

PRE-SERVICE CORE TRAINING FOR WORKERS



FACILITATOR GUIDE

Table of Contents

COMPETENCIES	IV
MODULE 1: INTRODUCTION TO CHILD WELFARE	1-1
UNIT 1: WELCOME AND ICEBREAKER.....	1-2
<i>Section 1: Introductions and Icebreaker.....</i>	1-2
<i>Section 2: Working Agreement</i>	1-2
UNIT 2: VALUES IN CHILD WELFARE.....	1-3
<i>Section 1: Contemporary American Law Regarding Child Protection.....</i>	1-3
<i>Section 2: Introduction of Safety, Permanence and Well-being.....</i>	1-4
<i>Section 3: Safety</i>	1-5
<i>Section 4: Permanence.....</i>	1-7
<i>Section 5: Well-being</i>	1-9
<i>Section 6: Timeliness & Quality of Service</i>	1-10
<i>Section 7: Philosophical Tenets of Child Welfare</i>	1-10
UNIT 3: DCS PRACTICE MODEL	1-12
<i>Section 1: Introduction to the Practice Model</i>	1-12
<i>Section 2: Family Centered Practice</i>	1-13
<i>Section 3: Strengths-Based Practice.....</i>	1-16
<i>Section 4: Culturally Responsive Practice</i>	1-19
<i>Section 5: Practice Wheel</i>	1-21
<i>Homework:.....</i>	1-22
MODULE 2: PERSONAL MASTERY	2-1
UNIT 1: PERSONAL RESPONSE TO CHILD WELFARE VALUES	2-1
<i>Section 1: Review of Values Homework.....</i>	2-1
<i>Section 2: Child Welfare Values Clarification Debate</i>	2-2
UNIT 2: IMPORTANCE OF SELF-AWARENESS IN CHILD WELFARE PRACTICE	2-3
<i>Section 1: Self-Awareness / Personal Mastery.....</i>	2-3
<i>Section 2: The Three E's</i>	2-5
UNIT 3: CHALLENGING OUR ASSUMPTIONS	2-5
<i>Section 1: Ladder of Inference.....</i>	2-5
<i>Section 2: The Impact of Personal Value Systems on Work with Families.....</i>	2-6
MODULE 3: ENGAGEMENT.....	3-1
UNIT 1: CONTRASTING INAPPROPRIATE USE OF AUTHORITY WITH ENGAGEMENT STRATEGIES	3-2
<i>Section 1: Overuse of Protective Authority.....</i>	3-2
<i>Section 2: Underuse of Protective Authority.....</i>	3-4
<i>Section 3: The Engagement Model of Casework</i>	3-5
UNIT 2: INTERPERSONAL HELPING SKILLS	3-7
<i>Section 1: Core Conditions.....</i>	3-7
<i>Section 2: Interpersonal Helping Skills</i>	3-7
<i>Section 3: Solution Focused Interviewing.....</i>	3-8
UNIT 3: INTEGRATING ENGAGEMENT AND PROTECTIVE AUTHORITY.....	3-9
<i>Section 1: The Child Protective Services Casework Approach</i>	3-9
<i>Section 2: Practicing the Child Protective Services Casework Approach</i>	3-11
UNIT 4: DEALING WITH RESISTANCE	3-12
<i>Section 1: Working With Resistance</i>	3-12
<i>Section 2: The S.H.E.R. Model</i>	3-14
<i>Section 3: Application of Interviewing Strategies</i>	3-17

MODULE 4: TEAMING	4-1
UNIT 1: WELCOME BACK AND ICEBREAKER	4-1
UNIT 2: TEAMING OVERVIEW	4-1
Section 1: <i>What is a Team?</i>	4-1
Section 2: <i>Elements of Effective Teams</i>	4-2
Section 3: <i>Why Do I Need A Team? Benefits and Pitfalls of the Team Approach</i>	4-4
UNIT 3: BUILDING THE FAMILY TEAM	4-5
Section 1: <i>Team Composition</i>	4-5
Section 2: <i>Widening the Circle</i>	4-6
Section 3: <i>Demonstration and Practice</i>	4-8
Section 4: <i>Measuring Success</i>	4-8
MODULE 5: ASSESSMENT	5-1
UNIT 1: INTRODUCTION TO ASSESSMENT	5-1
Section 1: <i>Intake</i>	5-1
Section 2: <i>What is Assessment?</i>	5-3
UNIT 2: PREPARING FOR THE ASSESSMENT	5-6
Section 1: <i>How to Prepare for an Interview</i>	5-6
Section 2: <i>Preparing to Interview the Case Families</i>	5-7
UNIT 3: GATHERING INFORMATION	5-8
Section 1: <i>First Forrester Assessment Interview</i>	5-8
Section 2: <i>First Gatewood Home Visit</i>	5-8
Section 3: <i>The Role of Critical Thinking</i>	5-10
Section 4: <i>Family Gap Analysis</i>	5-10
Participant Resource	5-10
UNIT 4: ANALYZING INFORMATION	5-11
UNIT 5: DRAWING CONCLUSIONS	5-12
UNIT 6: DOCUMENTING THE ASSESSMENT	5-12
MODULE 6: PLANNING	6-1
UNIT 1: WELCOME BACK AND ICEBREAKER	6-1
UNIT 2: PLANNING OVERVIEW	6-2
Section 1: <i>What is Planning?</i>	6-2
Section 2: <i>Planning vs. Reacting</i>	6-4
Section 3: <i>Laundry List Approach to Case Planning</i>	6-5
UNIT 3: COMPONENTS OF PLANS	6-7
Section 1: <i>Development of Goals</i>	6-7
Section 2: <i>Identification of Strengths and Needs</i>	6-7
Section 3: <i>Development of Desired Outcomes</i>	6-9
Section 4: <i>Development of Action Steps</i>	6-9
UNIT 4: PLANNING WITH THE FORRESTER FAMILY	6-10
Section 1: <i>Forrester Planning Video</i>	6-10
Section 2: <i>Developing the Forrester Plan</i>	6-11
UNIT 5: DEVELOPING THE GATEWOOD PLAN	6-13
Section 1: <i>Overview</i>	6-13
Section 2: <i>Convene the Team</i>	6-14
Section 3: <i>Prepare the Team</i>	6-14
Section 4: <i>Hold the Meeting</i>	6-15
UNIT 6: IMPLEMENTATION	6-16
UNIT 7: TRACKING AND ADJUSTING	6-17
UNIT 8: THE CHANGE PROCESS	6-19
Section 1: <i>The Change Process</i>	6-19

Section 2: <i>Strategies to Help the Client Stay Invested in the Change Process</i>	6-20
UNIT 9: ISSUES IN PLANNING	6-23
Section 1: <i>Concurrent Planning</i>	6-23
Section 2: <i>Visitation</i>	6-25
Section 3: <i>Purposeful Visitation</i>	6-26
Section 4: <i>Cultural Issues in Planning</i>	6-29
Section 5: <i>Planning for Transition</i>	6-31
MODULE 7: WRAP-UP	7-1
UNIT 1: PROGRAM IMPROVEMENT INITIATIVES	7-1
Section 1: <i>Child and Family Services Reviews (CFSR)</i>	7-1
Section 2: <i>Practice Improvement in Tennessee</i>	7-2
UNIT 2: SELF CARE ON THE JOB	7-2
Section 1: <i>Managing Stress</i>	7-2
Section 2: <i>Personal Safety</i>	7-2
UNIT 3: PANEL PRACTICE	7-3
Section 1: <i>Explain the Panel Assessment</i>	7-3
Section 2: <i>Panel Practice</i>	7-4
MODULE 8: FACILITATOR RESOURCE GUIDE	8-1
TIPS FOR FACILITATORS	8-1
GENERAL SKILL PRACTICE EXERCISES	8-3
<i>Triad Practice</i>	8-3
<i>Fish Bowl Interviewing</i>	8-5
<i>Walk Around Activity</i>	8-7
<i>Lightening Rounds</i>	8-7
<i>Skill Practice with the Gatewood Family</i>	8-7
ICEBREAKERS	8-9
<i>Commonalities and Uniquities</i>	8-9
<i>Fear In A Hat</i>	8-10
<i>Human Knot</i>	8-11
<i>The Human Web</i>	8-11
<i>Space Boots</i>	8-12
<i>Three Read</i>	8-13
ACTIVITIES	8-14
<i>Bean Soup for the Caseworker's Soul</i>	8-14
<i>Challenging Family Situations</i>	8-16
<i>Common Responses</i>	8-18
<i>Exploring My Own Culture Worksheet</i>	8-24
<i>Forrester Family Video Viewing Guide:</i>	8-27
<i>Practice Wheel At The Car Lot</i>	8-28
<i>Resistance Skill Practice</i>	8-29
<i>Values Clarification Debate</i>	8-32
<i>Values Clarification Exercise</i>	8-38
<i>Statement #1</i>	8-38
VOICES: HEARING THE FAMILY STORY	8-39
<i>What Do You Know? Identifying Child Abuse and Neglect</i>	8-42
<i>Barnaga</i>	8-43
BIBLIOGRAPHY	8-46

