

Tennessee Department of
Children's Services

Pre-Service
Core Foundations
Week Two





Unit One
Welcome Back

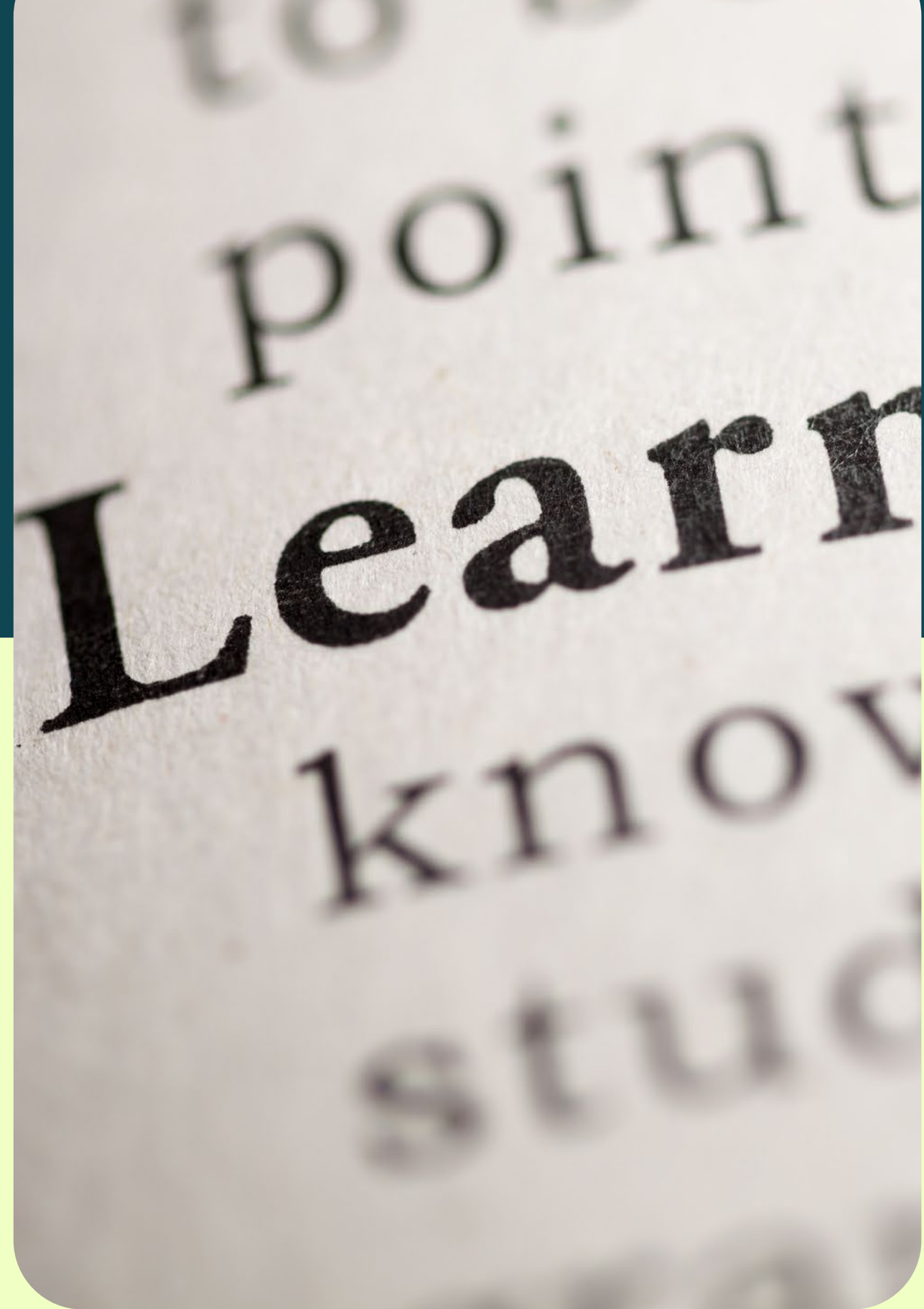
Agenda

- Welcome Back
- Time Management
- CFSR/Quality Contacts
- Childcare Basics
- CFTM for the Case Manager
- Minimal Facts

- Safe Sleep
- Child Passenger Safety Seat
- Communicating for Conflict Resolution
- Motivational Interviewing
- Case Work Lab
- Safety and Well -Being

Training Expectations

- What do you want to learn?
- Comfort Rules Review



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Genuineness, Empathy, and



Unit Two

Time Management

"The lost time is
never found again."
~ Benjamin Franklin

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DEPARTMENT OF CHILDREN'S
SERVICES

TIME MANAGEMENT

CORE WEEK TWO

3.8.2023



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Unit Three
Child and Family Service
Review and Quality
Contacts

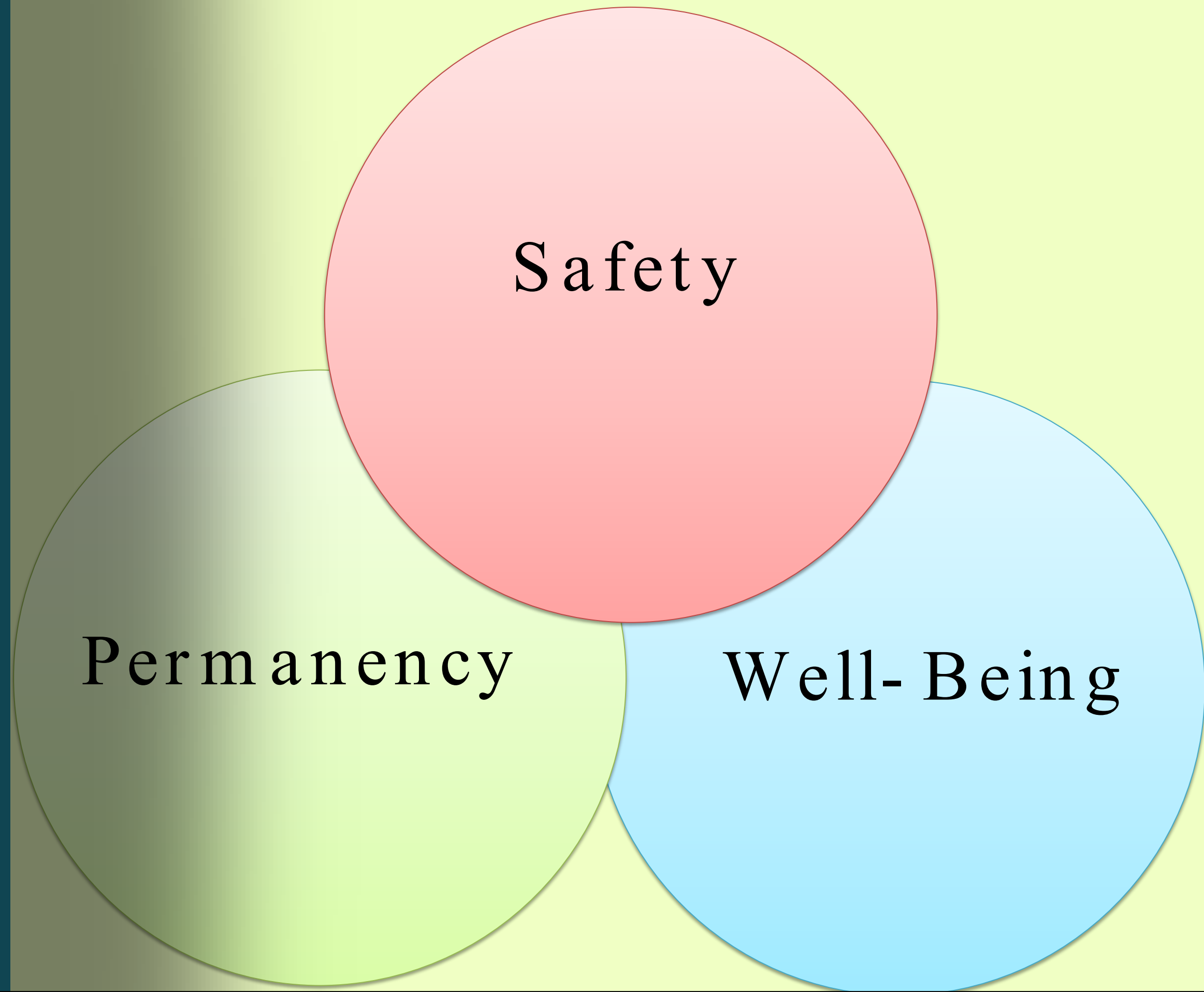
What is CFSTR?

