



Department of  
**Children's Services**

# Foster Care Specialty

Week 1

Facilitator Guide for In-person Delivery

Tennessee Department of Children's Services | Ver. 23.06.23



## Curriculum Information

- Training Credit: 23 hours
- Trainers should give participants one 15-minute break in the morning and one 15-minute break in the afternoon for full day classes.
- This curriculum was developed by the State of Tennessee Office of Training and Professional Development.
- Staff may receive T4T credit for this course by:
  - Attending the course T4T offering -- OR --
  - Attending an offering of the course taught by another trainer & debriefing with that trainer.

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

OTPD. (2023). Permanency Specialty. Tennessee Department of Children's Services.

# Learning Objectives

- Participants will gain knowledge of the foster care casework process.
- Participants will have a greater understanding of how engaging families leads to quality contacts and assisting families during the custodial episode.
- Participants will team with the family to identify informal and formal supports to assist the family through the custodial episode.
- Participants will demonstrate assessment skills by using the CANS to assess the strengths and needs of the family.
- Participants will learn and demonstrate how to plan with the family to implement action steps which will help the family reach positive outcomes.
- Participants will become knowledgeable in ongoing tracking and adjusting in casework.
- Participants will apply knowledge learned from the foster care casework process.

# Materials Checklist

## Materials needed for this curriculum:

- Curriculum Facilitator Guide
- Curriculum Power Point
- Pathways to Permanence Video
- Flip Chart Paper
- Tape
- Projector
- Markers (flipchart/whiteboard)
- Handouts (located in Google Classroom and/or [Basecamp](#)):
  - [New Hire Guide](#)
  - [Interviewing Techniques](#)
  - Assessing Potential Relative Placements
  - [Developmentally Related Visitation Activities](#)
  - [Guidelines for Arranging Family Visitation](#)
  - [Parenting a Child who has experience Trauma](#)
  - [How to Prepare Families and Children for Placement](#)
  - [Types of Placements](#)
  - A Guide for Using CANS with Child, Caregivers, and their families: A Tip Sheet
  - How to have the Permanency Conversation with Youth

- Guiding Question for Youth
  
- Forms Link: <https://www.teamtn.gov/dcs/forms-and-documents.html>
  
- Policies:
  - Policy Page Link: <https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/policiesprocedures.html>
  - CPS: [Work Aid 1](#)
  - 15.7 [Consent to Adoption of Child Fourteen \(14\) Years of Age and Older](#)
  - 15.11 [Adoption Assistance](#)
  - 15.15 [Subsidized Permanent Guardianship](#)
  - 15.16 [Subsidized Permanent Guardianship Case File Contents](#)
  - 16.2 [Multi Ethnic Placement Act](#)
  - 16.24 [Children of Native American Heritage](#)
  - 16.3 [Desired Characteristics of Foster Parents](#)
  - 16.31 [Permanency Planning for Children/Youth in the Department of Children's Services Custody](#)
  - 16.4 [Foster Home Selection and Approval](#)
  - 16.8 [Responsibilities of Approved Foster Homes](#)
  - 16.8 Attachment 3 [Guidelines for Life Story Books](#)
  - 16.20 [Expedited Custodial Placements](#)
  - 16.29 [Foster Home Board Rates](#)

- 16.32 [Foster Care Review and Progress Reports](#)
- 16.38 [Face-to-Face Visitation with Dependent/Neglected/Unruly Children in DCS Custody](#)
- [Visitation Guide](#)
- 16.43 [Supervised/Unsupervised Visitation between Child-Youth, Family, and Siblings](#)
- 16.46 [Child/Youth Referral and Placement](#)
- 16.51 [Independent Living and Transition Planning](#)
- 16.52 [Extension or Re-establishment of Foster Care for Young Adults](#)
- 16.53 [Eligibility for Independent Living Services](#)
- 16.59 [Disclosure of Permanency Options and Available Services for Relative or Kin Caregivers](#)
- 20.7 [Early Periodic Screening Diagnosis & Treatment Standards \(EPSDT\)](#)
- 20.7 Attachment [Protocol for Early Periodic Screening, Diagnosis and Treatment Standards](#)
- 20.12 [Dental Services](#)
- 21.9 [Educational Passport](#)
- 31.1 [Family Permanency Plans](#)
- 31.8 [Parent/Caregiver Engagement and Support](#)
- 31.8 Supplement [Parent Engagement and Support Work Aid](#)
- 31.9 [Conducting Diligent Searches](#)
- [Independent Living Handbook](#)
- [Child and Family Team Meeting Guide](#)

- [Protocol for Court Preparation and Attendance by Foster Care Staff](#)
- [Life Skills Assessment Storyboard](#)
- [Identifying and Accessing Independent Living Services Manual](#)

# Annotated Agenda

## Foster Care Week 1

Unit/Lesson	Time	Objectives/Activities
<b>Unit 1: Introduction to Casework</b>	<b>80 minutes</b>	<b>Participants will gain knowledge of the foster care casework process.</b>
1.1 Welcome and Introductions	20 minutes	<ul style="list-style-type: none"> <li>Comfort Rules</li> </ul>
1.2 Setting the Stage	40 minutes	
1.3 What is Permanency?	20 minutes	
<b>Unit 2: Engagement</b>	<b>6 Hours, 30 minutes</b>	<b>Participants will use engagement skills such as Motivational Interviewing to meet the family and to gather information.</b>
2.1 Working with Families	20 minutes	
2.2 Engagement, Trauma, and Change	80 minutes	<ul style="list-style-type: none"> <li>Stages of Change Activity</li> <li>Behaviors of Resistance</li> <li>Statements of Resistance</li> </ul>
2.3 The Questions You Ask	30 minutes	<ul style="list-style-type: none"> <li>Open-Ended Questions Activity</li> </ul>
2.4 Transitioning Cases to the FSW	30 minutes	
2.5 The Initial Contact	80 minutes	<ul style="list-style-type: none"> <li>Gather the story Activity</li> </ul>
2.6 Meet the Family	150 minutes	<ul style="list-style-type: none"> <li><a href="#">Pathways to Permanency Scene 1: 19:13 minutes</a></li> <li>Williams Strengths and Needs</li> <li>Williams Case Recording</li> </ul>
<b>Unit 3: Teaming</b>	<b>3 Hours, 30 minutes</b>	<b>Participants will team with the family to identify informal and formal supports to assist the family through the custodial episode.</b>
3.1 Building and Preparing the Team	45 minutes	<ul style="list-style-type: none"> <li>Genogram and Eco-Map Activity</li> </ul>
3.2 Custodial Placement	60 minutes	
3.3 Foster Home Placements	30 minutes	
3.4 Visitation	60 minutes	<ul style="list-style-type: none"> <li>Williams Visitation Schedule</li> </ul>
3.5 Facilitating Positive	15	



Placements	minutes	
<b>Unit 4: Assessments</b>	<b>60 minutes</b>	<b>Participants will demonstrate assessment skills by using the CANS to assess the strengths and needs of the family.</b>
4.1 Assessment Integration	60 minutes	<ul style="list-style-type: none"> <li>Activity: Introducing the CANS to the family</li> </ul>
<b>Unit 5: Planning/Implementation</b>		<b>Participants will learn and demonstrate how to plan with the family to implement action steps which will help the family reach positive outcomes.</b>
5.1 Permanency Planning	15 minutes	
5.2 Permanency Goals	45 minutes	
5.3 Permanency Planning and Quality Contacts	90 minutes	<ul style="list-style-type: none"> <li>Activity: Guided Imagery</li> <li><a href="#">Pathways to Permanence Scene 3 - Planning for Permanence</a> video. DVD time: 39:28 or 47:10-1:26:37</li> <li>Williams Permanency Plan Activity</li> </ul>
5.4 Plan Implementation	35 minutes	<ul style="list-style-type: none"> <li><a href="#">Pathways to Permanence Scene 4 – Connecting with Youth short video</a> SHOW the video to the 2:00 minute mark.</li> </ul>
5.5 Placement Stability	35 minutes	<ul style="list-style-type: none"> <li><a href="#">Pathways to Permanence Scene 4—Connecting with Youth START</a> video at 2:00 minute mark and stop at 18:26.</li> </ul>
5.6 Special Considerations when Working with Youth	35 minutes	
5.7 The Role of the Court and Legal Considerations	115 minutes	
5.8 Permanency Plan Revision CFTM	70 minutes	<ul style="list-style-type: none"> <li><a href="#">Pathways to Permanence Scene 5 - Tracking to Permanence video</a>. DVD time: 18:45 and stop at 40:54. Time: 22:12 minutes.</li> <li>Williams Plan Revised</li> </ul>
5.9 Providing Strengths-Based Feedback	40 minutes	
<b>Unit 6: Tracking and Adjusting</b>	<b>80 minutes</b>	<b>Participants will become knowledgeable in ongoing tracking and adjusting in casework.</b>
6.1 Tracking and Adjusting	35 minutes	<ul style="list-style-type: none"> <li>Activity: Aging Out of Custody</li> </ul>
6.2 Exiting Custody	45 minutes	<ul style="list-style-type: none"> <li><a href="#">Pathways to Permanence Scene 6— Realizing Reunification video</a> Time is 13:37 minutes. Start 40:59 – 54:30.</li> </ul>
<b>Unit 7: Closing/Wrap-Up</b>	<b>60 minutes</b>	<b>Participants will apply knowledge learned from the foster care casework process and demonstrate application by finalizing a timeline of case practice.</b>
7.1 Content Review	45 minutes	<ul style="list-style-type: none"> <li><a href="#">Jeopardy Game</a></li> </ul>

7.2 Closing/Wrap-Up	15 minutes	
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# Unit 1: Introduction to Casework Process

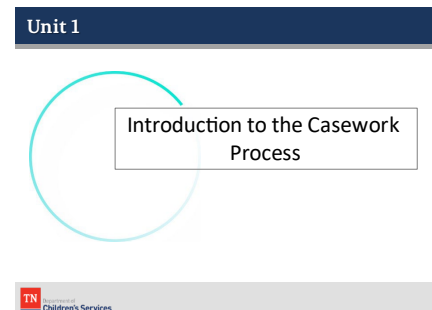
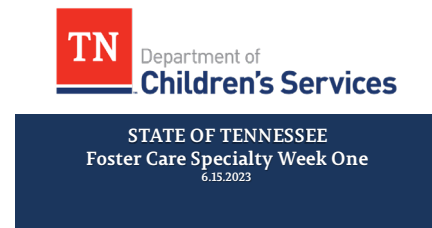
**Unit Time: 80 minutes**

## Learning Objectives:

- Participants will gain knowledge of the foster care casework process.

## Supporting Materials:

- PowerPoint
- Desired Outcome Flip Chart
- Comfort Rules from Core
- Practice Wheel Handout
- Policies/Guides:
  - [Policy link](#)
  - [New Hire Guide](#) -
  - [CFTM Guide](#)
  - [Visitation Guide](#)
  - [Work Aid 1](#) -



## Lesson 1.1: Welcome/Introductions

**Lesson Time: 20 minutes**

## Key Teaching Points / Instructions

- **WELCOME** participants to Foster Care Specialty training. **INTRODUCE**

yourself, briefly, to the group and share information about your previous experiences working with children and families from the child welfare system.

- **DISCUSS** with participants the purpose of this course is to provide knowledge of permanency concepts that will pertain to their cases worked in the foster care specialty. **EXPLAIN** the classroom training is only a portion of the process. **EMPHASIZE** the importance of OJT and learning in the field.

- **ASK** participants to introduce themselves by sharing their name and region and share one desired outcome for the training. Trainer will document the desired outcomes on a prepared flipchart in order to revisit on the last day of training.

Introductions and Desired Outcomes

W E L C O M E

Name  
 Region  
 One Desired Outcome

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- **BEFORE** moving forward **ASK** participants to complete the OJT Survey by scanning the QR Code. **REITERATE** the importance of providing feedback.

OJT Survey

 We Care About What You Think!  
 Scan- Click- Complete  
 On the Job Training (OJT) Survey

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- **REVIEW** comfort rules developed from Core Training. If there are new participants in this group, acknowledge they did not have input into developing the agreement and ask them, specifically, if they see anything they have questions about or if they would like to add anything to the rules.

- **ASK** if the participants can continue to agree to support the rules or if any additions/changes

Comfort Rules Revisited

Can everyone agree to support the Comfort Rules?

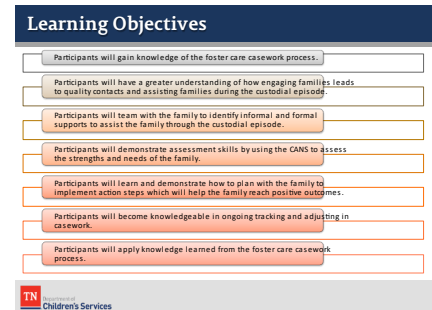
Explore Create Learn Join in  
 Have FUN!

Participate

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need to be made. **REVISIT** the comfort rules as needed throughout the training.

- **EMPHASIZE** the importance of respect at the beginning of the class.  
**REITERATE** the DCS values of empathy, genuineness, and respect.  
**DEBRIEF** and **ASK** if there are any questions.
- **REVIEW** the Learning Objectives:
  - Participants will gain knowledge of the foster care casework process.
  - Participants will have a greater understanding of how engaging families leads to quality contacts and assisting families during the custodial episode.
  - Participants will team with the family to identify informal and formal supports to assist the family through the custodial episode.
  - Participants will demonstrate assessment skills by using the CANS to assess the strengths and needs of the family.
  - Participants will learn and demonstrate how to plan with the family to implement action steps which will help the family reach positive outcomes.
  - Participants will become knowledgeable in ongoing tracking and adjusting in casework.
  - Participants will apply knowledge learned from the foster care casework process.



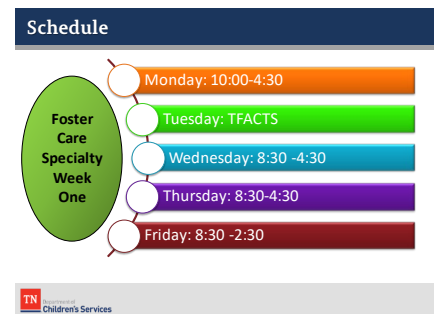
- **TRANSITION** to Lesson 1.2 Setting the Stage.

## Lesson 1.2: Setting the Stage

**Lesson Time: 40 minutes**

### Key Teaching Points / Instructions

- **SHARE** Foster Care Specialty will be two weeks with information provided regarding policies, best practice, and opportunities to practice case work activities with a case family.
  - Monday 10-4:30 pm (5.25)
  - Tuesday TFACTS
  - Wednesday 8:30-4:30 pm (6.5)
  - Thursday 8:30-4:30 pm (6.5)
  - Friday 8:30-2:30 pm (4.75)

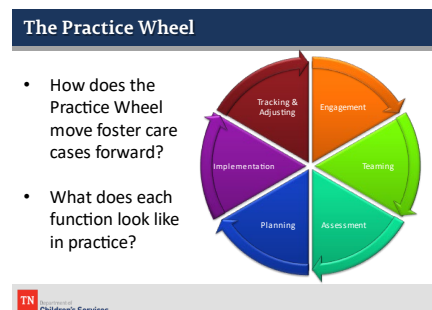


- **REVIEW** the Foundations of Professional Development: [Foster Care New Hire Guide](#), [Child and Family Team Meeting Guide](#), and the [Visitation Guide](#). **SHARE** supplemental resources can be found in Google classroom. **EXPLAIN** to participants how to access these supporting documents. **STATE** these resources and policies will be revisited throughout the two weeks of training. **SHARE** these documents will assist with casework practice and help with a visual timeline of responsibilities.



- [New Hire Guide:](#)
    - This guide was developed to use as a base for case tasks and responsibilities throughout the life of a case.
  - [CFTM Guide](#)
  - [Visitation Guide](#)
- **INFORM** participants these documents explain many of the important tasks involved in effectively working a custodial case from start to finish. Other activities, forms, and policies will be discussed in this training as well. **RECOMMEND** participants take notes throughout the training about resources shared in training or questions they will need to ask their Team Leader or Mentor for team/region specifics.

- **REMIND** participants of the DCS Practice Wheel and the importance of the function of each of the elements of the wheel. **REFERENCE** the following Practice Wheel Handout in Google Classroom. **ASK** how the Practice Wheel helps to move foster care cases forward. **ASK** what each function of the Practice Wheel looks like in practice.



- The Core Functions of Practice include:
  - **What does Engagement look like?**
    - Listening carefully to the child and family (hearing their story)
    - Reaching out to other family and team members

- Remaining non-judgmental and open to the family's culture, values, and priorities
  - Treating clients and colleagues with genuineness, empathy, and respect
  - Being available to families
  - Following up on services to ensure families are benefiting
  - Maintaining a hopeful focus on positive outcomes
  - Creating a climate where families clearly understand the issues and the responsibility for change
- **What does Team Formation look like?**
- Helping the family to identify team members
  - Supporting the team in developing the goals that will result in the outcomes of safety, permanency, and well-being of the children
  - Preparing all team members prior to CFTMs to discuss what their role is and what they can offer the team
  - Preparing to present the case information the team needs to make a decision and to make a recommendation for the outcome to be successful
  - Ensuring team meetings are held as needed and are family-driven
  - Coordinating the tasks assigned and follow-up on action steps with team members between CFTMs
  - Ensuring CFTMs are scheduled in advance whenever possible and at the family's convenience



- Maintaining documentation demonstrating this work in case recordings
- **What does Assessment look like?**
  - Listening carefully to what the family and team members say about the family needs
  - Making every effort to engage youth to share their feelings and needs
  - Interviewing all team members and collateral contacts to make a full assessment of the family's strengths and needs
  - Updating the CANS according to policy and as needed when new information emerges
  - Helping the family to identify their functional strengths and challenges
  - Keep an open mind and refrain from rushing to judgment about any youth or family's needs or issues
  - Demonstrating professional curiosity about the child and family's feeling about DCS interventions
- **What does Planning and Implementation look like?**
  - Plans are behaviorally specific and spell out what can and cannot be done
  - Goals are clear and agreed to be supported by the team
  - Action steps are clearly stated with target dates and desired outcomes specified
  - Plans are developed with the family and team in a Child and Family Team Meeting
  - Plans are individualized to fit the family
  - Plans are written in compliance with the law and DCS requirements
  - Plans build on family's strengths which are supplemented with other

resources

- Plans clearly address the underlying needs of the child and family
- Plans clearly address all of the safety risks and issues that brought the children into foster care
- Plans reflect strengths, need, and resources identified in the CANS
- Outcomes are specified with services that are thoughtfully considered and clearly related to the needs being addressed
- Plans reflect a long-term view for the child and family's success
- **What does Tracking and Adjusting look like?**
  - Maintain contact with families and team members to assess the progress or lack of progress, and document this information
  - Monitor the effectiveness of services being provided
  - Contact service providers for reports and updates
  - Discuss progress with families during family contacts
  - Ensure Progress Review CFTMs are taking place with the appropriate team members present
  - Maintain contact with foster parents and providers to assess how the child is progressing or adjusting to the placement
- **TRANSITION** into Lesson 1.3 What is Permanency?

## **Lesson 1.3: What is Permanency?**

**Lesson Time: 20 minutes**

**Key Teaching Points / Instructions**

- **ASK** the group what does permanency look like to them. **GUIDE** the discussion around the concept of permanency (i.e., loving relationships, family stability, and emotional support) by asking participants:

**Permanency**

HELP TIPS  
ASSISTANCE GUIDANCE  
SUPPORT ADVICE

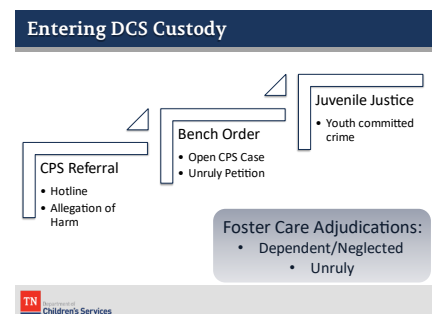
- What does permanency look like to you?
- What does permanence mean to families?
- How do you know you have permanency?

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- What does permanence mean to families?
- Why is it important and what does lack of it mean for children?
- How do you know you have permanence?
- How would you rate the permanence in your life right now?
- How did it develop for you?
- How important are relationships in creating permanence?

- **SHARE** with participants the different ways children and youth come into foster care:

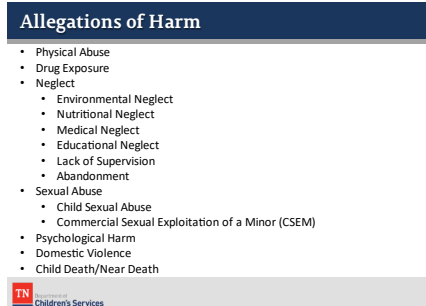
- CPS Referral
  - Hotline
  - Allegation of Harm
- Bench Order (Open CPS or FSS Case or Unruly petition)



- **EXPLAIN** a child who enters foster care will be adjudicated either Dependent/Neglected or Unruly. If the child is adjudicated as Dependent/Neglected, there must be an Allegation of Harm. If the child is adjudicated as Unruly, the child must have received a charge that only a juvenile could commit such as truancy or runaway. **SHARE** there may be situations when a youth who is in custody adjudicated as Juvenile Justice may change to a

Dependent/Neglect Adjudication or a youth who is adjudicated as Dependent/Neglect may incur charges which would change the adjudication of Juvenile Justice. **STATE** we will now **BRIEFLY** review the Allegations of Harm.

- **ASK** participants why it is important as a Foster Care Case Manager to know the different allegations ([Work Aid 1](#)) and how children enter care.
- **REMIND** participants of the following Allegations of Harm (discussed in more detail in Core week 1):
  - Physical Abuse
  - Drug Exposure
  - Neglect
    - Environmental Neglect
    - Nutritional Neglect
    - Medical Neglect
    - Educational Neglect
    - Lack of Supervision
    - Abandonment
  - Sexual Abuse
    - Child Sexual Abuse
    - Commercial Sexual Exploitation of a Minor (CSEM)
  - Psychological Harm
  - Domestic Violence
  - Child Death/Near Death



- **EXPLAIN** foster care case managers will be assessing for safety, permanency, and well-being throughout the custodial episode in all environments, i.e., in foster home, schools, at appointments, etc.
- **STATE** during Introduction and the Core weeks, you received a lot of information about the Steward Case. **SHARE** during normal practice, it would not be typical to have that much time/information prior to engaging the family. **NOTE** during this class, we will be focusing on the Practice Wheel using another case family, the Williams. Participants will revisit the Steward family during Foster Care Specialty, Week Two.
- **TRANSITION** to Unit 2 by stating the first step in the case work process is Engagement.

# Unit 2: Engagement

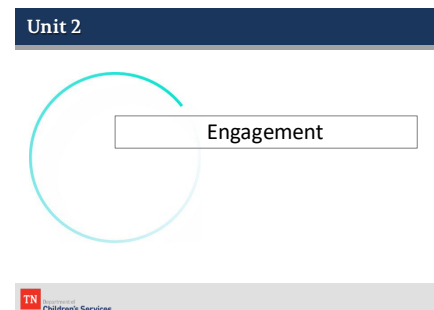
**Unit Time: 6 Hours, 30 Minutes**

## Learning Objectives:

- Participants will have a greater understanding of how engaging families leads to quality contacts and assisting families during the custodial episode.

## Supporting Materials:

- PowerPoint
- Interviewing Techniques Handout
- Stages of Change Worksheet
- Flipchart: Behaviors, Feelings, Underlying Needs
- Flipchart: Williams Strengths
- Flipchart: Williams Needs
- [New Hire Guide](#)
- [Visitation Guide](#)
- [Policy 21.19 Education Passport](#)
- [CS-0657 Education Passport](#)
- [Family Assessment Worksheet](#)

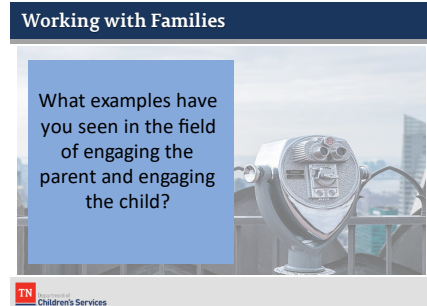


## Lesson 2.1: Working with Families

**Lesson Time: 20 minutes**

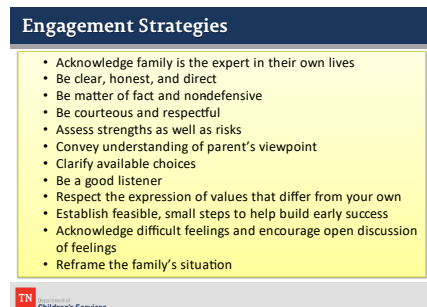
## Talking Points / Trainer Instructions:

- **INTRODUCE** the following discussion by explaining the importance of engagement in any of the work we do, whether we are first meeting a family trying to establish rapport, in the early and middle stages when we are working with the family to move the case along, or at the end, when we hope the progress of our work together will continue after the case closes. **ASK** what are examples you have seen in the field of engaging the parent and engaging the child?



- **ENGAGE** the group in a discussion centered around below:
  - The parent is sharing or providing more information to the Case Manager than just what was asked for.
  - The Case Manager encouraging the parent to talk about him/herself or talk about the family, what it is like, how they interact.
  - The Case Manager might ask the child about what they like to do in their free time, about school, or about their favorite toys. The Case Manager would know the child is engaged by open body language, the child interacting with the worker, possibly showing the worker the child's toys or room, etc.
- **INFORM** the group the remainder of the lesson we will be looking at some of the skills and elements of engagement, and how these can benefit us when working with parents who are resistant.