Competencies

Child Welfare Values

- √ *Knows the mission of child welfare services as protecting children from maltreatment and assuring their safety in stable, permanent families.*
- √ *Knows the defining characteristics of a family-centered approach to child welfare practice.*
- √ *Understands how a family-centered approach to child protection can support and sustain the rights of maltreated children and their families.*
- √ *Knows the importance of achieving timely permanence for all children served by child welfare agencies.*
- √ *Understands the potential serious negative impact of separation, out-of-home placement and impermanence on attachment, child development and family emotional stability.*
- √ *Understands the ways that family resilience and resourcefulness, constructive coping skills, intra-familial support and community-based support networks can mitigate maltreatment and help families protect their children.*
- √ *Knows the social work and child welfare values and ethics that underlie a family-centered approach to services.*
- √ *Understands the concept of client empowerment and how a trusting and collaborative casework relationship can motivate and sustain productive change in a family.*

Role of Child Welfare Agencies

- √ *Understands the child welfare system's responsibility to ensure children permanence by providing reasonable efforts to prevent placement, reunify children and families or pursue permanent alternative placement through adoption, legal custody or guardianship.*
- √ *Understands the inherent potential tension between parents' rights and children's rights in child protective services.*
- √ *Aware of the importance of adhering to the provisions of federal and state statutes in child welfare casework.*
- √ *Knows provisions of federal laws governing child welfare practice i.e. ASFA, ICWA, P.L. 96-272, MEPA, CAPTA and the state laws that implement their provisions.*

Impact of Maltreatment

- √ *Aware of the profound negative impact of child maltreatment on children's health and development.*
- √ *Understands the caseworker's responsibility to minimize the trauma experienced by children and their families during placement.*
- √ *Knows potential negative effects of physical abuse, neglect and sexual abuse on the development of children aged birth through adolescence.*

Culture & Diversity

- √ *Knows definitions and fundamental concepts of culture and diversity.*
- √ *Understands how cultural differences in verbal and nonverbal communication can impact the casework relationship and create misunderstandings.*
- √ *Understands how culturally based differences in parenting and childcare practices can influence the determination of child maltreatment.*

Self-Awareness

- √ *Understands how one's own cultural background affects one's own values, perceptions of others, behaviors, and identity.*
- √ *Understands factors that may bias the worker's interpretation of individuals' and families' behavior and communication such as the worker's own cultural perspective, pre-conceived expectations, and the context of the situation.*
- √ *Knows appropriate standards and limits for disclosing personal information to family members during an interview.*
- √ *Understands how the worker's preferred method of learning about and observing people and situations affects the process of gathering, evaluating, and integrating information and the importance of using a variety of observation styles to gather complete assessment information.*
- √ *Know strategies to ensure the caseworker's safety during on-going family services work with families.*
- √ *Develop strategies to organize workload and manage time and priorities so assigned tasks are completed within required timeframes.*
- √ *Develop strategies to recognize and manage personal stress associated with child welfare work.*

Engagement

- √ *Knows the essential role and unique qualities of the casework relationship in a family-centered model of child protection.*
- √ *Knows attitudes and behaviors that promote the development of trust and confidence in the worker by family members.*
- √ *Understands how a trusting casework relationship can enhance the effectiveness of the interview and increase the accuracy of the communication.*
- √ *Knows the benefits of meeting with families in their own homes in helping to establish rapport.*
- √ *Understands how cultural factors, including verbal and non-verbal communication, can impact the development of a casework relationship and create misunderstandings.*
- √ *Recognizes the interview as a dialogue between the worker and family members and the principal means of implementing the helping process.*
- √ *Knows the intended purposes, benefits and limitations of the following interview strategies: Listening and observing, Active listening, Supportive responses, Open-ended questions, Closed-ended questions, Forced choice and yes/no questions,*

Probing questions, Clarifying responses, Summarizing and redirecting, Giving options, suggestions and advice, Confronting.

- √ *Knows the barriers in child welfare settings that can interfere with developing relationships with family members.*
- √ *Knows a variety of casework strategies that can strengthen casework relationships and help reduce family members' resistance.*
- √ *Knows interviewing strategies to deal with conflict, respond to hostile or accusatory statements or confront family members who are reluctant to deal with critical issues.*
- √ *Understands how fear, uncertainty and other feelings may be exhibited as hostility, aggressive behavior, withdrawal, denial of problems and other forms of resistance.*

Teaming

- √ *Aware of the caseworker's role and responsibility as a case manager*
- √ *Knows the benefits of relative placements in sustaining involvement of family members with children in care.*
- √ *Understands the importance of identifying naturally occurring support systems within the extended family, neighborhood, and community.*
- √ *Understands the responsibility of the entire community and all its members in child protection and family support.*
- √ *Understands ways that family resilience and resourcefulness, constructive coping skills, intra-familial support, and community-based networks can mitigate maltreatment and help families protect their children.*
- √ *Knows how to use genograms and eco-maps to gather information about family structure, membership, relationships and sources of family or community support*
- √ *Knows strategies to promote and support the involvement of immediate and extended family members in case plan development.*
- √ *Knows the types of formal and informal neighborhood and community resources that can be engaged to support families.*

Assessment

- √ *Knows behavioral and emotional indicators of parental mental illness or mental health problems; domestic violence; use or abuse of drugs and alcohol and mental retardation and how they contribute to child maltreatment.*
- √ *Knows age-appropriate expectations for children's behavior at different stages of development.*
- √ *Knows how poverty and unsafe community environments may impact a family's ability to provide safe care for their children.*
- √ *Knows the nature and scope of various types of child maltreatment.*
- √ *Knows the parenting practices that contribute to insecure or maladaptive attachment in children.*
- √ *Knows the parenting practices that support the development of positive secure attachments in children.*
- √ *Knows the physical, emotional and behavioral indicators of maltreatment: Physical abuse, Sexual abuse, Neglect, Psychological harm, Child fatality / near fatality.*

- √ *Knows the potential negative effects of physical abuse, neglect, sexual abuse and separation trauma on the formation and maintenance of attachment in young children.*
- √ *Knows unique interpersonal and family dynamics typically associated with physical and sexual abuse, neglect, and emotional maltreatment.*
- √ *Knows how to recognize indicators of insecure attachments between children and their parents or caregivers.*
- √ *Knows physical, emotional, and behavioral indicators of physical and sexual abuse, neglect, and emotional maltreatment.*
- √ *Understands how family needs, problems, and environmental conditions may interact with each other to increase the potential for child maltreatment.*
- √ *Aware of benefits of consistent positive attachments on children's development and mental health, and the importance of sustaining attachments while children are in substitute placement.*
- √ *Knows definitions and characteristics of "content" and "process" in casework and the importance of eliciting and discussing process-level issues to assure a thorough and accurate assessment.*
- √ *Knows importance of conducting assessments jointly with family members to promote the accuracy and depth of information.*
- √ *Knows the types of individual, family, and environmental strengths that can mitigate risk and protect children from future maltreatment.*
- √ *Can identify strengths and resources in the immediate family, extended family, neighborhood, and community that can mitigate risk and ensure children's safety.*
- √ *Understands risks of drawing conclusions based on insufficient information or without testing the accuracy of this information and underlying assumptions.*
- √ *Knows the importance of timely, accurate case documentation for agency accountability.*
- √ *Knows the importance of documenting casework efforts to reunify families, while concurrently developing and filing a concurrent case plan for permanence.*
- √ *Understands how inaccurate or insufficient case documentation contributes to agency liability.*

