gather facts for law enforcement in the investigative process.
- **SHARE** Minimal Facts Case Scenario:
 - Case Manager (CM) Rosco spoke privately with Becca (alleged child victim/age 12) at school. (After introduction and rapport). CM Rosco asked Becca if someone may be worried about her. Becca reported she has been "cutting" and "depressed" because something had happened to her. Becca stated her grandfather, Ben Trent is a truck driver, and she has gone with him to make deliveries on several occasions. Becca stated Mr. Trent "raped" her between the ages of 9 and 12, with the last time being about three weeks ago. Becca reported she did not know the exact

locations of these incidents, because it almost always happened in the truck. Becca reported Mr. Trent had also "raped" her about three times at his home in Cheatham County. Becca reported she has only recently told her mother, and she doesn't know if this has happened to anyone else. CM Rosco explained to Becca that what she was saying was very important and then CM Rosco explained to Becca about talking to someone at the Children's Advocacy Center (forensic interview process) and Becca stated she would be willing to participate in the forensic interview. CM thanked Becca for talking and asked if there was anything else she wanted to talk about which she replied no.

- Good example or bad? Answer: **Good Example!** Since Becca told her mother about the abuse, we can talk to the mother to ask about grandpa's next access to Becca, and then proceed with any safety planning from there.
- **FURTHER EXPLORE** Jurisdiction
 - In the previous case example did child disclose location of at least one incident? Answer: Yes, child disclose at least one location of sexual abuse.
 - Could there be various jurisdictions? When would be a good time to explore other locations and jurisdictions of abuse? Answer: Yes, during the forensic interview it would be explored of other locations or jurisdictions.
 - Which location or jurisdiction did the child disclose? Answer: Cheatham County was initially disclosed.
 - Would you notify Law enforcement before or after you spoke to the child? How do you determine which law enforcement officer needs to be

notified of incident (City or County)? Answer: If initial referral has allegation of sexual abuse, you would convene CPIT prior to going out on the case. If during your investigation sex abuse is disclosed once it is determined through minimal facts law enforcement would be notified.

- **SHARE** In this section, we will look at several examples of case recordings – Minimal Facts, FI, body safety interview, non-offending parent interview.
- **ASK** Non offending parent interview. Good or Bad? Scenario: Case Manager (CM) explained the Department of Children’s Services (DCS) process of investigating cases with allegations of a sexual nature. CM explained the process of presenting the case to the Child Protective Investigative Team (CPIT). CM explained what a Forensic Interview (FI) was and asked if the family agreed with allowing their child to have an FI.
 - **Answer: BAD EXAMPLE!** We appreciate the CM explaining all of these things to the family, and we should, except maybe the CPIT presentation. But, this case note really doesn’t tell us anything. Hopefully, these sentences are **part** of the parent/caregiver interview, along with a lot of other information.
- **ASK** Minimal Facts Documentation. Good or Bad? Scenario: Blake (age 9) stated she knew why Case Manager (CM) had come to talk with her. Blake stated people should not touch her private areas, which are where a swimsuit covers up. Blake stated a family friend who lives with her grandmother touched her inner thigh when she had shorts on, and he tried kissing her on the lips, but she pushed him away. Blake stated the friend continued to ask her to sit on his lap. CM asked Blake how many times this happened, and Blake said, “A few.” Blake stated she told her father and now

she doesn't go to her grandmother's home anymore. Blake stated she feels safe with her father.

- **Answer: Poor Example!** We cannot tell when was the last time this happened, if the AP is an adult/minor, the location (jurisdiction). If we can get that missing info from the father, then those things would not need to be asked of the ACV. Also, the CM asked how many times, and that is not something needed in Minimal Facts.
- **ASK** Assessing for Safety. Good or Bad? Scenario: Case Manager (CM) Lesley Hunter met privately with Emily (Alleged Child Victim) at the home of her grandparents to address the reported allegations and to assess for safety, permanency, and well-being. CM Hunter let Emily know she was not in trouble. CM Hunter explained her role and that she makes sure children are safe. CM Hunter asked Emily what it meant to be safe, and she stated that it means you are okay. CM Hunter asked if she felt safe and she stated yes. Emily stated she lives with her "Granny and Grandpa" and likes living here. CM Hunter asked how school was going and she stated it was good and she is in first grade. CM Hunter asked Emily if she had rules for her body, and she stated "yeah". CM Hunter asked what those are, and she said, "Don't take off clothes and don't open legs because something bad could happen if someone saw down there." CM Hunter asked if there are any places on her body that are private, and she stated yes. CM Hunter asked if she could point to those places and she pointed to her neck, stomach, knees, face, and bottom. CM Hunter asked if something has happened to those places and she stated no. CM Hunter asked if she could tell someone if something did happen and she stated her Granny or Grandpa. CM Hunter asked Emily if she had anything else she would like to talk about, and she stated no. CM Hunter

thanked Emily for speaking to her. CM Hunter did not observe any concerns with Emily on this date.

- **Answer: Good Body Safety Interview Example!!** THIS IS NOT A MINIMAL FACTS INTERVIEW!! This kind of interview should be done as a part of the Global Assessment with all ACV's, regardless of the allegation type (as age/verbal skills permit)
- **ASK** Minimal Facts or Beyond? Scenario: Investigator Bevans asked Jill if anyone has ever touched her on her private body parts and Jill reported yes. Investigator Bevans asked if anyone has asked her to touch them on their private body parts and Jill reported yes. Investigator Bevans asked if anyone has ever tried to get her to show them her private parts and Jill reported yes. Investigator Bevans asked if anyone has showed her their private parts and Jill reported yes. Based on the disclosure, Investigator Bevans will be scheduling a forensic interview.
 - **Answer: BEYOND!** Discuss the importance of not going to far. The child made a disclosure, should cut the interview off, schedule a forensic. No need to keep pushing and not get any of the other information needed These details are all about the touching and include none of the other info needed to determine safety and for safety planning.
 - Always document facts and use terms and words child uses.
- **ASK** participants if they have any questions.

Unit 7: Safe Sleep

Unit Time: 1 hour

Learning Objectives:

- Participants will understand the importance of Safe Sleep practices.
- Participants will recognize the ABC's of Safe Sleep.
- Participants will differentiate between unsafe sleep positions and environments and Safe Sleep positions and environments.
- Participants will be familiar with the Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture.
- Participants will understand the process for accessing and replenishing Safe Sleep furniture.
- Participants will be able to assemble Pack 'n' Play Safe Sleep furniture.