- **SHARE** there are many skills we can use to engage families including:
  - Acknowledge family is the expert in their own lives
  - Be clear, honest, and direct
  - Be matter of fact and non-defensive



- Be courteous and respectful
- Assess strengths as well as risks
- Convey understanding of parent's viewpoint
- Clarify available choices
- Be a good listener
- Respect the expression of values that differ from your own
- Establish feasible, small steps to help build early success
- Acknowledge difficult feelings and encourage open discussion of feelings
- Reframe the family's situation
- **SEGUE** into resistance by **ASKING** participants if it is possible that a parent or caregiver may resist engagement efforts by DCS. **ASK** how likely it will be for them to encounter a resistant parent. **TRANSITION** to Lesson 2.2 Engagement, Trauma and Change.

## Lesson 2.2: Engagement, Trauma, and Change

**Lesson Time: 80 minutes**

### Talking Points / Trainer Instructions:

- **STATE** traumatic experiences can happen over generations, resulting in abuse or neglect cycles if intervention and resiliency development doesn't happen. Now let's consider how these same factors can impact parent or caregiver's ability to engage in receiving intervention and support to develop resiliency and begin to end those harmful cycles.
- **ASK** participants what possible traumatic

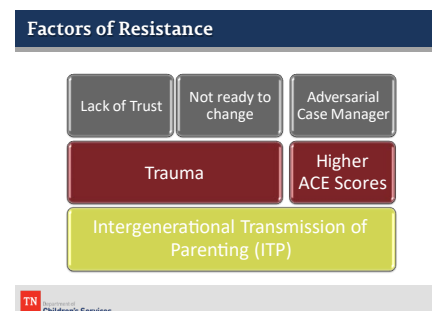
#### Engagement and Trauma

What are some past traumatic experiences of the parent or caregiver that can impact engagement?

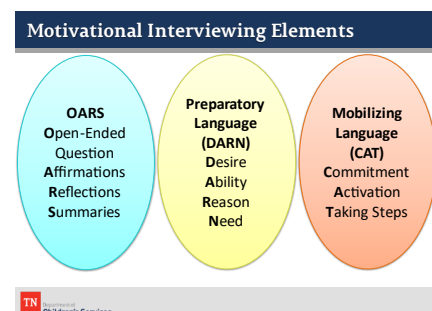


experiences a parent or caregiver may have in their past that can impact our ability to engage them. Responses could include:

- Past abuse
  - Past neglect
  - In custody as a child
  - Death of a parent or loved one
  - Death of a child
  - Loss of a job
  - Loss of a home
  - Mistrust of government/mistrust of DCS
  - Fearful children will be removed
  - Powerless within societal structure
  - Immigration status
- **ENGAGE** the group in a discussion about some of the additional reasons a parent/family might be resistant including:
    - Higher ACE scores
    - Fear
    - Lack of trust



- Adversarial Case Manager
  - Mistrust of government/mistrust of DCS
  - Fearful children will be removed
  - Powerless within societal structure
  - Immigration status
  - Intergenerational Transmission of Parenting (ITP): Intergenerational Transmission of Parenting is defined as the process through which, purposefully or unintentionally, an earlier generation psychologically influences parenting attitudes and behavior of the next generation.
  - Not ready to change
- **ENSURE** the group identifies the Parent/Caregiver may not be ready to change as a possible reason for resistance. **ASK** participants what they remember from Introduction and CORE Training weeks about Motivational Interviewing. **SHARE** we are now going to cover additional elements of Motivational Interviewing as it pertains to working with families whose children are in foster care. **INFORM** participants it is important to understand we are constantly engaging throughout the entire case. It is not just at the beginning of a case. It is important for us to understand the change process early on, so we recognize the signs and use our skills to help families progress through the cycle.
  - **STATE** we can use Motivational Interviewing OAR skills to help elicit Preparatory (DARN) and Mobilizing Language (CAT) with youth and parents

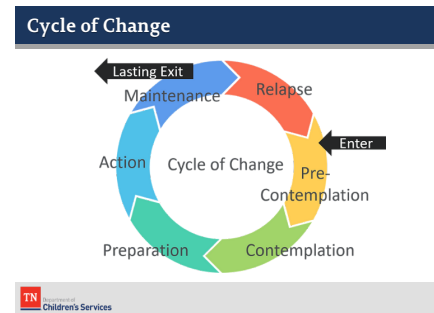


to help determine whether they are in the change process and to help challenge them to move forward.

- **REMIND** participants preparatory change (DARN) is when a person expresses motivations for change without stating or implying specific intent or commitment to do it. **ASK** the group if they can think of some examples:
  - Desire to change
  - Ability to change
  - Reasons to change
  - Need to change
- **TELL** participants being able to recognize preparatory language is important when working with families. It shows that the family is at least thinking about changing a behavior or habit. We must be listening for the change talk to follow up with the family and guide them toward a commitment of change. **ASK** where most families will be in the change cycle once they receive a new case in foster care.
- **INFORM** participants mobilizing language (CAT) is when the person expresses or implies action to change. We are listening for:
  - Commitment statements
  - Activation statements
  - Taking steps statements
- **ASK** participants, “Why being able to recognize mobilizing language is important with working with families.” Possible responses include: the person is trying to change, taking steps to address the issue, etc.

- **SEGUE** into discussing the Stages of Change.

**STATE** as you meet families for the first time, it is important to know where they are in the process of change. If we understand where they are in the change process, we can use our engagement skills to gather information and potentially help them move through the stages. The stages of change are:



- Pre-contemplation-the person has no intentions of change.
- Contemplation-the person is ambivalent about change and sees both the pros and cons to the behavior.
- Decision-making -this typically is a brief stage as the person resolves ambivalence and decides to make a change.
- Action- the person takes some action toward resolution of the problem behavior.
- Maintenance-for a year after the change has been successfully made, relapse is a possibility and a proactive plan developed.

- **CONDUCT ACTIVITY:** Stages of Change

Worksheet

- **GIVE** participants 5 minutes to complete the Stages of Change worksheet.

The image shows a worksheet titled "Activity: Stages of Change" with a list of questions and a separate box with "Which are change talk statements?".

**Activity: Stages of Change**

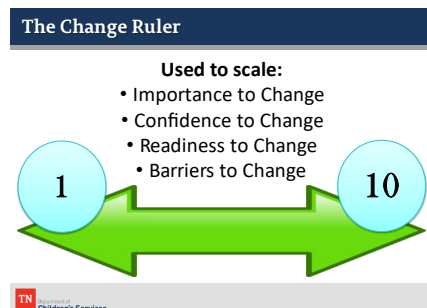
**Which are change talk statements:**

- I have to cut down on my drinking so I can make it to work on time.
- My wife wants me to give up cigarettes.
- The doctor thinks it is important for me to decrease my alcohol intake.
- I want to stop taking my pain meds, but the pain won't go away.

- **DEBRIEF** the activity with the group and process

how hard change can be and how we are asking parents to make changes so quickly. Empathy is important through this process and understanding change talk will help facilitate change.

- **SHARE** families may not believe that their behavior is a problem or that it will negatively affect them, or they may be resigned to their unhealthy behavior because of previous failed efforts and no longer believe that they have control.
- **ASK** participants to identify which statements are change talk statements:
  - I have to cut down on my drinking so I can make it to work on time. (Change)
  - My wife wants me to give up cigarettes. (Sustain)
  - The doctor thinks it is important for me to decrease my alcohol intake. (Sustain)
  - I want to stop taking my pain meds, but the pain won't go away. (Change)
- **STATE** the goal of Motivational Interviewing is to form a partnership with the person. We are not pushing the person through the stages. We are just helping to guide the person through the process. The goals of every interaction where we use our Motivational Interviewing skills is to help the person move one step towards their goal, "not to fix the problem."
- **STATE** it is a common response to want to "make things right" when we see a problem. Motivational interviewing does not try to make things right. We do not persuade, cajole, inform, prod, or in any way try to change their behavior.
- **SHARE** a practical tool to support the use of MI is utilizing a Change Ruler to help guide conversations about personal change. The Change Ruler is a simple, straight line drawn on a paper that represents a continuum from the left to the right usually a scale of 1-10. We can scale many things including importance to change, confidence to change, or readiness to change.



- **EXPLAIN** the three most important elements in changing a behavior including:
  - Readiness to change: Do you have the resources and knowledge to make a lasting change successful?
  - Barriers to change: Is there anything preventing you from changing?
  - Likelihood of relapse: What might trigger a return to a former behavior?
- **ENSURE** participants understand the importance of asking these questions to help assess the change process in order to move toward the planning process with families.

- **CONDUCT ACTIVITY:** Behaviors of Resistance

- **DRAW** grid on flipchart paper including “Behaviors, Feelings, and Underlying Needs.” Have the group list some of the behaviors exhibiting resistance and ask participants to identify what feelings that person may be experiencing which may be causing the behaviors we see.
- Then **ASK** participants to identify the underlying needs or what might be driving the behaviors and causing the feelings.

Activity: Behaviors of Resistance		
Behavior	Feeling	Underlying Needs

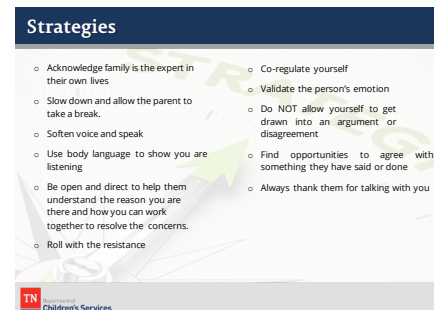
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- **STATE** some of our most challenging cases are often the ones where the highest levels of trauma are present, and therefore the ones that most rely on us to be competent and compassionate.
  - Culturally competent case managers take a family's personal history and demographics into account when working with families.
  - Culturally competent, trauma-informed case managers are aware of the

underlying issues that a family is facing and assists them without judgement or bias.

- **INFORM** participants it is not uncommon for us to experience resistance in families. In fact, we will see resistance on a regular basis as it's a normal reaction to this type of work.
- **ASK** the group if they could cause some resistance in the relationship with parents and caregivers? In what ways?
- **ASK** the group to brainstorm strategies that can reduce resistance that can be used with children, youth, and adults.
- **ENGAGE** the group in a discussion about their strategies. **ENSURE** the following are discussed:

- Acknowledge family is the expert in their own lives
- Slow down and allow the parent to take a break. Remember you may be talking about some sensitive topics, and they may not trust you or be ready to open to you
- Soften voice and speak calmly-If a parent begins to raise their voice, don't go with them, lower your voice, and remain calm
- Use "Yes, and" (explain the "Yes, and" approach to the new hires)
- Use body language to show you are listening attentively and to align yourself
- Be open and direct to help them understand the reason you are there



and how you can work together to resolve the concerns.


- Roll with the resistance
- Co-regulate yourself (maybe combine this with below “to avoid and argument…)
- Validate the person’s emotion (anger, fear, sadness, etc.) and emphasize with what they are feeling (you do not have to agree with the actions or behavior in order to express empathy)
- Do NOT allow yourself to get drawn into an argument or disagreement
- Find opportunities to agree with something they have said or done
- Always thank them for talking with you
- **EXPLAIN** to the group they will review some possible statements of resistance and discuss what strategies could be used to facilitate engagement.

- **CONDUCT ACTIVITY:** Statements of Resistance

- The Trainer will select and **READ** some resistant statements aloud based on time and group size.
- After each statement is read **ASK** the group if this statement could be from a child, youth, adult or all the above and what stage of change the person could potentially be in.
- Once it has been decided **ASK** the group what strategies could be used to

**Activity: Resistance Statements**

- Identify if the statement could be from a Child, Youth, Adult, or All?
  - What strategy could be used to reduce resistance?
- "I can't do better in school because the teachers and principal already hate me."
- "It is not my fault. The bus was late and the guy that interviewed me told me that stuff I would do at the job sounded like it's not worth working at all."
- "What's the point of learning to read and write when I'm only going to die and get shot tomorrow? I won't even make it to 17, you watch."
- "I'm not going to work some stupid job at Carl's Jr., making minimum wage. I make a lot more doing what I am doing now."
- "You haven't gotten me my housing yet or a job."
- "My parents used [drugs and alcohol] throughout my childhood. Why can't I?"
- "The last case manager I had was useless. She never even returned my calls, she didn't help me with SSI, and all she wanted to do was talk about my 'feelings.'"
- "All you people want to know is if I took my medication. Did you take yours?"
- "The reason my test came back positive is because I have the flu and took medication. The test must have picked that up."

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engage the person. **ENCOURAGE** all the participants to offer suggestions.

○ **Statements of Resistance**

- “I can’t do better in school because the teachers and principal already hate me.”
- “It is not my fault. The bus was late and the guy that interviewed me told me that stuff I would do at the job sounded like it’s not worth working at all.”
- “What’s the point of learning to read and write when I’m only going to die and get shot tomorrow? I won’t even make it to 17, you watch.”
- “I’m not going to work some stupid job at Carl’s Jr., making minimum wage. I make a lot more doing what I am doing now.”
- “You haven’t gotten me my housing yet or a job.”
- “My parents used [drugs and alcohol] throughout my childhood. Why can’t I?”
- “The last case manager I had was useless. She never even returned my calls, she didn’t help me with SSI, and all she wanted to do was talk about my ‘feelings.’”
- “All you people want to know is if I took my medication. Did you take yours?”
- “The reason my test came back positive was because I had the flu and took flu medication. The test must have picked that up by accident.”

- Strategies
  - Listen to the family and their concerns. Sometimes the most challenging clients are only expressing frustration because they feel like they are not being heard. Let the family know you hear their concerns.
  - Ask for more detail about something the client says. When you ask someone for more information or to explain something to you it often de-escalates the situation and causes the client to calm down.
  - Point out the client's strengths or something they are doing well. For example, "I can really see how much you care about your child" or "I can see that you must be really strong to have gone through so much"
  - Ask the client what they would like to see happen or what their ideal situation would look like.
- **DEBRIEF** the activity by reemphasizing to the class they do not want to get drawn into an argument or disagreement with the family.
- **TELL** the participants they are the professionals. Don't allow an argument or disagreement to become personal. It is important to stress that in most cases a parent's anger is about the situation and has little to do with the case manager.
- **TRANSITION** by sharing we are going to practice some skills that you can take with you into every home.

## Lesson 2.3: The Questions You Ask

## Lesson Time: 30 minutes

### Talking Points / Trainer Instructions

- **STATE** in addition to being aware of our style and how this can produce resistance, now let's consider the questions we use. **ENGAGE** the group in a discussion by asking the following question and exploring their answers:
  - "How does the type of questions used make a difference when engaging a family?"
  - **ENSURE** open-ended questions are included in the discussion.
- **SHARE** we are now going to practice our use of open-ended questions.

- **CONDUCT ACTIVITY:** Open-Ended Questions

- **SELECT** 2-3 questions from the list below and **INSTRUCT** participants to take out a piece of paper and to convert the closed ended questions into open ended questions (Trainer may refer to open-ended version suggestions in debrief).

#### Activity: Open Ended Questions

What grade are you in?

Do you smoke a lot?

What traumatic experience have you had?

Don't you think it would be a good idea to stop smoking pot?

Do you drink daily?

Do you have a primary care doctor?

Do you physically discipline your children?



may refer to open-ended version suggestions in debrief). **ENCOURAGE** creativity in engagement.

- "Which grade are you in?"
  - ◆ Open-Ended Version: "Tell me about the last grade in school that you were able to complete."
- "Do you smoke a lot?"
  - ◆ Open-Ended Version: "Tell me about your cigarette use."
- "What traumatic experience have you had?"
  - ◆ Open-Ended Version: "What would you say has been the most difficult for you in your life?"
- "Don't you think it would be a good idea to stop smoking pot?"

- ◆ Open-Ended Version: "What would be the benefits of not smoking pot?"
- "Do you drink daily?"
  - ◆ Open-Ended Version: "Tell me about your alcohol use."
- "Did anyone in your family have mental illness growing up?"
  - ◆ Open-Ended Version: "How did your family handle stress when you were growing up?"
- "Do you have a primary doctor?"
  - ◆ Open-Ended Version: "Tell me about what happens when you and your family get sick?"
- "Do you physically discipline your child?"
  - ◆ Open-Ended Version: "How do you discipline your child?"
- "Have you ever witnessed or experienced a life-threatening accident?"
  - ◆ Open-Ended Version: "What is the scariest thing you have ever seen or experienced in your life?"
- "Have you ever been incarcerated?"
  - ◆ Open-Ended Version: "What has been your experience with law enforcement?"
- "Have you felt sad, lifeless, or exhausted most of the day every day for the last two weeks?"
  - ◆ Open-Ended Version "What emotions have made daily life difficult in the last few days? How have they made life difficult?"
- "Do you carry a gun or a knife on you?"
  - ◆ Open-Ended Version: "What are your feelings on personal protection?" or, "What are your thoughts about carrying weapons?"

- “Have you paid your rent this month?”
  - ◆ Open-Ended Version: “Can you tell me about a time when you have had a hard time paying your bills?”
- “Do you have access to food?”
  - ◆ Open-Ended Version: “If I could help you with anything right now, what would that be?”
- “Are you thinking about harming yourself or others?”
  - ◆ Open-Ended Version: “How do you manage stress? What does that look like?” or “How do you deal with issues you may have with others?”
- **DEBRIEF** the activity by asking how participants can continue to practice using open-ended questions with children, youth, and families.
- **SHARE** a good way to ensure open ended questions is starting with “tell me about.....” “What are your thoughts on.....”
- **SHARE** with the group there are many interviewing techniques that the pros use, however, we wanted to share some that can be used easily and right away. **REFER** participants to the resource in Google Classroom: Interviewing Techniques.
- **TRANSITION** to Lesson 2.4: Transitioning Cases to the FSW.

## Lesson 2.4: Transitioning Cases to the FSW

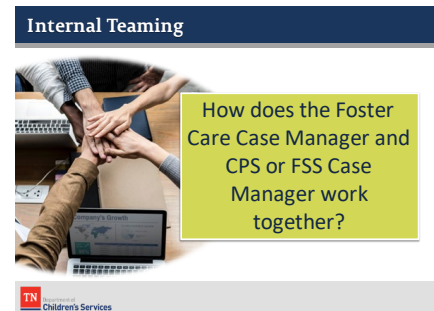
**Lesson Time: 30 minutes**

### Key Teaching Points / Instructions

- **INTRODUCE** the lesson by stating we will now focus on how to ensure a

smooth case transition from CPS to Foster Care and review the tasks required for FSWs to successfully prepare for the initial contact with the family after a child enters custody. It is imperative to gather as much detail as possible in preparation for the initial visit with the family.

- **EMPHASIZE** the importance of internal teaming within DCS program areas. **ASK** how the Foster Care Case Manager and the CPS or FSS Case Manager work together. **SHARE** the following and **NOTE** regions may have various procedures for case assignment and completing first case steps:



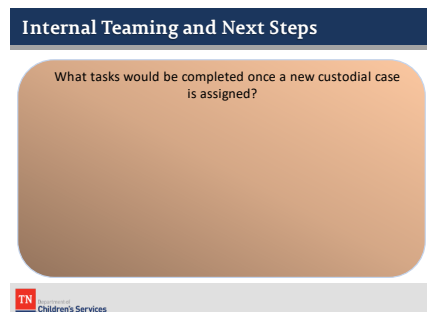
- **FOSTER CARE CASE MANAGER:**
  - Assigned case after a child/youth is placed into custody and date/time of Initial CFTM, plus additional information. Assist in waiting with child on placement, collecting personal items, completing genogram, etc.
  - Contact foster parent or provider to check on the youth/child and assist with trauma reduction. Schedule first contact with foster parent, child, parents, collateral contacts
  - Gather copies of CPS file, Records, Assessments, etc.
  - Attend Initial CFTM, if held by CPS; schedule/attend Initial CFTM if not completed by CPS/FSS
  - Attend Preliminary Hearing noting any court orders, next hearing, etc.
  - Follow-up on any severe abuse cases, CPIT and any possible court hearings on case.

- **CPS/FSS Case Manager:**
  - Transports child/youth to initial placement, alerts custodial case manager to any urgent information including picking child up from school, additional clothing, medication needs, etc.
  - Distributes copies of all CPS documentation/paperwork
  - Attends Preliminary Hearing
  - Contacts Foster Care case manager to inform of any substantiated Severe Abuse cases, CPIT review, any criminal court hearing, etc.
- **REFER** participants to the [New Hire Guide](#) for steps to take when children enter custody.

- **ASK** participants to share what task would be completed once a new custodial case is assigned.

Answers should include:

- Schedule EPSD&T and dental
- Obtain photograph
- Educational Passport/School enrollment. **REFER** to Policy [21.19 Educational Passport](#) to provide additional information. **PROVIDE** information regarding [Form CS-0657](#) and **STATE** the Education Passport is a compilation of the following: Completed Education Passport Face Sheet with completed demographic information, additional school enrollment information, a list of recent schools attended and the following documents: Immunization records, Most recent grade card with attendance records, current transcript



for High School students, and as applicable, special education, student plans under Section 504 of the Rehabilitation Act, or TEIS records. **SHARE** the compilation of the Education Passport begins once the child/youth enter DCS custody.

- Clothing allotment
- Obtaining records
- Face to Face with children/youth/parents
- Schedule visitation with parent and child(ren)
- Visit the placement
- Schedule Initial Child and Family Team Meeting
- Attend Preliminary Hearing
- Documentation (within 30 days of contact and on-going)
- **ASK** if there are any questions and **TRANSITION** to Lesson 2.5 The Initial Contact.

## **Lesson 2.5: The Initial Contact**

**Lesson Time: 80 minutes**

### **Key Teaching Points / Instructions**

- **STATE** one of the most important case tasks after receiving a new custodial case is conducting the initial face to face contact with the child and parents.



**STATE** this contact may be completed by CPS or the FSW; however, the FSW will conduct the initial visit with the child in the placement setting within 3 business days of any new placement.


- **INFORM** participants all face to face contacts with children in the home will be documented within 10 business days.
- **ASK** participants what you would need to know before the Initial Contact and where you would collect this information.
- **ASK** participants the following questions:
  - What is the importance of meeting with the parent as soon as possible after removal? What would you discuss?
  - What is the importance of contacting the child and foster parent after removal? What would you discuss?
- **REFER** participants to the [Visitation Guide](#) for face-to-face quality contacts and review the Quick Reference Table on page 3 and **DISCUSS** the visitation requirements of a new custodial episode for children and parents.
- **STATE** the purpose of the initial contact with the parent is to meet the family and hear the family story from their point of view. It is also the time to begin building the Child and Family Team and prepare the family for the upcoming Initial Child and Family Team Meeting.
- **TELL** participants that gathering the family story is an opportunity for the worker to engage the family in sharing how they came to be involved with the department from their perspective.

**The Initial Contact**

**Reminder**

- ✓ Initial visit in the placement setting within 3 business days of placement.

- What is the importance of meeting with the parent as soon as possible after removal? What would you discuss?
- What is the importance of contacting the child and foster parent after removal? What would you discuss?




**The Family Story**

Family Story: The family sharing how they became involved with the department from THEIR PERSPECTIVE.

- ✓ Should include all family member's perspectives, but at least one.
- ✓ Use direct quotes for emphasis
- ✓ Family should update progress or lack thereof in each meeting

- ✓ Even if DCS disagrees, it should be documented as the family shares
- ✓ Best Practice and COA Standards require we gather and document input from the families



- When the story is captured in documentation it should reflect a narrative version of the family's view, interpretation and account of their situation, progress, and involvement with the department.
- This might only be the perspective of one family member or multiple, depending on the case situation.
- It is good to use quotes from family members whenever possible.
- If it is being updated after the initial meeting, be sure to note the family's own progress, or lack thereof, towards permanency.
- It is important to remember that even if you, as the worker, disagree with the family's perspective, the family story should still be documented as the family stated it. We can note that this is the family's perception of the events and not the perception of DCS.
- Best practice and COA standards require that we gather and document input from the families we work with.

- **REMIND** participants of the information learned in Introduction and CORE weeks around Motivational Interviewing by **STATING** Motivational Interviewing is a client-centered approach for enhancing intrinsic motivation to change behavior by exploring and resolving ambivalence. **ASK** how OARS (Open-Ended Question, Affirmations, Reflections, and Summaries) could be used in hearing the family story.

**MI and the Family Story**

- **Open-Ended Questions**
  - *"Tell me more about what happened?"*
- **Affirmations**
  - *"You are being very brave for asking for help!"*
- **Reflections**
  - *"It sounds like you..."*
- **Summaries**
  - *"So, let me see if I have this right..."*

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<b>O</b>	Open-ended Questions	Example: Tell me more about what happened?
<b>A</b>	Affirmations	Example: You are being very brave for asking for help!

<b>R</b>	Reflections	Example: It sounds like you...
<b>S</b>	Summaries	Example: So, let me see if I got this right...