Planning

- √ *Understands the use of the case plan as the agency's formal negotiated contract with families to guide, monitor, and evaluate the change process.*
- √ *Aware of the potentially destructive impact on children and families of poorly constructed, incomplete, or non-individualized family Permanency Plans.*
- √ *Knows liabilities and potential dangers to children of basing Permanency Plans and services on insufficient or inaccurate assessment information.*
- √ *Knows strategies to introduce the discussion of permanency issues during the family assessment, and to engage and empower immediate and extended family members to focus on permanence for the children throughout the life of the case.*
- √ *Knows the circumstances when a formal concurrent case plan should be developed.*
- √ *Knows the difference between case goals, desired outcomes, and action steps.*
- √ *Knows the proper sequence of steps in the case planning process*

- √ *Knows the role and purpose of concurrent case planning in assuring timely permanence for children*
- √ *Understands how case objectives are derived from information gathered during the family assessment*
- √ *Understands the need to formulate case objectives that reflect desired changes in the underlying conditions directly contributing to maltreatment in the family*
- √ *Aware of the caseworker's responsibility to help family members remain invested in and involved with their children in placement*

The Change Process

- √ *Knows interview specific strategies to help parents remain motivated to safely parent their children*
- √ *Knows the importance of beginning permanency planning at the time of first contact with a family*
- √ *Knows the importance of involving family members in case plan development to assure their investment and motivation to work toward change*

Implementation

- √ *Aware of worker's role as case manager to help families access needed services to promote children's healthy development*
- √ *Recognizes worker's pivotal role in helping families successfully complete case plan objectives toward reunification*

Tracking

- √ *Understands the caseworker's responsibility to monitor and evaluate the effectiveness of services provided by other agencies or providers*
- √ *Understands the necessity of periodic case reassessment with the family to document changes and to assure the continued relevance of services and activities*

Module 1: INTRODUCTION TO CHILD WELFARE

Learning Objectives:

The learner will:

- √ *Understand fundamental child welfare values and philosophy.*
- √ *Understands the unique role of child welfare agencies in the protection of children from maltreatment and assuring their safety in stable, permanent families.*
- √ *Be aware of the importance of federal and state statutes and policies in child welfare casework.*
- √ *Understand the worker's responsibility to minimize the trauma experienced by children and their families during separation.*

Materials Needed:

- √ name tents
- √ markers
- √ flipcharts
- √ posters
 - DCS Guiding Principles
 - Outcomes (Safety, Permanence, Well-Being)
 - Key Themes (Strengths-based, Family-Centered, Culturally Responsive)
- √ colored pencils
- √ drawing paper
- √ sticky notes
- √ paper and receptacle (hat, basket, etc)
- √ *I Am Sam* DVD
- √ signs for *Comfortable/Uncomfortable*
- √ Shane Salter video from PATH training

Facilitator Note: *Prior to training, hang posters around the room so that they are visible throughout training.*

Unit 1: Welcome and Icebreaker

(Estimated Time: 30 minutes)

Section 1: Introductions and Icebreaker

- Welcome and Introductions: Welcome participants to the class address any housekeeping issues. Have participants introduce themselves and tell something about themselves, such as:
 - What brought you to the field of child welfare?
 - What difference do you expect to make?
- Suggested Icebreaker: Fear In A Hat, located in the *Facilitator Resources Section*. This activity creates a good lead-in to development of a working agreement and WIIFM.

Section 2: Working Agreement

- WIIFM (What's in it for me)—What are the learning points participants hope to get from training?
- Conduct Working Agreement/ Establish Ground Rules

Facilitator Note: *The working agreement should be a condensed version of the standard Pre-service model. This process should be a model for feedback and teaming that we expect workers to be able to use with families. This point should be made transparent to participants. Proper development of the working agreement:*

- *establishes a "learning contract" between group members.*
- *establishes expectations of both learners and facilitator*
- *highlights participant concerns about training*
- *enables participants to work together as a team*
- *allows for agreement on goals and objectives*
- *addresses all participants' wants and needs*
- *promotes mutual and shared involvement*
- *allows for negotiation of any conflicting priorities*
- *establishes a procedure for addressing concerns or problems that arise during training by referring back to the agreement and having the group resolve the issue*

Unit 2: Values in Child Welfare

(Estimated Time: 2 hours)

Section 1: Contemporary American Law Regarding Child Protection

Participant Resource: *Major Child Welfare Legislation*

Optional Activity on Federal Child Welfare Legislation:

- Refer participants to the Major Child Welfare Legislation in the Participant Guide.
- Divide into six groups. Depending on the number of participants, groups may focus on multiple laws or participants can work independently. Each of the groups will focus on one of the following federal acts:
 - Child Abuse Prevention & Treatment Act (CAPTA)
 - Indian Child Welfare Act (ICWA)
 - Multi-Ethnic Placement Act/Inter-Ethnic Placement Act (MEPA / IEPA)
 - Adoption Assistance and Child Welfare Act
 - Adoption & Safe Families Act (ASFA)
 - Fostering Connections to Success and Increasing Adoptions Act
- Instruct each group to read their respective section of the handout and identify and post on a flip chart the three most important points inherent in that piece of legislation. Each group should provide a presentation (2-3 minutes) of their findings and discuss how each of these supports and enhances the work of child protection agencies in their mission of safety, permanence and well-being for children, while protecting the rights of their families.

Coaching Points:

- Laws that define and regulate child welfare services are an indispensable part of practice. Without the legal authority afforded by statute, child welfare agencies would be unable to intervene in situations in which children are being seriously harmed or are at risk of serious future harm. Child welfare legislation makes child protection possible. However, in many instances, successful family-centered casework intervention can be accomplished through a collaborative worker-family effort, without ever having to utilize legal intervention.
- While the law gives the child welfare agency the authority to protect children, the law also protects the rights of both children and their families. The intrusion of the state into family life is a serious, disruptive action. The law assures that child welfare professionals have “*just cause*” for such intervention by requiring juvenile court

validation that children have been harmed or are at risk of serious harm before the child welfare agency can intervene against the parents' wishes.

Section 2: Introduction of Safety, Permanence and Well-being

Participant Reading: Foundation of Practice, Chapter 2

Optional Introduction Activity for Discussion of DCS Outcomes:

- The purpose of this activity is to tie children's needs to ASFA goals and demonstrate that most needs that children have fall under safety, permanence, or well-being.
- Prior to this activity, prepare three flip charts titled "*Safety*," "*Permanence*," and "*Well-Being*."
- Ask participants to work in small groups at their table and make a list of what they think are the key things a child needs (food, shelter, love, attention, education, etc.) Give each table 5 to 10 minutes to complete this task. They should write each different need on a sticky note. As participants read their different needs, have them determine whether the need is a safety need, a permanence need, a well-being need or another category. Once they have decided what category it should go under, they can post the sticky note onto the chart.
- Some needs will overlap categories. This is a good opportunity to explain how needs and goals are intertwined.
- Have participants identify where the goals of "safety, permanence, and well-being" come from (ASFA). These are the goals set forth in ASFA because together, they represent a holistic view of a child's needs. Provide supplemental information or material as needed from this section to reinforce the purpose of the laws and the goals of child welfare intervention.

Coaching Points:

- Outline each of the ASFA goals of Safety, Permanence and Well-Being, explaining the importance of each.
- Another component of ASFA that is critical to achieving the three goals is timeliness. Timeframes may be difficult to follow and some families are unable to resolve factors putting the children at risk in the timeframes outlined by ASFA. The needs of the parents must be balanced by the needs of the child.
- The first and foremost goal of child welfare (and explicitly outlined in ASFA) is child safety.
- Explain each category, connecting the responses trainees listed on the flip charts during the previous activity, if used. By doing this, you are guiding the trainees to

connect the concepts of safety, permanency, and well-being to children and their needs.