Supporting Materials:

- Safe Sleep Facilitator Guide and PowerPoint
- Safe Sleep Protocol
- Safe Sleep Assessment Form CS-1209

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Safe Sleep Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 8: Child Passenger Safety Seat and Installations

Unit Time: 3 hours

Learning Objectives:

- Participants will learn Tennessee Child Passenger Safety Seat Laws and achieve basic understanding of car seat systems.
- Participants will learn to identify correct use and misuse and be able to guide others in choosing and installing car seat systems.
- Participants will be an advocate for child passenger safety laws and enforcement and understand how to reduce personal liability.
- Participants will learn how to correctly install rear-facing, forward-facing, and booster seats using the seat belt and/ or LATCH.

Supporting Materials:

- Child Passenger Safety Seat Facilitator Guide and PowerPoint
- Child Passenger Seats
- Child Passenger Safety Check Off

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Child Passenger Safety Seat Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 9: Communicating for Conflict Resolution

Unit Time: 3 hours 30 minutes

Learning Objectives:

- Participants will be able to define conflict and its potential impact on relationships.
- Participants will be knowledgeable of different conflict positions in conflict resolution.
- Participants will understand the importance and role of communication in the prevention and/or resolution of conflict.
- Participants will examine “triggers” and “de-escalation” strategies for intervening in the traumatic response and supporting trauma impacted children/youth.

Supporting Materials:

- Communicating for Conflict Resolution Facilitator Guide and PowerPoint

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Communicating for Conflict Resolution Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 10: Motivational Interviewing

Unit Time: 2 hours 15 minutes

Learning Objectives:

- Participants will be introduced to the concept of ambivalence in child welfare.
- Participants will gain understanding of the causes of ambivalence and how to decrease ambivalence with Motivational Interviewing (MI).
- Participants will become familiar with resistance, sustain talk and discord.
- Participants will become knowledgeable of change talk and how to evoke change talk.
- Participants will become aware of Preparatory language (DARN) and Commitment language (CAT).
- Participants will be able to identify DARN CAT when you hear it practice.
- Participants will have knowledge of how to evoke Change Talk.
- Participants will understand how to use the readiness ruler and decisional balance strategy.

Supporting Materials:

- CORE Week 2 Facilitator Guide and PowerPoint

Lesson 10.1: Why is Change Hard

Lesson Time: 30 Minutes

Key Teaching Points / Instructions

- **BEGIN** by asking Why is Change So Hard? **ELICIT** thoughts from the group.
- **SHARE** in child welfare work, change is at the heart of things. Every day, we find ourselves in the difficult position of asking families to change—to break

old patterns and learn new ways of behaving to ensure the safety, permanence, and well-being of their children.

- Historically, child welfare agencies attempted to bring about behavioral change in families through a command and control approach. We would tell them what to do and expect them to comply to avoid negative consequences.
- Unfortunately, this isn't very effective. When we use a confrontational style, we often provoke a high level of resistance, which makes it even harder for us to support families and keep children safe. This traditional approach isn't aligned with what research has shown about the way change actually occurs.
- **STATE** Motivational Interviewing (MI) is an approach which has often been used together with principles of the Stages of Change Model (DiClemente & Prochaska) which identified five elements of the change process.
- **SHOW** The Transtheoretical Model of Change. Time: 4:23 minutes. Link: <https://psychwire.com/motivational-interviewing/resources/the-transtheoretical-model-of-change>
- **EXPLAIN** Perhaps the largest barrier to actively engaging is the communication of non-mutuality. The subtle and often not so subtle professional messages that imply "I'm the expert here and I'll dictate where this goes, what you should do and how you should think/act" promote client passivity, disengagement, and resistance when it is exactly the opposite that is needed if change is to occur. It is easier than we might think to start off on the wrong foot and the wrong direction entirely by falling into certain traps early on in relationship building. All this of course happens with the best of

intentions, but results in the exact opposite of what the caseworker would like to achieve.

- **SHARE** there are some traps that caseworkers must consciously avoid if they are to truly help clients to make long lasting positive changes in their lives.
 - **The Expert Trap**
 - In the Expert Trap, caseworkers fall into providing direction to the client without first helping the client to determine his or her own goals, direction, and plans. The problem with this approach is that clients may tend to passively accept the caseworkers' suggestions and may only half-heartedly commit to the difficult work involved in changing. A caseworker using the motivational approach is not non-directive, that is, he or she will guide the client toward discussing certain issues over others and occasionally will offer suggestions for change. However, this is done only after ascertaining the client's interest in hearing the caseworker's advice, or when the caseworker perceives that the client is in immediate danger if not given advice.
 - **The Premature Focus Trap**
 - Although the motivational approach does not suggest that caseworkers simply follow the clients' lead, motivational theory cautions caseworkers against focusing too quickly on a specific problem or aspect of a problem. Difficulties with premature focus include raising client resistance and focusing on an unimportant or secondary problem.
 - **The Labelling Trap**
 - The Labelling Trap happens when a caseworker attempts to convince a client that he or she is an alcoholic, addict, or some other label. Labels

often carry a certain stigma in the public mind; therefore, it is not surprising that people with reasonable self-esteem resist them. Labels also point out that “the Alcoholics Anonymous (AA) philosophy specifically recommends against such labelling of others” (p. 68). Despite this, some caseworkers believe that clients must accept a label or diagnosis in-order to change their behavior. MI disagrees with this view and suggests that caseworkers de-emphasize labels whenever possible.

- **The Blaming Trap**

- It is possible that clients attempt to blame others for their problems. Caseworkers may feel compelled to show the client how he or she is at fault for the difficulties encountered. In the MI approach, neither of these approaches are seen as useful. Blame is irrelevant. Establishing a no-fault policy when engaging a person is suggested, such as commenting, “I’m not interested in looking for who is responsible, but rather what’s troubling you, and what you might be able to do about it”.

- **The Question/Answer Trap**

- In this trap the caseworker and client fall into a pattern of question-answer, question-answer, and so on. The problem with this pattern is that it tends to elicit passivity and closes off access to deeper levels of experience. Thus, clients are not encouraged to explore issues in depth, and the client-caseworker relationship becomes increasingly hierarchical.