- **Open Ended Question:** Elicits descriptive information, requires more of a response than a simple yes or no, encourages the family to do most of the talking, helps us avoid premature judgement, and keeps communication moving forward.
- **Affirmations:** Must be done sincerely, supports and promotes self-efficacy, acknowledges the difficulties the person has experienced, validates the person's experience and feelings, and emphasizes past experiences that demonstrate strengths and success to prevent discouragement.
- **Reflective Listening:** Is a way of checking rather than assuming that you know what is meant, shows that you have an interest in and respect for what the family has to say, demonstrates that you have accurately heard and understood the person's problems and feelings.
- **Summarize:** Reinforces what has been said, shows that you have been listening carefully, prepares the person for transition, allows you to be strategic in what to include reinforcing talk that is in the direction of change, and can underscore feelings of ambivalence and promote perception of discrepancy.
- **ASK** participants to identify the timeframes for ongoing face-to-face visits with parents, foster parents, and with children on their caseloads by **REFERRING** participants to the [Visitation Guide](#).
- **ACKNOWLEDGE** the tasks of the FSW may vary

**Ongoing Timeframes**

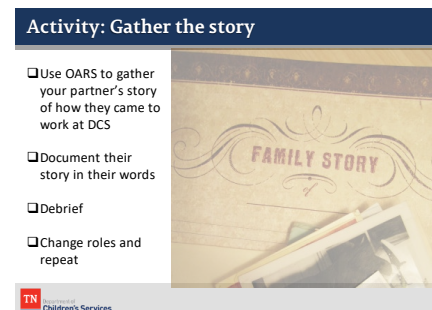
**Moving Forward** →

Review the Visitation Guide to identify timeframes for Faceto Face Visits with: Parents, Foster Parents, and ongoing visits with children.

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according to the specifics of a case situation. **EMPHASIZE** communication between the FSW and CPS is critical for a smooth transition and to ensure compliance with DCS policies and state and federal laws.

- **ACKNOWLEDGE** there may be regional/county differences in the assignment of initial tasks and remind participants they will be able to learn this process as a part of their OJT Checklist. **ENCOURAGE** participants to speak with their Supervisor and Mentor about specifics in this area.
- **CONDUCT ACTIVITY:** Gather the story
  - **DIVIDE** participants into groups of 2. One person will be interviewed on their “story” of coming to work at DCS. The “interviewer” will use OARS to gather the story and will document their story using the person’s own words.
  - After 5-7 minutes, the group will **DEBRIEF** together. The person interviewed will read their story and identify how accurate the information was documented.
  - **CHANGE** positions and repeat interview and **DEBRIEF**.
- **DEBRIEF** as a large group by asking:
  - How did the interviewer use OARS to gather the story?
  - How accurate was the story documented?
- **TRANSITION** to Lesson 2.6 Meet the Family by **SHARING** we will now be introduced to the case family we will use to learn and practice case work around the Practice Wheel.



## Lesson 2.6: Meet the Family

## Lesson Time: 150 minutes

### Key Teaching Points / Instructions

- **INFORM** the participants we are going to meet the Williams family for the first time. **SHARE** we will follow the family from the day the children are removed until permanency is achieved.

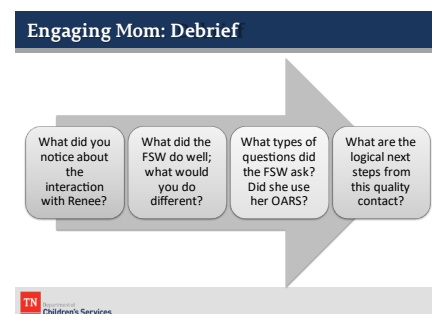


- **REFER** and **ASK** participants to review the Williams family case file pages. **AFTER** participants have reviewed those pages, **ASK** what allegations are involved in the case, and what brought the children into custody.
- **ASK** participants to share what tasks would be completed once a new custodial case is assigned. Answers should include:
  - Schedule EPSD&T and dental
  - Obtain photograph
  - Educational Passport/School enrollment
  - Clothing Allotment
  - Obtaining records
  - Face to Face with children/youth/parents
  - Visit the placement
  - Schedule Initial Child and Family Team Meeting

- Attend Preliminary Hearing
- Documentation (within 30 days of contact and on-going)
- **SHARE** we will watch the initial face to face contact with the mother, Renee Williams. **REMINDE** participants the purpose of the initial contact is to meet the family, hear the family story from their point of view, and begin building the team. **ASK** participants to refer to the [Family Assessment Worksheet](#) in Google Classroom or Trainer may provide a handout of the Worksheet. **DETAIL** participants will use this worksheet throughout the week as we process through the Williams Case. **NOTE** the worksheet will be updated throughout the week the same as it was used in Introduction and Core Weeks with the Steward Family.
- **INTRODUCE** the activity by explaining participants will view Scene 1—Engaging Mom of the *Pathways to Permanence* DVD. **TELL** participants in this scene the case manager will meet Renee/Mom for the initial contact following the CPS worker placing Renee’s children in foster care the previous night. **EXPLAIN** participants will document the contact in a Case Recording as a practice opportunity after they view the scene. Instructions will be given after the video is viewed. **ASK** participants to watch closely and take notes on specific details of the contact using the Family Assessment Worksheet.
- **SHOW** Pathways to Permanence Scene 1 Engaging Mom from DVD or Link: <https://www.youtube.com/watch?v=IQusnk6fN4M&feature=youtu.be&t=10> Approximately 19:13 minutes. The following occurs in this scene:



- The narrator provides some background information regarding Renee Williams and how her children came to be placed in emergency care the previous night.
  - The narrator sets up the first scene by explaining that Sandra, the FSW, is visiting Renee to discuss the reasons for the children's removal, to begin her assessment of the family, to schedule a CFTM as soon as possible, and to prepare Renee for what will happen in that meeting.
  - The initial visit between Sandra and Renee begins, and Sandra attempts to engage Renee in a trusting, cooperative relationship.
  - Sandra explains workers' roles, informs Renee of her children's whereabouts, and encourages Renee to talk about herself and her family by exploring the family's past and current situations.
  - Sandra also describes the CFTM process and purpose and assists Renee in identifying people to invite to the CFTM who can support Renee and her family.
  - Throughout the scene, Sandra identifies Renee's strengths, acknowledges her expertise as the mother of her children, and makes note of the family's resources.
- **DEBRIEF** the Pathways to Permanence Engaging Mom video. **ASK** participants the following questions:
    - What did you notice about the interaction with Renee?



- What did the FSW do well, what would you do differently?
- How did Sandra use OARS in engaging Renee?
- What are the logical next steps from this quality contact? The next steps are things the case worker will follow-up on **from** the contact. The following are possible responses from the Williams family contact:
  - Death certificate
  - Contacting Grandma Rose and Mr. Williams
  - Follow-up with Pastor Tom
  - Schedule CFTM
  - Complete drug screens
  - Gather records (criminal, education, medical, etc.)
  - Educational passport (**REFER** participants to [Policy 21.19](#))
  - Diligent search efforts
  - Genogram/Ecomap
  - Collateral contacts
- **STRESS** it is important during quality contacts with families to begin capturing strengths/protective factors and additional needs/risks/concerns. These can be discussed at the Initial Child and Family Team Meeting and used as part of the Permanency Plan.



- **CONDUCT ACTIVITY:** Williams Strengths and Needs

- **EXPLORE** with participants and **CAPTURE** strengths/protective factors and needs/risks/concerns of the Williams family on a flipchart.
- **TRAINER NOTE:** Model writing these in complete sentences and ensure balance of strengths and needs (we want more strengths than needs and we do not want to give a strength and take it away with a need. Example:  
Strength: Renee left an abusive relationship in the past and sought help.  
Need: Renee is currently in a possible domestic violence relationship. Also, attorney's look at strengths and can argue if the family has this strength, there is no need for intervention. Possible responses include:
- **Strengths/Protective Factors**
  - Renee left an abusive relationship in the past and sought help.
  - Renee is knowledgeable about her children and their well-being.
  - Renee is concerned about her children's needs.
  - Renee is outspoken and asks questions.
  - Ariana is a caregiver for her siblings and is protective of them.
  - Renee has identified supports she has relied on in the past including a pastor and paternal grandmother.
  - The family has clean housing.



- Mr. Williams has a good relationship with his children when he is around.
- **Needs/Risks/Concerns**
  - Renee was arrested for possession of cocaine and marijuana.
  - Renee has abused drugs and shares she uses “recreationally.”
  - The family has limited informal and formal supports.
  - Frank is using substances around the children.
  - Frank helps pay the rent.
  - Mr. Williams is currently in jail.
  - The children do not feel safe in the home and are afraid of Frank.
- **CHECK** for thoughts or questions about engagement thus far and **INFORM** participants we will see engagement threaded through the remainder of the course as it is the key to success in the implementation of the rest of the practice wheel components.
- **EXPLAIN** to participants they will now practice writing case documentation. **REFER** participants to [DCS Policy 31.14](#) Documentation of TFACTS Case Recordings sections A, B, C, and D. **SHARE** PCOP with the group. They will begin the documentation with the Purpose of the Contact, share Observations, and end with Plan or logical next steps from the contact.



- **CONDUCT ACTIVITY:** Williams Case Recording

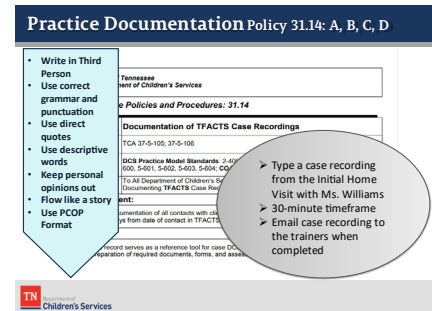
- **INSTRUCT** participants they will type a case recording of the Williams case using the following tips:

- Write in third person
- Use correct grammar and punctuation
- Use direct quotes from the family
- Keep personal opinions out
- Use descriptive words to describe what they see and hear
- Flow like a story
- Use PC-COP format (content, observation, and plan must be included)

- **SHARE** with participants they have approximately 30 minutes to type and submit their case note to the trainers by email. **ENSURE** the trainer emails are posted in the room. **INFORM** participants to capture as much of the family story as possible.

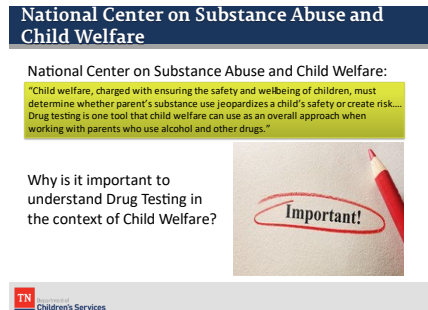
- **RECONVENE** the group after 30 minutes and **SHARE** the trainers will be providing feedback to the participants on their case recordings before the end of the class week.

- **STATE** one case work aspect missing in the video is Drug Screening. **ASK** participants who has observed Drug Screens being completed in the field. **STATE** when assessing for substance use, Drug Screens are only one formal tool



of assessment. **SHARE** we will further discuss assessment throughout the training.

- **SHARE** the following article information from the [National Center on Substance Abuse and Child Welfare](#).



- Purpose: “Child welfare, charged with ensuring the safety and well-being of children, must determine whether parents’ substance use jeopardizes a child’s safety or creates risk. Child welfare professionals face the difficult task of collecting adequate information about families, making insightful decisions based on this information, and taking timely and appropriate action to safeguard children. Drug testing is one tool that child welfare can use as an overall approach when working with parents who use alcohol and other drugs.”
- Why is it important to understand Drug Testing in the context of Child Welfare?
  - Drug testing is costly and limited in terms of determining child risk and safety.
  - Agencies risk relying too much on drug test results to inform decisions on child removal, parent-child family time, reunification, and termination of parental rights.
  - When administered inappropriately or inconsistently (e.g., punitively), drug tests can perpetuate stigma or create bias based on race, ethnicity, or socioeconomic status.

- **SHARE** “Drug testing can provide a chance to discuss a parent’s substance use and motivate them to follow their case plans and engage in treatment. Test results provide an opportunity for child welfare workers and court professionals to engage parents and families in the treatment and recovery process. Sharing results provides an opportunity to have a conversation with parents that reduces overall shame and stigma. During this conversation, it is important to use “person-first” language and avoid labels.”
- **SHARE** drug testing should be viewed as a therapeutic tool that can inform decisions, help parents recognize the need for treatment, and/or promote discussions about what is and is not currently working for them to support recovery. Substance misuse often stems from trauma and acts as a coping mechanism.
- **SHARE** child welfare workers can use a strength-based, non-punitive approach with parents if there is a discrepancy between a test result and a parent’s self-report. Start by asking the parent what they think would happen if the drug test was accurate in detecting a substance. Based on the parent’s response, help them understand why there may be errors in their thought process. Stress that child welfare is there to support them and ensure their family receives the help and support they need. Using an empathetic approach of, “I am worried about you, how can I help?” may allow the parent to feel safe enough to confide.
- **ASK** participants about drug testing in the Williams case. Who would have tested Renee. **DISCUSS** the ideas from the group. **STATE** typically CPS would drug screen at removal.

#### Drug Screening

- Drug testing can provide a chance to discuss a parent’s substance use and motivate them.
- Should be viewed as a therapeutic tool that can inform decisions.
- Use a strength-based, non-punitive approach if there is a discrepancy between a test result and a parent’s self-report.

- **STATE** Motivational Interviewing can help in engaging the parent. **REMIND** participants the Spirit of Motivational Interviewing is comprised of:
  - **Partnership**-Collaboration between you and the client. A client is more willing to express concerns when you are empathetic and show genuine curiosity about the client's perspective. In this partnership you are influential, but the client drives the conversation.
  - **Acceptance**-refers to your respect for and approval of the client. This doesn't mean agreeing with everything the client says, it's a demonstration of your intention to understand the client's point of view and concerns.
  - **Compassion**-refers to your active promotion of the client's welfare and prioritization of client needs.
  - **Evocation**-Elicits and explores motivations, values, strengths, and resources the client already has.
- **PROVIDE** the following approach when discussing drug testing:
  - Discuss the results with parents in a timely manner to assess the child's safety and risk. Results are only one indicator of potential safety and risk concerns. Determine the child's location when the parent engaged in substance use, if the parent used the existing safety plan to protect the child, and what protective factors are present that can mitigate any potential safety/risk concerns.
  - Use a strength-based approach to provide the parent an opportunity to

### MI and Drug Screening

<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; background-color: #d9ead3;">Partnership</div> <div style="border: 1px solid #ccc; padding: 2px; background-color: #fcf8e3;">Acceptance</div> <div style="border: 1px solid #ccc; padding: 2px; background-color: #f4cccc;">Compassion</div> <div style="border: 1px solid #ccc; padding: 2px; background-color: #fce4d6;">Evocation</div> </div>	<ul style="list-style-type: none"> <li>Discuss results in a timely manner</li> <li>Use a strength-based approach</li> <li>Help the parent connect to an Alcohol and Drug Treatment Provider or other Mental Health Services               <ul style="list-style-type: none"> <li>Consider holding a CFM to determine next steps.</li> <li>Listen and encourage parents to talk through any challenges or barriers.</li> </ul> </li> </ul>
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discuss the results, either admitting to substance use, or challenging the results, in which case, a lab would need to confirm. Provide responses geared toward motivating the parent to engage or re-engage with treatment and recovery supportive services. If a parent is attending a recovery support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, etc.), encourage them to attend a meeting that day. If the parent currently receives treatment, ask their provider to discuss the drug test results and treatment progress. Explore how to develop a shared and consistent response that supports both child safety and parent recovery, and if the parent should be reassessed for a higher level of care.

- Help the parent connect to an A&D treatment provider for an assessment if they are not currently engaged in treatment services using motivational strategies. Consider holding a CFTM to determine next steps. Help the parent by listening and encouraging them to talk through any challenges or anticipated barriers. A lapse can ideally provide the parent with a chance to learn from the experience. It is a potential time for a parent to figure out what helps or hinders their recovery efforts while they still have a supportive network.

- **ASK** if there are any questions. **TRANSITION** into Unit 3 Teaming.

# Unit 3: Teaming

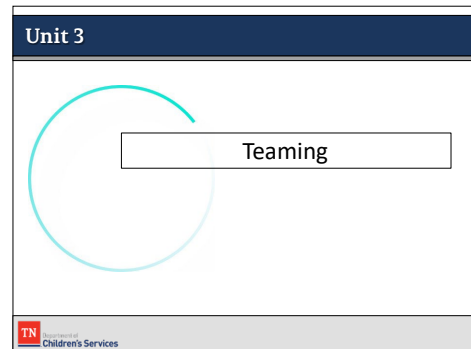
**Unit Time: 3 hours 30 minutes**

## Learning Objectives:

- Participants will team with the family to identify formal and informal supports to assist the family through the custodial episode.

## Supporting Materials:

- PowerPoint
- [Family Assessment Worksheet](#)
- Policies/Forms:
  - [The Child and Family Team Meeting Guide](#)
  - [Work Aid: Child and Family Team Meeting Preparation Tool-How DCS Workers Can Help Prepare Families for the Meeting](#)
  - [Work Aid: Child and Family Team Meeting Tool-Preparing the Facilitator](#)
  - [Child and Family Team Meeting Flyer](#)
  - [What Youth Should Know About a CFTM Flyer](#)
  - [Genogram Contacts Sheets CS-0774](#) and [Family Eco-Map CS-0782](#)
  - DCS Policy 31.9 [Conducting Diligent Searches](#)
  - DCS Policy 16.2 [Multi-Ethnic Placement Act](#)
  - DCS Policy 16.24 [Children of Native America Heritage](#)
  - [Guide to Placement Exception Categories](#)





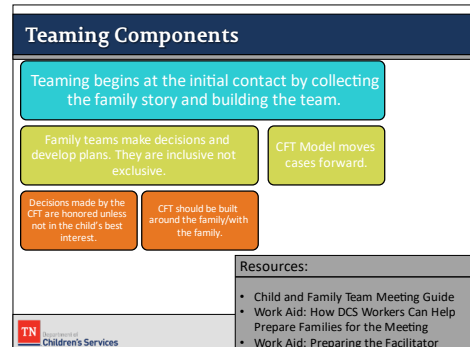
- [Placement Exception Request CS-0664](#)
- DCS Policy 16.8 [Responsibilities of Approved Foster Homes](#)
- Assessing Potential Relative Placements Handout
- DCS Policy 16.3 [Desired Characteristics of Foster Parents](#)
- DCS Policy 16.4 [Foster Home Selection and Approval](#)
- [Disclosure of Legal Permanency Options for Relatives and Kin Video](#)
- DCS Policy 16.43 [Supervised/Unsupervised Visitation between Child-Youth, Family, and Siblings](#)
- DCS Policy 16.46 [Child/Youth Referral and Placement](#)
- DCS Policy 16.20 [Expedited Custodial Placements](#)
- [Visitation Guide](#)
- [CS-0594 Visitation Observation Checklist](#)
- [CS-4221 Visitation Working Agreement](#)
- [Visitation Plan Work Aid](#)
- Developmentally Related Visitation Activities Handout
- Guidelines for Arranging Family Visitation Handout
- Assessing Potential Relative Placements Handout
- Parenting a Child who has experience Trauma Handout
- How to Prepare Families and Children for placement Handout
- [CS-0565 Daily Rate Child Placement Contract between DCS and Foster Parents Approved to Provide Temporary Care](#)

## Lesson 3.1: Building and Preparing the Team

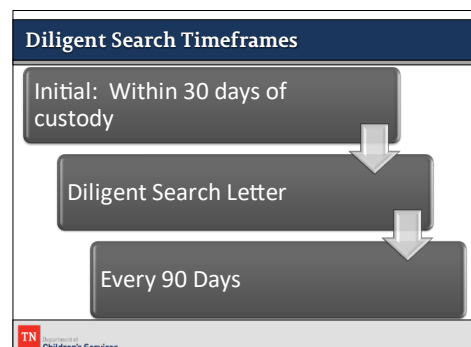
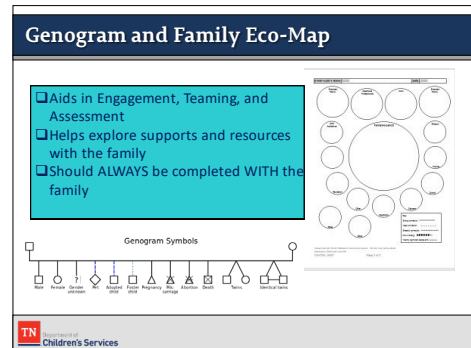
**Lesson Time: 45 minutes**

### Key Teaching Points / Instructions

- **INTRODUCE** the lesson by stating the importance of teaming from the transfer of the case from CPS and how teaming begins at the initial visit and throughout the life of the case.
- **REMIND** participants we use teams to make decisions and develop plans with families. We are inclusive rather than exclusive. We value and respect the voice of all involved.
- **REMIND** participants of the CFTM Guide and **POINT OUT** the Work-aids for their review as they will be discussed more thoroughly shortly.
  - [The Child and Family Team Meeting Guide](#) \_
  - [Work Aid: Child and Family Team Meeting Preparation Tool-How DCS Workers Can Help Prepare Families for the Meeting](#)
  - [Work Aid: Child and Family Team Meeting Tool-Preparing the Facilitator](#)
- **REMIND** participants the purpose of the Child and Family Team model is to ensure that families and their support systems are engaged in the planning and decision-making process throughout their relationship with the Department. The Child and Family Team is built around the family and focused on working toward the child/youth and family's goals.



- **STATE** the Department's intent is to maintain the integrity, structure, and decision-making authority within the Child and Family Team. Decisions or recommendations made by the Child and Family Team are honored and followed unless those decisions or recommendations are not in the best interest of the child/youth.
- **ASK** participants if they have observed the use of a Genogram or Eco-Map in the field. **EXPLAIN** when properly used they aid us in Teaming and Assessment. The use of the Genogram and Ecomap will allow the case worker to explore supports with the family and to begin developing the team with the family. It is the families' team, and they have a voice in who is on their team. **STRESS** the Genogram and Ecomap should **ALWAYS** be completed with the family.
- **DIRECT** participants to the [Genogram \(CS-0774\)](#) and [Family Eco-Map Contact Sheets \(CS-0782\)](#) on the Forms and Documents link: [https://www.teamtn.gov/dcs/forms-and\\_documents.html](https://www.teamtn.gov/dcs/forms-and_documents.html)
- **STRESS** the importance of building the right team with the family will help support them long-term and hopefully create a safety net that can help the be successful outside of the involvement of DCS.
- **REMIND** the group of the importance of [Diligent Search](#). **STATE** it is imperative to conduct diligent search efforts on an on-going basis.



- FSWs will complete the initial diligent search within the first 30 calendar days of the custodial episode.
- The FSW has the responsibility of notifying all identified relatives/kin from the initial diligent search. Exceptions to reporting include relatives/kin who have participated in a prevention CFTM which ended in a removal and is clearly documented in a case recording or CFTM Summary.
- The [Diligent Search Letter](#) can be used to document the worker's attempt to notify relatives.
- Diligent searches are completed within ninety (90) calendar days of the last search and continue throughout the life of the case.

- **CONDUCT ACTIVITY:** Williams Genogram and Eco-map


- **DIVIDE** the class into two (or more) small groups. **EXPLAIN** that one group will complete a Genogram and the other group will create an Eco-Map of the case family based on the information available thus far. **INSTRUCT** the group members to elect a spokesperson to present their pictorial to the rest of the class. **ALLOW** 10 minutes for work. **ASK** each group to present their pictorial tool. **BRAINSTORM** with participants who would be on the Genogram and Ecomap for the Williams family if not already presented to include.

**Genogram and Eco-map: The Williams**

- Create Genogram for the Williams family
- Create Family Eco-map for the Williams family
- 10-minute timeframe

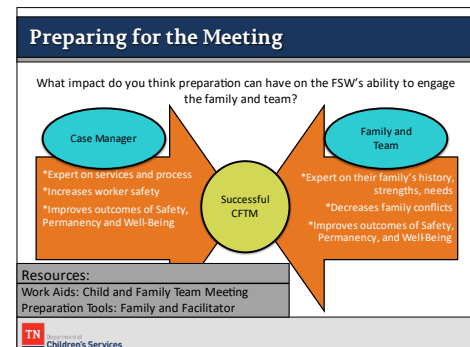
**Resources:**

- Genogram Contact Sheets (CS0774)
- Family Eco-Map (CS-0782)



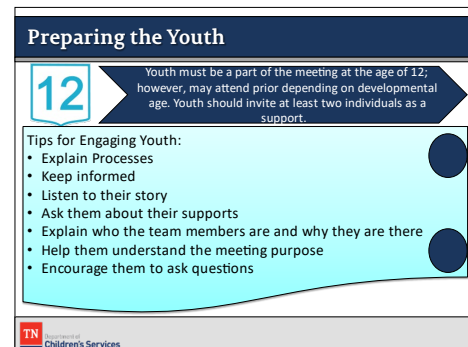
- **Genogram** - Renee, Ariana, Jewel, Justin, Mr. Williams, and Paternal Grandmother Rose. **EXPLORE** with the group about Ariana's father

- (make no assumptions, we must get a copy of the death certificate) and Frank's inclusion on the Genogram.
- **Ecomap** - Frank, Renee, Ariana, Jewel, and Justin are in the center. They may have a circle for paternal Grandmother, Pastor, School, DCS, Family Center, Neighbors, Extended Family, Friends, Landlord, etc.
  - **REMIND** the participants these pictorials should be updated whenever new information becomes available, but they should be created early in the case process. **EXPLAIN** bringing these documents to Child and Family Team Meetings is important.
  - **INFORM** participants once we have helped the family identify who will be on the team, we will then prepare them for what being part of the team entails.
  - **TRANSITION** by asking "What impact do you think preparation can have on the FSW's ability to engage a family?"
  - **EMPHASIZE** being prepared can help build trust because the family recognizes you as a reliable source of information and thorough preparation can allow the FSW to concentrate on listening to the family.
  - **POINT OUT** preparation can also help the FSW be aware of and plan for any issues that could potentially affect his or her safety. **ALSO**, in all cases, time is of the essence, the longer we take to get a case moving forward the longer a family is separated. We also want to make sure that any resources and services are discussed so there is not a gap in service.
  - **STRESS** being prepared does not mean they are now the experts on what



the family needs or “how to fix” the issue. Case Managers would be the expert in the DCS process, not on the family. For this reason, engaging and building the team with the family is crucial to work through the case and to fulfill the outcomes of Safety, Permanency, and Well-being.