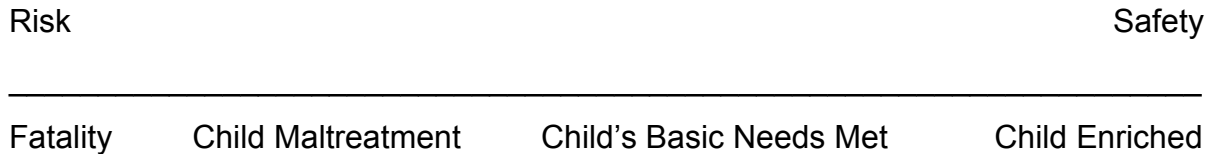
- As our ideas about children and their needs evolved, laws changed, leading eventually to ASFA.
- Reference the article they were assigned in pre-work—*Foundation of Practice, Chapter 2* and lead into deeper discussion about each of the three outcomes.

Section 3: Safety

Coaching Points:

- Common sense and the law dictate the concern for child safety. The primary reason that the profession of Child Welfare came into being was to protect children from future harm and to lessen the effects of harm that has already occurred.
- Children who are hurt due to maltreatment not only suffer immediate physical and/or mental injury, they are at risk for future developmental difficulties—physically, socially, mentally, and emotionally. For example, children who are fearful or neglected, or whose minds are occupied with self-protection, may not be able to concentrate on normal developmental tasks, such as exploring, playing alone and with others, or attempting to gain mastery in fine motor control and problem solving. They may be impeded in the process of socialization, such as sharing and impulse control (e.g., using their words instead of their fists to solve problems and get their needs met). Thus, the goal of safety is important for children immediately and in the future.
- Discuss the line between “good enough” parenting and when the community must intervene. Risk is present in all families, but the community does not always intervene to address that risk. There is a big gap between optimal parenting and high risk situations.
- What are essential safety questions?
 - Is the child safe in this home?
 - If not, are there services that would ensure safety in the home?
 - If not, what alternatives exist to ensure safety?
- In addition to child safety, always assess for domestic violence and substance abuse.
- Show following continuum:

Continuum of Maltreatment and Parenting Practices



Facilitator Note: *This continuum can be used throughout the training by referring back to it in reference to case families. Locate where on the continuum each family is at the beginning of the case and track as the training proceeds.*

Optional Activity:

As you begin to introduce the chart above, ask participants where a given situation might fall on the continuum. For example: Where is the child that has missed 45 days of school? What about a home with holes in the floor? If participants give a definitive answer, ask challenging questions about that answer. For example: Does it matter why the child is out of school? What if the child who lives in the house with holes in the floor is 18 months old? What if the child is 16 years old? Lead participants to a discussion about how assessment of safety and risk is contingent on situational factors in the home. With minimal information, it is easy to jump to conclusions about risk.

Coaching Points:

- A dilemma in child welfare is deciding what constitutes maltreatment. It is U.S. policy to intervene only in cases of child maltreatment, not in parenting practices that may be less than optimal but do not reach the threshold of maltreatment warranting state intervention.
- It is relatively easy to know whether to intervene in cases that fall at the far ends of the continuum. Severe beatings, torture, rape, and severe neglect at one end of the continuum are clear cases of child maltreatment that lead to severe harm to children. It is essential that we intervene.
- It is also relatively easy to refrain from intervening in cases at the other end where children are provided safe and loving opportunities for growth, nurturing, enhancement toward reaching their potential, etc.
- Additionally, there are children who may not be receiving optimal care but their care does not place the child at risk of serious imminent or future harm. Children eating too much fast food, parents failing to help children with homework, parent-child conflict (that does not reach the threshold of abuse), or swearing in front of young

children are not good for children but do not constitute child maltreatment. The child's basic needs are being met.

- However, there are many other, more serious situations which fall somewhere between the children's basic needs being met and child maltreatment. It is often difficult to determine whether the child welfare agency or another community service provider should serve these families.
- Some children may require protection because their basic needs are not being met through no fault of the parent. For example, the parent does not have the mental or physical capacity to care for the child. Workers should consult with their supervisors in making decisions about whether to open or refer such cases for service.
- Link to child welfare history. There was a time when the community did not intervene in cases of maltreatment. When did that begin to change? In what ways did it change? Discuss this evolution.

Section 4: Permanence

Optional Activity

- Distribute paper and colored pencils.
- Ask participants to think about the word "permanence" and to draw a picture of something that represents permanence to them.
- Ask the following questions. Ask questions slowly, giving them time to think before asking the next question, mirroring the reflective mood they should be in.
 - What does permanence mean to you personally?
 - How do you know if you have permanence?
 - How would you rate the permanence in your life right now?
 - How did it develop for you?
 - Who helped you experience permanence? What did they do?
 - Was there a time in your life when it was higher or lower?
 - If you don't have permanence, why don't you?
 - How important are relationships in creating permanence?
 - What would need to change for you to have more permanence in your life?
- As participants draw, continue discussion. When it appears that participants are finishing, invite a few (or all if small group) participants to share and discuss pictures.

- In debriefing pictures, guide discussion toward following what gave them a sense of permanence (e.g. loving relationships, family stability, emotional support.)

Coaching Points:

- What does permanence mean to families, why is it important, what does it—or lack of it—mean for children? For example:
 - stability
 - relationships
 - attachments
 - long term view
 - permanent parenting relationship
 - permanent connections with family and kin
 - a sense of connectedness and attachment
 - feeling a child has of being connected to a family that can meet his or her needs
- Many people think of (or draw a picture of) something rooted to the ground—which suggests stability. Permanence is more than stability and can be achieved even when mobile. For example, a child can move to a new school, a new home, new church, friends, etc. But they still have permanence through family ties.
- Federal law since 1980 (PL 96-272, The Adoption Assistance and Child Welfare Act, and the 1997 Adoption and Safe Families Act) has set mandates for how long children can be in temporary out-of-home care before a permanent living and custody arrangement is achieved. Prior to this law, many children in the Child Welfare system grew up in out-of-home care and were neither returned home nor adopted. Child Welfare research found that many of these children did not live in just one or two homes; it was not uncommon for children to go through multiple homes, often five, ten, or even more by the time, they reached age 18.
- Ever since the seminal work by John Bowlby (who wrote books on attachment, separation, and loss in the 1950s and 60s) and other child development specialists, we have known that human beings grow best when they attach to one or more caregivers who are stable in their lives over time. Frequent change of caregivers can lead to attachment difficulties, which in turn can inhibit a child's ability to move successfully through the child/adolescent developmental stages. Often this leads to negative consequences in their adult lives in areas such as relationships and problem solving.

- Siblings are often the longest relationships we have in our lives and maintenance of these connections for children in care is crucial. Placement with siblings whenever possible is emphasized in Brian A. regulations because sibling connections are vital in maintaining a sense of permanence and stability.
- Attachment is discussed further in Assessment.
- Family Functional Assessment categories under permanence:
 - relationships and connections between family members, siblings, other significant adults and their peer relationships
 - current placement and concurrent planning
 - stability and transitions
 - long term view

Section 5: Well-being

Optional Activity: Show and discuss the Shane Salter video from PATH training.