- **The Confrontation/Denial Trap**

- Most caseworkers have had the experience of interviewing a client who is not yet ready to change, and who provides a reasonable argument in response to every statement the caseworker makes. The caseworker and client then engage in an argumentative, Confrontation/Denial Trap, in which the client counters each argument for change with an argument for remaining the same. One of the benefits to the caseworker of adapting an MI approach is the avoidance of discouraging interchanges. Rather than engaging in futile attempts to convince the client to change, this approach encourages the client to voice the reasons for change, with just a little questioning and guidance supplied by the caseworker. Remember that if a person feels backed into a corner, or one point of view, the person will usually defend that point of view more strongly. If you leave your client with no other option than to argue with you, that is what you will get. MI approaches may help the client and the caseworker avoid the inevitable frustration of two people working at odds.
- **REMINDE** participants of the Righting Reflex previously discussed. SHARE the Righting Reflex is the distance between being stuck and taking action is often too far to navigate easily.
 - Someone stuck in a conflict or behavior is usually in the early stages of the problem (e.g., the pre-contemplation or contemplation stage). We arrive ready to help and our readiness to share solutions places us further down the line (e.g., the preparation or action stage). Our viewpoints and motivations are unlikely to match theirs, our goals and skills too. So, if we want to help someone get unstuck, we must choose a strategy that creates motion rather than just focusing on the end point.

- Miller and Rollnick offer a really helpful analogy for visualizing this – ambivalence (to change) is much like having a committee in your head, which has several members disagreeing on what the proper course of action should be. Whoever is siding with the viewpoint of the ‘righting reflex’ is one such voice in your mind’s committee, but there may be many other committee members who will share counterarguments to this.
- Think of the friend that you have who you go to with a problem that offers lots of suggestions to help you (“why don’t you go to the gym straight from work?”, “you should talk to your friend and tell them exactly how you feel”, “you need to put yourself out there more... why don’t you join a club?”. Whilst these may be sound pieces of advice, they are often met with quite predictable responses of “yes, but...”
- When applying this to the child welfare context, case managers can have a tendency to give advice or ‘fix’ clients, telling them what they need to do to get better (or have a better attitude). Often sentences can start with “you need to...” or “you need to stop...”
- When the ‘righting reflex’ is used, often the response from the person considering making a change is to intuitively argue against it. Rather than helping people and inspiring change, the ‘righting reflex’ can unintentionally make people feel bad, and perhaps even more likely to ignore/ push back against the advice that was intended to help them.
- **SHARE** it is important for persons to find motivation from within themselves. Rather than reflexively trying to ‘fix’ the problem or offer advice or information we could perhaps draw on these five questions from Miller and

Rollnick (and listen respectfully) as a starting point when helping someone to consider change:

- Why would you want to make this change?
- How might you go about it in order to succeed?
- What are the three best reasons for you to do it?
- How important is it to make this change, and why?
- So, what do you think you'll do?
- **EXCLAIM** What's right for one person isn't necessarily right for another. Rather than offering to help or fix a problem based on our opinions and experiences, perhaps the best place to start is to find out how others feel that they can 'fix' their own problems. Motivation is much more impactful when it comes from within and when it takes our own ideas into account.

Lesson 10.2: Change Talk

Lesson Time: 25 Minutes

Key Teaching Points / Instructions

- **SHARE** Ambivalence is a natural part of the change process. Recognizing change talk is a primary way to help utilize Motivational Interviewing, to move the client forward in the change process. By utilizing the principles and skills of Motivational Interviewing evokes motivation towards change.
- **EXPLAIN** The term "Resistance" has long been used to describe client behavior. It is problematic when used to describe our clients for several reasons:
 - The term labels the client and can cause judgment or stigma.

- The term describes more about the case manager than the client.
- The term is not useful in helping the case manager identify next steps.
- **STATE** In place of resistance, we prefer to use the term **AMBIVALENCE**. This becomes less stigmatizing and facilitates case manager empathy and a better understanding of the client situation. Sustain talk and discord are manifestations of the client's ambivalence.
 - A conflicted state where opposing attitudes or feelings coexist in an individual; they are stuck between simultaneously wanting to change and not wanting to change.
 - Clients make statement for change but also including the reasons why making the change would be difficult.
 - I want to do this, BUT.... (reasons that get in the way of making the change)
- **EXPLAIN DISCORD** is behavior that reflects dissonance in the working relationship between the client and case manager. It is a normal human response to feeling pressured or challenged to do something. It often comes in the form of a “yes, but” statement. There can be many reasons for discord, and it is the case manager’s role to work to manage discord and create a trusting relationship. Some examples of discord include arguing, interrupting, discounting, or ignoring.
- **STATE** Sustain talk and change talk are conceptually opposites, the person’s arguments for and against change.
- **SHARE SUSTAIN TALK** is any client speech that favors status quo rather than movement toward a change goal. Sustain talk is the opposite of change talk. Sustain talk is quite simply arguments for status quo and against change. Many times, sustain talk is the path of least resistance – the easiest and

default option. It should be understandable then that sustain talk is very common among both our clients and in our own talk. If the case manager is not adept at helping a client work through sustain talk, the case manager can easily become frustrated which can be a cause of discord.

- **INFORM** When we hear sustain talk, we do not address it. Sustain talk includes all of the REASONS why the client cannot change. Clients can feel overwhelmed, and the change may feel unreachable. CLIENT SPEECH that favors status quo rather than movement toward change. It is often the path of least resistance. Sustain talk is:
 - The status quo is fine.
 - I don't need to change.
- **EXPLAIN** Discord is a behavior the client presents to avoid the issue that needs to be changed (arguing- ignoring- etc.) and Sustain talk is the resistant words/speech being said by the client about the issue that needs to be changed.
- **STATE** Clients that are experiencing ambivalence are stuck. They are frightened and don't have the confidence to change. They can remain stuck for a long time. They are experiencing both internal and external pressure and the more the pressure builds the less they can make a decision and resolve the ambivalence.
- **EXCLAIM** The purpose of MI is to move people toward change by helping them work through their ambivalence.