- **SHOW** participants the Work Aid: Child and Family Team Meeting Preparation Tool-How DCS Workers Can Help Prepare Families for the Meeting and briefly **DISCUSS** the steps with the group. Link: <https://files.dcs.tn.gov/policies/chap31/WACFTMPrepFam.pdf>.
- **REVIEW** the [Child and Family Team Meeting](#) Flyer and [What Youth Should Know about a CFTM](#) Flyer. Inform participants these flyers can also be helpful in explaining the CFTM process to families.
- **SHARE** it is important to have a script and to practice having these discussions prior to having the conversations with families. It is crucial that families understand the importance of teaming and confidence in the CFTM process. The more prepared you are to have the conversation the more trust there will be in the process.
- **INFORM** participants that along with engaging the family and preparing them for the CFTM it is equally important to do the same with the youth. Youth start to be part of the meetings at age 12. At times, younger children may take part in some sections of the meeting.
- **SHARE** we want to make sure we remain developmentally appropriate in our interactions with children and youth. **SHARE** some of these tips for engaging




youth in the case process:


- Make sure that you explain processes before sharing them
  - Keep youth informed of what is going on
  - Listen to their side of the story
  - Ask them who they see as a support and see if they want them to be included in meeting
  - Inform the youth of whom and why each member of the team is at the table
  - Make sure they know the purpose of each meeting
  - Encourage youth to ask questions when they are unsure
  - It is important for you to seek the youth's understanding, of what is being said and to clarify anything they may not.
- **CONDUCT ACTIVITY:** CFTM Script
    - **ASK** participants to develop a script they could use to introduce the concept of CFTMs to the families on their caseloads.
    - **ALLOW** 5 minutes for participants to gather their thoughts. After the allotted time, **ASK** if anyone would volunteer to share the script they would use with their family.
    - **THANK** participants who are willing to volunteer and ask if anyone has any questions.

**CFTM Script**

- Develop a "script" that could be used to introduce the concept of CFTMs to the families on their caseloads.
- 5 minutes for participants to gather their thoughts.
- Volunteer to share the script they would use with their family.

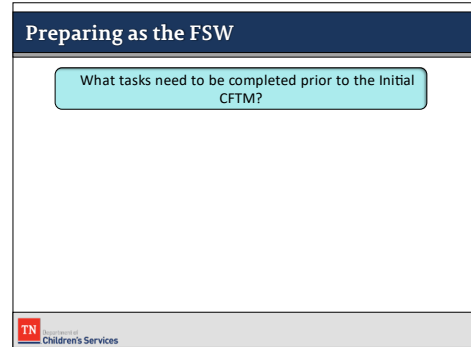
**Resources:**  
 Work Aids: Child and Family Team Meeting  
 Preparation Tools: Family





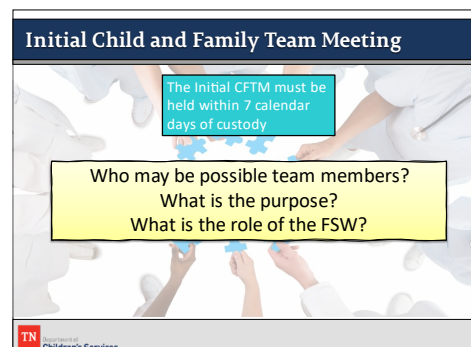
- **ENGAGE** participants in a discussion of the FSW tasks to be completed before the initial CFTM. Answers may include:

- Complete diligent search if needed
- Bring complete genogram
- Invite parents, TL, Facilitator, CPS, foster parents, GAL, parents' attorneys, and any other parties
- Find a location that is comfortable for the family, but large enough for the team
- Case conference with your supervisor
- Brief case with Facilitator if needed
- Review records
- Make sure CANS is completed, and approved
- Child and Family Team Meeting Summary (Form 0747 under Forms and Documents)



- **ASK** participants if anyone has observed an Initial Child and Family Team Meeting?

- **SHARE** the initial CFTM must be held within 7 calendar days of the child(ren) entering custody. **REFER** participants to the Initial Custody CFTM on page 35 in the [Child and Family Team Guide](#)





and ask them to review. **ASK** participants who may be possible team members? What is the purpose of the Initial CFTM, and when should the meeting be held?

- **ASK** what is the role of the FSW in the Initial CFTM? **REMIND** participants of the importance of supporting the family in identifying supports.

- **INTRODUCE** the activity by explaining that participants will now view Scene 2—Initial CFTM on the *Pathways to Permanence* DVD. **ASK** the group to summarize what has happened with Renee’s family to date. **EXPLAIN** that it has now been 48 hours since Renee’s children were



removed. **START** the Pathways to Permanence DVD at Scene 2—Initial CFTM. From DVD 00:10 until 3:17 minutes or from link, 19:37-22:47 minutes (6:08 minutes total):

<https://www.youtube.com/watch?v=IQusnk6fN4M&feature=youtu.be&t=1374>.

The narrator previews the scene and explains what occurred in the initial CFTM, including the family strengths that were identified, the concerns that were raised by team members about Frank’s threatening behavior and Renee’s drug use, and the decision to contact Grandma Rose to explore whether she could provide care for all three children.


- **REMIND** participants of the Child and Family Team Meeting Guide introduced in Unit One. **REVIEW** the time frames and purpose of the initial CFTM, on page 35 of the guide.
- **TRANSITION** into Custodial Placements.


## Lesson 3.2: Custodial Placement

**Lesson Time: 60 minutes**


### Key Teaching Points / Instructions

- **ASK** what is something, you would want others to consider if a child that you know on a personal level had to live with someone else?
- **STATE** there are additional factors that influence placement decisions such as:
  - Federal mandates
  - DCS policy
  - Types of placements
  - Assessments
  - Child and Family Teams
- **INFORM** participants of the following federal laws that influence placement: [Multi-Ethnic Placement Act/Inter-Ethnic Adoption Provision 1996](#) and [Children of Native American Heritage](#). **STATE** the Bureau of Indian Affairs would be contacted to determine jurisdiction for these cases. **REVIEW** and ask if there are any questions.

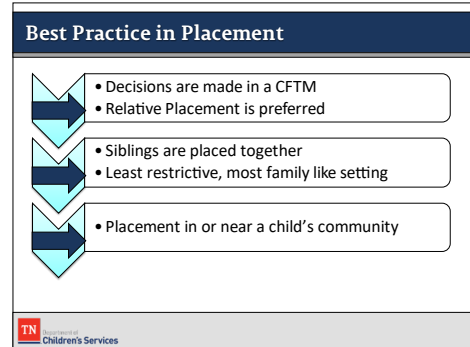
Factors that influence placement
<ul style="list-style-type: none"> <li>• Federal Mandates</li> <li>• DCS Policy</li> <li>• Types of Placement</li> <li>• Assessments (CANS and FAST)</li> <li>• Child and Family Teams</li> </ul>


MEPA/IEPA; Children of Native American Heritage	
<p><b>Multi-Ethnic Placement Act/Inter-Ethnic Adoption Provision (1996)</b></p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Decrease the length of time children wait to be adopted or placed.</li> <li>• Facilitate the identification and recruitment of adoptive and foster families who meet the needs of available children.</li> <li>• Eliminate discrimination based on the race, color or national origin of the child or family involved.</li> </ul>	<p><b>Children of Native American Heritage T.C.A Indian Child Welfare Act of 1978</b></p> <p>ICWA sets minimum standards for any child of Native American heritage involved in a child protective services case, adoption, guardianships, termination of parental rights action, runaway/truancy matters, or voluntary placement of children who are unmarried and under the age of eighteen (18).</p>
	

- **REFER** participants to [Policy 16.46 Child/Youth Referral and Placement](#) and **STATE** this policy along with the [Contract Provider Manual](#) gives direction to case managers and the Placement Services Division when placement is needed. **SHARE** DCS placements are made in a home-like, least restrictive setting that meets the unique needs of children/youth with respect to their community and school district. To the extent possible, these placements take into consideration the family, the child/youth, and the community's safety.
- **INFORM** participants placement decisions are to be assessment driven (including utilizing the CANS and FAST) and made in the context of the Child and Family Team Meeting. **ADVISE** participants the child's placement will be reviewed by the team during the Initial Child and Family Team Meeting. **STATE** consideration to change a child's placement is also discussed in the context of a Child and Family Team Meeting and should occur prior to the actual change in placement, if possible.
- **SHARE** [Policy 16.46 Section C](#) also gives direction to the Referral Process. **ASK** participants to review Section C. **DEBRIEF** and **ASK** for questions or clarification. **NOTE** it is important to know who the Placement Services case managers are in the assigned region to ensure a good working relationship is cultivated.

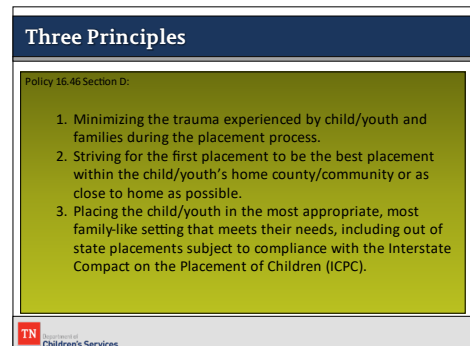
Policy 16.46 Child/Youth Referral and Placement
<ul style="list-style-type: none"> <li>• Placement decisions are to be assessment driven (utilizing the CANS and FAST)</li> <li>• Placement decisions must be made in the context of the Child and Family Team Meeting</li> <li>• Placement will be reviewed during the Initial Child and Family Team Meeting</li> <li>• Consideration to change a child's placement is discussed in a CFTM and should occur prior to the actual change in placement</li> </ul>
<p>Review Policy 16.46 Section C (Referral Process)</p>
<p> TN Department of Children's Services</p>

- **SUMMARIZE** the best practice approach to making placement decisions below:
  - Placement decisions are made within the context of the Child and Family Team Meeting



- Relative placement is to always be considered first and is the most preferred placement option
- Siblings are to be placed together
- Placement is to be in the least restrictive, most family-like setting possible
- Placement is to be in or near the children's home community

- **STATE** all placements on behalf of children and youth must consider the following three principles ([Policy 16.46 Section D](#)):



1. Minimizing the trauma experienced by child/youth and families during the placement process
2. Striving for the first placement to be the best placement within the child/youth's home county/community or as close to home as possible
3. Placing the child/youth in the most appropriate, most family-like setting that meets their needs, including out of state placements subject to compliance with the ICPC (Refer [to the Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#))

- **ACKNOWLEDGE** there may be times when an exception must be made to these best practice placement principles. **ASK** participants for examples of situations in which it might not be in the best interest of the children to place siblings together. **OFFER** the following examples if not stated by the group:

- The dynamics of the relationship between the siblings is detrimental to one or all of the siblings
- The special needs of one or more of the children would preclude any one family from meeting all the children’s needs
- There is power/domination of one sibling over another
- There is sexual acting out among siblings
- There is a history of sexual abuse by one sibling with another sibling

- **REFER** participants to the resources which give direction to Placement Exception Requests (PERS): [Policy 16.46 Section G](#), [Guide to Placement Exception Categories](#), and the [Placement Exception Request Form \(CS-0664\)](#). **HAVE** participants review the Guide/Form and identify circumstances that warrant an exception request and note the justifications that are required.
- **POINT OUT** placement exceptions must be approved prior to the placement by the Regional Administrator/Regional Designee. The form must be completed and submitted to the Regional Administrator. **SHARE** in most regions placement exception requests are completed by the Placement Case Manager.
- **STATE** we will now discuss the Types of Placements. **ADVISE** this information

**Placement Exception Requests**

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**Placement Exception Request**

Using the information in PART III, please write the letter and number of all exceptions that are being accounted for on this form in the Child Information Section. For a **judicated dependent neglect or unruly child in detention**, complete Child Name, TFACTS Person ID, DOS, County of Commitment, FSW, Name of Placement, and Date Placed in Detention/Jail/Correctional facility.

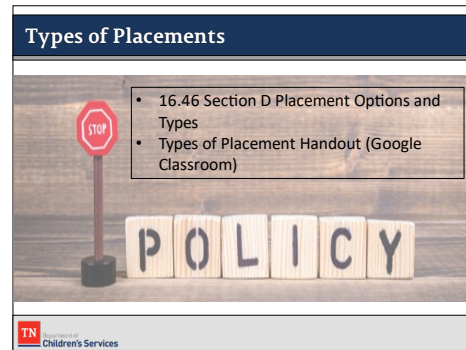
All information contained in this form (and any associated case recordings) may be used as part of federal reviews in order to help accurately track data regarding child movements.

\* Note: Children who are not in the same family case shall not be listed on the same form.

PART I: CHILD INFORMATION							
CHILD NAME	TFACTS Person ID	TFACTS Case ID	DATE OF BIRTH	COUNTY OF COMMITMENT	GUARDIANSHIP STATUS	FSW	EXCEPTIONS FOR EACH CHILD (ex. 2,3,3,2,1)
1							
2							

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can be found in [Policy 16.46 Section D Placement Options and Types](#) as well as the Types of Placement handout in Google Classroom. **DISCUSS** with the group the different types of placements. **ASK** the group to share what types of placements they have observed in OJT. **ASK** if there are questions on the types of placements. **REITERATE** the importance of working with the Placement Services Division when requesting placement for a child.



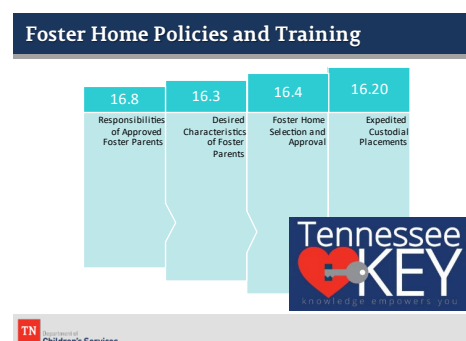
- **HIGHLIGHT** levels of care are different from types of placements. A placement such as a foster home can be more than one type of level of care. For example, there are Level 1, Level 2, and Level 3 foster homes. **REFER** participants to the Level of Care Handout in Google classroom.
- **EMPHASIZE** services the child receives is not dependent on the type of placement. **SHARE** service recommendations are determined by the Child and Family Team through use of the CANS and other types of formal and informal assessments.

## Lesson 3.3: Foster Home Placements

**Lesson Time: 30 minutes**

### Key Teaching Points / Instructions

- **TELL** participants we are going to now look at some of the policies associated with foster homes. [DCS Policy 16.8 Responsibilities of Approved Foster Parents](#) explains the



responsibilities of foster parents and the commitments they must make to ensure the safety, permanency, and well-being of the children in their care.

- **SUMMARIZE** the key responsibilities of foster parents. **ASK** participants what they view as the biggest challenge for foster parents in fulfilling these responsibilities.

**TRAINER NOTE:** *responsibilities of foster parents include complying with policies, communicate household rules, provide proper supervision, all DCS to conduct required home visits, meet health needs of children, allowance, and clothing, follow discipline policy, transport children, and provide extra curriculums.*

- **REFER** participants to Assessing Potential Relative Placements handout in Google Classroom and briefly **REVIEW**.
- **ASK** participants what else they would ask or discuss when assessing a potential relative caregiver? **LEAD** participants in a discussion about:
  - How they would explore other potential relative placements and
  - What they would do if relative placement was not an option.
- **REFER** participants to [DCS Policy 16.3 Desired Characteristics of Foster Parents](#). Briefly **HIGHLIGHT** the key characteristics that DCS looks for in recruiting foster parents.

**TRAINER NOTE:** *characteristics of foster parents include family composition, age and health requirements, smoking and health quality issues, quality of relationships, stability, transportation, motivation, parenting ability, reasonable and prudent parenting, ability to work with birth families, ability to work with DCS, and trauma reduction.*

- **POINT OUT** the steps in the approval process for foster parents are described in [DCS Policy 16.4 Foster Home Selection and Approval](#). Foster parents must attend TN-KEY training and complete the home study process to be an approved home.

**TRAINER NOTE:** TN-KEY includes *Navigating the Child Welfare System, Exploring the Impact of Trauma, Roadmap to Resilience, and Rerouting Trauma Behaviors*.

- **REMIND** participants that foster families must complete the TN-KEY training series to be fully approved foster parents. If they do not complete the whole process and the children were placed with an expediated home study a Placement Stability CFTM would be held to assess other placement options.
- **REFER** participants to [DCS Policy 16.20 Expedited Custody Placements](#) and briefly **REVIEW** the needed tasks to complete an expedited custodial placement.
- **STATE** assessment is an ongoing process and as an FSW, you are assessing safety at all times. When conducting foster home visits, it is important for the FSW to complete a walkthrough of the home and identify and address all potential safety risks. If there are additional children in the home, the FSW will do the following:
  - Engage the foster family in a discussion around the role they play with the children and how often the children are in the home.
  - Assess for EACH child's safety by determining if there is adequate adult supervisor for the number of children in the home and identifying if there are environmental hazards in the home based on the age of the children.





- According to the safe sleep protocol, all children under the age of 12 months, are required to have a safe sleep environment if they are in the home full or part-time.
  
- **ADVISE** staff entering foster homes should assess for safety if they observe the foster parent providing an in-home daycare or babysitting for numerous children. **STATE** our agency has experienced near death or certain situations with children as a result of a foster parents caring for multiple children. We do not want to discourage or restrict foster families from having an in-home business. However, we encourage staff to assess for safety if multiple children are in the home. If the FSW observes an unlicensed home daycare, the FSW should discuss with Leadership/Supervision. According to the Department of Human Services, Family Child Care Homes can provide care for at least five but no more than seven unrelated children. Up to 5 additional children related to the primary caregiver may also receive care in family childcare homes. Please note assessment of safety is not contingent on the number of children in the home but the circumstances around the child's situation and the home environment.
  
- **STATE** information regarding daycare licensing can be found at: <https://www.tn.gov/humanservices/for-families/child-care-services/child-care-types-of-regulated-care.html>
  
- **ACKNOWLEDGE** that caring for children/youth in custody is a tremendous



responsibility whether the children are related to you or not.

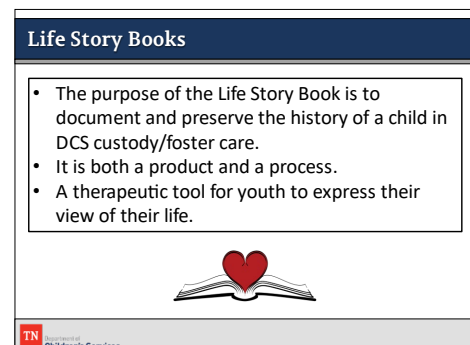
- **INFORM** participants they will now watch a video about the full disclosure process we must go through with our relative placements. **SHOW** “Disclosure of Legal Permanency Options for Relatives and Kin” (13:53 minutes):



<https://www.youtube.com/watch?v=C8s6KZylKE4>

- **DEBRIEF** and **ASK** if there are any questions after the video. **STATE** this information would need to be shared with Grandma Rose in order for her to make an informed decision about placement and potential long-term view of the case.

- **HAVE** participants to reflect on the child’s separation from parents and the losses they may experience. **REMIND** them that even when we are providing safety for children the impact of removal can be significant.



- **DISCUSS** briefly how each of them plays a critical role in helping children to cope with their negative experiences and maintain a sense of wholeness. One way to do this is to create a Life Story Book for every child in custody.
- **STATE** the purpose of the Life Story Book is to document and preserve the history of a child in DCS custody/foster care. **SHARE** a Life Story Book is both a product and a process.
- **HAVE** participants find and review [DCS Policy 16.8 Attachment – Guidelines for](#)

[Life Story Books](#). **REVIEW** the summary of the attachment as it relates to the purpose and focus of the Life Story Book. When reviewing the policy make sure to discuss the importance of the FSW working with the foster parent to ensure that the child/youth have a Life Book.

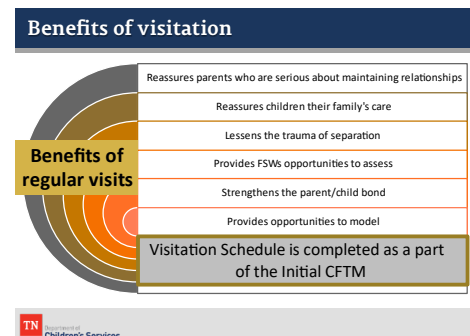
- **REITERATE** Life Books are not a scrap book that we put pictures and keepsakes in. They serve as a therapeutic tool for the youth to express their view of their life. A Life Book can start from the present and serve as a way to document the youth's life.
- **TRANSITION** to Lesson 3.4 Visitation.

## Lesson 3.4: Visitation

**Lesson Time: 60 minutes**

### Key Teaching Points / Instructions

- **INFORM** participants one of the most important tasks they will do during the initial period of a case is to establish visitation between the children and family. **STATE** this task is to be accomplished as part of the Initial CFTM (within seven calendar days of entering custody).



- **LEAD** participants in a discussion about why visitation is so important at this stage (when the child is first removed from the home). **ASK** the group: "What are the benefits of regular visits between parents and children in custody?"

- **ENSURE** that the following points are mentioned in their discussion:
  - Reassures parents who are serious about maintaining relationships with their children
  - Reassures children that their families care about them and lessens the trauma of separation
  - Provides FSWs with opportunities to assess family interactions
  - Strengthens the bond between parents and children and helps families prepare for reunification
  - Provides opportunities for FSWs and resource parents to model and parents to practice newly acquired parenting skill

- **EXPLAIN** visitation is essential for a child's well-being. The primary purpose of visitation is to maintain the parent and child attachment, reduce a child's sense of abandonment, and preserve their sense of belonging as part of a family and community. A child needs to see and have regular contact with their parent(s) and siblings, as these relationships are the foundation of child development.

#### Relationships and Connections

Visitation is vital to a child maintaining family relationships and cultural connections.

Visitation offer the opportunity to gather important information such as:

- ✓ Family Traditions
- ✓ Culture
- ✓ Family Norms
- ✓ Family Roles

Visitation is considered the heart of reunification

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- **STATE** visitation is fundamental to permanency. Visitation facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish alternative permanency plans. Visitation maintains and supports the parent and child relationship necessary for successful reunification.

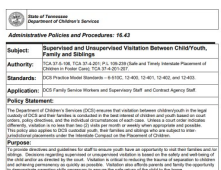
- **SHARE** visitation is vital to a child maintaining family relationships and cultural connections. Visitation offers the opportunity to gather important information such as:
  - Family traditions
  - Culture
  - Family norms
  - Family roles
- Maintaining family connections has life-long significance for a child. Regular visitation maintains their relationships with siblings and others who have a significant role in a child’s life. When a child loses family connections, they also lose family history, medical history, and cultural information.
- Visitation is considered the heart of reunification, but even when reunification is not likely, parents, siblings and extended family continue to be important in a child's life.

- **REFER** participants to [DCS Policy 16.43 Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings.](#)


**ALLOW** time for participants to review the policy and identify the family service worker’s responsibilities related to supervised and unsupervised visitation. **REFER** participants back to the [Visitation Guide](#) as well.

**Policy 16.43 Review**

What are the responsibilities of the FSW according to Policy 16.43 around visitation?





The thumbnail shows the title page of 'Administrative Policies and Procedures: 16.43 Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings'. It includes fields for Authority, Date, Revision, Applicability, and Policy Statement.



- **ASK** the group, “What are their responsibilities around visitation according to policy?”

**EMPHASIZE** the following points if not mentioned by the group:

- During the Initial CFTM that takes place within seven (7) days of a child entering care, the FSW will arrange a visitation schedule between the child and family. The first visit is to take place as soon as possible.
- Visits occur on a regular schedule at a time and place convenient for the parents and children. They are not to occur at the DCS office.
- Unless a court order indicates differently, visits between children and their family are to be *no less than* four (4) hours per month. This is the absolute *minimum* standard. If siblings are placed separately, sibling visitation are to occur no less than one (1) hour per month.
- Siblings are to be included in family visits even if they remain at home.
- Telephone contacts are encouraged.
- If it is necessary to place a child outside his or her community for treatment, the FSW must ensure that the family has access to transportation to visit.
- **STATE** the birth parents, foster parents, and any provider agency must be notified of any modifications to the visitation schedule.

Visitation	
<ul style="list-style-type: none"> <li>• The visitation schedule is established in the Initial Child and Family Team Meeting.</li> <li>• Visitation is scheduled for no less than four hours per month—absolute <b>minimum</b> standard.</li> <li>• Sibling visitation is scheduled for no less than one hour a month.</li> </ul>	<b>Resources:</b> <ul style="list-style-type: none"> <li>• Policy 16.43 Supervised and Unsupervised Visitation</li> <li>• Visitation Guide</li> <li>• Visitation Observation Checklist (CS-0594)</li> </ul>
	
	

- **EXPLAIN** another purpose of visitation is to meet the child's developmental need for maintaining and enhancing relationships with family members and to reduce their sense of loss due to removal.
- **ASK** participants to consider how the age and developmental level of a child might necessitate more frequent visits. **PROVIDE** an example such as a newborn who has not yet bonded with the birth mother. **POINT OUT** that, in general, the younger the child, the more often he or she will need to see his or her mother/father/caregiver.
- **ASK** participants to imagine they were only allowed to see their child/niece/nephew four (4) hours per month. **DISCUSS** the impact of this limitation on themselves as parents/aunt/uncle and the children. **EMPHASIZE** that more frequent contact is needed to maintain and strengthen family relationships.
- **STRESS** visitation and family contact should **never** be used as a reward or punishment but should always be considered a right of families and children. Arranging consistent and frequent visitation between caregivers and children who are placed out of home maintains and supports the parent-child relationship necessary for successful reunifications and has life-long significance for the child.
- **STATE** the absence of regular and frequent parent and child visitation or contact may have serious consequences for both a child and parent(s). Without visitation, the relationship can deteriorate, and both can become emotionally detached. When parent-child attachment suffers, reunification becomes more difficult.