The Child and Family Services Reviews enable the Children's Bureau to:

- Ensure conformity with federal child welfare requirements;
- Determine what is actually happening to children and families as they are engaged in child welfare services; and
- Assist states in enhancing their capacity to help children and families achieve positive outcomes.



Seven
Outcomes
are divided
into three
categories





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.



Well-Being

- Children receive adequate services to meet their physical and mental health needs.
- Children receive appropriate services to meet their educational needs.
- Families have enhanced capacity to provide for their children's needs.

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CFSR Review Components

Safety

- Item 1: Priority Response
- Item 2: Safety Services to Prevent Removal or Re-entry into Custody
- Item 3: Safety Assessments and Monitoring

Well-Being

- Item 12A, B, C: Services and Needs to the Child, Parents, and Foster Parents
- Item 13: Child and Family Planning Process
- Item 14: Caseworker Visits with the Child
- Item 15: Caseworker Visits with the Parents
- Item 16: Educational Needs
- Item 17: Physical Health
- Item 18: Mental and Behavioral Health

Permanency

- Item 4: Stability of Placement
- Item 5: Permanency Goal
- Item 6: Achievement of Permanency Goal
- Item 7: Placement with Siblings
- Item 8: Visitation with Parents/ Caregivers
- Item 9: Preserving Connections
- Item 10: Relative Placement
- Item 11: Relationship in Care with Parents

How Do We Ensure We Are Meeting Requirements in Daily Practice?

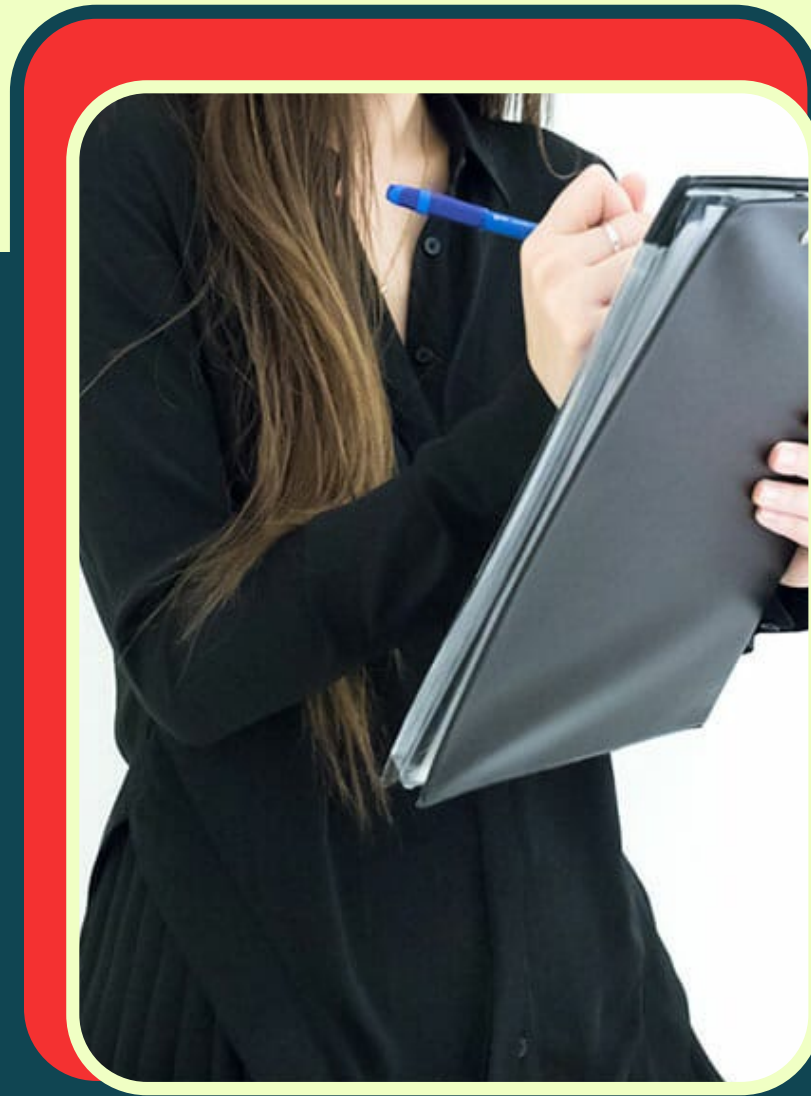
1 Engagement of children, parents, and caregivers is a key part in the work we do. This may help with assessments, planning, service provision, safety, and moving faster towards permanency.



2 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.

How Do I Ensure I'm Meeting Requirements in Daily Practice?

3 In visits or contacts, be mindful to ask about safety, permanency, well-being, case progress, and DOCUMENT all observations during that visit/ contact.



Be mindful of:

- Did the parent appear nervous or under the influence?
- Was the child observed to be meeting developmental milestones?
- Did the foster parent appear to be feeling overwhelmed or stressed?

Federal Laws, DCS Policy, Regional Protocols

The Federal Government has expectations that the worker goes above and beyond to meet expectations of the family; what they call “Concerted efforts.” Concerted efforts should consist of documented efforts or attempts to engage a family, offer services, assess needs/ progress and have honest conversations around Safety, Permanency and Well Being

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.

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.

Concerted Efforts

- 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.



Quality Visitation/ Contacts

- 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

Informal Assessment

- You are the one working with the child and family day in and day out. Your informal assessment drives services.
- 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.



Seamless Case Work

From case opening to case closure – it must be seamless.

- Communication is key
- Utilize team members through informal and formal planning
- The more supports involved, the smoother the case will flow
- Building strong teams from the beginning will help ensure positive outcomes for families and children

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.



Family and Natural Supports

- 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

Ongoing Diligent Search



- 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 search 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.



What Diligent Search is **NOT**...

- 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.

What Diligent Search is...

- 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.



Placement Preservation



- Partner with Foster Parent Support or the Contract Agency Worker
 - Include them in case planning and CFTMs
- Partner with the Foster Parent
 - Offer services, help identify supports, discuss respite, have quality monthly check-ins

In formal

Assessments

- Contacts
- Observations
- Observation of physical environments
- Discussion of Safety, Permanency, and Well-Being
- Collateral Contacts
- Discussion and review of progress including reports from providers
- Discussing medication effectiveness

Formal

Assessments

- Utilizing FAST and CANS Assessments
- Alcohol and Drug Assessments/Drug Screens
- Mental Health Assessments/Intakes
- Psychological Assessments
- Individualized Education Plans (IEPs)
- TEIS Reports
- Parenting Assessments
- Other Formal Assessments

Remember the Practice Wheel

- How will you use the Practice Wheel components when working with families?
- Remember: Be Proactive, Not Reactive



Explaining CFSR to Others

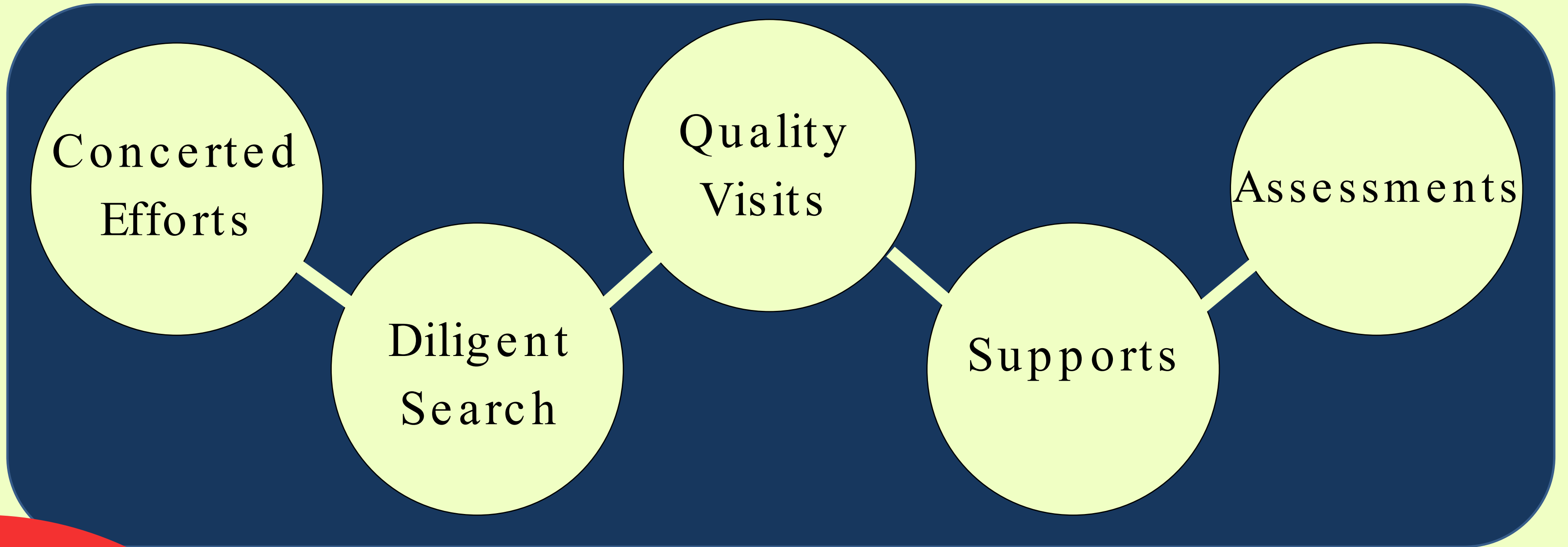
This process serves as an annual qualitative review process that helps us determine as a Department what is working and what opportunities we have to improve upon for the children and families we serve in our practice. The process is utilized widely on a national level by all Public Child and Family 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.