Lesson 10.3: Stages of Change

Lesson Time: 45 Minutes

Key Teaching Points / Instructions

- **INTRODUCE** the Stages of Change Model. MI is an approach which has often been used together with principles of the Stages of Change Model (DiClemente & Prochaska) which identified five elements of the change process:
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
- **ASK** the group how many are familiar with this model. Participants may have been exposed to the model in school or trainings. **ELICIT** how they may have found this model helpful in their work with families. Key discussion points:
 - Clients differ in their readiness to change.
 - Change is often nonlinear. That is clients do not move in straight lines from non-change to change.
- **ASK** the group why it is important to understand which stage of change a parent is in? Responses may include:
 - Clients may move forward and back between stages.
 - Many DCS clients are not prepared for action.
 - Case manager can tailor responses/services accordingly
- **TRAINER NOTE:** Do not need to go into detail on the stages of change as the next video will illustrate more in depth.
- **SHOW** the following video: Improve your life using the stages of change (Transtheoretical) Model – Dr. Wendy Guess – Time: 4:50 minutes. Link: <https://www.youtube.com/watch?v=Twlow2pXsv0>

- **DEBRIEF** and ask for reactions to the video. What clients did this video make you think of and what stage of change were they in?
- **STATE** Change is necessary to move ahead. When we are engaging families we must recognize where they are in the cycle of change. It helps to:
 - Evaluate their readiness to change
 - Understand how to engage them
 - Determining what support is needed
 - Provides an understanding of resistance
 - Decreases discord in the professional relationship
- **SHARE** The key skill to use when you hear signs of ambivalence is to use reflection; to empathically reflect what the client is saying.
 - Example:
 - Client: I couldn't change even if I wanted to. (Sustain talk)
 - Case Manager: You don't see how it would be possible to change.
 - Another response to ambivalence is to emphasize that the client has choice and control (autonomy). An example would be to explicitly state "It really is your choice what you will do about...."
- **INFORM** We want to listen carefully for examples of CHANGE TALK in conversations with our clients and amplify these conversations when we hear them. MI is a great skill set to diffuse discord and join with clients to find solutions. **REVIEW** key points:
 - Change talk is the things clients say that may be signs that they are considering changing a behavior.
 - Change talk is anything the client says that moves in the direction of change.

- Change does not occur when you walk in the door.
 - Change talk occurs spontaneously.
 - Change talk emerges out of an empathic conversation.
 - Change talk is evoked.
- **ASK** the group if they can think of an example of change talk from a client? It is important to identify and encourage change talk. This requires the case worker to convey the belief that the client has within them the capacity to be a “good enough” parent.
 - Change talk is any self-expressed language that is an argument for change.
 - Statements that demonstrate the belief the client can make a change.
 - Change talk can be expressed spontaneously in the mixed of ambivalence.
 - Change talk is evoked in empathic conversations utilizing acceptance, reflections, and affirmations.
 - **ASK** for volunteers to read the examples of Change Talk and Sustain talk. **ASK** participants to identify which is Change talk and which are sustain talk.
TRAINER Answer key below:
 - “I don’t have a problem taking care of my baby.” SUSTAIN
 - “I think I could stop using drugs, if I decided to.” CHANGE
 - “I am not the one with the problem. SUSTAIN
 - “I can clean my house without any problems.” CHANGE
 - “When I am high, I’m more relaxed.” SUSTAIN
 - “I don’t know what to do, but something has to change.” CHANGE
 - “I feel terrible about how my drinking has hurt my children.” CHANGE

- “I guess those are some things I haven’t thought about before. I’m not saying I agree with you, but I’ll think about what you said.” CHANGE
- **ASK** participants if they have any questions.
- **SHARE** the benefits of listening for change talk includes:
 - Reduces tension between the client and worker due to developing an understanding of change and not taking the client’s lack of readiness for change personally.
 - Listening for change talk conveys the spirit of collaboration and acceptance, key ingredients for mobilization toward change.
 - Listening to change talk conveys a genuine curiosity that is essential in assessment of underlying issues and concerns.
 - Listening for change talk is a key element in quality contacts and inclusive planning.
 - When permanency planning is done in a collaborative, judgement free zone, the family and team are more likely to take ownership in implementing the plan toward change.
- **SHARE** Change Talk should be conceptualized in two broad categories:
 - Preparatory Change Talk - getting ready talk
 - Mobilizing Change Talk - moving up the hill...
- **EXPLAIN** MI refers to the first four (Desire, Ability, Reasons, Need) as Preparatory change talk: or the first four can be remembered by the acronym- DARN
 - **Desire to change** are statements about preference to change.
 - These statements indicate a clear desire for change but stops short of a commitment.
 - Desire statements are important preparatory step.

- Making public statements of desire to change can act as powerful springboards to commitment talk and discussing plans to change.
 - Examples of desire to change statements:
 - “I wish things were different.”
 - “I am hoping things will change.”
 - “This is not the person I want to be.”
- **Ability to change** (optimism) statements are comments about self-efficacy (“can do” attitude).
 - They are statements that indicate the client’s belief that they can make changes in the problem areas.
 - These statements may include knowing what or how to make the change as well as a belief that they can do it if they make up their mind to do so.
 - Change talk about their ability signals motivational strength.
 - Examples:
 - “I know what I have to do—I just need to do it.”
 - “I can make a change; I just need to commit to it.”
 - “I am going to prove everybody wrong.” Often early on, these statements are tentative.
- **Reason to change**—Benefits of Change
 - These statements indicate there may be some specific advantages to making shifts in behavior.
 - Clients may articulate ways in which life might be better if they decided to make a change.
 - Example:
 - “It would be nice if I didn’t have to worry quite so much.”

- **Need to change** - Problems with the status quo
 - These are statements that things are not working in the client's life.
 - It is necessary for clients to recognize that aspects of their current situation must change.
 - Examples:
 - "I've got to make things better for my children."
 - "I need to get a handle on things."
 - "I can't go on with the behaviors I have been doing."
- **STATE** When you hear people using this language you know they are preparing for change, but not yet ready to make the change. These are pre-commitment forms of change talk. They are leading in the direction of change but by themselves, they do not trigger behavior change.
- **CONDUCT ACTIVITY:** Do you swear?
 - **ASK** for five people to volunteer to participate. Tell them you are going to ask them some questions, and that you want them to give you a particular answer, regardless of the question.
 - **ASSIGN** each volunteer one of the following response statements:
 - I want to...
 - I could
 - I have good reason to...
 - I need to....
 - I will...
 - **TRAINER:** Questions to ASK each person:
 - Will you take this person to be your lawfully wedded spouse, and be wholly faithful, for richer or poorer, in sickness and health, so long as you both shall live?