- **SHARE** when used effectively, visitation can minimize some of the effects of trauma that a child experiences, because of being removed from their family.
- **DISCUSS** the challenges FSWs face in facilitating more frequent visits between parents and their children. **BRAINSTORM** strategies to address these challenges and ensure that regular frequent visitation occurs with all their cases.

- **ASK**, “What are things we need to consider when assessing parents’ readiness for visitation?” **ELICIT** ideas from the group.
- **SHARE** when assessing parents’, we need to consider the following:

- The nature and severity of the abuse
- Does the perpetrator of abuse show a willingness to change?
- Does the parent(s) show empathy for the child(ren)?
- Is the parent(s) engaged in services?
- Drug and Alcohol use/abuse

- **NOTE** these factors are not used to determine whether visits should occur. They are used to assess the stage of supervision needed during a visit, where a visit should be held, and the level of support the child(ren) and parent(s) will need before, during, and after the visit.

Readiness for Visitation	
<p>What needs to be considered when assessing a parent’s readiness for visitation?</p>	<ul style="list-style-type: none"> <li>• The nature and severity of the abuse</li> <li>• Does the perpetrator of the abuse show a willingness to change?</li> <li>• Does the parent(s) show empathy for the children?</li> <li>• Are the parents engaged in services?</li> </ul>
<p>Resources: CS-4221 Visitation Working Agreement Visitation Plan Work Aid</p>	
<p>TN Department of Children's Services</p>	



- **PROVIDE** information on the following resources: CS-4221 [Visitation Working Agreement](#) and [Visitation Plan Work Aid](#). **SHARE** these resources should be used when developing the Visitation Plan with the family during the Initial Child and Family Team Meeting.
- **INFORM** Form [CS-0594 Visitation Observation Checklist](#) is used to document the interaction between parents and child when the visits are supervised. Also note the FSW will encourage others supervising visits to utilize the checklist to document the visits.

**Visitation Observation Checklist**

- Used to document interaction between parents and child when the visits are supervised
- FSW encourages others supervising visits to utilize the checklist to document the visits

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- **ASK** the group: “When we say family visitation is to be “purposeful and meaningful” what does that mean to you?”
- **LEAD** participants in a brief discussion about how FSWs can ensure that family visitation is purposeful and meaningful. **ENSURE** the following points are covered in the discussion:

**Purposeful and Meaningful**

- ✓ Developmentally, Age Appropriate, Enjoyable activities for the child
- ✓ Parent has ability to demonstrate positive parenting skills
- ✓ The visit serves as an opportunity to strengthen the bond between the parents and child.
- ✓ Foster parents are involved and have the opportunity to mentor the birth family

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- Activities are developmentally and age appropriate for the child as well as enjoyable.
- The parent has opportunities to demonstrate positive parenting skills
- The visit provides an opportunity to strengthen the relationship between the parent and child
- Foster parents are involved and able to demonstrate effective parenting

skills and mentor the birth family

- **ASK** participants about visitations they have observed. **SOLICIT** volunteers to describe what occurred and assess whether the visits were purposeful and meaningful based on the criteria which were discussed.
- **REFER** the group to the resource Developmentally Related Visitation Activities handout and **GIVE** the group a few minutes to review. **EXPLAIN** many families are either unaware or uncertain of what is or isn't appropriate during visits. The resource can be copied for parents who might want to plan activities with their children in future visits.

- **CONDUCT ACTIVITY:** Williams Visitation Schedule

- **DIVIDE** the group into 3-5 participants and **ASK** participants to complete a visitation schedule for the Williams including: be specific about date, time, location, and who will supervise as well as visitation activities. **ADVISE** participants will use the following resources: [Visitation Guide](#), CS-4221 [Visitation Working Agreement](#), and [Visitation Plan Work Aid](#) to complete. **REITERATE** the importance of ensuring visitation is discussed and developed for all parents.
- **REMIND** participants the schedule is always developed with the family and team during the Initial CFTM. Also **NOTE** visitation is included in the steps of the Family Permanency Plan.
- Give the group 10 minutes to develop the schedule.

**Visitation Schedule: The Williams Family**

- Groups will create a Visitation Schedule to include specific times, dates, locations, and supervision.
- Each group will select a presenter for report out.
- 10 minutes to create the schedule.

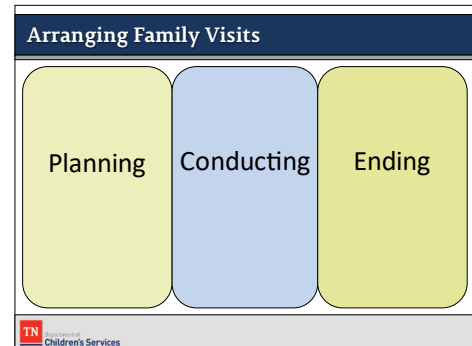
**Resources:**

- Visitation Guide
- Visitation Working Agreement
- Visitation Plan Work Aid

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- **DEBRIEF** activity by having the groups to share their plans. **ASK** if there are any questions about the plans that were developed. **STRESS** the visitation schedule developed during the Initial CFTM may be modified/updated and then becomes a part of the Permanency Plan at the Initial Permanency Plan CFTM by day 30.

- **INFORM** participants visitation can affect a child's behavior. **REFER** the participants to the Changes in Children's Behavior Before and After Visits handout.



- **REFERENCE** Guidelines for Arranging Family Visits handout and **GIVE** participants a few minutes to look over this resource.

- **Guidelines for Arranging Family Visits**

- Planning the visit

- Develop a regular, written visitation schedule (with the family and team in the initial CFTM).
- Respect the birth parents' and resource parents' preferences for visit times and locations.
- Keep in mind the developmental needs of the child or youth.
- Contact the birth parent and resource parent and arrange or confirm the date, time, and location of the visit (at least 24 hours in advance).
- Let parents know whether the visit will be supervised or unsupervised

- and explain why.
- Explain the visitation procedures and activities to birth and resource parents.
  - Make sure parents understand what the child goes through if they don't show up for a visit.
  - Identify the ways in which you expect the birth parent to interact with and parent the child.
  - Encourage parents to enjoy being with their children in a variety of ways: through play, conversation, listening, reading, or a shared activity.
  - Help the child or youth understand that visits will be times spent with his or her family.
  - Organize or confirm transportation arrangements.
- Conducting the visit (if supervised)
- Remind birth parents why the visit is supervised.
  - Acknowledge the progress and positive connections the birth parent has made with the child or youth in previous visits.
  - Review the purpose of the visit and the planned activity.
  - Identify the ways in which you expect the birth parent to interact with and parent the child.
  - Let the child or youth and the birth parent know what is expected of them


- during the visit.
- Explain the family service worker's role in the visit.
  - Observe the parents' interactions with the child and the use of positive parenting skills.
- Ending the visit
    - Briefly review the overall progress of the activity and its importance to the child or youth and family.
    - Acknowledge the positive connections and interactions between the child/youth and parents.
    - Make suggestions for ways to strengthen and maintain the connection.
    - Arrange or confirm the date, time, status, and location of the next visit.
    - Record the specifics of the visit
  - **ASK** participants about if there are any questions about visitation. **TRANSITION** to Lesson 3.5 Facilitating Positive Placement.

## **Lesson 3.5: Facilitating Positive Placement**

**Lesson Time: 15 minutes**

**Key Teaching Points / Instructions**

- **ASK** the group what potential challenges children who are placed with relative's experience. **FOCUS** the discussion on the Williams family and the children's placement with Grandma Rose. **EMPHASIZE** there will be changes in family roles and relationships leading to role confusion and conflicts. **MENTION** these examples if not discussed by the group:

Relative Caregivers and Trauma	
<ul style="list-style-type: none"> <li>➤ How would you go about preparing a relative caregiver for signs of trauma?</li> <li>➤ What information from the article do you think is most critical to share with relative caregivers upon placement?</li> </ul>	<b>Resources:</b> <ul style="list-style-type: none"> <li>• Parenting a Child Who has Experienced Trauma</li> <li>• How to Prepare Children and Families for Placement</li> </ul>
<ul style="list-style-type: none"> <li>➤ What would you say or do to prepare the child(ren) for a move to a relative's home?</li> <li>➤ What would you say or do to prepare the relative for the move?</li> </ul>	
	

- Grandma Rose would have greater responsibility for the day- to-day care and decision making about the child(ren).
- Ariana would not function in the role of a parent for her younger siblings. She would have to adhere to her grandmother's rules for the family, which could be much different than what she has been used to at home.
- The relationship between Ariana and the younger children would change with Grandma Rose taking over the parenting role from Renee and Ariana.
- **REFER** participants to the article [Parenting a Child Who Has Experienced Trauma](#). **ASK** the group to consider the following questions:
  - How would you go about preparing Grandma Rose for signs of trauma?
  - What information from the article do you think is most critical to share with Grandma Rose upon placement?
- **INSTRUCT** participants to take a few minutes to **REFLECT** on what Renee and her

children most need to successfully transition the children from living with their mother to temporary placement with Grandma Rose.

- **REFER** participants to How to Prepare Families and Children for Placement in Google Classroom. Give them a few minutes to review then **ASK** the following questions:
  - What would you say or do to prepare the Renee and the child(ren) for a move to Grandma Rose's house?
  - What would you say or do to prepare the Grandma Rose for the move?
- **TELL** participants that once a child is placed with a foster family, whether that family is related to the child or not related, the FSW has certain responsibilities to ensure that the child's needs are met. **ASK** the group what tasks are involved. **REMIND** the group of the following, if not mentioned:
  - Complete all the court documents and attend hearings
  - Enter information into TFACTS
  - Enroll the child in TennCare and Child Welfare Benefits
  - Ensure that the child's physical, health, and educational needs are met
  - Complete a face-to-face contact with the child and foster parent as soon as possible but no later than 3 business days following removal in the foster home.
- **TRANSITION** to Unit 4 Assessment.

# Unit 4: Assessment

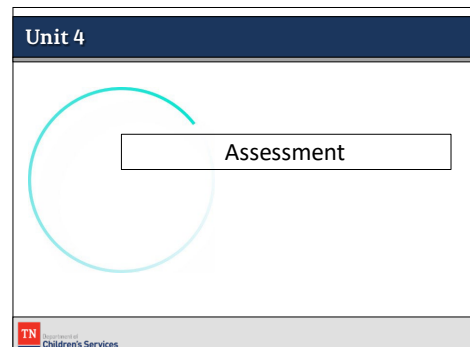
**Unit Time: 60 minutes**

## Learning Objectives:

- Participants will demonstrate assessment skills by using the CANS to assess the strengths and needs of the family.

## Supporting Materials:

- PowerPoint
- A Guide for Using CANS with Child, Caregivers, and their families: A Tip Sheet Handout
- [CANS Protocol](#)

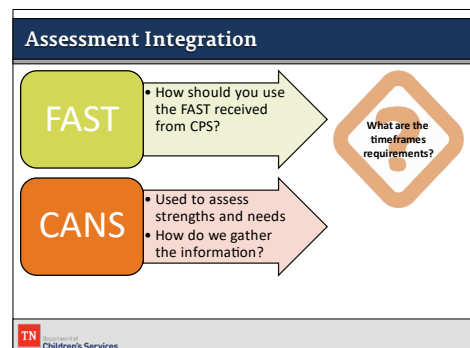


## Lesson 4.1: Assessment Integration

**Lesson Time: 60 minutes**

### Key Teaching Points / Instructions

- **BEGIN** the lesson with a discussion about assessment integration and how we use all information gathered to inform on-going case planning.
- **ASK** participants how they should use assessments they obtain from CPS into their case practice. This includes the FAST (Family Advocacy Support Tool) and any other formal assessments completed during the CPS case.





- **REMIND** participants the CANS intervention is used to assess the strengths and needs of the child and family. **ASK** participants how they gather information for the CANS. Gathering this information may take place by:
  - Interviews
  - Observations
  - Records checks
  - Collateral reports
  - Evaluations
  - Pictorial tools (i.e., genogram, timeline, family map)
  - Other DCS assessment tools
- **STATE** the CANS is initiated on all children/youth (ages 5 and above) when entering custody. According to the [CANS Protocol](#), the FSW initiates the CANS within the first 7 business days of custody and submits it to the Assessment Consultant within the first 10 business days of custody. It is finalized by the COE Assessment Consultant within 15 business days of the child/youth entering custody.
- **SHARE** the CANS is updated, reviewed, and finalized no less than every six (6) months for all CANS eligible children and youth unless there are changes in the circumstances of the case which require an update sooner.

- **CONDUCT ACTIVITY:** Introducing the CANS to the Family

- **REFER** participants to the Guide for Using CANS with Child, Caregivers, and their Families: A Tip Sheet in Google Classroom.

**Engaging the Family-CANS**

**Possible Script**

- ✓ It will communicate what families need to know.
- ✓ What we are trying to understand about family's needs?
- ✓ How the information is used?
- ✓ What do you know?
- ✓ What do you need to know?
- ✓ How will you obtain that information?

**Resource:**

- Guide for Using CANS with Child, Caregivers and their Families: A Tip Sheet in the Participant Guide

**Practice Opportunity!!!**

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- **INFORM** the group they will have a conversation with each family about the CANS and how it is used to inform the case plan. The script should include:

- It will communicate what families need to know.
- What we are trying to understand about family's needs.
- How the information is used.
- What do you know?
- What do you need to know?
- How will you obtain that information?

- **SHARE** it is important to have a script and to practice having these discussions prior to having the conversations with families. It is crucial that families understand the importance of the CANS and how it is used throughout the case process. The more prepared you are to have the conversation with the family the more trust there will be in the assessment process.

- **INSTRUCT** participants to take 5-7 minutes to draft a script of how they would introduce the CANS to a family. **DEBRIEF** by asking participants to

share any questions. **ASK** for volunteers to share the script and **PROVIDE** Strengths-Based Feedback. **THANK** participants who volunteer.

- **TRANSITION** into discussing the first interactions with the family, and/or child.
- **EXPLAIN** to the group that our first impression always leaves a lasting impression with the families.

### CANS and the Family

#### Engagement Teaming

- How would you feel about being presented with information about you and your family by someone who barely knows you?
- How much more informed would the CANS be if we had engaged and completed it with the family?

- **EXPLAIN** how engaging and teaming with the family will assist us in creating a global assessment of the family.

- **REFER BACK** to engagement and teaming and ask the following questions:

- How would you feel about being presented with information about you and your family by someone who barely knows you?
- How much more informed would the CANS be if we had engaged and completed it with the family?

- **CONDUCT ACTIVITY:** Williams Initial CANS

#### Assessment Review

- **SUPPLY** participants with the Williams Initial CANS Assessment completed by the Center of Excellence CANS Consultants.
- **ALLOW** 10-15 minutes for participants to

### Initial CANS Assessment Review

- Review the Williams family CANS completed by Center of Excellence
- Assess what information is known (from information gathered thus far from CPS and initial contacts) and/or what more would you want to know.
- 15 minutes timeframe

review the Initial CANS assessment completed on Ariana. **REQUEST** for participants to assess what information is known (from information gathered thus far from CPS and initial contacts) and/or what more would you want to

know. **ASK** participants to update the Family Assessment Worksheet with the additional information.

**Trainer Note: We will not be focusing on the scoring at this time.**

- **RECONVENE** the group and **DEBRIEF** with participants by asking the following questions:
  - What information did you learn about the family?
  - What follow-up questions would you have for the family?
  - How will you use this information to help you plan?
  - How will you prepare the assessment to present to the family's team?
- **INFORM** the group the CANS is an ongoing process. There are specific times we complete a CANS reassessment throughout the life of the case. **REMIND** the group of the CANS Case Protocol shared during CANS training in Core week. Link: <https://files.dcs.tn.gov/policies/chap31/CANSProtocol.pdf>
- **POINT OUT** additional assessments may be needed in preparation for the upcoming Initial Permanency Plan CFTM at day 30.
- **REFER** participants to Types of Assessments and briefly **HIGHLIGHT** the most common types. **EXPLAIN** some assessments are not paid for by insurance companies unless they are ordered by a doctor.

**CANS Debrief**

- What information did you learn about the family?
- What follow-up questions would you have for the family?
- How will you use this information to help you plan?
- How will you prepare the assessment to present to the family's team?

TN Department of Children's Services

**Assessments**

**Types of Assessments**

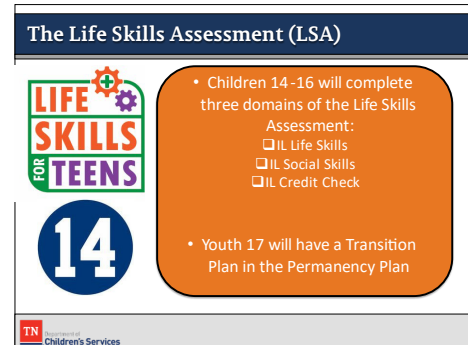
- Mental Health, Psychoeducational, Psychological, Psychiatric, Forensic, Alcohol and Drug, Developmental

**Life Skills Assessment**

- Required for youth 14 and over
- 14-16 requires 3 domains: IL Life Skills, IL Social Skills and IL Credit Check

TN Department of Children's Services


- **STATE** a Life Skills Assessment is required for youth aged 14 and older.
  - The Life Skills Assessment in TFACTS is administered to all youth in custody fourteen (14) years of age or older prior to the initial CFTM by the FSW and then at least annually thereafter. The Life Skills Assessment is designed to evaluate the youth's strengths and needs, and the results used to develop the Independent Living (IL) section of the permanency plan. Guidance on administration of the Life Skills Assessment is available in the [Identifying and Accessing Independent Living Services Manual](#).



- How do you assist youth with completing the assessment accurately?
- **TELL** participants when we present the Life Skills Assessment to the youth it is important to inform the youth of why they are completing this assessment. The youth will complete the LSA annually to allow us to assess their progress toward developing independent living skills.
- **ASK** how does the CM and IL Specialist work together? **SHARE** FSW will review the Independent Living Handbook for youth over 14 at intake (if CPS or Court Liaison did not cover) or near their 14th birthday.
- **EXPLAIN** the youth's Independent Living section is developed based on these results during the permanency planning portion of the CFTM. **SHARE** for youth ages 14-16 only three IL sections are required: IL Life Skills, IL Social Skills, and IL Credit Check. However, other domains may be completed for this age group as appropriate even though not mandated. Youth 16 and older are to complete all sections of the Life Skills Assessment.

- **EXPLAIN** for youth 17 and older, a Transition Plan is required for the Permanency Plan. **REFER** participants to [DCS Policy 16.51: Independent Living and Transition Planning](#) and DCS Policy [16.52: Extension or Re-Establishment of Foster Care for Young Adults](#).
- **SHARE** the following Life Skills resources
  - [Identifying and Accessing Independent Living Services Manual](#)
  - [Independent Living Transition Planning Guide](#)
  - [Life Skills Assessment Storyboard](#)

- **SHARE** integrated assessment means there is a connection between the assessment and the rest of the activities occurring in the case. These include:

Integrated Assessments	
<p>Integrated assessment means there is a connection between the assessment and the rest of the activities occurring in the case.</p>	<ul style="list-style-type: none"> <li>• Conversations with families that gather information</li> <li>• Intentional discussion in CFTMs and connection to case plan</li> <li>• Re-assessment that demonstrates comparison to past assessments</li> <li>• Determines next steps in case planning</li> <li>• Used in case conferencing</li> <li>• Used in testimony</li> </ul>
	

- Conversations with families that gather information to draw conclusions about functioning
- Intentional discussion in CFTMs and connection to case plan (permanency plan or IPA) action steps, services selected, and decision making
- Re-assessment that demonstrates comparison to past assessments and reflect the changes in family functioning observed
- When things aren't going well, assessment information is considered to determine different next steps in case planning
- Used in case conferencing supervision meeting to guide discussion to

ensure global assessment and integrated assessment throughout the case

- Used in testimony in court to demonstrate objective assessment and structured case decision making
- **ENSURE** participants can understand how quality assessments lead to stronger case plans which are individualized to address the family's strengths and concerns.
- **TRANSITION** to Unit 5 Planning/Implementation.

# Unit 5: Planning/Implementation

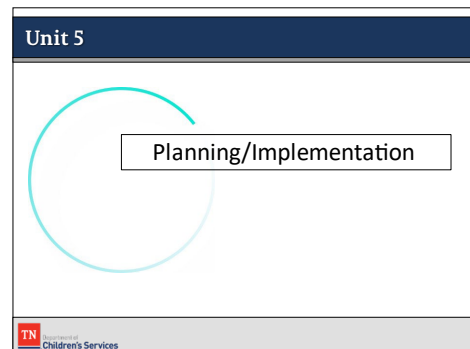
**Unit Time: 8 hours and 5 minutes**

## Learning Objectives:

- Participants will learn and demonstrate how to plan with the family to implement action steps which will help the family reach positive outcomes.

## Supporting Materials:

- PowerPoint
- Policies/Forms/Guides:
  - [DCS Policy 16.31 Permanency Planning for Children in the Department of Children's Services Custody](#)
  - [Policy 31.1 Family Permanency Plans](#)
  - [Permanency Plan Development Guide](#)
  - [DCS Policy 16.32 Foster Care Review and Progress Reports](#)
  - [Independent Living Handbook](#)
  - [DCS Policy 16.51: Independent Living and Transition Planning](#)
  - [DCS Policy 16.52: Extension or Re-Establishment of Foster Care for Young Adults](#)
  - How to have the Permanency Conversation with Youth and Guiding Questions for Youth Handout
  - [Criteria and Procedures for TPR \(CS-0745\)](#)
  - Strategies to Build Mutual Understanding Handout





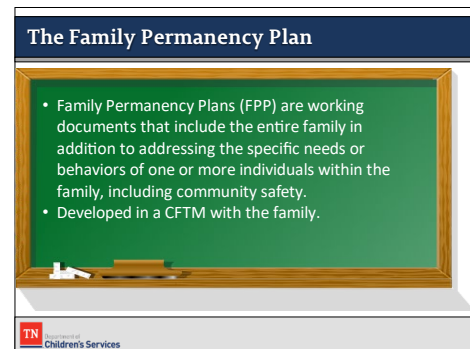
- [Protocol for Court Preparation and Attendance by Foster Care Staff](#)

## Lesson 5.1: Permanency Planning

**Lesson Time: 15 minutes**

### Key Teaching Points / Instructions

- **STATE** that when children enter care, the department has the responsibility to ensure that timely permanency is achieved.
- **SHARE** with participants that the first goal of the department is reunification. Unfortunately, it is not possible for every child and family. We should always be thinking exit at entry. Planning for discharge must begin on day one of the case.
- **STATE** Family Centered Permanency Planning is the process by which families, in conjunction with DCS, community partners, informal supports, specific interventions and services reinforce family strengths and meet the needs of the children/youth and their families involved with the Department of Children's Services.
- **REFER** participants to [Policy 31.1 Family Permanency Plans](#) and [Policy 16.31 Permanency Planning for Children/Youth in the Department of Children's Services Custody](#).
- **EXPLAIN** the Family Permanency Plan is developed in collaboration with the child and family team in the context of the Initial Permanency Planning CFTM. **REMINDE** the Initial Permanency Planning Child and Family Team Meeting is held within thirty (30) calendar days of the child/youth's placement in custody.




- **STATE** Family Permanency Plans (FPP) are working documents that include the entire family in addition to addressing the specific needs or behaviors of one or more individuals within the family, including community safety. Children/youth within the Family Permanency Plan may have different permanency goals and action steps based upon their specific needs.

## Lesson 5.2: Permanency Goals

**Lesson Time: 45 minutes**

### Key Teaching Points / Instructions

- **TRANSITION** and **STATE** the Family Permanency Plan establishes realistic goals, outcomes, and action steps necessary to achieve permanency for the family, the child/youth, and the Department. The outcomes and action steps address all the concerns that brought the child into custody as well as those needs identified by the ongoing assessment process, including health and education information and needs. Plans are designed to utilize the strengths of the family and include designated time frames for the completion of actions that help the child and family achieve permanency and stability as soon as possible. **REFER** to [DCS Policy 31.1 Family Permanency Plans](#).
- **STATE** every Family Permanency Plan contains the following components:
  - a) **Permanency Goal:** The overall expected result that allows a child or youth to achieve a safe, permanent, living situation in a timely manner.