Connecting the Dots

These efforts could increase the likelihood for a positive outcome for child and family. This aligns with best practice.





Any Questions?



Quality Contacts

"Quality is never an
accident, it is always
the results of intelligent
effort."

~John Ruskin



Department of
Children's Services

Quality Contacts with
Children and Families

Strengthening Engagement and Assessment

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Unit Four Childcare Basics

"Children are the
world's most valuable
resource and it's best
hope for the future."
~John F. Kennedy



Department of
Children's Services

Child Care Basics

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Unit Five
CFTM Facilitation
for the Case Manager

"The strength of the team is each individual member. The strength of each member is the team."

~Phil Jackson

CFTM Facilitation for the
Case Manager
3.2.2023





Unit Six
Minimal Facts for
Interviewing

Interview Differences

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.

Understanding Minimal Facts

- 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.



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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

What are the **Goals** of a Minimal Interview?

- 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.



What information do we **Need**?



- Has there been a disclosure of abuse?
- Location? Are there multiple jurisdictions?
- Time frame – when was the last event?
- Identification of alleged perpetrator(s) – meet relationship criteria?
- When will AP next have access?

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.

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.





Do we need a Minimal Facts Interview?

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.

What to Consider?

- 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 or guidance)?
 - DCS Office?



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.

Example: Good or Bad?

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.



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.

A Minimal Facts Interview **MAY** Include



- Exploring body parts and areas that may have been touched.
- Who is/ are the alleged perpetrator(s)?
- Age of the victim/ alleged perpetrator(s)
- Where did the alleged abuse happen?
- When did the alleged abuse last happen?
- Are there other victims or witnesses?

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



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 ...”



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?”



Practice Opportunity

- For your assigned scenario
- Write down 3-5 questions to ask the ACV during your minimal fact interview.
- You have 5 minutes to write down your questions



Preparing the family for a 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)



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 Interview 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.

Minimal Facts 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.

Jurisdiction

- In the previous case example did child disclose location of at least one incident?
- Could there be various jurisdictions? When would be a good time to explore other locations and jurisdictions of abuse?
- Which location or jurisdiction did the child disclose?
- 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)?



Documentation Examples

- Minimal Facts
- Forensic Interview
- Body Safety
- Non-Offending Parent

Non-Offending Parent Interview

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 a Forensic Interview.



Minimal Facts Documentation

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.



Assessing for Safety

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.

Minimal Facts or Beyond

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.

Questions





Unit Seven

Safe Sleep for Infants

The ABC's of Safe Sleep

Babies sleep safest when...

they sleep
Alone

on their
Back

in a bare
Crib



Department of
Children's Services

Safe Sleep for Infants

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Unit Eight
Child Passenger Safety
Seat and Installation



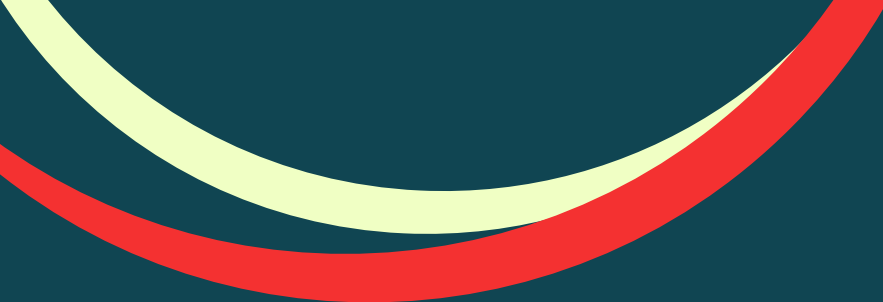
Department of
Children's Services

Child Passenger Safety Training Program

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Unit Nine
Communicating for
Conflict Resolution



"Peace is not absence of conflict, it is the ability to handle conflict by peaceful means."

~Ronald Reagan



Department of
Children's Services

Communicating for Conflict Resolution



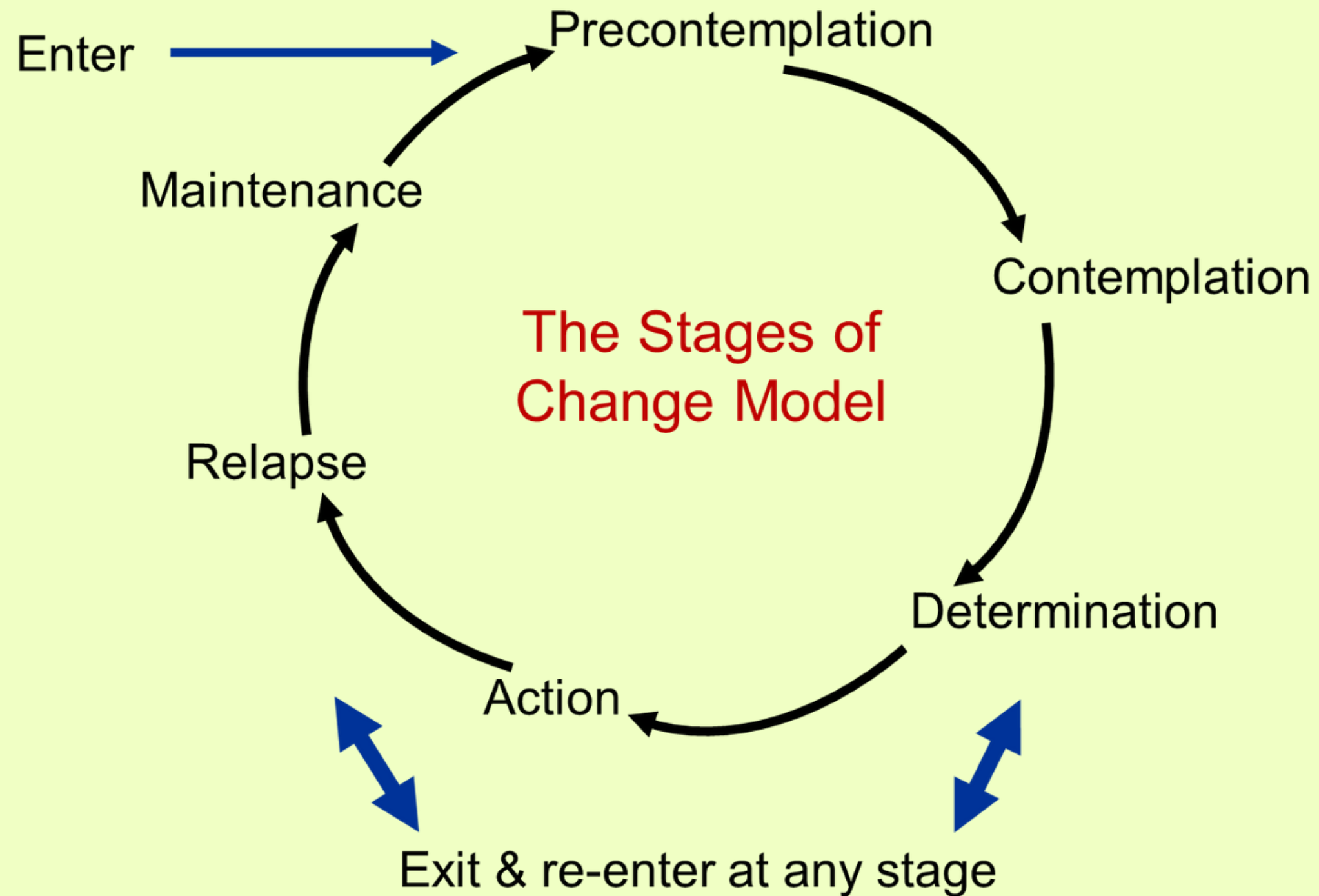


Unit Ten
Motivational
Interviewing

What makes change
so hard?