- Do you swear to tell the truth, the whole truth, and nothing but the truth?
- Do you promise to never drive and text at the same time?
- Can you give me a ride to work every day for the rest of the year?
- **DISCUSS** with the group what the difference is in these answers, and what is lacking in the first four (DARN).
 - Person 1: "I want to" (Desire)
 - Person 2: "I could" (Ability)
 - Person 3: "I have good reasons to" (Reason)
 - Person 4: "I need to" (Need)
 - Person 5: "I will" (Commitment)
- **ENSURE** the following points are included:
 - To say, "I want to" is not to say, "I will."
 - To say that you could is not to say that you are going to.
 - Having real good reasons is not the same as deciding to do it.
 - And saying that you need to is not to say that you will do it.
 - Clients may first talk about what they want to do (DESIRE), why they would change (REASONS), how they could do it (ABILITY), and how important it is (NEED).
 - When you evoke a client's own desire, ability, reasons and need for change, you are fueling the human engines of change.
 - As DARN motivations are voiced, commitment gradually strengthens, and the client may take initial steps toward change.
- **SHARE** Preparatory language may pave the way for change, but it's not enough. Implementing and mobilizing change talk can be remembered with

the acronym – CAT- Commitment, Activation, Taking Steps. Commitment statements are about the likelihood of change.

- **EXPLAIN** Commitment statements are critical predictors of change occurring.
 - These statements contain action words that communicate an intention to take steps.
 - These words can vary from weak to strong but contain the goal to act.
 - Examples:
 - “I am going to...”
 - “I will...”
 - “I plan to...”
 - “I intend to...”
 - “I have already started to...”
 - Don't miss lower levels of commitment because they are steps along the way too. People signal an opening door with such statements as “I will think about it”, “I'll consider it”, “I will try to”
- **STATE** Activation statements describe a general action taken AND Taking Steps statements are reporting recent specific action step toward change.
 - Taking small steps, even tentative, steps in the right direction predicts change.
 - Examples:
 - “I actually went out and...”
 - “This week I started...”
- **EXPLAIN** When you hear CAT language you know that people are mobilized to change and are committed.
 - **Example:**
 - Client: “I couldn't change even if I wanted to” (*sustain talk*)

- Case Manager: "You don't see how it would be possible to change."

Lesson 10.4: Evoking and Responding to Change Talk

Lesson Time: 35 Minutes

Key Teaching Points / Instructions

- **REFER** participants to the [10 Strategies for Evoking Change Talk Handout](#) in Base Camp or Google classroom.
- **SHARE** there are many strategies for evoking change talk. A good strategy is to ask evocative open questions. Examples may include:
 - Desire: What do you want to do about this behavior? Why would you want to make this change?
 - Ability: What makes you believe you can do this? How would you do it if you decided?
 - Reason/Need: Why would you want to make this change? What are the three best reasons?
 - Commitment: So, what are you willing to do now? What do you think you'll do?
- **EXPLAIN** we will need to respond to change talk when we hear it. This can be remembered by the acronym EARS (Elaborating, Affirming, Reflecting, Summarizing):
 - Elaborating- ask for more details:
 - "Why is staying on your meds so important to you?"
 - Affirming - commenting positively on the person's statement about change:

- “You were able to quit drinking in the past and you were successful in telling your friends, ‘No’.”
 - Reflecting - continuing the paragraph of what you hear:
 - “You really want to show the judge that you can do this.”
 - Summarizing - Collecting the change talk
- **CONDUCT ACTIVITY:** Listening for Change Talk
 - **TRAINER NOTE:** (You will need to share your screen in order to show the videos. Click on each number to play each video clip. Click on the icon to see the answer regarding the type of change talk that was depicted in the video clip). **EXPLAIN** to the participants they will watch some short video clips of an interview.
 - **ASK** the participants to pay close attention to the MI skills the interviewer demonstrates, specifically the questions used, as well as the instances of Change Talk from the client.
 - After each video clip **ASK** participants to identify the type of change talk the client used.
 - **ASK** participants what MI skills the interviewer used with the client.
 - **ASK** the participants to identify a skill or question that was used that they will take into their own practice.
 - Video Link: https://www.bookwidgets.com/play/xXSsc2IE-iQAEVNGr_AAAA/ECZDSEM/answers-to-bing?teacher_id=4822104473075712
- **TRANSITION** and begin discussing Decisional Balance and Readiness Ruler. **SHARE** Other strategies for evoking change talk and responding to change talk include using scaling; also called the readiness ruler. It is a quick scale to help clients evaluate where they are in their process regarding a particular

change. On the scale of 0 to 10, the client will honestly estimate their readiness. There is no right or wrong answer. It is meant to be a check-in on their readiness at this moment in time. 0 means “no way I can’t even think about it right now,” and 10 means, “I am ready to get started.” Once the client gives a number on the ruler, there are a set of questions you can ask them that will help support potential movement toward their goal, starting right where they are.

○ Questions To Consider:

- What made you pick the number you did? What are the reasons to stay the same? (There are usually good reasons why we do what we do) What are the reasons to change? Then, depending on your number, ask them the following:
- 0 – 3: What would need to happen for you to consider this change in the future?
 - In this range they recognize they have little desire or energy to make the change right now. In this stage, it might be helpful to ask them to consider what circumstances might increase their readiness.
- 4 – 6: What might be my next step?
 - In this range they have some motivation and feel somewhat ready, so it’s time to put together a concrete plan. They might do some research and gather information (nutrition, resources, options) or they might begin to reach out for support.
- 7 – 10: What might be an action step? What will help me be successful?