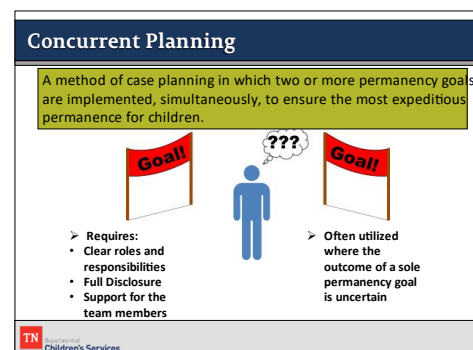
Permanency Plan Components	
<b>Permanency Goal:</b>	The overall expected result that allows a child or youth to achieve a safe, permanent, living situation in a timely manner.
<b>Strengths:</b>	Skills, abilities, talents, resiliencies, and resources that have enabled a family to be successful or to overcome adversity in the past.
<b>Needs:</b>	Areas of risk or needed intervention for the child/youth/family identified through formal and informal assessment are described.
<b>Indicators:</b>	Reflect categories of strengths or needs identified on DCS assessments. Indicators can also include topic areas relating to independent living and probation/aftercare cases.
<b>Responsibilities:</b>	A set of actions and interventions that lead the family to be able to achieve the desired outcomes. Items listed should be time specific, observable, and measurable.
	

- b) **Strengths:** Skills, abilities, talents, resiliencies, and resources that have enabled a family to be successful or to overcome adversity in the past.
  - c) **Needs:** Areas of risk or needed intervention for the child/youth/family identified through formal and informal assessment are described.
  - d) **Indicators:** Reflect categories of strengths or needs identified on DCS assessments. Indicators can also include topic areas relating to independent living and probation/aftercare cases
  - e) **Responsibilities:** A set of actions and interventions that lead the family to be able to achieve the desired outcomes. Items listed should be time specific, observable, and measurable. They should include the names of the persons responsible for each step and time frames for when the action should begin and be completed. Interventions should utilize the strengths that already exist within a family and involve informal supports when available. Whenever possible, the family should be given different options of interventions to choose from to include. Actions and responsibilities for DCS staff should also be included in the Family Permanency Plan which identifies action steps related to helping the child/youth and family receive services and move the child towards permanency.
- **REVIEW** available permanency options including:
    - Return to Parent
    - Exit Custody to Live with Relative or Kin
    - Adoption



- Permanent Guardianship (or SPG)
- Planned Permanent Living Arrangement
- **EXPLAIN** there are times when it is uncertain if a permanency goal will be feasible. **POINT OUT** in such cases it is appropriate to be thinking of and planning for an alternative permanency goal; that also, will be in the best interests of the child if the primary goal cannot be realized.

- **SHARE** this process is referred to as concurrent planning – a method of case planning in which two permanency plan goals are implemented simultaneously in order to ensure the most expeditious permanence for children.

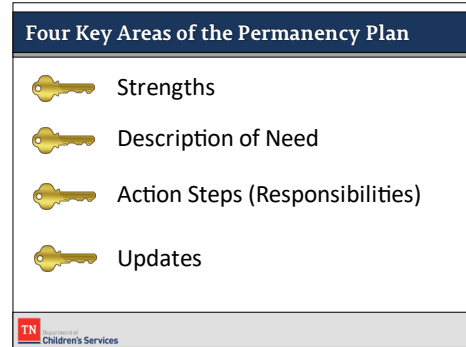


Successful concurrent planning requires a clear

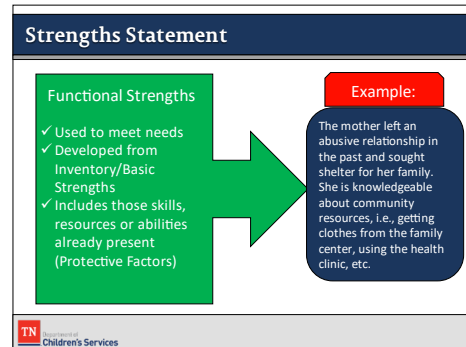
delineation of roles and responsibilities through the planning process full disclosure, and support for the child and family team members. It is often utilized in cases where the outcome of a sole permanency goal is uncertain.

- **TELL** participants that as FSW's, it is crucial we are always assessing the case and tracking and adjusting action steps as needed to reach permanency in a timely manner. Per policy, we are to review permanency plans quarterly in a CFTM, additionally, we are to review progress on an ongoing basis.

- **SHARE** we will now further review the four key areas of the permanency plan including:
  - Strengths
  - Initial description/description of need
  - Responsibilities
  - Updates: This allows the worker to show progress, or lack thereof, on each need and strength that has been entered.



- **SHARE** family strengths to be explored during the assessment process relate to the parent/caregiver's past and current efforts in protecting their children from harm, maintaining a loving parent-child relationship, accessing extended family and other support systems, and making efforts to address past and current stress conditions.



**STATE** these types of strengths are referred to as "functional strengths" because they form the basis for addressing the needs and concerns in the family.

- **STATE** functional strengths can be developed from basic inventoried strengths by asking follow-up questions and exploring how it is a strength such as, "What does showing love for your children look like?" or "How is having a job important to your family?"
- **EXPLAIN** functional strengths are also called protective factors because they are the very skills, conditions, and resources we want families to possess to ensure safety, permanency, and well-being.

- **STATE** a strengths statement should include conditions in the family's present or past that are able to be built on to strengthen the family. An example is:
  - The mother left an abusive relationship in the past and sought shelter for her family. She is knowledgeable about community resources, i.e., getting clothes from the family center, using the health clinic, etc.

- **REVIEW** the following Protective Factors:

- **Concrete Support-Families who can meet their own basic needs for food, clothing, housing, and transportation - and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs and are better able to ensure the safety and well-being of their children.**
- **Social and Emotional Competence-Children's early experiences of being nurtured and developing a positive relationship with caring adults affects all aspects of behavior and development.**
- **Nurturing and Attachment-Research consistently shows children who receive affection and nurturing from a consistent caregiver have the best chance of growing up to be happy, healthy, and productive. Research also shows these children do better academically, behaviorally, and have an increased ability to cope with stress.**
- **Knowledge of Parenting and Child Development-Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote**



*independence.*

- **Social Connections**-Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves.
- **Resilience**-Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well.
- **SHARE** a need statement provides a description of the current issue, symptom, or behavior to be addressed. It describes the fact pattern that causes a plan to be developed to remedy the situation. It identifies any underlying issues that are known. **EMPHASIZE** that needs **are not** services. An example is:

The diagram is titled "Needs Statement" and is divided into two main sections. On the left, a blue box titled "Need Statements" contains three bullet points: "Provides a description of the current issue, symptom or behavior to be addressed.", "Describe the fact pattern that causes you to need to develop a plan to remedy the situation.", and "Identifies any underlying issues that are known." A large blue arrow points from this box to the right. On the right, a dark blue rounded rectangle titled "Example:" contains the text: "The children are at risk due to caregiver substance use as the mother was arrested for possession of cocaine and marijuana, uses drugs 'recreationally,' and is known to spend time with other persons who use drugs." Below the arrow is a lightbulb icon and the text "Needs are not Services". At the bottom left is the TN Children's Services logo.

- The children are at risk due to caregiver substance use as their mother was arrested for possession of cocaine and marijuana, uses drugs "recreationally," and is known to spend time with other persons who use drugs.

- **STATE** action steps (responsibilities) are what DCS, parent, youth, team members are willing to do to reach positive outcomes. Some examples are:
  - The mother will schedule a mental health

The diagram is titled "Action Steps (Responsibilities)" and is divided into two main sections. On the left, a blue box titled "Action Steps (Responsibilities)" contains two bullet points: "What DCS, parent, youth, team members are willing to do to reach positive outcomes." and "Listed in the intended order of completion." A large blue arrow points from this box to the right. On the right, a white rounded rectangle titled "Example:" contains three paragraphs of text: "Mother will schedule a mental health intake by \_\_\_ date?\_. She will participate in the intake and follow all recommendations.", "DCS will complete random drug screens. Mother will comply with requested screens and pass the drug screens.", and "Mother will attend a parent support group weekly and will recognize triggers that lead to substance use and discuss with FSW.", followed by "Mother will demonstrate skills learned from individual counseling during visitation to build her relationship with her children." At the bottom left is the TN Children's Services logo.

intake by \_\_\_\_ Date. She will participate in the intake and follow all recommendations.

- DCS will complete random drug screens. Mother will comply with requested screens and pass the drug screens.
- Mother will demonstrate skills learned from individual counseling during visitation to build her relationship with her children.
- Mother will attend a parent support group weekly and will recognize triggers that lead to substance use and discuss with FSW.
- **EXPLAIN** permanency plans should never be presented to the family as a list of demands. Action steps on a plan should never be for just one person to complete. It is crucial for the team to work together to achieve the goals. The plan should also not represent a “to do” list for just the FSW. We do not want the family to develop a reliance on DCS to the point of when we are not in the picture, they fail.
- **SHARE** Family Permanency Plans must be time-limited, goal-oriented, and specific about the action steps to be taken by DCS, service providers, children/youth, and families toward meeting the goal(s) on the plan. They should include responsibilities that specifically include action steps that each party should take including behavioral, assessment, service, and DCS action steps needed to address the identified concerns. To determine compliance with the plan, parents are expected to be able to demonstrate their completion of the action steps as well as demonstrate behavioral changes that decrease risk to the child(ren). The responsibilities of all team members should be clearly outlined with language that everyone can understand.




- **SHARE** [Policy 16.31](#) gives guidance on documentation of the Family Permanency Plan.


**ADVISE** participants of the following:

- While it may be a handwritten draft, the Family Permanency Plan is considered complete at the conclusion of the CFTM. Minor changes that do not affect content, such as grammatical or spelling errors, may be made following the meeting. Significant changes to the goals or action steps on the plan are only be made by convening another CFTM or by court order at the Permanency Hearing.
- Parents have the opportunity to sign a completed Family Permanency Plan at the conclusion of the CFTM. If the Family Permanency Plan is written by hand during the meeting, the family should be given the opportunity to sign a copy of the handwritten plan at the conclusion of the meeting. If a handwritten or typewritten plan is not available at the conclusion of the meeting, the FSW ensures that the parents leave the meeting with a list of their responsibilities. If the meeting is held via teleconference or videoconference, the FSW reviews the list of responsibilities at the close of the meeting to allow the parents an opportunity to write down/record the agreed upon responsibilities. The FSW also provides a list in writing to the parent within one (1) business day. FSWs inquire from parents at the close of the meeting which method of delivery they would prefer the FSW to use to provide the written list. Once the Family Permanency Plans is typed and completed in TFACTS, the FSW ensures the plan is presented to the team for discussion and signatures. Completed signature pages are scanned into

### Permanency Plan Documentation

<ul style="list-style-type: none"> <li>May be a handwritten draft</li> <li>Complete at the conclusion of the CFTM</li> <li>Significant changes to goals or action steps may only occur by convening another CFTM or Court Order at the Permanency Hearing.</li> <li>Parents have the opportunity to sign a completed FPP at the conclusion of the CFTM</li> <li>If FPP is handwritten, family should be given opportunity to sign a copy.</li> </ul>	<ul style="list-style-type: none"> <li>If handwritten copy is not available, parents leave with a list of their responsibilities.</li> <li>FSW provides list within 1 business day if held via teleconference or videoconference.</li> <li>If handwritten plan is given, the typed copy and handwritten plan must be made available to court, the family, and their attorneys.</li> </ul>
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TFACTS.

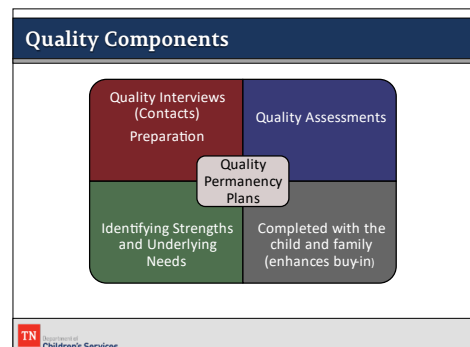
- If parents have signed a handwritten copy at the conclusion of the CFTM and it is later typed, both copies of the Family Permanency Plan must be made available to the court, the family, and their attorneys to approve the language in the typed plan and be given the opportunity to sign it, if agreed upon.
- **SHARE** the last area of the permanency plan is updating. This allows the worker to show progress, or lack thereof, on each need and strength that has been entered.

## Lesson 5.3: Permanency Planning and Quality Contacts

**Lesson Time: 90 minutes**

### Key Teaching Points / Instructions

- **EXPLAIN** in order to write a quality Permanency Plan, we must first complete a series of tasks. We must start with having quality interviews (also called “contacts”) with case members. These quality contacts lead to quality assessments, which are the foundation of a quality permanency plan.
- **STATE** if we understand what the underlying issues are and the possible reasons a parent or youth might be ambivalent to make the needed changes, we can then better work with that individual to facilitate desired changes.



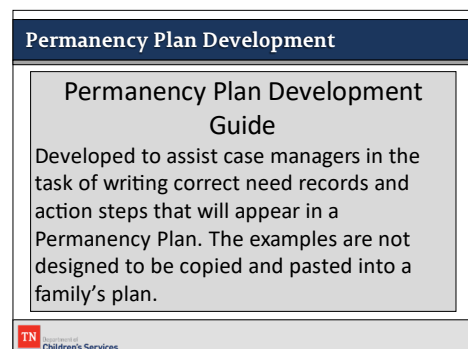
- **REMIND** participants we already know people are more likely to change if they desire the change. We call this buy-in. People are also more likely to want to change when they believe they are the ones who resolved any ambivalence in their decision to change, and when they significantly contribute to developing their own plan to solve an identified need.
- **SHARE** once people discover the need/reasons to change, efforts to change are more successful when they believe they are the creators of their own change plan.
- **STATE** effective use of Motivational Interviewing is the key to facilitating this process because it helps people who are being interviewed to feel empowered and respected. Once emotional defenses are lowered, effective assessment can begin which will uncover the needs and actions steps developed in the Permanency Plan with a family.
- **CONDUCT ACTIVITY:** Guided Imagery
  - **INSTRUCT** the participants to close their eyes read the following paragraph aloud:

*“Imagine you are at the DMV to renew your license. You get your number and wait to be called. Finally, your number is called. You get up and head to the counter, before you even get all the way to the counter and say hello, the DMV staff tells you your license will not be renewed because of your poor driving abilities. The DMV staff has just decided something that severely impacts your life. How do you feel?”*
  - **ASK** participants to open their eyes and **ALLOW** time for responses.

- **INSTRUCT** them to close their eyes again and read aloud:

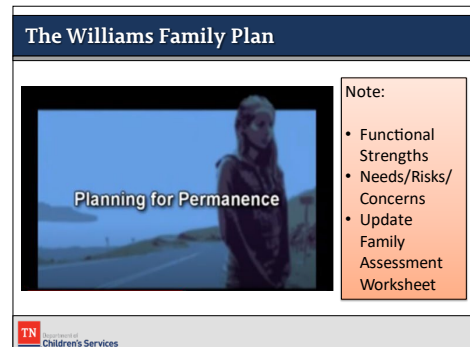
*“Imagine you are a client working with DCS and your worker tells you that you need A&D treatment and parenting classes to either keep or regain custody of your child.”*

- **ASK** participants to open their eyes. **ASK** them how they would the feel then? Allow time for responses.
- **POINT OUT** they might feel defensive, or frustrated, or curious as to what qualifies this worker to make this decision. **EXPLAIN** the CANS gives us a way to measure and explain the family’s strengths and needs. Using CANS in our work with families helps to guide decisions and provides a justification to the level of intervention used in the casework conducted.
- **STATE** we all know that better assessments lead to better Permanency Plans, which ideally leads to better outcomes for children and families. We know once a strong assessment is completed, we can then focus our efforts on using that information to guide Permanency Planning.
- **REFER** participants to the Permanency Plan Development Guide and briefly discuss how it can be used in the development of the permanency plan

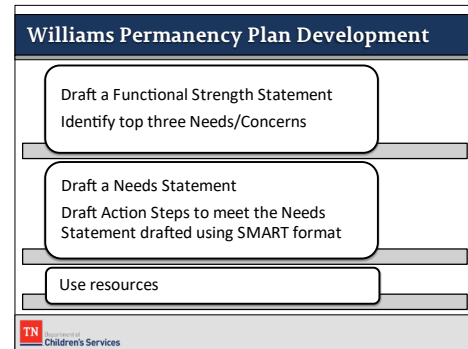


<https://files.dcs.tn.gov/policies/chap16/PPDevGuide.pdf>.

- The Permanency Plan Development Guide was developed to assist case managers in the task of writing correct need records and action steps that will appear in a Permanency Plan. The examples are not designed to be copied and pasted into a family's plan.
- **SHARE** with participants we will watch the Pathways to Permanence Scene 3 - Planning for Permanence video. Let them know they should be listening for functional strengths and concerns as they watch. The video is before we practice writing the permanency plan as families should be involved in writing the plans. **ASK** participants to update the Family Assessment Worksheet with new information from the video.
- **SHOW** Pathways to Permanence Scene 3 - Planning for Permanence video. DVD time: 39:28 or 47:10-1:26:37 on link: <https://www.youtube.com/watch?v=IQusnk6fN4M>
- **RECONVENE** and **CAPTURE** additional strengths/protective factors and needs/risks/concerns of the Williams family on the flipchart the group has already been developing since initial contact with the family.
- **EXPLORE** with participants which areas of the Williams CANS will need to be addressed in the permanency plan, i.e., scores of 2 and 3.



- **CONDUCT ACTIVITY:** Williams Family Permanency Plan Development
  - **TRAINER:** This activity is completed with the large group as it would be completed in a CFTM setting. Group will identify top 3 concerns/needs to develop action steps.



Trainer will **MODEL** and **COACH** in the construction of the Action Steps.

- **REMIND** the group they can use the Permanency Plan Development Guide to assist them with action steps. Also, remind them of the SMART acronym when writing action steps: **Specific, Measurable, Achievable, Realistic, and Timely**. Approximately 30 minutes to complete.

***Trainer Note: Individual/Small Group Practice will be completed during Foster Care Week 2 Specialty with the Steward Family.***

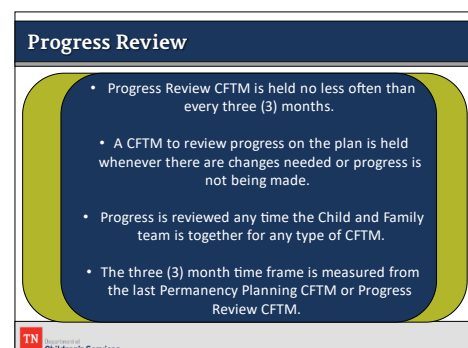
- **THANK** the group for their hard work. **ENCOURAGE** participants to review Permanency Plans in the field, attend Permanency Plan CFTMs and ask questions about the process of using the CANS to inform the plan.

## Lesson 5.4: Plan Implementation

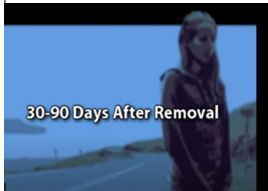

**Lesson Time: 35 minutes**

### Key Teaching Points / Instructions

- **STATE** we are now going to discuss putting the plan into practice.



- **SHARE** the Progress Review CFTM is held no less often than every three (3) months. A CFTM to review progress on the Permanency Plan is conducted whenever there are changes needed or progress is not being made in a timely fashion. Progress is reviewed any time the Child and Family Team is together for any type of CFTM. The three (3) month time frame is measured from the last Permanency Planning CFTM or Progress Review CFTM.
- **REMIND** participants it is important to prepare the family and team before the meeting. Before we have the meeting to discuss the progress, we should have had several discussions with the team members on their progress and if they are having any barriers.
- When discussing lack of progress, it is important to discuss how we can address the barriers. We should be showing reasonable efforts when addressing barriers in the plan. When these barriers come up during our progress review it is important for the team to discuss what resources or support can be offered to assist the family.
- **STATE** we are now going to discuss putting the plan into practice. **SHARE** the Pathways to Permanence Scene 4 – Connecting with Youth short video discusses what is going on with the Williams Family from day 30-90 day. **ENSURE** participants take notes on the family's progress/lack of progress during this period on the Family Assessment Worksheet. **SHOW** the video until the 2-minute mark.

The Williams 30-90 Days After Removal	
	<ul style="list-style-type: none"> <li>• What barriers or lack of progress needs to be discussed with the Williams Family?</li> <li>• What resources could assist the Williams Family?</li> </ul>
	

<https://www.youtube.com/watch?v=6lz6NSBzFu4&feature=youtu.be&t=16>

- **DEBRIEF** the scene with participants. **REMIND** participants we use Motivational Interviewing Skills of OARS when discussing progress. If we use OARS, it helps create a partnership among the team and not a “Us. Vs. Them,” mindset. **INFORM** participants it is also important to remember that for families, change is a process, and they may be in early stages of change.
- **ASK** participants, at this time, what barriers or lack of progress needs to be addressed with the Williams family. **ASK** participants what resources could assist the Williams family.
- **ASK**, “What are all the ways we drive the Permanency Plan forward?” **ENSURE** the following responses are included:
  - work with team to address issues
  - update CANS throughout the case
  - update action steps as needed
  - work with family and providers identify functional strengths
  - track progress
  - have quality contacts with the family
  - meaningful and regular visitation
  - holding Progress CFTMs
- **INFORM** participants while working a case there may be a time in which a placement and a youth are not successfully working together. When issues





start to arise in a placement it is crucial for the FSW to work with the placement, the youth, and the family to work through issues in order to stabilize the placement.

- **STRESS** to participants if there is a possible placement disruption the importance of completing tasks prior to scheduling a CFTM including:
  - Staffing case with supervisor
  - Conducting interviews with children, youth, foster parents, parents, service providers
  - Scheduling a placement stability CFTM – invite placement specialist and Skilled Facilitator.
- **TRANSITION** to Lesson 5.5 Placement Stability.

## Lesson 5.5: Placement Stability


**Lesson Time: 35 minutes**

### Key Teaching Points / Instructions

- **EXPLAIN** participants will now view Pathways to Permanence Scene 4—Connecting with Youth, during which the FSW meets with Ariana to discuss the difficulties Ariana has experienced since coming into care. **START** video at 2:08 mark and stop at 18:26. Again ask participants to note any additional information on the Family Assessment

**Placement Stability**

- What were Sandra's strengths and areas for growth?
- What strategies did Sandra use to engage Ariana?
- What is Felicia's role in the meeting?
- How did Sandra get to the underlying needs rather than focus only on the negative behaviors?



Connecting With Youth

TN Department of Children's Services

Worksheet.

<https://www.youtube.com/watch?v=6lz6NSBzFu4&feature=youtu.be&t=16>.

- **DEBRIEF** the scene in the large group by asking the following questions:
  - What were Sandra's strengths and areas of growth in this interview?
  - What strategies did Sandra use to engage Ariana in discussing the difficult topics?
  - What is Felicia's role in this meeting? How is Felicia's presence helpful?
  - How did Sandra get at the underlying needs and issues rather than focus solely on the negative behaviors?
  
- **ASK** participants what is driving Ariana's behavior at this time. **ENSURE** the following are identified:
  - Safety- from being bullied at school and feeling unsafe in the home environment
  - Sense of power and control—related to being bullied, increased structure at home, and her mother not working the plan
  - Need for attachment or sense of belonging—related to not feeling as though she fits in and that her mother is not working the plan
  
- **TRANSITION** into a discussion about applying the procedures for placement disruptions to the Williams case family. **POSE** the following "what ifs" and follow-up questions to participants and **DISCUSS**.


- What if Ariana’s behavior continues to deteriorate and Grandma Rose reconsiders having Ariana live with her?
- How would a placement disruption impact Ariana?
- What might be the impact of a placement disruption to a younger child?
- How might Jewel and Justin feel if Ariana moves?
- **STRESS** to participants if there is a possible placement disruption the importance of completing tasks prior to scheduling a CFTM including:
  - Staffing case with supervisor
  - Conducting interviews with children, youth, foster parents, parents, service providers
  - Scheduling a placement stability CFTM – invite placement specialist and skilled facilitator)
- **TRANSITION** to Lesson 5.6 Special Considerations When Working with Youth.

## Lesson 5.6: Special Considerations when Working with Youth

**Lesson Time: 35 minutes**

### Key Teaching Points / Instructions

- **DISCUSS** the importance of initiating conversations about permanency and concurrent planning with youth. **REFER** participants to the resource How to Have the Permanency Conversation with Youth and Guiding Questions for Youth handout in Google

Working with Youth		Resources:
Allow the youth to be in control of the process	Decrease the stigma and shame associated with being in foster care	<ul style="list-style-type: none"> <li>• How to have the Permanency Conversation with Youth</li> <li>• Guiding Questions for Youth</li> <li>• Concurrent Planning and Children and Youth</li> </ul>
Be flexible about the permanency outcome	Suggest possible connections with adults who have made a positive impact on youth	
Be future focused	Provide general timeframes	
		

Classroom and briefly discuss.

- How to have the Permanency Conversation with Youth Handout:
  - Allow the youth to be in control of the process
    - “I work with you to make a plan that will address your needs and wants; it’s about you and your future.”
    - “It works best if you are at the planning table where we work together to find the best direction for your future.”
    - “This may feel like a new way of working together.”
  - Decrease the stigma and shame associated with being in foster care
    - “I work with many others in similar situations.”
    - “I’m working with another young man/woman who...”
    - “I’m working with five other adolescents right now to help plan their futures.”
  - Be flexible about the permanency outcome
    - Avoid using the terms “adoption,” “guardianship,” or “family”
    - Use the terms “adult connection,” “support person,” “someone you can count on,” or other words that signify permanence without implying a traditional family relationship.
    - “Have you thought about who you’d like to spend time with as you get older?”