Coaching Points:

- What does well-being mean for children and families: health, mental health, and their ability to function in such areas as social relationships, school, and work?
- Why is well-being part of the mission of child welfare?
- Relate well-being to the Brian A. Lawsuit—what were factors that drove the lawsuit and how are they related to well-being?
- Can you have safety without well-being? Can you have permanence without well-being?
- Yes, but both safety and permanence are much more likely to be achieved and maintained if well-being is also stressed. For example, a child whose health care is maintained is less likely to fall behind in school, which often is a source of stress for both the child and the parent and can become a risk factor for punishment. Untreated mental health issues may make it harder for a parent or out-of-home care provider to cope with a child, and thus impede permanency.
- Define well-being & major assessment areas:
 - current functioning
 - family's parenting capabilities
 - education
 - employment

- physical health
- mental health

Section 6: Timeliness & Quality of Service

Coaching Points:

- In addition to these federally mandated outcomes, there are corresponding themes of timeliness and quality of service.
- What does timeliness mean in the context of Child Welfare and why is it so important? “Time,” in child welfare is seen from a child’s point of view vs. an adult’s point of view. Consider time from a child’s perspective as you make decisions on your cases.
- Timeliness pertains to many interventions, decisions, and actions on behalf of a child who has been removed from home. Since 1980, Federal Child Welfare laws have mandated quicker action by the courts and Child Welfare in reviews of children’s cases, and maximum time limits for children being in a non-permanent living situation, like foster care. These time frames were shortened by the 1997 federal ASFA legislation.
- The reason for the emphasis on time frames is that, before these legal mandates, children often stayed in foster care for long periods of time before any action was taken to find a permanent home. Many children simply “aged out” of foster care at 18. Often, adults involved in the case (e.g., Child Welfare professionals and judges) would find that many months and eventually years, had gone by before actions were taken. To a child, even a month can seem like a very long time. Consider that 6 months to a 5-year-old is one-tenth of her lifetime. What would 10% of your life be?
- Timeliness (and the legal mandate for deadlines) prevents children from remaining in out-of-home care without specific actions to find permanent living arrangements. Timelines are now set by ASFA.

Section 7: Philosophical Tenets of Child Welfare

Participant Resource: *Philosophical Tenets of Child Welfare, DCS Guiding Principles, Principles of Brian A. Settlement Agreement*

Optional Activity

Divide into small groups and assign several tenets to each group. Refer groups to all three documents listed above. Have the groups determine how philosophical tenets of child welfare and the Brian A. principles are reflected in the DCS Guiding Principles then report out.

Coaching Points:

- From the same reading referenced above (Foundation of Practice, Chap. 2), discuss the philosophical tenets of child welfare.
- Have participants relate these tenets to the DCS Guiding Principles. How do DCS Guiding Principles reflect the basic values of child welfare practice?
- Prevention programs are necessary to strengthen families and reduce the likelihood of child abuse and neglect. The responsibility for addressing child maltreatment is shared among community professionals and citizens.
- A safe and permanent home is the best place for a child to grow up. When parents (or caregivers) are unable or unwilling to fulfill their responsibilities to provide adequate care and to keep their children safe, child welfare has the mandate to intervene.
- Most parents want to be good parents and have the strength and capacity, when adequately supported, to care for their children and keep them safe. To help families protect their children and meet their basic needs, the community's response must demonstrate respect for every person involved.
- Services must be individualized and tailored. Child protection and service delivery approaches should be family centered.
- Interventions need to be sensitive to the cultures, beliefs, and customs of all families.
- To best protect a child's overall well-being, child welfare agencies must assure that children move to permanency as quickly as possible.
- In addition to the activity above, discuss how Brian A. is related to above. Have them refer to their Brian A. Principles. How are Brian A principles related to philosophical tenets? (e.g. improvement in health services for children—children in state custody deserve the same medical and dental care as do our own children.)
- Engage participants in a discussion of the issues and concerns that resulted in the Brian A. lawsuit and relate these to current practice improvement efforts. Participants should have included the two articles related to the Brian A. lawsuit in their Participant Guide.

Unit 3: DCS Practice Model

(Estimated Time: 3 hours)

Section 1: Introduction to the Practice Model

Activity: *I Am Sam* Video Clip

Participant Resource: Values Inherent in the Practice Model

Coaching Points:

- Discuss how these philosophical tenets translate into everyday practice. What does it mean in everyday practice to be family-centered, strengths-based, and culturally responsive?
- Use this discussion to lead to the *I Am Sam* clip below after which participants will be asked to identify strengths and needs for Sam and Lucy.
- Show the first 10 minutes of *I Am Sam*. After the clip have the group discuss the following:
 - What would most people say if asked whether a developmentally delayed parent could successfully raise a child? What do you think?
 - What are strengths in this family? For example:
 - Sam is committed to the baby and clearly wants to parent well.
 - Sam has some resources—he has a job, he has a neighbor who can assist, etc.
 - Sam followed through successfully after being told how often to feed the child.
 - Based on this clip...what do you think Sam's needs are? e.g. He needs information and support.
 - Can Sam successfully raise this child if his needs are met?
- Use clip to lead into a discussion on the practice model. What would it mean with this family to be family-centered? What would it mean to be culturally competent?
- Discuss values inherent in the practice model from the handout. How do these apply to the key themes in the practice model (family-centered, strengths-based, culturally competent)?
 - Human beings have inherent dignity and worth.
 - Everyone deserves to be treated with respect.

- Each person is unique.
- People have the right to make choices.
- People can change.
- Family plays an essential role in child development.
- A family's culture influences how its members behave.
- The family is part of a system.
- Family members are colleagues, not "clients."
- Every family has strengths and resiliencies.
- Relationships are important vehicles for change.
- The family's needs determine services.
- Families have the knowledge, expertise and abilities to be responsible for the safety, well being and permanence of their children.

Section 2: Family Centered Practice

Optional Activity

- **Basket activity:** Pass around a basket and ask participants to drop in a picture of their own child, a child in their family or something that represents a loved one. Imagine this person has been taken from you, at least temporarily. How would you want to be treated, how would you want to be involved, who would you want to involve, who would you go to?

Optional Activity

- **Comfortable/Uncomfortable activity:** Post two flip chart pages or posters you have prepared in advance ("1 = Uncomfortable" and "5 = Comfortable") on opposite sides of the room. Place additional indicators or point out visually to participants where other points on the scale (2, 3, 4) would fall.
- Ask participants to listen to a series of statements you read aloud and, as each is read, to move quickly to the point along the scale that best represents their feelings.
- Point out that participants may place themselves in the middle of the scale if they are unsure or at various points along the scale if they are not entirely comfortable or uncomfortable.
- Read aloud the statements from the *Family Centered Practice* page from participant guide pausing briefly after each to allow participants to move to either side of the room.

- Ask participants to consider which side of the room they most often found themselves and tell them to move to that side now.
- Explain that the statements represent a family-driven approach. Ask the group to consider their comfort with family-driven casework practice.

Participant Resource: *Family Centered Practice*

Facilitator Note: Use this page in the “Comfortable/Uncomfortable” activity above or process with the group.

Coaching Points:

- Family-centered practice is the provision of individualized services that strengthen and enable families to find solutions to their own needs and problems and to provide safe care to their children in their own homes and communities, consistent with their cultures.
- Family-centered practice is based on the following principles and philosophy:
 - The guiding principle of child protective services is to always act in the best interest of the child. Additionally, it is always in the best interest of children to remain with their family, if, with reasonable efforts, the home can be free from child maltreatment.
 - Family-centered services advocate for absolute rights of children to an environment that is free from maltreatment while protecting the parent’s rights to due process.
 - Family-centered practice is based on the belief that most families do not want to harm their children.
 - Most families have the capability to grow and resolve the problems that contributed to maltreatment and, by partnering with the family to find solutions; caseworkers empower and motivate the family to change.
 - Caseworkers conduct their practice in ways that uphold parents’ constitutional rights to due process even when parents have abused or neglected their children.
 - Family-centered services are provided in a culturally competent manner.
 - A family-centered approach to services recognizes that trauma to children can result from both abuse and neglect, and from separation and placement into out-of-home care. Children should therefore be removed from their homes only when it is necessary for their protection from serious and imminent harm.

- Comprehensive efforts should be made to strengthen and reunite families whose children are in placement, as a means of empowering families to provide a permanent safe placement for their children.