- In this range, they are ready to take some direct action. Looking at your plan, what next step can you make? What can you do to best support yourself to give you the best chance to succeed? This might be to journal your actions, give yourself a reward, tell someone about your actions, and even ask someone to do it with you.
- **STATE** No matter where they are on the ruler, research shows that just by using this tool, they will be more likely to move toward their goal. Knowing themselves and being honest about their own readiness can help them plan the next step, or even decide when a good time might be to take a next step. Readiness can shift up and down at points in the future. Using the ruler helps bring self-awareness to their current situation and clarify what might be helpful to move forward.
- **EXPLAIN** Using the Readiness Ruler takes an internal feeling and makes it tangible for the client. Additionally:
 - This tool allows the person to explore where they are in their own change. The readiness ruler is an important reference tool for us to be able to track where the client currently is and help move them towards lasting change.
 - Once the client responds to your initial scaling question, it is time to utilize other Motivational Interviewing skills to help the client dig deeper into their need and readiness to change. One way to do this, is to use OARS: Open-Ended Questions, Affirmations, Reflections and Summaries.
 - Asking this Open-Ended Question allows the client to do inner reflection and express what details have lead them to make their scaling decision.

- To keep the client moving forward in the change process, consider asking them what it would take for them to move up the scale. For Example: "I see you rated yourself a two. What would it take for you to be a four on the scale?"
- Furthermore, asking a question similar to, "You rated yourself a two. Why are you not a one?" helps support self-efficacy and provides an opportunity for them to explain what's going well and helps to highlight the strengths.
- **STATE** We also utilize a strategy called decisional balance. When people weigh decisions, they look at the costs and benefits of the choices they can make. Remember that having mixed feelings often occurs when making decisions.
 - Many people change on their own. When they are asked what brought about the change, they often say they just "thought about it," meaning they evaluated the consequences of their current behavior and of changing before making a final decision.
 - We can do the same thing when working with clients by discussing the costs of changing on one side and the benefits of changing on the other side. Discussing this will also help to look at the good things and less good things about changing.
 - To change, the scale needs to tip so the costs outweigh the benefits.
- **SHARE** One thing that helps people when thinking of changing is to list in one place the benefits and costs of changing or continuing their current behavior. Seeing the full array of costs and benefits can make it easier to decide if you should change.

- **SHOW** the example of Decisional balance on the slide. This example is from a client who is experiencing issues with alcohol abuse: to use or not to use.
- **DEBRIEF** and **ASK** participants if they have any questions. This strategy is like weighing the pros and cons in making a decision.
- **IN CLOSING, ASK** for a volunteer to read the quote, “We can’t force a plant to grow, but plants are likely to thrive under the right conditions. Motivational Interviewing provides the “right conditions” in which people can become ready, willing, and able to make positive change.” **ELICIT** thoughts from the group about the quote.
- **THANK** the group for their participation today.

Unit 11: Commercial Sexual Exploitation of Minors

Unit Time: 4 hours

Learning Objectives:

- Participants will understand the laws and policies related to protecting children and youth at risk of CSEM.
- Participants will demonstrate how to apply the definition of CSEM to determine if trafficking is occurring.
- Participants will recognize the indicators and risk factors of CSEM and the dynamics of sex trafficking relationships.
- Participants will understand DCS policy for identification, intervention, and reporting of CSEM and case manager tasks.
- Participants will understand the challenges of engaging with trafficked youth and how to use effective strategies.
- Participants will be aware of the impact of CSEM and needs of CSEM survivors.
- Participants will recognize the immediate and long-term health care needs of trafficked youth and be aware of local and statewide resources.

Supporting Materials:

- Commercial Sexual Exploitation of Minors and PowerPoint

Key Teaching Points / Instructions

- **TRAINER NOTE:** Refer to the Commercial Sexual Exploitation of Minors Facilitator Guide and PowerPoint for the needed materials for this Unit.

Unit 12: Case Work

Unit Time: 1 hour 30 minutes

Learning Objectives:

- Participants will conducting a thorough assessment while identifying family needs, strengths, contributions to maltreatment, and resources to promote children's safety.

Supporting Materials:

- CORE Week 2 Power Point

Lesson 12.1: Case Work

Lesson Time: 90 Minutes

Key Teaching Points / Instructions

- **TRANSITION** the group to begin thinking about the Steward case we have been working. **ASK** participants to get out their case file on the Steward family (all materials up to this point including Family Assessment Worksheet, Referral Intake (680), TFACTS History, Case Family Handouts: First Home Visit Interview and Interviews with Mrs. Steward and Travis).
- **REMIND** participants we complete the analysis process on a case based on the information we currently have. It is imperative to continue to assess our conclusions as new information and records are gathered throughout the life of the case.
- **INFORM** participants it is important to gather information, analyze the information, and draw conclusions throughout the entire assessment

process. **REMIND** they are always staffing their case with their supervisor.

- **SHARE** engaging collaterals (family members and informal supports) when assessing cases can help provide valuable information about the family's strengths, functioning, past success, patterns, and resources. Additionally, contact with collaterals allow the worker to assess and gain their commitment in supporting the family.
 - **Prior to your interviews:**
 - Think through the information that is needed and what information the collateral may be able to provide related to the functional assessment areas: safety, well-being, and permanence.
 - **During the interview:**
 - Explore the relationship between the collateral and family.
 - Ask what the collateral thinks are the strengths of this family.
 - Ask what the collateral thinks are the needs of this family.
 - Ask whether the collateral is willing and able to help the family meet its needs.
 - Ask what support the collateral can offer to help the family meet its needs.
 - If you are gathering information about the alleged incident of maltreatment, focus questions on a specific day, time, or event, if possible.
 - Distinguish between what the team member has actually observed (first-hand witness) or what they have heard about the family/child (second-hand witness).
 - Ask for details and clarify any vague statements.
 - Ask for any information on the family's past interactions or

behaviors.

- **STATE** it is equally important to engage Professional Collaterals (formal supports) that are involved with our case families. Most families work with professionals who the case worker can speak with about the strengths, needs, and concerns the family may have. Some examples of professional collaterals are school officials, daycare staff, physicians, nurses, social workers for the school system or hospital, and mental health professionals. The majority of professional collateral contacts will be by telephone interviews.
 - **Prior to your interviews:**
 - Preplan the intended questions prior to the interview based on the information the case worker wants to gain; however, do not set limitations on the information that could possibly be provided.
 - **During the interview:**
 - Assess the professional's knowledge of the family before asking questions, considering the relationship with the family and the time frame in which the professional has known the family.
 - If the professional states they do not have time to completely answer questions, ask if they can refer to someone else on staff; for example, a physician who may prefer that the case worker speak with the nurse or social worker on staff.
 - Inquire if the professional will have further contact with the family; if so, will they be providing some sort of support to the family after case closure?
 - Assess if the professional would be willing to have further contact regarding the family if it becomes necessary.