- Suggest possible connections with adults who have made a positive impact on the youth
  - “I’m sure there are people in your past or present (a relative, teacher, coach, other) with whom you feel a connection.”
  - “I’m here to help you reconnect or make the connection more secure.”
- Provide examples of when having these connections might be used
  - Celebrating holidays and special occasions
  - Getting a driver’s license
  - Graduating
  - Getting married
  - Co-signing a loan
- Be future-focused
  - “When you think about yourself five years from now, what are your hopes?”
  - “If you could design a plan or draw a picture for your future, what would it look like and who would be in it?”
- Provide general timeframes for the process
  - “It’s not going to happen overnight.”
  - “It will take a few months to get to know you, to meet the people you’d like to have in your life, and to make a good plan.”

- Be flexible in your approach
  - You may not get to these later steps during the first conversation.
  - All that really needs to happen during the first conversation is to plant the seed and begin to establish your connection with the youth.
- Be positive and comfortable
  - This is a no-pressure, informational conversation.
  - Try to provide a warm and comfortable setting.
  - Try to meet one-on-one with the youth without program staff or foster parents.
- Be honest even if it isn't what the youth wants to hear.
- Food is always good!
- **REFER** participants to the worksheet Concurrent Planning and Children/Youth in Google Classroom and **REVIEW**.
- Concurrent Planning and Children/Youth Handout
  - At what age is this child functioning developmentally?
  - Does the child/youth use *concrete* or *abstract thinking* processes? Is he/she capable of logical thinking?
  - How stable is this child emotionally?
  - How can you engage the child/youth in discussing how to meet the need for permanence appropriately?

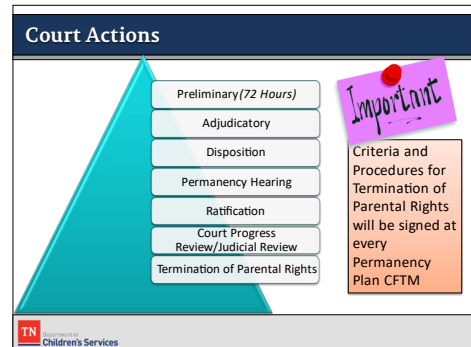
- What, specifically, are some statements you would use to begin this conversation?
- What guiding questions will you use with this child/youth?
- **HELP** the group apply this discussion to the Williams case family.
  - Would you discuss concurrent planning with Jewel (5 years old)? If so, provide an example of what you might say to her.
  - If Ariana was nine years old, how might you go about discussing concurrent planning with her? What, exactly, would you say?
- **REFER** to the video and **ASK** the group the following questions:
  - How did Sandra address Renee's lack of progress with Ariana?
  - Why is it important to discuss these types of issues with youth?
  - Why is it important to discuss alternative permanency options with Ariana even though she still wants to return home to live with her mother?
- **REFER** participants to the worksheet Concurrent Planning and Children or Youth in the Participant Guide Unit 5 and **REVIEW**.
- **TELL** the group to use these questions to help them determine their approach so that the way they discuss concurrent planning with youth will be developmentally sound and most likely to engage the youth.
- **TRANSITION** to Lesson 5.7 The Role of the Court and Legal Considerations.

## Lesson 5.7: The Role of the Court and Legal Considerations

Lesson Time: 115 minutes

### Key Teaching Points / Instructions

- **ASK:** “What is the role of the court in making decisions about case progress?”
- **PROVIDE** a brief overview of types of hearings in removal cases.



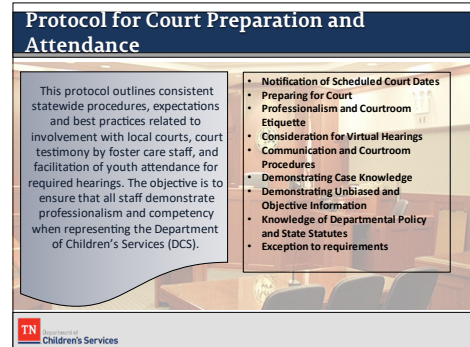
- **Preliminary**
  - After an emergency removal, a preliminary hearing on the removal must be held within 72 hours. The standard, or burden of proof, at a preliminary hearing is probable cause, which roughly means that there are reasonable grounds to believe that the emergency removal of the child was justified. The evidentiary standard at this hearing is somewhat relaxed in that reliable hearsay is admissible. For example, if the child were removed due to physical abuse, the CPS worker would submit the child's emergency room record to the court and would repeat what the doctor, the police officer, or the schoolteacher said without needing any of those people present to testify. However, those people will be asked to testify, either at court or in a pre-hearing deposition, at the adjudicatory hearing.
- **Adjudicatory**
  - At the adjudicatory hearing, the court (the judge) determines whether the factual allegations of the petition are true and whether the evidence



- supports a finding that the child is dependent and neglected. The standard of proof for the adjudicatory hearing is clear and convincing. This is an intermediate standard of proof—higher than the typical civil standard of preponderance of the evidence but lower than the criminal standard of beyond a reasonable doubt.
- **Disposition**
    - If, at the adjudication stage, the court finds dependent and neglect, it may proceed directly to the disposition, or it can conduct the disposition hearing within 15 days. The disposition hearing is supposed to design an appropriate plan to meet the needs of the child. Often, the disposition follows the adjudication directly. While the rules of evidence still apply in the dispositional phase, reliable hearsay, such as reports of DCS, as well as other professionals, is admissible.
  - **Permanency Hearing**
    - **REFER** participants to [Policy 16.31 Sections K, L, M](#) for information on Permanency Hearing. **STATE** following the ratification of the Permanency Plan, the court will hold a permanency hearing within twelve (12) months of the date of a child's placement in state custody and every twelve (12) months thereafter until permanency is achieved or until the child reaches the age of majority. Trainer Note: Per [Policy 16.31 Family Permanency Plans](#) are updated before the goal achievement date expires, so in most cases this would be at least every six (6) months.
  - **Ratification**

- **STATE** one of the biggest responsibilities of the Juvenile court in a custodial case is presiding over permanency plans ratification hearings. This process is how we ratify the permanency plan, making them a legal document. The CFT presents the plan to the court and at that time the court decides if the plan is an efficient plan to reach permanency for the child (ren). The court hears from everyone on the team before making a decision.
- **Court Progress Review/Judicial Review**
  - The Department submits regular progress reports to the Court and the Court should review the progress made on the permanency plan at least every six (6) months. The six (6) months review can be held by the Court or the FCRB. Court expectations can vary, and staff will follow each Court's requirements for reviews.
- **Termination of Parental Rights (TPR)**
  - A formal proceeding usually sought by a state agency at the conclusion of dependency proceedings in which severance of all legal ties between parent and child is sought against the will of one or both parents, and in which the burden of proof must be by clear and convincing evidence. ([www.tncourts.gov](http://www.tncourts.gov))
  - **REVIEW** the [Criteria and Procedures for Termination of Parental Rights](#) document. **EXPLAIN** this document is to be reviewed with the family at every CFTM in which a Permanency Plan is written or revised. This form is to be read to the parents, not summarized and if the parents have any questions they are to be directed to their attorneys.

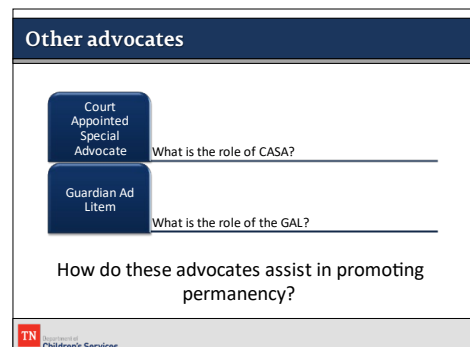
- **SHARE** as the case manager represent the Department of Children's Services, it is important to present in a professional manner in court, always. **STATE** [the Protocol for Court Preparation and Attendance by Foster Care Staff](#)



outlines consistent statewide procedures, expectations, and best practices related to involvement with local courts, court testimony by foster care staff, and facilitation of youth attendance for required hearings. The objective is to ensure that all staff demonstrate professionalism and competency when representing the Department of Children's Services (DCS). **BRIEFLY** review the components of the protocol by sharing your screen. **STATE** legal will provide additional training in later weeks. **ASK** if there are any questions.

- **STATE** one of the biggest responsibilities of the Juvenile court in custodial cases is presiding over permanency plan ratification hearings. This process is how we ratify the permanency plan, making it a legal document. **ASK** what are the other roles of the Court?

- **STATE** there are other advocates for the child or youth who monitor the family's progress toward permanence and report their findings to the Foster Care Review Board (FCRB) and court. **ASK** the following questions:

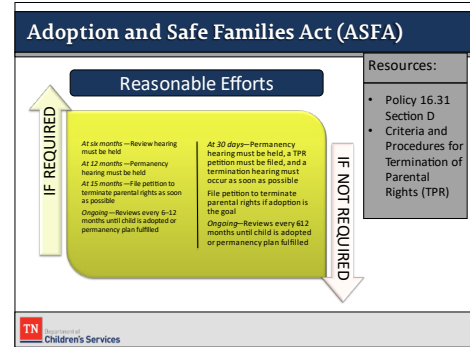


- What is the role of the court-appointed special advocate (CASA)? The CASA website can be found here: <https://nationalcasagal.org>.

- What is the role of a guardian ad litem (GAL)?
- How do these advocates assist in promoting permanency?
- **REFER** participants to [DCS Policy 16.32: Foster Care Review and Progress Reports](#). If no participants have had a chance to attend a FCRB, give them a brief explanation of what the purpose is and what to expect. Briefly **REVIEW** [Progress Report on Child in State Custody](#) to familiarize participants with the form. **ASK** the following questions about FCRB:
  - What participants know about FCRBs and progress reports?
  - How many participants have had the opportunity to observe a FCRB?
  - Who was present and what was the role of the FSW?
  - What happened if the FSW did not know the answer to a question raised by the FCRB?
  - What was the process of the meeting?
  - What kinds of recommendations were made by the board?
  - What were your observations?
- **STRESS** the importance of observing a FCRB during OJT for those that have not had a chance to attend.

Foster Care Review Board (FCRB)	
<p>State of Tennessee Department of Children's Services</p> <p><b>Administrative Policies and Procedures: 16.32</b></p> <p><b>Subject:</b> Foster Care Review and Progress Reports</p> <p><b>Authority:</b> TCA 37-1-136, 37-1-137 and 37-1-132; 37-2-404, 405, 406 and 407; 37-5-106, 37-4-201 and 202; P.L. 100-209</p> <p><b>Standards:</b> PAFC 3, PAFC 4-05, PAFC 5</p> <p><b>Application:</b> All DCS Family Service Workers and Supervisory Staff, Contract Workers and Supervisor Staff for Extension of Foster Care</p> <p><b>Policy Statement:</b> DCS staff ensure that custodial cases are presented to Foster Care Review Boards (FCRB) at required intervals to review progress toward achieving permanency, safety and well-being for all children in DCS custody.</p> <p><b>Purpose:</b> To provide procedures to ensure that all children in DCS custody participate in Foster Care Review Board (FCRB) or the local court review of progress of the permanency plan, with the exception of youth placed in the DCS Youth Development Center unless otherwise directed by the court. This policy applies to all children/young adults, including those who are or may be subject to compliance with the Interstate Compact on the Placement of Children (ICPC) and group child recovery Extension of Foster Care (EFC) services.</p> <p>TN Tennessee Department of Children's Services</p>	<p>Resource:</p> <ul style="list-style-type: none"> <li>• Policy 16.32 Foster Care Review and Progress</li> </ul>

- **ASSESS** participant's understanding of the Adoption and Safe Families Act (ASFA) that governs permanency planning. **STRESS** it includes the primary elements that affect permanency planning when a child has been in care for nine months or more.



- **POINT OUT** many of the tenets of ASFA are incorporated into the DCS [Policy 16.31 Section D](#).
- **LEAD** the group in a discussion about the following:
- **ASFA Guidelines and Timelines**
  - Paths toward permanency: The Adoption and Safe Families Act (ASFA) establishes two possible paths toward permanency depending on the court's decision about reasonable efforts:
  - If the court *requires* reasonable efforts:
    - *At six months*—Review hearing must be held
    - *At 12 months*—Permanency hearing must be held
    - *At 15 months*—File petition to terminate parental rights as soon as possible
    - *Ongoing*—Reviews every 6-12 months until child adopted or permanency plan fulfilled
  - If the court *does not require* reasonable efforts:
    - *At 30 days*—Permanency hearing must be held, a TPR petition must be


- filed, and a termination hearing must occur as soon as possible
- File petition to terminate parental rights if adoption is the goal
  - *Ongoing*—Reviews every 6-12 months until child adopted, or permanency plan fulfilled
- Terminating Parental Rights
- ASFA also established conditions under which a state should terminate parental rights and seek permanent placement for a child in state custody. ASFA states that an agency must file a petition to terminate parental rights (TPR) if a child is in foster care for 15 of the last 22 months. The petition to terminate parental rights must be filed within 60 days if the court rules that the child is an abandoned infant or that reunification will not occur because of the parent's felony conviction.
  - There are a few **exceptions**. These include:
    - ◆ if the child is placed with a relative,
    - ◆ there is compelling evidence that the decision to pursue termination is not in the child's best interests, or
    - ◆ the state agency has not provided comprehensive services to the parent necessary for reunification.

### Termination of Parental Rights

ASFA states that an agency must file a petition to terminate parental rights (TPR) if a child is in foster care for 15 of the last 22 months. The petition to terminate parental rights must be filed within 60 days if the court rules that the child is an abandoned infant or that reunification will not occur because of the parent's felony conviction.

**Exceptions**

- If the child is placed with a relative
- There is compelling evidence that the decision to pursue termination is not in the child's best interests, or
- The state agency has not provided comprehensive services to the parent necessary for reunification.

 Children's Services

- **REVIEW** the definition of reasonable efforts with the group:

- Reasonable efforts commonly refer to efforts made by state child welfare agencies to provide the assistance and services

needed to preserve and reunify families. State laws require agencies to assist families in remedying the conditions that brought the child and family to the attention of the child welfare agency. In Tennessee, TCA 37-1-166 is the basis for determining whether or not DCS has exercised reasonable efforts.

According to this statute, reasonable efforts mean the exercise of reasonable care and diligence by the department to provide services related to meeting the needs of the child and the family.


- The child's health and safety are the primary concerns in determining reasonable efforts.
- When reasonable efforts are required:
  - Reasonable efforts are required to preserve and reunify families
    - ◆ prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home; and to make it possible for a child to safely return to the home.
    - ◆ If continuation of reasonable efforts is determined to be inconsistent with the permanency plan for the child, reasonable efforts shall be made to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to

### Reasonable Efforts Revisited

Reasonable efforts commonly refer to efforts made by state child welfare agencies to provide the assistance and services needed to preserve and reunify families. State laws require agencies to assist families in remedying the conditions that brought the child and family to the attention of the child welfare agency.

**Required:**


- Prior to placement of child in foster care
- To make it possible for a child to return home
- Finalize permanent placement of the child



Under provisions of ASFA and DCS policies, they are not required when the court makes that determination. **ONLY** the court can relieve DCS of reasonable efforts.

**Not Required:**

- Under provisions of ASFA and DCS policies, they are not required when the court makes that determination. **ONLY** the court can relieve DCS of reasonable efforts.



finalize the permanent placement of the child.


- When reasonable efforts are not required:
  - Under the provisions of ASFA and DCS Policies, reasonable efforts to preserve or reunify the family are **not** required when the court has determined that:
    - ◆ murder;
    - ◆ voluntary manslaughter;
    - ◆ aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter; or
    - ◆ felony assault that results in serious bodily injury to the child or any sibling or half-sibling or any other child residing in the home.
  - parental rights of the parent to a sibling or half-sibling have been terminated involuntarily.
  - The parent has subjected the child or any sibling or half-sibling or any other child residing temporarily or permanently in the home to aggravated circumstances defined in TCA 36-1-102(9) including abandonment, abandonment of an infant, aggravated assault, aggravated kidnapping, especially aggravated kidnapping, aggravated child/youth abuse and neglect, aggravated sexual exploitation of a minor, especially



aggravated sexual exploitation of a minor, aggravated rape, rape, rape of a child/youth, incest, or severe child abuse.

- **EMPHASIZE** the importance of consulting with DCS legal staff (and supervisors) and gaining court approval whenever it is believed that reasonable efforts might not apply. Only after the court has relieved us of these reasonable efforts, are we allowed to discontinue them.

- **ASSESS** participants level of knowledge about DCS policies and practices pertaining to permanency planning at this stage in the life of a case. **ENCOURAGE** them to identify and discuss the following important points:

Important Points
<ul style="list-style-type: none"> <li>✓ A permanency plan utilizes the CANS to identify and address the needs of the family to achieve the goal of permanency. What services will be needed, and the timelines for achieving the goal must be developed. This plan must be reviewed regularly and updated as the family's needs change.</li> <li>✓ The court must review all plans by the 12month mark where the hearings are recorded in TFACTS; however, the expectation of the state is to update the plans every 6 months.</li> <li>✓ Concurrent planning is most effective when goals are identified at the start of the case.</li> <li>✓ Permanency Goals should be reviewed in the context of a CFTM every three months.</li> </ul>


- A permanency plan that utilizes the CANS to identify and address the needs of the family to achieve the goal of permanency. What services will be needed, and the timelines for achieving the goal must be developed. This plan must be reviewed regularly and updated as the family's needs change.
- Concurrent planning is most effective when the appropriate goals and needs are identified at the start of the case.
- The court must review all plans by the 12-month anniversary of the child's entry into state custody, and these permanency review hearings must be recorded in TFACTS, but it is an expectation of the state to update the plan every 6 months.
- Permanency plan goals should be reviewed in the context of a CFTM every three months and by the Foster Care Review Board (FCRB) at a minimum of

every six months. These are also recorded in TFACTS.

***Trainer Note: Every court has different expectations of when the FSW or Legal should file the Permanency Plan with the court to allow the Judge appropriate time to review the plan, Progress Review Summary, affidavits, etc.***


- DCS must discuss with the family the progress that has been made toward the goals of the permanency plan and explore barriers to permanency, safety, or well-being. The team's goal is to work together to address the needs, by reviewing the plan during quarterly progress review CFTM's along with using the CANS we can address barriers as they come up.
- **TRANSITION** to Lesson 5.8 The Revised Permanency Plan.

## Lesson 5.8: The Revised Permanency Plan

**Lesson Time: 70 minutes**


### Key Teaching Points / Instructions

- **TRANSITION** we have reached a point where revising the permanency plan and concurrent planning is necessary for Renee and her family.
- **SHARE** with participants we will soon view the Pathways to Permanence Scene 5 - Tracking to Permanence. In this scene, participants will see a portion of a Revised Permanency Plan CFTM and learn how to prepare families for this meeting, explore barriers to permanency, and assess and address the case family's needs. The case family and team evaluate progress

Tracking and Adjusting
<ul style="list-style-type: none"> <li>• Progress Reviews are held every 3 months</li> <li>• CANS drives the CFTM and helps determine action steps</li> <li>• Consider all changes and make adjustments to move forward with permanency goals</li> </ul>


on the permanency plan and discuss other options to ensure the best permanency decision for the children.

- **REMIND** participants the CFTM to review child permanency goals and progress on the permanency plan must take place every three months. **STRESS** this CFTM is held to ensure that everyone is following through on their responsibilities and the services are meeting the needs of the child and family.
- **DISCUSS** we use the CANS to drive the meeting to help determine action steps which then in turn informs the permanency plan.
- **STATE** we always consider any changes in the family situation and make adjustments as needed in order to move forward with the permanency goals. In most cases, plans with a six-month achievement date are preferred to ensure that permanency is achieved within the required timelines. If it looks like the current permanency goal(s) will not be achieved and the FSW has completed Reasonable Efforts by assisting the family during the time between reviews, then the case will be reviewed with a supervisor and legal to determine next steps and if a change in permanency goals is needed.
- **EMPHASIZE** if progress has not been made in the first nine months, the family should be made aware that the Department could recommend a change in one or more of their permanency options. The FSW will have a discussion with Legal prior to the CFTM to discuss the status of the case and if any changes to the plan are needed.

Progress Review CFTMs
<ul style="list-style-type: none"> <li>• The team will review the child permanency goals and progress on the permanency plan.</li> <li>• This CFTM is held to ensure everyone is following through on their responsibilities and services are meeting the needs of the child and family.</li> <li>• CANS drives the meeting to determine action steps</li> <li>• Goals are reviewed/adjusted at least every six months to ensure permanency is achieved within required timeframes.</li> <li>• If progress is not made during the first 9 months, the family should be made aware the Department could recommend a change in one or more of the permanency options.</li> <li>• Legal/Supervision will be consulted prior to the CFTM.</li> </ul>


- **REMIND** participants that all revisions to permanency plans are developed in the context of a CFTM, however there are times when DCS must supersede that of the team. **ASK** the participants for examples of when DCS might have to make a decision that other members of the team might not be in agreement with. Examples could be:

**Exceptions to Planning**

There are times when DCS must make a decision that all members of the team may not agree with:

- ❖ **Child's Safety**
  - Reason for custody is not addressed or new safety risks are identified
  - Court has ordered additional services
- ❖ **Legal Review mandated by ASFA**
  - Determines if the goal of permanency by 12 months is possible
  - Determine what alternate permanency goals may be needed

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- Child's safety: the reason for the custodial episode is not being addressed or new safety risks have been presented. The court has ordered additional services during the initial Permanency Plan hearing.
- It may be necessary to bring in or consult with your TL in order to move the process along. The TL will determine if other members of leadership are needed such as TC, DRA, RA, and/or Legal.

- **STATE** revisions can be made at any time and should be made when new issues that impact the accomplishment of the permanency goal arise or when there is a change in the goal, services, or treatment for the child/youth or family. Any time a revision is made, the FSW should consult with legal in order to present changes to the court.

**The Revised Permanency Plan**

- ❑ Permanency Plans are reviewed every 3 months in a Progress Review CFTM
- ❑ Permanency Plans are generally revised every 6 months.
- ❑ ASFA review by Legal and Regional Supervision must take place at 9 months.
- ❑ All revisions must take place in the context of a CFTM

Who participates in the Revised Permanency Plan CFTM?

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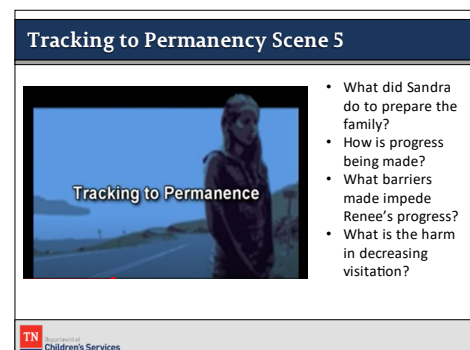
- **SHARE** a revised permanency plan CFTM must take place at six months. At the 9 months mark a legal review is required according to ASFA. Legal, Upper Management, and others meet to review the case to assess for progress or barriers to meeting the permanency goal(s). **STATE** to meet the goal of 12 months we must start this process at the 9-month mark or earlier. This is why you should consult with your supervisor at the beginning of the case in order

to determine timeframes for revisions. These timeframes will be set as a reference point to ensure a timely track to permanence.

- **ASK:** “Who participates in this revised permanency plan CFTM?”
- **PROVIDE** the following responses if not mentioned:
  - Child/youth 12 years of age or older and younger children as appropriate should be included for part, if not all, of the CFTM.
  - Parents, unless the parents’ rights have been terminated or surrendered, even if the parent is incarcerated. When the parents’ whereabouts are unknown, a diligent search must be conducted and documented in TFACTS
  - Informal supports, kin, or extended family the parents agree to include
  - Former legal custodians, resource parents, specialized DCS staff, therapists, CASA volunteers, community partners, and attorneys for the child, parent, and the department may also participate.
  - FSW should meet with anyone who is planning on attending the CFTM.
  - The FSW should ensure that both parents are engaged in this process. If a parent is missing, we should have already begun diligent efforts at the beginning of the case, however if for some reason (other than by court order) those efforts have not been initiated we will do so immediately.
- **DISCUSS** possible goals for the Williams Family at this time. **ASK** participants, “What questions do you think are important for Sandra to ask herself in preparation for this meeting?” After some discussion, **REFER** participants to “Preparing for the Revised Permanency Plan CFTM” in the Participant Guide Unit 5 and **NOTE** any key points that participants did not discuss.
- **STATE** the FSW should have a copy of the current plan as well as the CANS. The FSW should discuss the reason for the upcoming meeting. The discussion should

include but is not limited to:

- A review of that person's action steps on the plan, progress and/or barriers to completing the action steps and a review of strengths. A review of the CANS to see if there are any unaddressed risks or strengths that needs to be added or changed on the CANS and reflected on the plan. The FSW should ask if there are potential conflicts that might come up during the plan. The FSW should assess the team member's willingness and ability to complete their action steps or addition of new action steps. Finally, ask if there are any additional supports that could be added to the team and assess what role they could play in helping achieve permanency.



- **INFORM** participants we will now view the Pathways to Permanence Scene 5 - Tracking to Permanence video. **START** the video at 18:45 and stop at 40:54. Time: 22:12 minutes. **ASK** participants to again make any notes on the Family Assessment Worksheet.

<https://www.youtube.com/watch?v=6lz6NSBzFu4&feature=youtu.be&t=1122> .

- **ASK** participants why it is important to ensure that we engage both parents at this point in the case:
  - Unless there is a specific safety risk or a court order in place stating otherwise, a child can be reunified with either parent. While there may be specific tasks for each parent depending on their individual needs, the task of ensuring the child/children's safety is the responsibility of both parents. If the Department has to pursue TPR we will pursue both parents and will be required to show that reasonable efforts were completed with both parents not just the mother or father. There are times when we have to work harder

to find and/or engage one parent over the other due to any number of reasons.