Stages of Change





Traps to Avoid

- The Expert
- The Premature Focus
- The Labelling
- The Blaming
- The Question/Answer
- The Confrontation/Denial

The Expert Trap



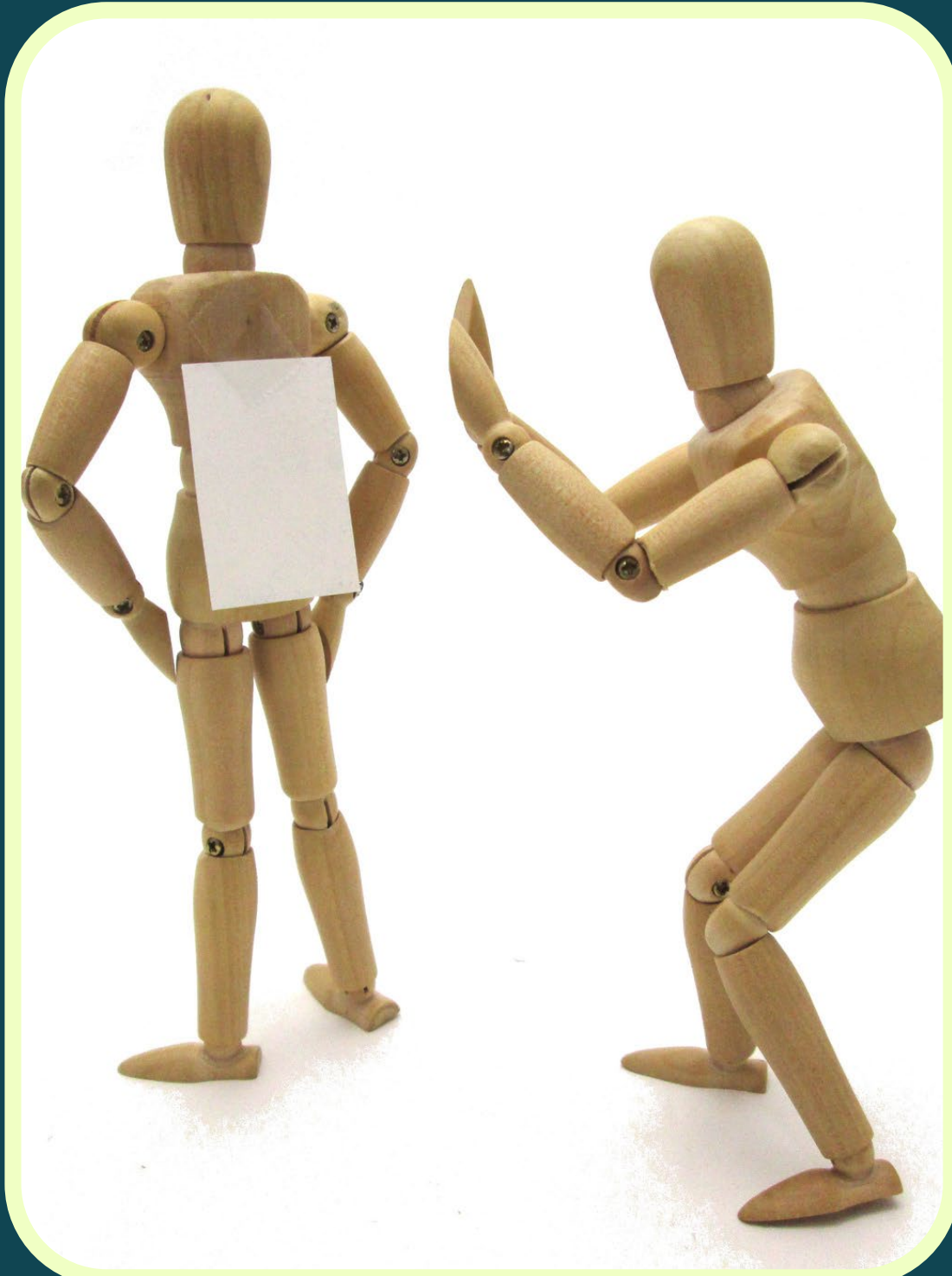
Providing Direction
without first helping the
client determine their
own goals, direction, and
plan.

The Premature Focus Trap



Don't focus too quickly on a specific problem or aspect of a problem. This can raise client resistance and cause the focus to be on an unimportant or secondary issue.

The Labelling Trap



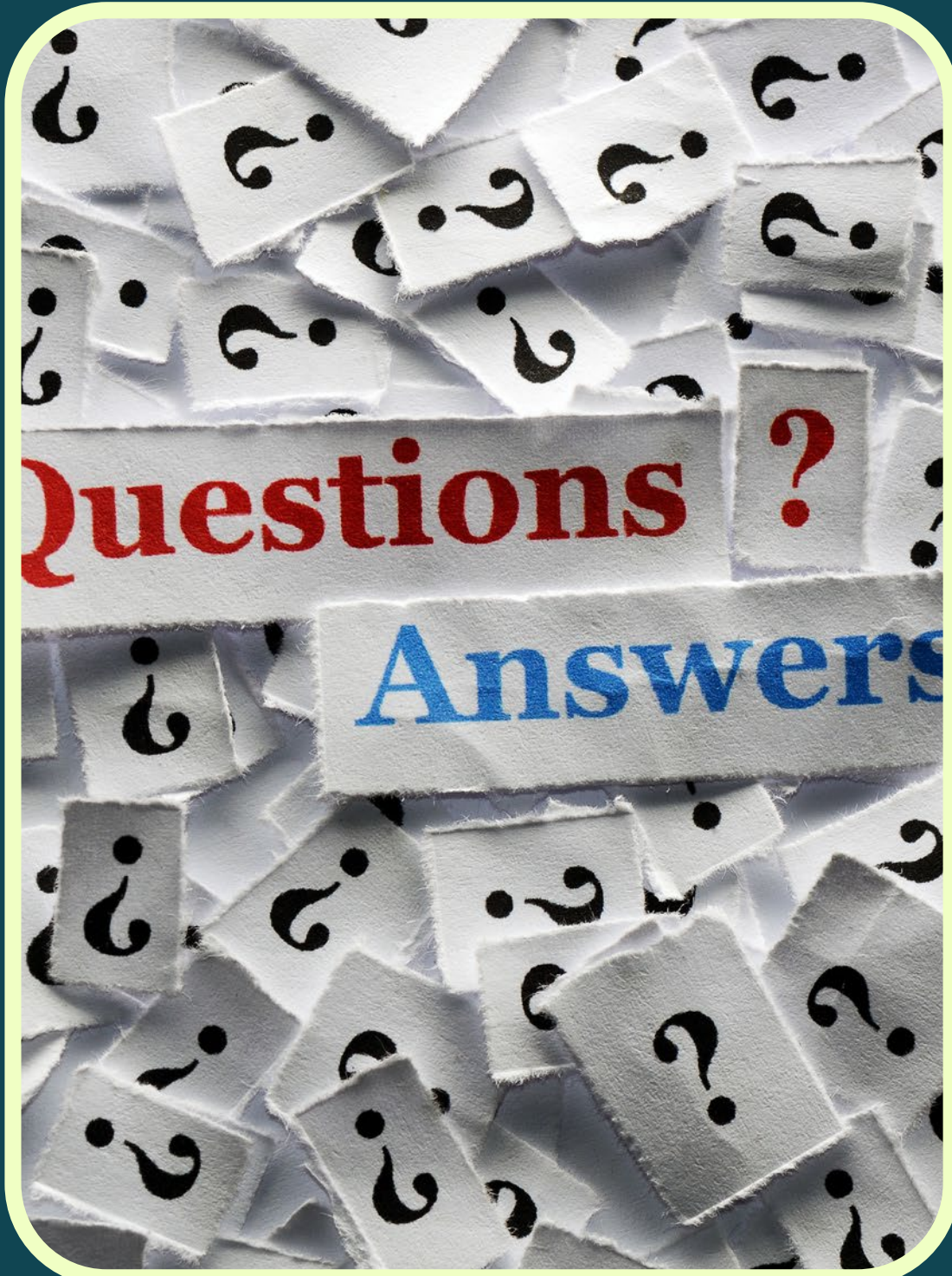
Case Manager attempts to convince client they are an alcoholic, addict, or some other label. Labels carry stigmas and should be de-emphasized when possible.

The Blaming Trap



Clients may blame others.

Case Managers may be tempted to show the client where they are at fault.



The Question and Answer Trap

Case Manager fall into a question, answer, question, answer, question, answer discussion.

The prohibits the exploration of issues in depth.

The Confrontation/ Denial Trap



Client is not ready to change which may lead to argumentative dialogue between the Case Manager and Client as the Client counters each argument to change.