- Clarify professional opinions from personal opinions during the interview.
- Ask questions surrounding observations of the family, interactions, behaviors, facial expressions, tone of voice.
- **STATE** a family's team may be comprised of informal and formal supports.
BRAINSTORM a list of people who may be part of the Stewards team of informal and formal supports. **WRITE** responses on flip chart. (Examples: relatives, friends, neighbors, clergy, pediatricians, nurse, teacher, school personnel, reporter of allegation).
- **BRAINSTORM** a list of potential collaterals for the Steward case family. **LIST** the contacts on the flip chart, along with assessment information the collaterals may be able to provide within each functional assessment area.
- **SELECT** the collaterals the group feels it is necessary to talk with to gain a more complete picture of the Steward family.
- **DISCUSS** the importance of developing an Interviewing Strategy early on in your case and ongoing throughout the life of the case. There are five considerations for interviews including:
 - Sequence of interviews? (May be determined by policy, response priority or safety issues)
 - By whom?
 - Purpose of interview? (Why is this family or individual being interviewed)
 - How will the interview occur? (telephone or in-person)
 - Location of the interview? (DCS office, home, school, etc.)
- **CONDUCT ACTIVITY:** Interview Strategy
 - **HAVE** the participants work individually and based on the Steward case, develop their interviewing strategy giving thought to all the previous

- information on the case and the interviews conducted with Mrs. Steward and Travis.
- **ALLOW** 5 minutes for individual thought.
 - **RECONVENE** the group and ask for volunteers to share their interview strategy.
 - **THANK** volunteers for sharing.
 - **SHARE** we will need to gather information from all family members and collaterals in the case to help analyze what plan would need to be developed to assist the family to move forward.
 - **REMIND** participants of interviewing skills needed to gather information including Motivational Interviewing and our Core Conditions of genuineness, empathy, and respect. Engagement is vital in obtaining the family story, teaming with the family, and to conduct a full global assessment.
 - **CONDUCT ACTIVITY:** Second Round of Interviews with the Steward Family/Collaterals
 - **TRAINER NOTE:** Family Members and/or collaterals available for interviews include: Michael (brother), Mr. Wilson (Maternal Grandfather), Mrs. Evelyn Wilson (Maternal Step Grandmother, Mrs. Grace Wilson (Maternal Grandmother), Richard Collins (Father), Paula Collins (Step-mother), and School Guidance Counselor.
 - **Case Interview Handout:** *Steward Family and Collateral Interviews*
 - **USING** the interview strategies from the last activity, **EXPLAIN** participants will be breaking up into pairs.

- **ASK** the participant who will be the Case Manager who they would like to interview. The Case Manager will conduct an interview with that family member or collateral.
- **SUPPLY** the participant who will be role playing the family/collateral with additional case information for their role.
- **STATE** The Case Manager will conduct an interview while attempting to assess the family situation while gathering strengths and needs/risks/concerns.
- **ALLOW** 10 minutes for the interview and **DEBRIEF**:
 - What more do we know about the Steward family? Add these to the chart saved from last week.
 - What do we still need more information about? Add these to the chart saved from last week.
 - What are family strengths?
 - What are signs of safety and signs of risk?
 - Any formal or informal supports identified?
 - Emphasize we continue to cycle through the assessment process as we gather more and more information. Some analysis can take place, some initial conclusions may be drawn, and then more information is gathered, adjustments are made, and the process continues.
- **Case Interview Handout:** Swap Roles - *Steward Family and Collateral Interviews*
 - **USING** the interview strategies from the last activity, **EXPLAIN** participants will now be switching roles within their pairing.

- **ASK** the participant who will now be the Case Manager who they would like to interview. The Case Manager will conduct an interview with that family member or collateral.
- **SUPPLY** the participant who will be role playing the family/collateral with additional case information for their role.
- **STATE** The Case Manager will conduct an interview while attempting to assess the family situation while gathering strengths and needs/risks/concerns.
- **ALLOW** 10 minutes for the interview and **DEBRIEF**:
 - What more do we know about the Steward family? Add these to the chart saved from last week.
 - What do we still need more information about? Add these to the chart saved from last week.
 - What are family strengths?
 - What are signs of safety and signs of risk?
 - Any formal or informal supports identified?
 - Emphasize we continue to cycle through the assessment process as we gather more and more information. Some analysis can take place, some initial conclusions may be drawn, and then more information is gathered, adjustments are made, and the process continues.
- **THANK** the group for all their hard work during the interviews.
- **SUPPLY** all participants with **ALL** the Case Family Handout Interviews.
ALLOW participants time to read the interviews in order to have a more thorough understanding of the case situation.

- **NOW LET'S** discuss the role of critical thinking in drawing conclusions on cases. **ASK** the following questions and **ELICIT** ideas from the group.
 - How does the use of critical thinking lead to more sound conclusions?
 - What are the possible consequences of not taking the time on the front end to think critically before drawing conclusions and making decisions?
 - What might be a warning sign that you are not thinking critically?
 - What safeguards can you put in place to ensure that you employ critical thinking strategies throughout the assessment process?
- **HAVE** participants to assess what is currently known about where the Stewards are now, and where they want to be. What do we still need to learn to move to the analysis stage? **UTILIZE** the Family Assessment Worksheet from INTRO and CORE week 1.
- **STATE** We are actually analyzing information as we proceed through the case; however, we need to remember to keep an open mind and not get locked into initial assumptions.
- **SHARE** At this point in time, the family may or may not have a good idea about where they want to be. **ASK** How could we help them develop this vision?
 - Genograms, ecomaps, solution focused questions, etc.
 - This may be a good time to discuss formal and informal resources.
- **EXPLAIN** it is important as we are engaging families to discuss their desires for their family and how they will reach their desired outcomes from their family. One way we are able to help families assess their

current situation and where they want to be is to develop a list of strengths and concerns with the family while conducting quality contacts. This allows us to assess their:

- Current Situation: Engage the family in a self-assessment (using assessment tools such as the genogram, family map, or ecomap) to get the family's story about their current situation and the events/issues leading up to their current situation.
- Desired Future Situation: Engage the family in thinking and talking about what they would like their future to be like.
- **STATE** The gap that exists between the family's current situation and the situation the family desires for their future is your starting point.
- **EXPLAIN** Workers frequently want to jump straight to conclusions at this point. However, we need to ask:
 - Is our assessment complete?
 - Do we have enough information to begin some initial planning?
 - Do we have a full understanding of the underlying issues?
 - What do we still need to know?
- **ASK** participants what would be next steps on the Steward case? **DEBRIEF** the groups thoughts.
- **STATE** we will continue to work this case in upcoming Specialty weeks and **REMINDE** participants to bring their case file to Specialty Week 9.