- **INQUIRE** with participants, “What do you think Sandra did to prepare the family for this CFTM? Did she do some of the things we talked about before you watched the video and earlier in the course?” After some discussion, **EMPHASIZE** the importance of preparing the family for any discussion about changing the goal from reunification. **STRESS** there should be no surprises during the CFTM and that emotionally charged issues need to be discussed with the family prior to the meeting. **ASK** the group to consider what it might feel like to share the most intimate details of a crisis in one’s life with people who are strangers.
- **ASK** the group about Russ, Justin and Jewel’s father, if they know where his progress is based on the information and if he has been engaged in the process. **ASK** what stage of change is Russ currently? ANSWER: Contemplation, Preparation, and Action. **EXPLORE** with the group how they might engage Russ at this point to ensure he is included in the process.
- **EMPHASIZE** the importance of preparing the family for any discussion about changing the goal from reunification. **STRESS** there should be no surprises during the CFTM and that emotionally charged issues need to be discussed with the family prior to the meeting. **ASK** the group to consider what it might feel like to share the most intimate details of a crisis in one’s life with people who are strangers.
- **REMIND** participants tracking and monitoring is an important part of their case practice and a key spoke of the practice wheel.
- **DEBRIEF** these questions from the video:
  - What barriers did the team identify that might impede Renee’s progress


- toward achieving reunification?
- What would be the harm in decreasing visitation at this point while Renee completes substance abuse treatment?
- How would you engage the team in a discussion to manage the conflict over visitation?

- **ACTIVITY:** Williams Plan Revised

- **INSTRUCT** participants to retrieve the Initial CANS assessment completed for Ariana. **ASK** participants to **REVIEW** the changes from the Initial CANS to the Re-Assessment CANS found in the Williams family case file. As a

**The Williams Plan Revised**

- What are additional Strengths and Needs/Concerns?
- Review Needs Statement and Action Steps
- How would we update the current Needs Statements/ Action Steps?



large group, add additional Strengths and Needs/Concerns to the list. **ASK** participants to review the current Needs Statements and Actions Steps. **ASK** how we would update the current Needs/Action Steps. Select one needs statement with action steps to revise or develop a new needs statement/action steps based on additional information learned. **DEBRIEF.**

***TRAINER NOTE: This activity should take no longer than 15-20 minutes. Further Skill Lab will be completed next week.***

- **POINT OUT** the move to permanence—whether it is reunification with the birth family, exit custody to live with a relative, or adoption—can trigger some of the same losses experienced at the time of separation.
- **TRANSITION** to Lesson 5.9 Providing Strengths-Based Feedback.



## **Lesson 5.9: Providing Strengths-Based Feedback**

**Lesson Time: 40 minutes**

### **Key Teaching Points / Instructions**



- **STATE** working with the family during the move to permanence involves helping them anticipate and prepare for feelings of celebration as well as the feelings of loss.
- **SHARE** it is important to monitor progress toward permanency goals and to provide effective strengths-based feedback to parents about their progress or lack of progress toward reunification.
- **REMIND** the group at this point in the case process (nearly a year after removal) the Williams family and team should be implementing and close to completing the action steps in the permanency plan.
- **ASK** participants to discuss their focus in working with the Williams family at this point. **ASK** them to describe their role in coaching and partnering with the family and team to keep them moving toward the permanency goal.
- **REMIND** participants that the FSW's role is also to assist team members in assessing their progress toward achieving permanency and making revisions to the permanency plan as needed.
- **ASK** participants to take a minute and think about what they might do when they have a difficult message to convey to the parent including their lack of progress toward the permanency goal.
- **REFER** participants to the resource titled Strategies to Reach a Mutual Understanding in Google Classroom and **INSTRUCT** them to take a few minutes to look over these strategies.

Strengths-Based Feedback	
<b>Strategies:</b> <ul style="list-style-type: none"> <li>▪ Clean out your emotional closet</li> <li>▪ Practice Active Listening</li> <li>▪ Use Solution Focused Questions</li> <li>▪ Use reflections to clarify areas of agreement</li> <li>▪ Find common ground</li> <li>▪ Use the up-down-up method</li> </ul>	<b>Resource:</b> <ul style="list-style-type: none"> <li>• Strategies to Reach Mutual Understanding</li> </ul>
<b>Tips to engaging fathers:</b> <ul style="list-style-type: none"> <li>❖ Talk to maternal family about importance of father's involvement</li> <li>❖ Make contact through phone calls, not letters</li> <li>❖ Explore paternal relatives as placement options</li> <li>❖ Choose comfortable locations for visits</li> </ul>	
	

### Strategies to Reach Mutual Understanding

- Clean out your emotional closet
  - Feelings of anger and fear can easily build in any conflict situation. Unless

- these are dealt with soon, they will likely escalate and could create even more conflict. Be a detective. Uncover and examine your emotions. Be honest with yourself in identifying your emotional state. Look at the situation as a chance to learn, grow, and transform your feelings. The situation can become something positive and productive.
- Practice active listening
    - Active listening allows you to hear what is actually being said, not what you think the other person is saying. Clearly knowing what each person is saying provides the greatest potential for reducing defensiveness and respectfully resolving the problem.
  - Use solution-focused questions
    - Solution-focused questions move the family from problem identification to problem resolution. Solution-focused questions provide an opportunity for families to identify solutions that were effective in the past, to explore situations in which the problem could have occurred but did not, and to articulate their vision of success once the problem is resolved. These questions help family members tell their story about how they want to use their strengths to meet their needs.
  - Use reflections to clarify areas of agreement
    - Reflections help family members know they have been heard and also help move the family toward solving, rather than restating, the problem.
  - Find common ground
    - Find common ground between what the family wants to happen and what needs to happen. Finding common ground moves families from a position of “your position versus mine” to a position of “you and me versus the problem.”
  - Use the up-down-up method

- **UP**
  - ◆ Provides positive information
  - ◆ Builds the family up
  - ◆ Verbally acknowledges parental/caretaker/family achievements and the struggles inherent in childrearing
- **DOWN**
  - ◆ Addresses the difficult information
  - ◆ Brings the family down or into the reality of the current situation relevant to the child/youth's risk behavior
  - ◆ Defines current problems and issues and their impact on the children and introduces open, honest, reality-based discussion regarding parents' abilities to parent effectively and to meet the goals of permanency.
- **UP**
  - ◆ Summarizes with positive information
  - ◆ Builds the family up again
  - ◆ Supports self-sufficiency and self-confidence to make the right choices in the best interest of the children for safety, permanence, and well-being.
- **ASK** participants, "How might you use these strategies in working with Renee?" **COACH** participants on how they might use active listening, solution-focused questions, reflections, and other strategies effectively by asking for specific examples of each strategy.
- **REMIND** participants to provide strengths-based feedback after each interview. **EMPHASIZE** the importance of preparing for the interview with the

parent, thinking beforehand how to best approach the subject, and directly addressing the issues with the parent.

- **ASK** the group how they feel about how the group addresses the role of Russ in the children's lives. Though Russ has stated that he is not able to be a placement option for the children right now, he is still a part of the Permanency Plan. **ASK** the group how they might engage Russ more in the CFTM process.
- **REVIEW** some tips for engaging fathers in the CFTM process:
  - Talk to the mother (maternal family) about the importance of father's involvement.
  - Make initial contact with fathers through phone calls, not letters.
  - Talk to the father about the importance of their relationship to their child and how this impacts the child's well-being.
  - Explore paternal relatives as placement options.
  - Choose comfortable locations for visits between fathers and children.
  - Reinforce the fact that what children want and need most from their fathers is being with them, not materials.
  - Brainstorm and implement some creative ways to build relationships between children and fathers when they are not able to visit often (for example, father's that are incarcerated or live out of state).
- **REMIND** the group that although we have focused on engaging fathers, there

are times we may have work toward engaging absent mothers in the CFTM process. Both parents are important and need to be engaged equally in the CFTM.

- **ASK** for questions or comments on facilitating feedback when the parent is showing little or no progress. The ability to assess progress and give positive feedback to parents is really the foundation of our work.
- **TRANSITION** by stating that the next activity will focus on explaining permanency options to a family after a child has been in care for nine months and little progress has been made toward permanency.
- **ASK** participants the following questions from the video:
  - What impact do you think Renee's lack of progress at this point is having on her relationship with the children, particularly Ariana?
  - How did Sandra address the possibility of changing the permanency goal with the family?
  - What changes at this point would necessitate revisions to the permanency plan?
  - Was concurrent planning fully addressed?
- **INFORM** participants that soon we are going to practice reassessment so that we can update the family's strengths, needs, and action steps.
- **TRANSITION** to Unit 6 Tracking and Adjusting by stating that the next activity will focus on explaining permanency options to a family after a child has been in care for nine months and little progress has been made toward permanency.

# Unit 6: Tracking and Adjusting

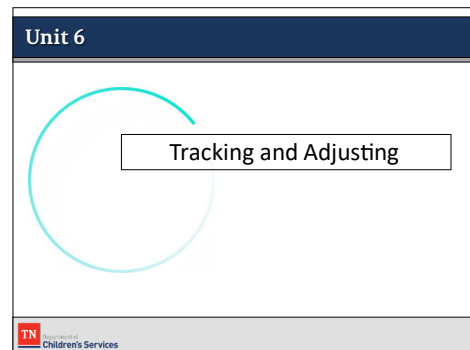
**Unit Time: 80 minutes**

## Learning Objectives:

- Participants will become knowledgeable in ongoing tracking and adjusting in casework.

## Supporting Materials:

- PowerPoint
- Policy link: <https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/policiesprocedures.html>
- [Child and Family Team Guide](#)
- [Visitation Guide](#)



## Lesson 6.1: Tracking and Adjusting

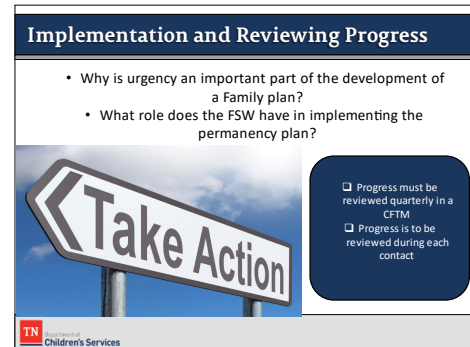
**Lesson Time: 35 minutes**

### Key Teaching Points / Instructions

- **TELL** participants as FSWs, we are always assessing the case and tracking and adjusting action steps as necessary to reach permanency in a timely manner. Per policy, we review permanency plans quarterly in a CFTM, and we are to review progress on an ongoing basis.
- **ASK** participants if they can recall what is the next step in the DCS Practice Wheel. Response is implementation. **ASK** when does implementation happen. Now, we are going to discuss putting the plan into practice. We want to make the

plan a living/breathing document.

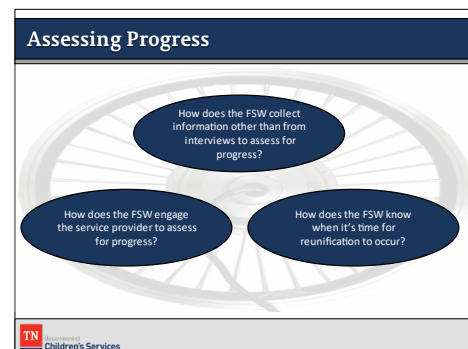
- **ASK** participants the following questions:
  - Why is Urgency an important part of the development of a Family plan?
  - What role does the FSW have in implementing the permanency plan?  
(Possible responses: advocate, broker, educator, resource developer, cheerleader, collaborator.)



- **EXPLAIN** permanency plans are never to be presented to the family as a list of demands, but the family is to be involved in the development of the plan. Permanency plans are more of a written partnership to gain permanency for the youth. Steps on a plan are never to be for just one person to complete. It is crucial for the team to work together to achieve the goals. The plan is also not a “to do” list for just the Worker. We do not want the family to develop a reliance on DCS to the point of when we are not in the picture they fail. We want to develop a balance of the family working to achieve the goal, and we help them with barriers that are in the way.
- **INFORM** participants that progress is to be reviewed during each contact with the child and family but must also be reviewed quarterly or every three months in a Progress Review CFTM.
- **REFER** participants back to the [Child and Family Team Guide](#) to review aspects of the Progress Review CFTM. **DEBRIEF** and ask if there are any questions.
- **STATE** the progress CFTM is a formal point in time that the team gets

together and discusses the progress and barriers in the permanency plan. The team at times will need to discuss lack of progress. When discussing lack of progress, it is important that we discuss how we can address the barriers. We are to be showing reasonable efforts when addressing barriers in the plan. When these barriers come up during our progress review it is important for the team to discuss what resources or support can be offered to assist the family.

- **ASK** how the FSW can collect information other than from interviews to assess for progress?  
**ASK** what may be some potential barriers of progress?
- **INFORM** participants of the importance of beginning to build an understanding of resources available for the family.  
**ENCOURAGE** them to discuss resources available in their areas with their mentor, Supervisor, and Resource Linkage case manager.
- **DISCUSS** the importance of engaging the service providers to assess for progress. **ASK** who are possible service providers you will work with as the FSW? What is the importance of developing a relationship with providers? How can you help build the relationship with the service provider and family? What is the importance of a trusting relationship with the service provider and family?
- **STATE** as the FSW, it is important that we monitor the work of the Service provider and ensure the needs of the family are being met. At times, we may have to problem solve with family and provider to get the family to appointments and address other concerns. Providers should be invited to attend CFTM's for the team to discuss progress.





- **ASK** as the FSW, how do you know when it is time for reunification to occur?  
**PROMPT** a group discussion about reunification as the preferred goal when parent(s) have remedied the issues that led to removal and the child can safely return home. **REMIND** participants that all decisions about releasing from custody are made within the context of a discharge planning CFTM.
- **STATE** when reunification cannot occur, the department must consider other permanency goals to assure children achieve timely permanency. **EMPHASIZE** the importance of the other goals should reunification not be possible.
- **EXPLAIN** adoption work is very specific which is why FSW's almost always work with a Permanency Specialist when a child is in full guardianship.
- **DISCUSS** Permanency Specialists also assist in cases where Subsidized Permanent Guardianship (SPG) is a viable option for a child. Return to Parent and Adoption must be ruled-out before Permanent Guardianship can be approved. Policy 16.31 states:
  - Specific reasons regarding why reunification and adoption are deemed inappropriate are documented in TFACTS case recordings and/or Child and Family Team Meeting notes. Documentation should include a description of the child or family's pre-existing relationship with the prospective permanent guardian, confirmation of the prospective guardian's commitment to caring for the child/youth permanently, and if the youth is twelve (12) years of age or older, confirmation that the youth has been consulted regarding the SPG arrangement. Refer to DCS [Policy 15.15 Subsidized Permanent Guardianship](#).
  - Some permanent guardians may be eligible for a subsidy. Please refer to DCS [Policy 15.15, Subsidized Permanent Guardianship](#) and the [Work Aid- Subsidized Permanent Guardianship](#) for steps to arrange this for eligible

guardians and preparing the paperwork necessary for the court exit.

- **SEGUE** into the next activity by **STATING** that we will now revisit the topic of special considerations when working with youth.

- **CONDUCT ACTIVITY:** What Does Aging Out of Custody Mean to a Youth?

- **ASK** for a volunteer to **READ** the scenario and answer the questions.

*Imagine you are a youth who will reach his or her*

*18th birthday in a few weeks. You were 13*

*when you were removed from your home due to severe abuse. You have*

*remained in state custody for nearly five years. You cannot return to your family,*

*have no other family that you can live with, and did not want to be adopted. Your*

*foster family said they would keep you at least until you were 18 and maybe*

*longer, but now have changed their minds. You have no permanent home when*

*you leave care. Put yourself in the child's shoes. What does "aging out of custody"*

*mean to this child? Record your thoughts in the space below.*

- What are you feeling?
- What are your hopes?
- What do you fear?
- What might you need to be successful?

- **GIVE** the participants a few minutes to complete the exercise. **ASK** the group to share their thoughts, feelings, hopes and fears.


- **TRANSITION** to discussing Exiting Custody.

**Aging Out of Custody**

**What Does "Aging Out of Custody" Mean to a Youth?**

*Imagine you are a youth who will reach his or her 18th birthday in a few weeks. You were 13 when you were removed from your home due to severe abuse. You have remained in state custody for nearly five years. You cannot return to your family, have no other family that you can live with, and did not want to be adopted. Your foster family said they would keep you at least until you were 18 and maybe longer, but now have changed their minds. You have no permanent home when you leave care.*

- What are you feeling?
- What are your hopes?
- What do you fear?
- What might you need to be successful?




## Lesson 6.2: Exiting Custody

**Lesson Time: 45 minutes**

### Key Teaching Points / Instructions

- **LEAD** the group in a discussion concerning the role of the court in determining whether risk to the child has been sufficiently reduced to return the child home, or if it would be in the child's best interest to permanently place him or her in the custody of a relative or with an adoptive family.
- Exiting Custody**


  - How did the Judge engage all participants?
  - Did the Judge have all needed information to make a decision?
  - What were the stipulations for the children's return?
  - What may be the alternative if she is not successful or relapses?

TN Children's Services
- **REMIND** participants there are other advocates for the child and family who have monitored the family's progress toward permanence and report their findings to the court (GAL, CASA).
  - **EXPLORE** with participants whether children should be present for the hearing. **ASK** participants why it is important for children to be involved in the final Court Hearing. **PROMPT** the group to include the following points:

    - It is very important for the children to have a voice.
    - It provides reassurance that all of the adults in their lives care about them and want to listen to their concerns.
    - Even young children can participate in court if they receive the proper preparation about what to expect, who will be there, how long it will last, and what they can say or do.
    - If delicate material will be presented that may be inappropriate for children

to hear, they can participate in a portion of the hearing and be escorted to a waiting room for the remaining time.

- **SHARE** with participants we will view Pathways to Permanence Scene 6— Realizing Reunification video where the case family appears in court to determine whether the children may be returned for a trial home visit. The scene takes place in the courtroom where the judge evaluates the progress Renee has made in drug treatment program and assesses her ability to assure permanency for the children. **SHOW** the following:  
<https://www.youtube.com/watch?v=6lz6NSBzFu4&feature=youtu.be&t=2458> .  
Time is 13:37 minutes. Start 40:59 – 54:30.
- **DEBRIEF** the scene with the large group. **ASK** what the court’s role in engaging participants in the permanency decision.
- **EMPHASIZE** that now, at this stage in the life of the case, the juvenile court plays a key role in making the permanency decision. **LEAD** the group in a discussion concerning the role of the court in determining whether risk to the child has been sufficiently reduced to return the child home, or if it would be in the child’s best interest to permanently place him or her in the custody of a relative or with an adoptive family.
- **DEBRIEF** the scene around the Court and the decision that was made by asking the following questions:
  - How did the judge engage all the participants in the hearing?
  - Think about what the judge did to recognize and build on Renee’s strengths and those of Russ. How effective do you think the judge was in using a

strengths-based approach with Renee and Russ?


- Do you think he had all the information he needed to make this important decision?
- **TELL** the participants there were other issues from the video that are important and continue to **DEBRIEF** using the following questions:
  - What were the stipulations for the children's return?
  - Do you think these were reasonable given the circumstances?
  - What is the court's role once the children are returned?
  - What is the agency's role in helping Renee and her family with the transition to reunification?
  - Do you think the services provided by the department and the drug treatment program will ensure Renee's success?
  - What is the alternative if she is not successful or relapses?
- **FACILITATE** a discussion around the remaining steps in the case. **REFER** participants to the [Visitation Guide](#) and Policy 16.31 Section F and discuss Trial Home Visits including:
  - Three (3) face to face visits during the first month of the trial home visit.
  - An initial home visit must be made in the home on the day following placement to confirm safety.
  - Two (2) face to face visits per month for the remainder of the trial home


### Exiting Custody

**Trial Home Visits**

- Must be approved by the Court
- Three face to face contacts during the first month
- Initial home visit made in the home on the day following placement to confirm safety
- Two face to face visits per month for the remainder with at least one in the home
- Discharge CFTM scheduled and held within 30 days of the child exiting custody

Permanency decisions are not made solely by the FSW





- visit, with at least one of these visits occurring in the family home and with one visit occurring in the school setting.
- One (1) face to face visit with the school each month that school is in session. The FSW will interview the child's teacher to determine progress and if the school placement is appropriate.
  - When a child enters a trial home visit and is still being served through a Contract Agency continuum, the Contract Agency staff will be responsible for completing the required visits.
  - The DCS FSW will visit the child in their family home one time per month while the child is on a trial home visit and is being served through a Contract Agency continuum.
  - A Discharge CFTM should be scheduled and held within a sufficient timeframe to ensure the family's needs are met and appropriate services are in place. During this meeting the completed aftercare plan for the family should be discussed and pertinent records given to the family as outlined in policy.
- **TRANSITION** when children enter care, the Department has the responsibility to ensure that permanency is achieved. In the case of Renee and her family, the goal of reunification was achieved, but that is not true for every child and family.
  - **ASK** participants at what point in the life of a case must a permanency decision be made and issues about permanency reconciled.
  - **STRESS** that permanency decisions and issues should be reconciled by the time the child has been in DCS custody for 12 months. In the case of the Williams,

family reunification was not achieved prior to the 12-month timeframe yet time was extended. Extending the goal of reunification past 12 months is called compelling reasons. The compelling reason for this family was that Renee was actively working her recovery plan and needed more time to complete the program.

- **ASK** the group if they can identify other circumstances that might warrant compelling reasons.
- **EMPHASIZE** the permanency decision is not made solely by the FSW. **STRESS** the involvement of the Child and Family Team is very important at this point.

# Unit 7: Closing/Wrap-up

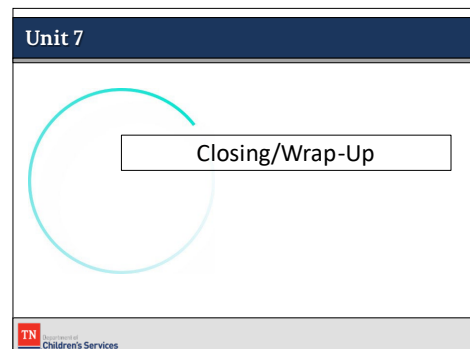
**Unit Time: 60 minutes**

## Learning Objectives:

- Participants will apply knowledge learned from the foster care casework process.

## Supporting Materials:

- PowerPoint
- Policies:
  - [New Hire Guide](#)
  - [CFTM Guide](#)
  - [Visitation Guide](#)
  - [Case Calendar](#)



## Lesson 7.1: Content Review

**Lesson Time: 45 minutes**

### Key Teaching Points / Instructions

- **STATE** we will now put all the pieces together and test our knowledge of the content and the casework process.
- **CONDUCT ACTIVITY:** Jeopardy Game
  - Trainer: decide on how the teams will be broken down and who will keep score. It seems easiest to have 2 class teams and each team have a score keeper and select NO teams on the Jeopardy game. If the trainer is



comfortable with maneuvering within the game, they can select how many teams to start the game; however, they must hit the plus sign after the participant answers correctly or incorrectly to keep score within the game at the bottom of the screen.

- Play Jeopardy. **Link:**

<https://jeopardylabs.com/play/permanency-jeopardy-4>



- Instructions: Flip a coin or have the teams select a number between 1 and 10 and whichever team is closest to the number the trainer chose, they will go first in the game.
  - Hit start and have the participant on the first team chose a category and amount and select the tile. The question will pop up. The trainer will ask the question and allow a few seconds for the participant to answer. If the participant gets the answer correct, hit the spacebar to reveal the answer and congratulate the participant and move on to the next team to select their category. If the participant gets the answer wrong or is unable to answer, pose the question to their larger team to allow them to answer.
- **ASK** how participants feel after the content review. **STATE** it is normal to feel excited and overwhelmed. **REMINDE** participants it can take a year or more to feel comfortable with the tasks and responsibilities of case management.
- **EXPLAIN** we will revisit all these concepts learned this week in Specialty Week 2 and apply the knowledge gained this week on the Steward case family from Intro and Core weeks.

## Lesson 7.2: Closing/Wrap-Up

**Lesson Time: 15 minutes**

### Key Teaching Points / Instructions

- **SHARE** positive outcomes for children and families involved with the Department is often due to the strong commitment of the dedicated staff. The Department is only as good as the staff who provide services to children and families and those who manage service delivery.
- **STATE** your well-being is important to the Department. **REMIND** participants we have resources at their disposal to help alleviate some of the stress and help prevent burnout.
- **ADVISE** participants they can utilize their DCS support system which includes their Supervisor, PDC, Mentor, Trainer, 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. In addition, the state provides training opportunities that address self-care, and each region promotes varying self-care opportunities.
- Lastly, the State offers EAP (Employee Assistance Program) services. **SHARE** Optum contact information with the group including: 855.437.3486 or [Here4TN.com](http://Here4TN.com) to obtain your preauthorization.
- **ASK** participants for any final thoughts or questions from Core or Permanency Specialty Trainings. Give participants an overview of what they will be doing the



remaining weeks of Pre-Service.

- **SHARE** the next steps in the certification process with the participants including the Individual Learning Plan (ILP), support team meetings (STMs), OJT activities, and the final certification assessment, during which they will present one of their training cases.
- **THANK** participants for their time and their commitment to children and families and **REQUEST** participants to complete the course reaction survey by utilizing the QR code.
  - Training Location: Where the training is held
  - Training Title: Pre-service: Permanency Specialty (CHPS1005)
  - Training Completion Date: Today's date