Participant Resource: Family Systems Concepts

- Family systems theory grew out of the General Systems Theory developed by Ludwig von Bertalanffy. The theory viewed organisms as complex, organized and interactive as opposed to prior theories using linear cause and effect models.
- Systems theory explains how parts interact with one another to form a whole that is different from the sum of its parts. For example, a cake is much more than the ingredients that went into making the cake (flour, eggs, sugar, baking soda, etc.) These ingredients have interacted in such a way as to form a completely different entity.
- What does it mean to view the family as a system? Families organize themselves as a system to accomplish the tasks and goals of the family. Families cannot be fully understood simply by understanding the individuals who make up the family. One must also have an understanding of their shared history, their connectedness, their way of interacting with each other.
- What does it mean to have “roles” in the family? In each family, individual members have certain roles. Some roles are similar to the traditional roles held in a given society. For example, the roles of “mother,” “father,” and “child” are defined in some common ways in our society, although there is wide latitude in how those roles are played out in a given family. However, we also generally have a common understanding that if a child in the family is treated and expected to act in a parental role, this can cause problems requiring intervention.
- Boundaries can refer to individual role boundaries or family boundaries. In the above example of a parentified child, role boundaries have been crossed. The family as a whole also has boundaries—ways in which the family defines who and what is part of the family and who and what is outside the family. Some families have very permeable or open boundaries, allowing members to come and go or information to be shared freely outside the family. Other families have very rigid or closed boundaries and strictly control who or what is considered family and share very little information outside the family. For example, when teenagers in a family begin making friends, how open is the family to their choices? Are youth in the family permitted to make their own choices, or is association tightly controlled by the family? .
- Families have hierarchies which provide a way of organizing roles and boundaries and providing balance. For example, in most families, parents have more power, and thus, more decision making ability than children.

- Families also have rules. Almost anyone can discuss the “rules” that exist in their family system, whether those rules are explicit or implicit.
- Provide and solicit examples of family systems concepts at work.
- Why does change in one part of the system impact the entire system?
- How do families keep balance?
- What are ways that families make rules and how are they enforced? Are they explicit or implicit?

Section 3: Strengths-Based Practice

Optional Activity

- Ask participants to think about someone in their lives who presents a challenge or difficulty for them – a family member, co-worker or neighbor with whom they don’t get along or who is particularly annoying to them. Have them think of a problem or annoying trait that represents this person. Then have them think about a positive aspect or strength they see in this person. Ask “When you think about this person, which perspective makes it easier for you to connect or have a positive relationship with him or her?”
- Discuss how this relates to work with families as well.

Coaching Points:

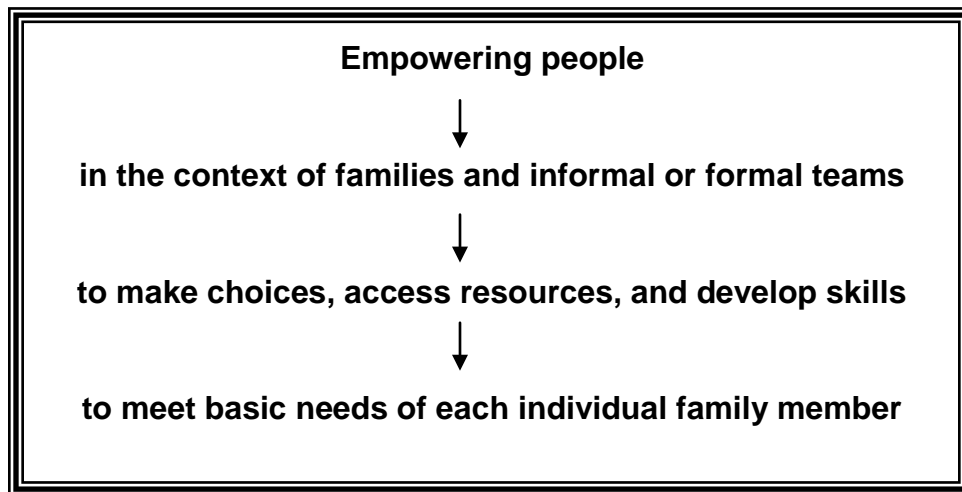
- Referring to the “Project Resilience” website (from pre-reading) discuss the following: (*If you are in a building with wireless, you can display the site.*)
- Families often come to DCS after a series of crises and losses. Workers often believe they can move more quickly if they can identify and label what is “wrong” with families. This is the “damage model” of human behavior.
- The “damage model” does not help the family move forward to solve its problems or meet goals, nor does it give the case manager a way to address the problem once it gets identified.
- In contrast to seeing families through a damage perspective, we can look at them from a strengths perspective.
- A strengths perspective helps case managers:
 - Focus on what is working well.
 - See how the family copes successfully.
 - Identify past successes.

- Understand how family members have been survivors.
- Refer to the Challenge Model that they read about in pre-work. As noted on the website, the Challenge Model grew out of research with people who have suffered trauma or hardship, but have overcome these difficulties without debilitating impact.

Facilitator Note: *This is NOT the same Challenge Model that was used in the old curriculum. Be sure to read through the Project Resilience website.*

- Rather than seeing children and families from an “at-risk” perspective which focuses on interventions designed to fix problems, the Challenge Model focuses on people’s power to heal themselves.
- Why is this important?
 - It helps us connect with people and affirm the relationship.
 - Connecting with people helps us gain trust and cooperation.
 - It allows us to see danger and opportunity together.
 - Strengths form the foundation and framework for change.
- Define the strengths-based approach to practice.

Strengths-based practice is founded upon the belief that all people have an innate potential for healthy functioning. This core of strength has a tendency to resurface by itself, helping people to solve their own problems, even in the absence of outside intervention. (Day et al., 1998)
- Strengths-based practice does not mean focusing only on positives and ignoring concerns, or making up strengths that do not exist.
- Strengths-based practice meant recognizing and utilizing genuine family/youth strengths to build on existing competencies and effectively address concerns.
- The strengths-based approach is the basis of family preservation. Use the following diagram to illustrate this point.



Participant Resource Strengths-Based Approach to Practice

- The Solution-Focused Approach is a method of working with people and is based on strengths-based practice. The basic premise is that change can occur in an individual or family fairly quickly if principles of strengths-based practice are followed and change efforts are focused more on resolution to (rather than causes of) concerns, needs, and problems.
- Strengths-based principles include:
 - People, regardless of difficulties, can change and grow.
 - Healing occurs when a family's strengths, not its weaknesses, are engaged.
 - It is just as important to identify family strengths as it is to identify weaknesses or problems.
 - Communities and support systems are potential resources.
 - The family is the agent of its own change.
- What are challenges to seeing family members from a strengths-based approach?

Strengths-Based, Solution-Focused Approach	Traditional Approach
Identify what the client wants	Diagnose the problem
Let the client tell you who he or she is	Gather all available information in order to classify the client
The client is the “expert” about his or her life.	The professional is the expert
Identify client strengths that can be used to promote client goals	Identify the web of causality that is supporting the client problem.
The professional collaborates with the client to help the client identify ways to accomplish goals.	The professional develops a service plan that the client is expected to follow in order to achieve the case goals.
The unfolding of the plan may not be step-by-step, but may emerge in ways best suited to client needs and style.	The plan is expected to be implemented in a logical, step-by-step way.

Participant Resource: *What are Strengths?*

- What are strengths? Saleebey defines strengths in six categories:
 - What people have learned about themselves, others, and the world?
 - Personal qualities, traits, and virtues that people possess.
 - What people know about the world around them?
 - The talents that people have.
 - Cultural and personal stories and lore from their cultural orientation.
 - The resources of the community in which they live.

Section 4: Culturally Responsive Practice

Coaching Points:

- Work with the group to define culture.
- Why is it relevant to child welfare practice?
- What are some ways to develop cultural sensitivity and awareness?
- What are some of the differences that exist between cultures?

- Provide the following definition of culture for consideration by the group:
 - *Culture is a descriptive term for a group's way of life. It encompasses the customs, skills, arts, values, and attitudes of a given group of people during a given period of time.*
- Allow participants to develop their own working definition of culture:
 - What are some words or phrases that represent culture to you?
 - What does the concept of culture mean to you personally?
 - When you think about your own culture, what comes to mind?
- Brainstorm a list of elements that contribute to our individual and cultural identity and list responses on a flip chart. *Possible responses might include:*
 - race
 - ethnicity
 - gender
 - geography
 - socioeconomic status
 - marital status
 - religion/spirituality
 - art, literature, music
 - traditions
 - family history
 - social circle/friends
- While we all have shared culture with a variety of groups, as individuals we accept and value some elements of that shared culture and reject others. There are usually three to five aspects of culture that have special meaning for us or greatly influence how we define ourselves and our cultural identity.