The Righting Reflex Revisited

Case Managers tendency to give advise or "fix" the client telling them what they need to do to be better.



5 Questions and Listening



- 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 will do?

Change

- Ambivalence is natural part of the change process
- Recognize change talk to help the client move forward
- Using principles and skills of MI evokes motivation to change





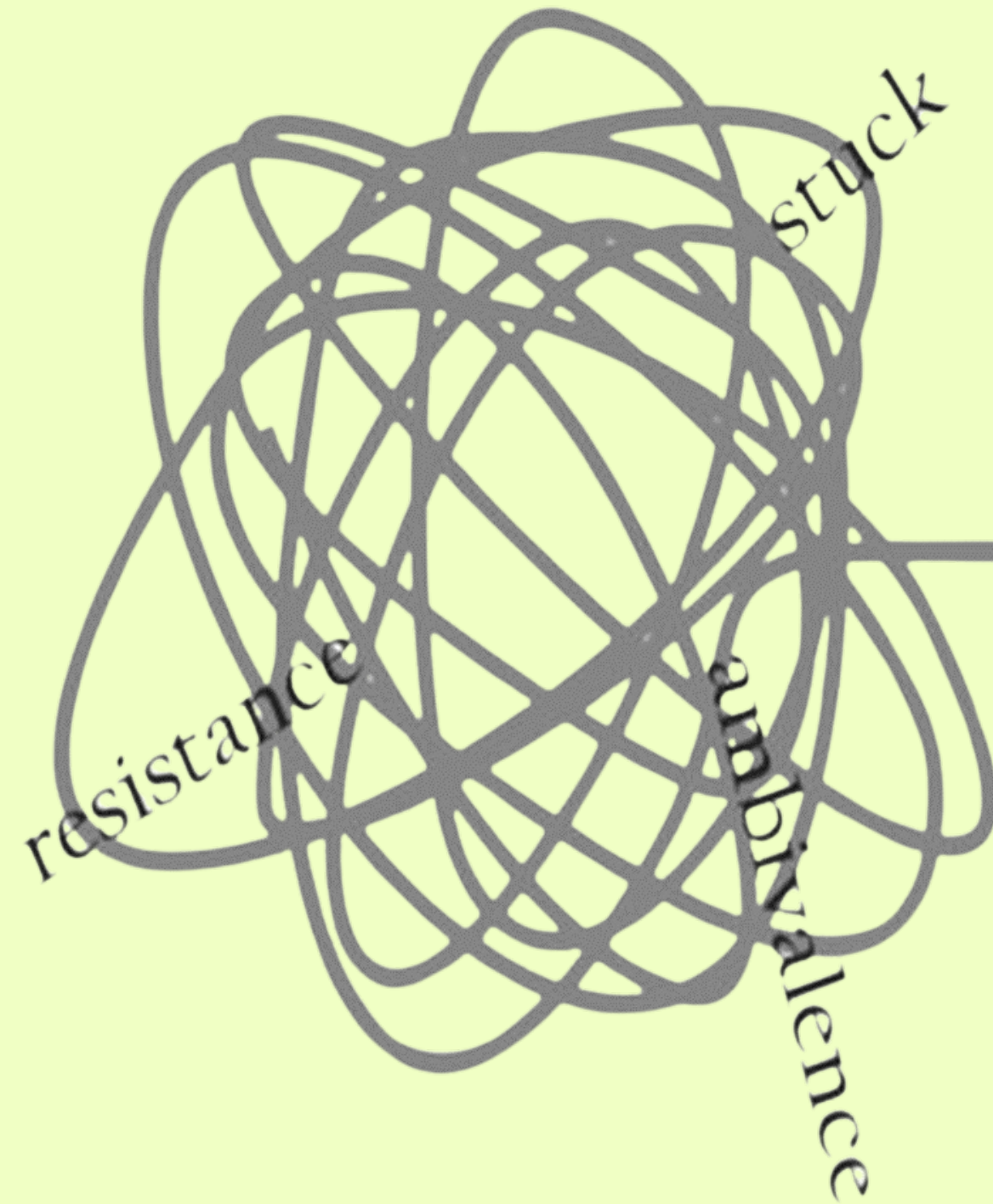
Resistance vs. Ambivalence

- 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.

Resistance vs. Ambivalence

Less stigmatizing and facilitates case manager empathy and understanding.

- Conflicted state where opposing attitudes coexist in the individual
- Stuck between wanting to change and not wanting to change
- Clients make statements for change but also include the reasons why making the change would be difficult .



Discord

- Behavior that reflects a tension or class in the working agreement between the client and case manager.
- Often comes in the form of a "yes, but" statement

Examples:

Arguing, Interrupting, Discounting, or Ignoring

DISCORD

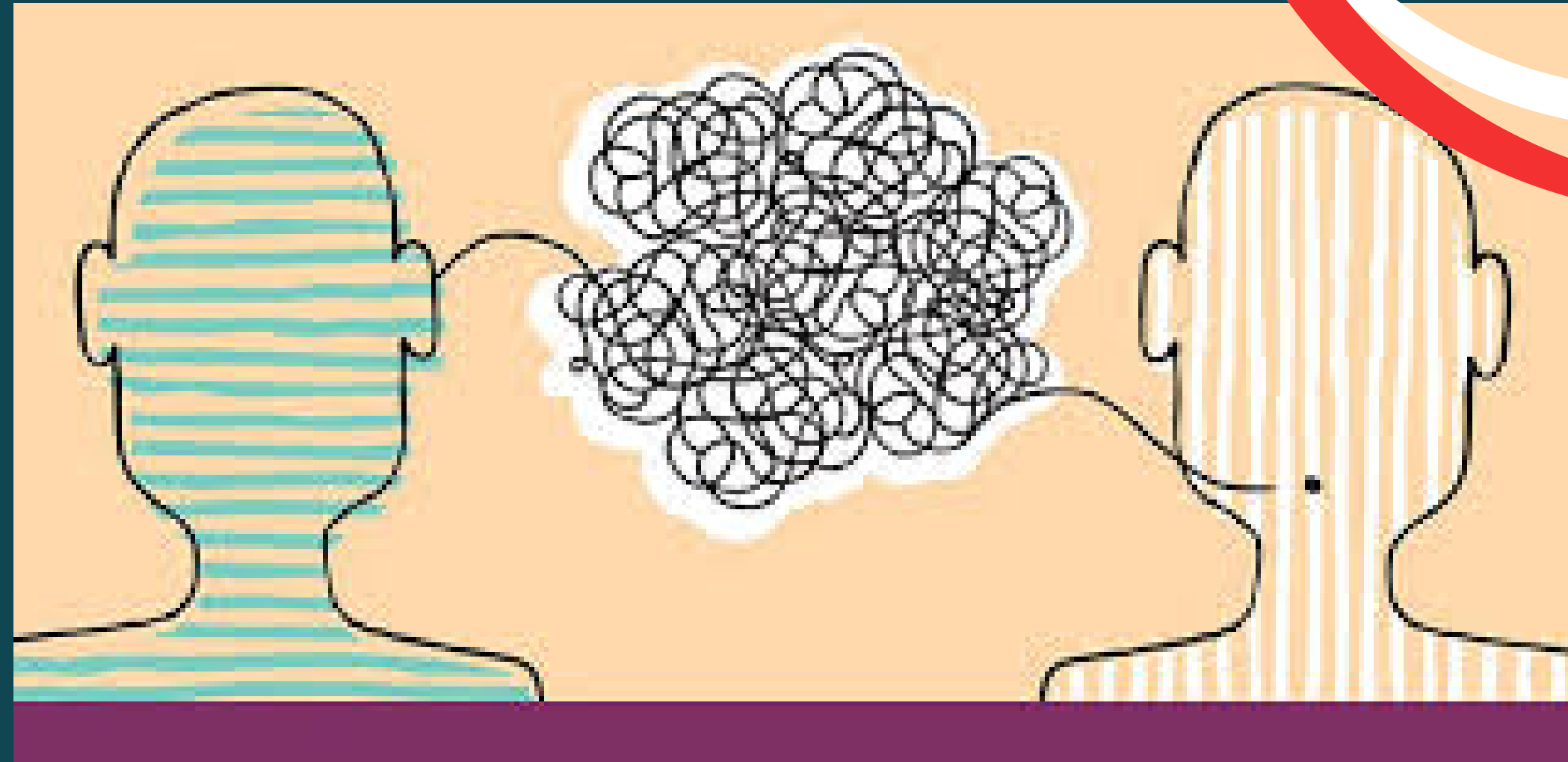
Sustain Talk

- Any CLIENT SPEECH that favors the status quo rather than movement toward change. It is often the path of least resistance. Includes reason why the client can not change. Clients may feel overwhelmed, and change may seem unreachable.
- When you hear sustain talk, don't address