Unit 13: Personal Safety and Well-being

Unit Time: 45 minutes

Learning Objectives:

- Participants will assess their personal safety when working with families.
- Participants will identify risks to their safety and adjust their behavior accordingly.
- Participants will assess their own personal wellbeing and identify strategies for taking care of themselves.

Supporting Materials:

- CORE Week 2 Power Point
- EAP link
- Training Evaluation Link

Lesson 13.1 Personal Safety and Well-Being

Lesson Time: 40 Minutes

Key Teaching Points / Instructions

- **CONDUCT ACTIVITY:** Personal Safety
 - **TELL** participants they will now have the chance to consider specific ways they may experience risks to their personal safety in working with families.
 - **ASK** for a volunteer to share with the group a time when he or she didn't feel comfortable or safe as a case manager or in other jobs.
PROVIDE an example of your own if case managers are not able to.

COACH the group to discuss what could have been different or what could have made the situation feel safe.

- **SHOW** Home Visiting Safety: Staying Safe & Aware on the Job video. Time: 7:36. Link: https://www.youtube.com/watch?v=kL3r_3N_Qek&t=1s
- **DEBRIEF** video and get initial thoughts from participants.
- **ASK** participants to identify ways they may keep themselves safe and **DOCUMENT** the responses on a flip chart page. If not mentioned by the group, highlight the following practical concerns for making home visits to family members:
 - Always let someone in your office know where you are going.
 - Be sure your car has enough gas and is in good working order.
 - Avoid isolated places or high crime areas by yourself.
 - If in doubt about your safety, take someone with you.
 - Drive by the residence beforehand to see if things seem okay.
 - Listen outside the door of the home for disturbances.
 - Watch for a family member becoming upset or angry.
 - Take a cell phone with you.
 - Note the location of doors in the home.
 - Assess who is in the home and the behavior of the parent/caretaker/homeowner before entering.
 - Listen to your instincts and leave if you feel you are in danger.
- **REFER** participants to Strategies for Safety in the Field handout in Google Classroom and/or Base Camp. It discusses strategies for:
 - Work arrival
 - Plan for the visit
 - Traveling to site

- During the visit
- Office visits
- Defusing techniques
- **TRANSITION** to personal well-being. **TELL** case managers they will have the opportunity to discuss ways to build their resilience and take care of themselves.
- **ACKNOWLEDGE** the complexity of the case manager's job, the long-lasting impact of their interventions on families, and the personal stress case managers may feel.
- **COACH** the group to discuss their reactions and feelings during difficult times—when a child or youth is removed from the home or when families don't change.
- **INVITE** participants to discuss how they deal with difficult or challenging situations. **ASK** participants what they have done in the past to build hope and resilience.
- **IDENTIFY** the challenges they expect to face in working with families. **GIVE** one or two examples for the group. Responses may include examples such as the following:
 - I have a question and my supervisor, mentor or teammates are away.
 - I'm way behind on my paperwork and I really want to be working with families.
 - My supervisor is too busy to meet with me.
 - A family member says, "Just tell me what to do."
 - Family members are hostile and uncooperative.
 - A parent relapses.
 - A youth says he doesn't want to work with me anymore.

- My supervisor assigns me a new case and I have at least 25 things on my to-do list.
- **ASK** the group to select one or two of these challenging situations and **BRAINSTORM** some strategies to address them.
- **REINFORCE** to the group that people react and deal with challenges differently. **REMIND** participants when working with families, everyone is different and has different ways of coping. **PROVIDE** an example, such as:
 - A case manager has observed interactions and statements that suggest a very strong attachment between a parent and her 14-year-old son and a weak, conflictual relationship between that parent and her 11-year-old daughter. The case manager and parent are talking about the daughter's repeated fighting at school. The case manager asks, "What are some ways you and I can work together to help your daughter improve her behavior?" The parent responds, "I've given up on trying to help her do anything. I've put her in God's hands."
 - This statement does not necessarily mean the mother wants to stop parenting her daughter or that she no longer loves her. It may mean that she feels exhausted, overwhelmed, worried, embarrassed, and/or responsible. The mother may be coping with the stress by "shutting down" and focusing on her son, whose behavior is less stressful for her to manage.
- **INVITE** participants to offer examples of behaviors they have experienced either professionally or personally that may reflect different—and sometimes challenging—coping mechanisms.
- **REMIND** participants their success in addressing challenges— and in building hope and resilience—is dependent on the team they build around

themselves.

- **ACKNOWLEDGE** this job can be stressful, and participants have resources at their disposal to help alleviate some of the stress and help prevent burnout/STS.
- **ENCOURAGE** participants to utilize their DCS support system which includes their TL, Professional Development Coach, Mentor, and any other DCS peers they choose if they have questions or need someone to talk to about the job or a difficult situation and/or case they may see.
- **REMIND** the group the State provides training opportunities that address self-care, and each region promotes various self-care opportunities.
- **REMIND** the State also offers EAP (Employee Assistance Program) services. The ParTNers EAP provides you and your family with both workplace and personal resources. Your ParTNers EAP provides confidential financial and legal services, assistance finding eldercare or dependent care services, emotional counseling and much more. Additional information is available at the link below: <https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

Unit 14: Wrap-Up

Unit Time: 15 minutes

Learning Objectives:

- Participants will be empowered for the next steps in the Pre-Service Process.

Supporting Materials:

- CORE Week 2 Power Point
- Training Evaluation QR Code

Key Teaching Points / Instructions

- This section is intended to wrap up any loose ends, answer any questions, and clarify any information/materials from the week.
- **ASK** participants if they have any questions over the material that we have covered this week.
- **REVIEW** the remaining Expanded Pre-Service schedule for the upcoming weeks. **STATE** it is important to think about how these concepts can be integrated into their practice.
- **THANK** the group for all their hard work and contributions.
- **SHARE** the QR code for Training Evaluations. **ASK** participants to complete the evaluation before leaving the training.