Optional Activity: *The Culture Flower*

Activity Handout: 1.3.4 Cultural Identity

- Have participants identify the top five elements that most contribute to and influence their own cultural identity. The petals represent our own cultural identity. They should write these elements on the flower. Have participants share with the group as time and comfortability allows. Discuss how these traits might impact their work with families. For example, if the number 1 element is gender, the primary focus

may be on empowering the birth mother. If the number 1 element is family, the worker may work harder to preserve the family.

- Discuss how culture influences your thoughts, feelings, and actions. What cultural beliefs or values influenced their decision to work with families served by DCS? How might your own cultural beliefs and values have a positive impact on their work with families? How might clients' beliefs, values and practices differ from their own and how might this impact the worker's ability to establish a professional helping relationship with the family?
- The worker's ability to recognize the wide range of codes of conduct that may represent the child welfare goals of safety, permanence and well-being is an important skill when doing family assessments. We can't assume that if the family does not act in ways compatible with our own culture, the family is somehow deviant. Cultural difference does not, itself, constitute child maltreatment. Different norms (such as letting children feed themselves, leaving younger children alone at home, letting older children care for younger children, allowing children to roam without close parental supervision) could be construed as "neglect" by a worker whose own background was much more structured, with closer and more consistent parental oversight and involvement.
- Have participants take out their "**Exploring My Own Culture**" worksheet from pre-work. An annotated copy of this worksheet is available in the Facilitator Resources section.
- Divide participants into small groups (try to make the groups diverse) and have participants discuss their worksheets and similarities and differences between them. Allow 10-15 minutes for this discussion then report out.
- Use the Facilitator version to debrief specific questions as time allows.

Section 5: Practice Wheel

Participant Resource: *DCS Practice Wheel*—briefly discuss each spoke of the wheel.

Optional Activity: Practice Wheel At The Car Lot (In the Facilitator Resource Guide)

Coaching Points:

- Identify what each spoke (the core functions of practice) means and expand on that definition, explaining how the spokes interact with each other.
- All of these elements are the foundation for practice and should be considered as the practice wheel is put into action.

Participant Resource: Functional Practice Wheel

- This is another way to visually picture the wheel, with *Engagement* encircling the entire practice process. Within the engagement process, we develop a relationship with the *Team*—or engage the team. Within the foundations of engagement and teaming, the cyclic process of *Assessment, Planning, and Implementation* begin and continue throughout the life of the case. Tracking and adaptation is an assessment process, and so is depicted as assessment.
- **EMPHASIZE:** This wheel is not meant to replace the DCS Practice Wheel—which is the official wheel—but it presents a different visual for thinking about the way the practice wheel functions.
- Explain that they will be unpacking this wheel for the remainder of pre-service.

Homework:

Activity Handout: 1.3.5 Introduction to Child Welfare Values Homework

Participants will complete the *Introduction to Child Welfare Values Homework* and bring to class the next day. Value statements included are:

1. Parents have a basic right to guide their children's development. Sometimes the general interests of the family should supersede the interests of the child.
2. For real change to occur, people must willingly become involved in the change process and understand the benefits of the change for them.
3. Due to their specialized knowledge, training, and experience, child welfare workers often have a better understanding than their clients about what must occur to resolve the clients' problems.
4. Most children fare better in foster homes than they do in abusive or neglectful families.
5. I chose this job because I have always wanted to help children, and I like working with people.

Module 2: PERSONAL MASTERY

Learning Objectives:

The learner will:

- √ *Know the social work and child welfare values and ethics that underlie a family-centered approach to practice.*
- √ *Understand the concept of empowerment and how a trusting and collaborative casework relationship can motivate and sustain productive change in a family.*
- √ *Understand how the worker's preferred method of learning about and observing people and situations affects the process of gathering, evaluating, and integrating information.*
- √ *Understand how one's own cultural background affects one's own values, perceptions of others, behaviors, and identity.*

Materials Needed:

- √ several decks of playing cards (approximately one deck for every 4 – 5 participants)
- √ Barnaga Instructions

Unit 1: Personal Response to Child Welfare Values

(Estimated Time: 90 minutes)

Section 1: Review of Values Homework

- Ask participants to refer to the previous day's homework activity (Introduction to Child Welfare Values) in which they were asked to respond to values dilemmas. Ask participants for general feedback about the values exercise, such as how difficult it was to make a decision, etc.
- Go through each question and discuss their responses. Ask whether they were able to see both sides of the issue, how they came to the decisions they made, etc.

Optional Activity: Reinforce Day One Learning

In small groups have participants relate the homework to the Philosophical Tenets of Child Welfare and the Brian A. Principles or to federal laws.

Coaching Points:

- The profession of social work is guided by moral duty and works toward the systematic application of fundamental ethical values. Those fundamental ethical values form the foundation of all social work practice.
- Much has been written in the social work literature regarding these values. They can be summarized in four concepts: freedom, justice, social responsibility, and human dignity (Rycus and Hughes, 1998).
- Most people can agree with these concepts. However, when workers' personal values conflict with those of the profession, workers may experience considerable anxiety and doubt about the most prudent course of action. Following is an exercise designed to explore this issue.

Section 2: Child Welfare Values Clarification Debate

- Conduct the Values Clarification Debate activity from the Facilitator Resource Guide.

Coaching Points:

- The inevitable conclusion for each statement is likely to be "it depends." There are often no clear or simple answers to the dilemmas faced by child welfare workers. It is the responsibility of the caseworker to assess all the variables that influence the decision and to make an "informed judgment" of how to proceed in each case. It is also likely that decisions will differ for each individual case.
- Workers must also recognize how their personal values may affect their perception of the situation and the decisions they make. This will be explored in depth later in the day.

Unit 2: Importance of Self-Awareness in Child Welfare Practice

(Estimated Time: 90 minutes)

Section 1: Self-Awareness / Personal Mastery

Participant Resource: Developing Self Awareness and Client Relationships and Ethical Boundaries for Social Workers in Child Welfare

Coaching Points:

Facilitator Note: The term “Personal Mastery” is from the book *The Fifth Discipline: The Art and Practice of the Learning Organization* by management guru Peter Senge. The term refers to the commitment of continually working toward an aspiration by developing a creative tension between the desired results and the current reality. An additional facilitator resource is *The Fifth Discipline*.

- Engage the group in an open discussion around Self-Awareness and Personal Mastery with the aid of multiple case examples.
- Have participants refer to “Developing Self Awareness” and “Client Relationships and Ethical Boundaries” from their pre-reading. Use the articles to encourage a general discussion about the importance of self-awareness.
- Why is personal awareness important?
- What is “baggage” and why do we need to be aware of it?
- What could happen if we bring our personal baggage into our work with families? Many people are drawn to social service fields because they have personal experience with a given social problem (such as child maltreatment, domestic violence, substance abuse, etc). While personal experience can result in understanding of and sensitivity to the types of problems that our clients face, they can also lead to problems. For example, we may use our work as “therapy,” working out our own issues through our clients. Or a specific event, close to our own personal traumas, may trigger intense emotional reactions, impacting our ability to continue our work with clients.
- Why do workers have to be invested in the families they work with?
- What are biases, blind spots, and ethnocentrism and how do they impact our work with families? When working with clients, it is possible to develop either a “halo” or “pitchfork” manner of working with a given client or family, allowing a general impression of a client to affect all our interactions with them. The halo effect can occur when we have a particular affinity or empathy for a client and thus, are overly

generous in assessing their behaviors. The pitchfork effect is the opposite; an aversion to or dislike of a particular client may cause us to assess their behaviors too harshly.