Recap

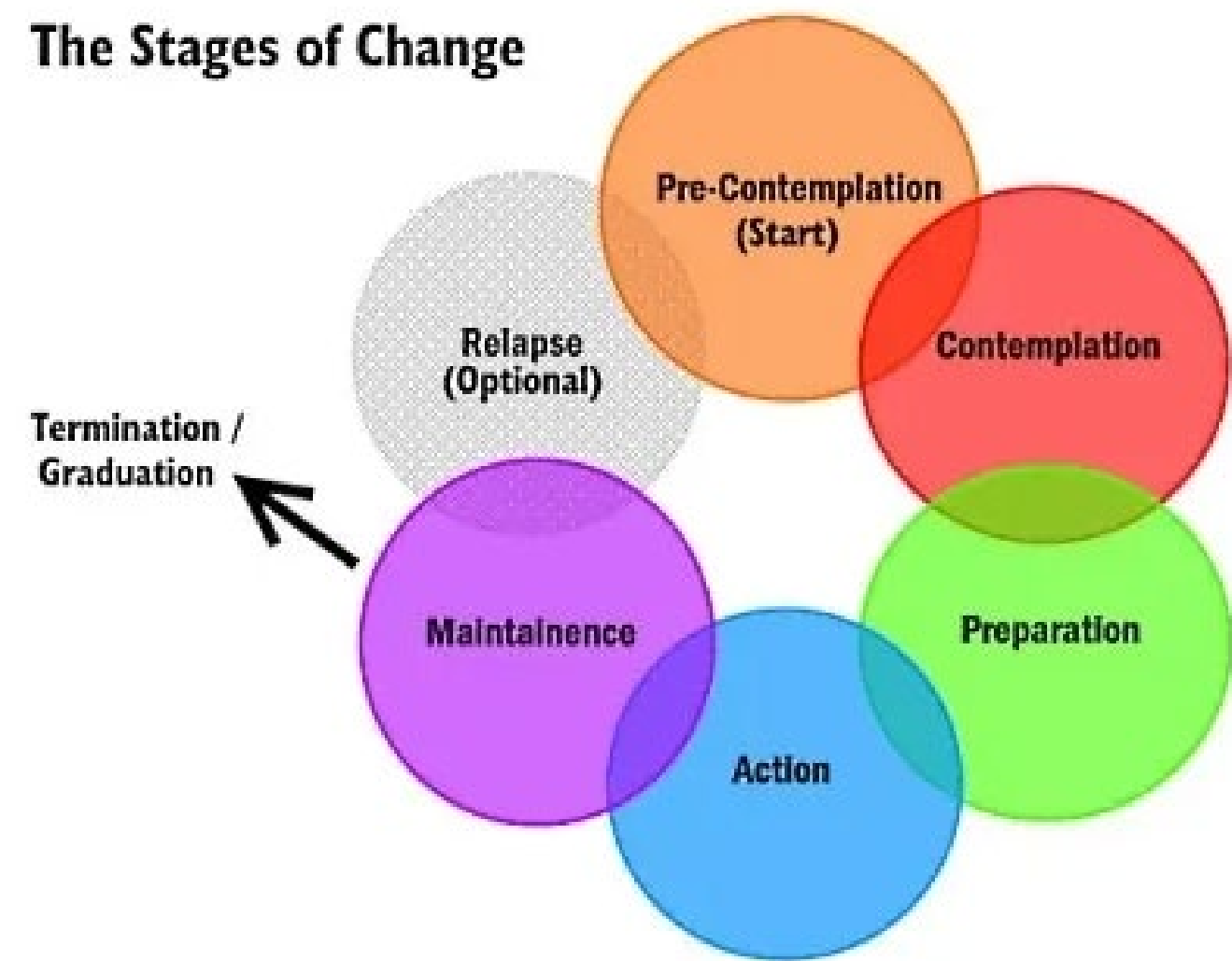
- Discord is a behavior clients present to avoid issues.
- Clients experiencing ambivalence are stuck.
- The purpose of MI is to move people toward change by helping them work through ambivalence.



Stages of Change

- Clients differ in their readiness to change
- Change is often nonlinear
- Clients move back and forth through the stages
- Case Manager can tailor responses and services

The Stages of Change



Using Behavioral Science
to Change Your Life

Changes Ahead



Recognizing where the client is in the cycle of change 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

Responding to Ambivalence

- Use Reflection
- Emphasize choice and control (Autonomy)



Change Talk

Change Talk

- 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

Sustain or Change?

- “I don’t have a problem taking care of my baby.”
- “I think I could stop using drugs, if I decided to.”
- “I am not the one with the problem.”
- “I can clean my house without any problems.”
- “When I am high, I’m more relaxed.”
- “I don’t know what to do, but something has to change.”
- “I feel terrible about how my drinking has hurt my children.”
- “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 is easy to propose, hard to implement, and especially hard to sustain.

— *Andy Hargreaves* —

Benefits



- Reduces tension between the client and worker
- Conveys the spirit of collaboration and acceptance, key ingredients for mobilization toward change.
- Conveys a genuine curiosity that is essential in assessment of underlying issues and concerns.
- 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.
- Helps achieves better client outcomes.

Types of Change Talk



Pre-
Contemplation

Action

Preparation

- Preparatory
 - Desire, Ability, Reason, Need (DARN)
- Mobilizing
 - Commitment, Activation, Taking Steps (CAT)

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<p>Desire</p>	<p>Statements about preference to change.</p>	<ul style="list-style-type: none"> • Indicate desire but stop short of making commitments • Act as powerful springboards 	<p>"I wish things were different." "I am hoping things will change." "This is not the person I want to be."</p>
<p>Ability</p>	<p>Statements are comments about self-efficacy.</p>	<ul style="list-style-type: none"> • Include the client's belief about changes to make • Include knowing what and how to make changes 	<p>"I know what I have to do, I just need to do it."</p>
<p>Reason</p>	<p>Specific advantages to making the change in behavior.</p>	<ul style="list-style-type: none"> • What ways life will be better if change happens 	<p>"It would be nice if I didn't have to worry so much."</p>
<p>Need</p>	<p>Statement with what is not working.</p>	<ul style="list-style-type: none"> • Clients recognize certain aspects of their life need to change 	<p>"I've got to make things better for my children." "I need to get a handle on things."</p>

Do You Swear?

1. I want to... (Desire)
2. I could (Ability)
3. I have good reason to...(Reason)
4. I need to....(Need)
5. I will...(Commitment)



Mobilizing Change Talk

- Commitment- Commitment to Change
 - "I will..."
- Activation- Leaning toward the direction of change
 - "I am ready..."
- Taking Steps- Specific actions toward change
 - "I am doing it..."

Evoking and Responding to Change Talk

Ask Open-Ended Questions

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?

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

- “You looked up some meetings and you were able to attend all of them. You have stayed clean this whole time and are working to take treatment seriously.”
- Leave out the sustain talk.

Practice: Listening for Change



- What type of change talk?
- What MI Skills were used?

Scaling with the Readiness Ruler



- 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?



Decisional Balance

- Weighing decisions, looking at the costs/benefits of choices they make.
- To change, the scale needs to tip so the costs outweigh the benefits.

	Changing	Not Changing
Benefits	<ul style="list-style-type: none">• Increased control of my life.• Support from family and friends.• Decreased job problems.• Improved health and finances.	<ul style="list-style-type: none">• More relaxed• More fun at parties• Don't have to think about my problems
Costs	<ul style="list-style-type: none">• Increased stress/ anxiety• Feel more depressed• Increased boredom• Sleep problems	<ul style="list-style-type: none">• Disapproval from friends and family• Money problems• Damage to close relationships• Increased health risks

Moving Forward

- “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.”





Unit Eleven
Commercial Sexual
Exploitation of Minors

"Our nation's children
are our greatest asset
and our most precious
treasure."

~Christopher Todd



Department of
Children's Services

Commercial Sexual Exploitation of Minors

Version 1.9.2023



Unit Twelve

Case Work



The Steward Family



Gather Information
Analyze Information
Draw Conclusions

Engaging Informal Collaterals Prior to the Interview

Think through the information needed and what information the collateral may be able to provide related to the assessment areas of safety, permanency, and well-being.



Engaging Informal Collaterals

During the Interview

- Explore the relationship
- Ask about strengths and needs
- Assess willingness and ability to help
- Collect information about the incident
- Ask about the family's history



Engaging Formal Collaterals

- **Prior to the Interview**

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
- Ask about further contact with the family
- Clarify personal from professional opinions
- Ask questions about observations

Assessing the Steward's Supports

- Informal Supports
- Formal Supports
- Collateral Contacts
 - Who do we need to talk with?

Paula Collins
Step-mother
Age, 32

Phillip V
Maternal Grandfather
Age,

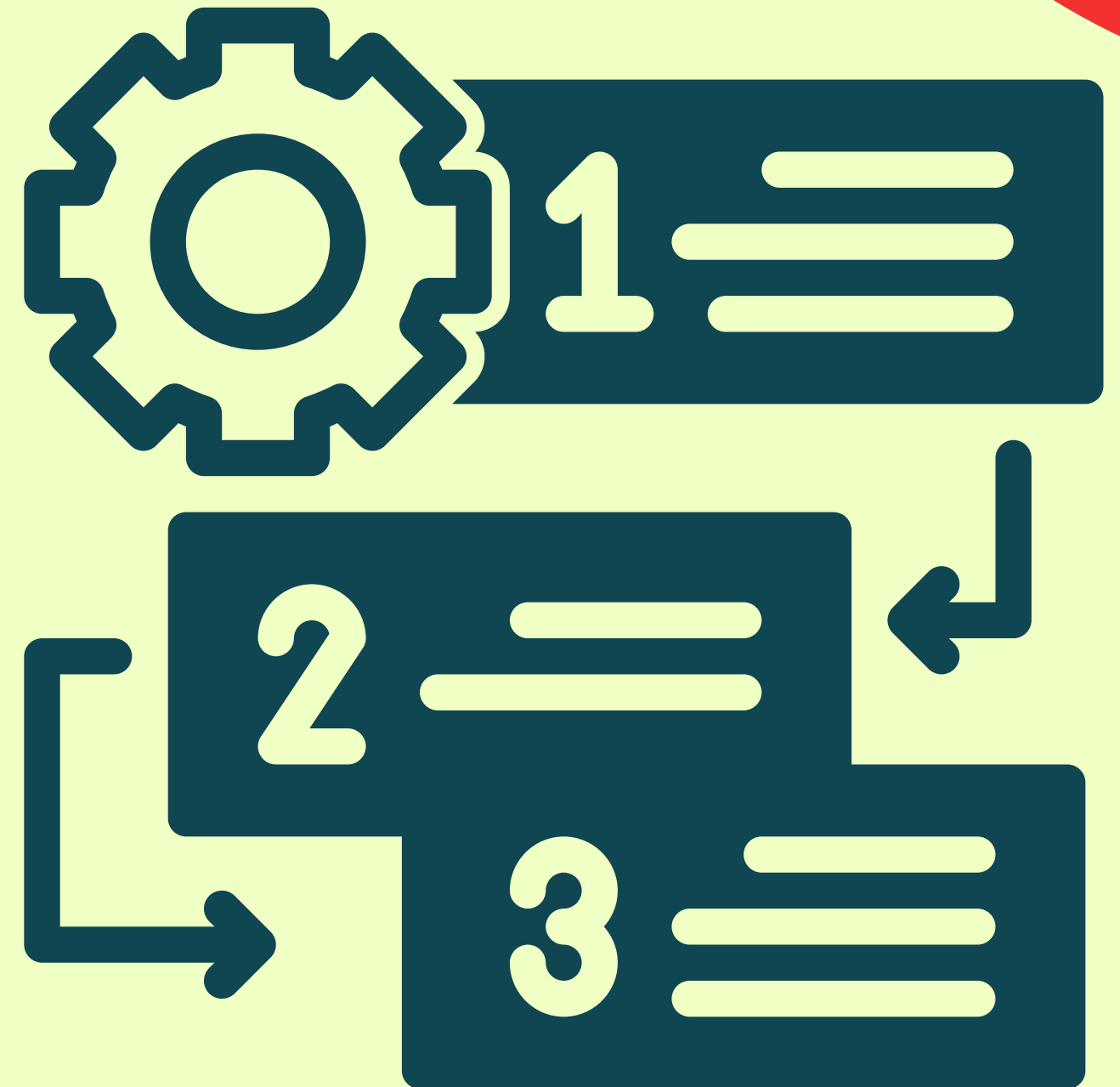
Smith
son
13

Andrew Newel
Maternal Half-Brother
Age, 22

Interviewing

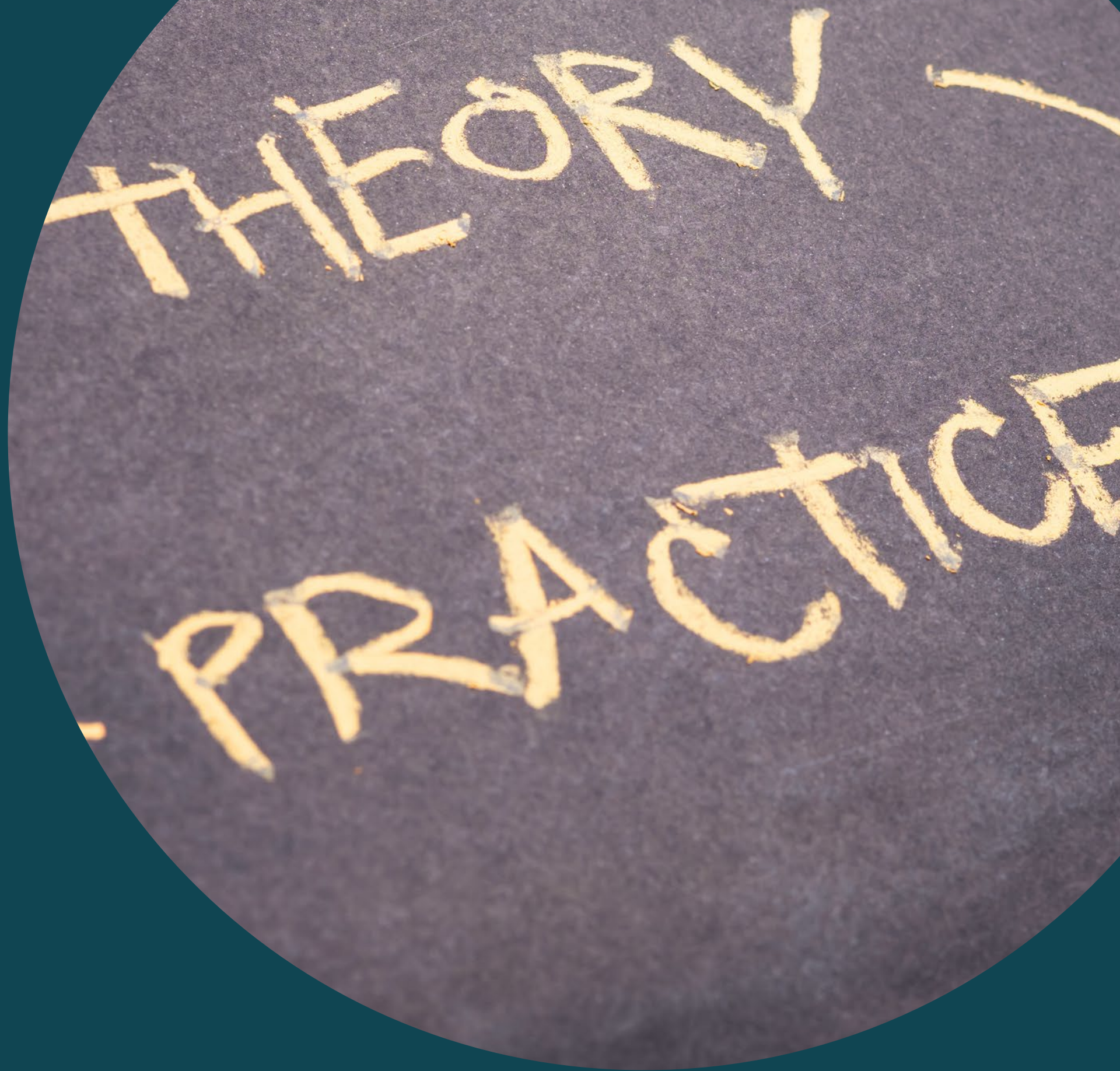
- Sequence of interviews? (May be determined by policy, response priority or safety issues)
- By whom?
- Purpose of interview? (Why is this family or individual being interviewed)
- How will the interview occur? (telephone or in - person)
- Location of the interview? (DCS office, home, school, etc.)

Work individually to develop your interviewing strategy for the Steward Case



Second Round of Interviews with the Stewards

- Break into pairs
- Roles of Case Manager and family member or collateral contact
- Conduct interview while assessing the family situation
- Debrief
- Swap roles
- Debrief



Critical Thinking



- 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?

Analyzing



ANALYZE

- Utilize the Family Assessment Worksheet
- Current Situation: Engage the family in a self-assessment to get their story about the current situation and issues/events 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.
- The gap that exists is your starting point.



Unit Thirteen

Safety and Well-being

Example

When was a time you did not feel safe in your job?



Worker Safety



HOME VISITOR SAFETY
STAYING SAFE AND AWARE ON THE JOB

What did you see related to worker safety?

How do you keep yourself safe?

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Ways to Keep Yourself Safe

- 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.

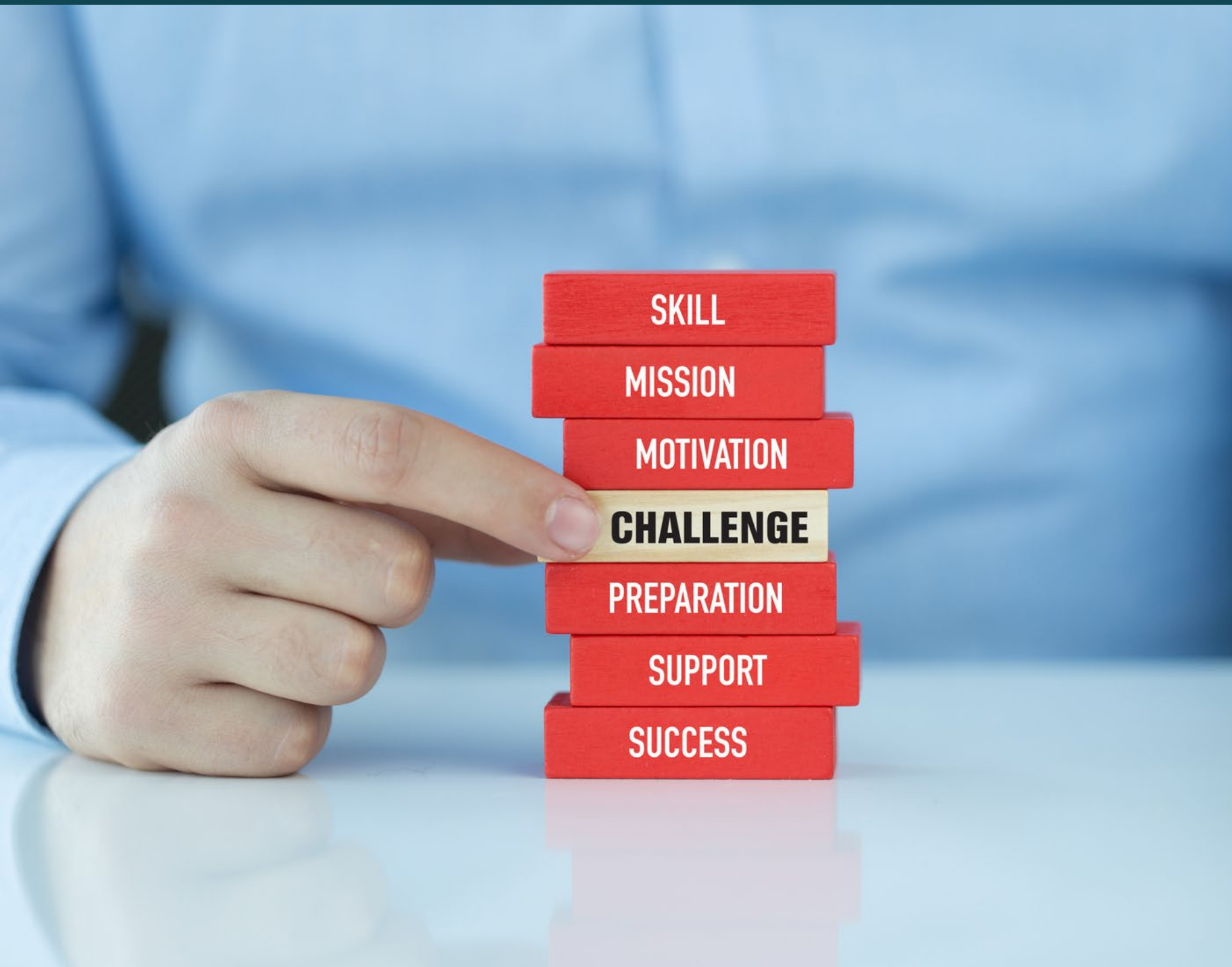
- Watch for a family member becoming upset or angry.
- Take a cell phone with you.
- Note the location of doors in the home.
- Assess who is in the home and the behavior of the parent/caretaker/homeowner before entering.
- Listen to your instincts and leave if you feel you are in danger.



Dealing with Challenging or Difficult Situation?

- How do you deal with difficult situations?
- What have you done in the past to build hope and resilience?

Challenges and Strategies



What Challenges Do You Expect to Face?

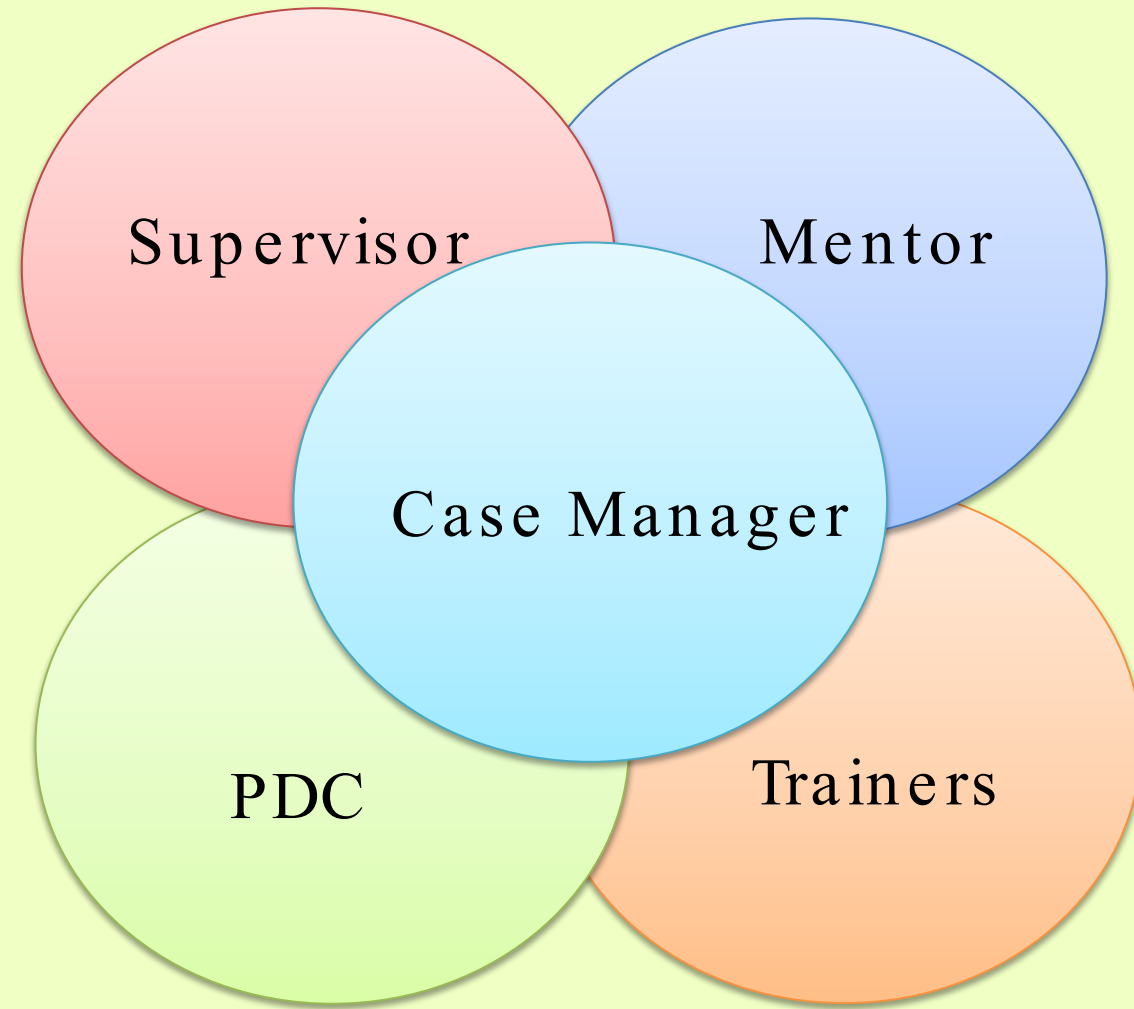
What Strategies Can You Use to Address Them?

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Example

o 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."

Your Supports



Employee Assistance Program
(EAP)

Here4tn.com

855.437.3486

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Unit Fourteen Wrap-Up

Thank you!



We care about what
you think!
Scan-Click-Complete

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