- When we are unaware of how we bring ourselves to our work, we may become angry (or experience other emotions) with client families, in the way that we would in personal relationships. It is important to keep in mind, however, that these are *not* personal relationships and we must maintain professional boundaries.
- Do participants believe that people can change? How can this belief, or lack thereof, impact our work with families? (**Facilitator Note:** *The handout on Values Inherent in the Practice Model could be used here rather than in the Overview Unit.*)
- What is self-disclosure and when is it appropriate? What type/amount of information is appropriate to share? What is not? How do you know? Self disclosure means sharing information about your personal life or beliefs. Self-disclosure has advantages when used appropriately. Some amount of self-disclosure fosters a helping relationship and can encourage clients to self-disclose. Self-disclosure can be reassuring to a client because it can indicate that you can understand their situation as a result of experiencing something similar.
- Self disclosure also has disadvantages and the worker needs to be aware of its use in terms of timing, appropriateness and relevance. One of the primary problems is that self-disclosure can shift the focus from the client to worker (link to using work as therapy above). Another disadvantage is that inappropriate self-disclosure can lead to blurred boundaries between the worker and the client.
- Clients will often ask personal questions and the worker should be prepared for how to deal with them. Clients deserve to have their questions answered honestly, but the worker should also end the self-disclosure with a return to the client. For example, if a parent is talking about frustration with their toddler throwing tantrums, the worker might say “I think I understand how you may feel. When my child was two, he had frequent tantrums and I found it difficult to maintain control of my emotions. I wonder, though, if we could focus a bit more on the tantrum that you were just telling me about. Could you tell me more about what happened?”
- The goal of being genuine with client is not a license for full expression of feelings. Child welfare workers should be particularly careful regarding honest self-disclosure when it involves their disapproval of client behaviors. The worker should always be mindful of their goal when they use self-disclosure, using it only when it would be beneficial to the client or the relationship.

Section 2: The Three E's

- Engage the participants around the topics of Enmeshment / Enabling / Empowerment. Ask for and offer specific examples of what is ok and what is not ok in regard to these topics. Discuss why enmeshment happens and what the pitfalls are.
- How would you recognize an enmeshed or enabling relationship with a client family? Relate to Family Systems concepts from Overview Module.
- Discuss the Chinese Proverb “Give a man a fish and he eats for a day, teach a man to fish and he eats for a lifetime.” Helping people help themselves is empowerment practice.
- Discuss what empowerment looks like – point out that our goal is always to work ourselves out of a job.

Unit 3: Challenging our Assumptions

(Estimated Time: 2 hours)

Section 1: Ladder of Inference

Participant Reference: *Ladder of Inference*

- Introduce the Ladder of Inference and explain basic tenets.
- We start at the bottom where all information is available to observe. It is not possible for our brains to observe and process everything. So we tacitly register some data and ignore other data.
- We are so skilled at thinking that we jump up the ladder without knowing it:
- We begin to attach meaning to the experience and draw conclusions based on the meaning we attach. We lose sight of how we do this because we do not think about our thinking.
- We make assumptions based on these added meanings and draw conclusions. Hence, our conclusions feel so obvious to us that we see no need to retrace the steps we took from the data we selected to the conclusions we reached.
- We adopt beliefs about the world based on these conclusions and act and behave in such a way as to support or reinforce our beliefs.

- Point out the reflexive loop—that our newfound beliefs continually influence what we selectively choose to pay attention to, and this in turn continually reshapes our belief system.
- Consider what happens to a person’s ability to take in new experiences as he or she climbs the ladder of inference.

Optional Activity: The Ladder in Everyday Life

Select a current story from a local or national news source—one that could easily lead to value judgments or assumptions. Tell the group a portion of the story, omitting any opinions, judgments, or outcomes. Ask participants a series of questions to elicit their opinions and conclusions. List their responses on the flip chart. Using the *Ladder of Inference*, illustrate how assumptions were made and conclusions drawn based on limited information and personal biases.

- Play Barnga and debrief. Instructions for Barnga are in the Facilitator Resource section.
- Return to the Ladder of Inference and debrief having participants relate the Barnga game to the steps in the ladder.

Section 2: The Impact of Personal Value Systems on Work with Families

(Estimated Time: 45 minutes)

Facilitator Instruction: Choose one or more of the following activities to illustrate the importance of understanding how our personal value systems impact our work with families.

Optional Activity: Bean Soup for the Caseworker’s Soul

Instructions in the Facilitator Resource section

Optional Activity: Challenging Family Situations

Instructions in the Facilitator Resource Section

Optional Activity: Voices: Hearing the Family’s Story

Instructions in the Facilitator Resource Section

Optional Activity: Objective Interviewing

- Tell the participants a personal story about yourself. The story should be something that the facilitator is willing to share but that involves some situation that could be misunderstood or about which there could be some source of controversy. Participants then “interview” the facilitator. Select two or three participants to demonstrate or have the group throw out questions as they think of them. Leave out

some pertinent piece of information to see if anyone asks questions to elicit the missing information.

- After the interview, debrief with participants about how their own values, beliefs, or assumptions may have impacted the questions asked or their reaction to the interview.

Module 3: ENGAGEMENT

Learning Objectives:

The learner will:

- √ *Understand the importance of integrating casework methods with the exercise of protective authority when necessary to ensure children's safety.*
- √ *Understand casework methods used to engage and empower families to become invested in a collaborative worker/family relationship.*
- √ *Understand the importance of and strategies for approaching and relating to families in a culturally respectful and competent manner.*
- √ *Know strategies for conducting individual and family group interviews.*

Materials Needed:

- √ Forrester Video
- √ Insoo Kim Berg Video: "I Love My Kids: Getting Her Children Back"
- √ flipcharts & markers
- √ index cards
- √ set of 6 cards labeled:
 - Respect
 - Genuineness
 - Empathy
 - Power
 - Arrogance
 - Defensiveness

Optional Pre-training Activity

As participants are coming in, ask them to write on an index card a personal experience. It should be a topic about which they have strong emotion and are also be willing to share with the group (e.g. divorce, custody battles, A&D issues, mental health issues, domestic violence, poverty, homelessness, abuse, etc.). Select the most relevant half of the cards to use as interview topics later in the day.

Unit 1: Contrasting Inappropriate Use of Authority with Engagement Strategies

(90 minutes)

Section 1: Overuse of Protective Authority

Facilitator Note: *Prior to training, you should become very familiar with the Forrester Family Video and make notes in the video script, if necessary, to assure that discussion points are covered. The video script can be located in the Facilitator Resource Section.*

Facilitator Instruction:

- Introduce the Forrester Family Video. Explain that the purpose of viewing this video is to analyze a caseworker's ability to build rapport with a client, engage the client in an initial working relationship, and promote family-centered, collaborative work with the client.
- Explain the inherent tension in the field of child welfare related to engagement. We must intervene to protect children from harm (called protective authority) while simultaneously building trust and rapport with families in order to engage them in the change process. Given that most families do not enter protective services achieving this balance is crucial, but often difficult to accomplish. The video addresses this tension.
- Inform the group they will be viewing three segments of the video, showing how three caseworkers conduct an initial interview with Ms. Forrester in response to a referral.

Activity Handout: 3.1.1 *Pamela Viewing Guide*

- Distribute viewing guide and request that participants make note of the following:
 - How each worker sets the tone for the relationship
 - Each worker's tone of voice and what it communicates
 - Each worker's body language and other nonverbal communications
 - Each worker's choice and use of specific words
 - Ms. Forrester's reactions to each of the three workers
 - Ms. Forrester's possible feelings in response to each worker
 - Each of the caseworker's reactions to Ms. Forrester
 - Possible feelings of each of the three workers

- Show the Forrester Family Video Part I: Child and Family Services Intake Interview. Show only the “Pamela” portion of the video, followed by a discussion of participants’ thoughts (recorded on their handout) and, specifically, their impressions of Pamela. This video segment is approximately 7 minutes long.

Coaching Points:

- Pamela did not attempt to develop rapport with Jon, nor did she let him know what action she was going to take.
- The fact that Pamela touched Jon’s face is potentially problematic. Recently, defense attorneys have been asserted that touching an alleged child victim may negatively affect the child’s testimony. They assert that, especially in cases of sexual abuse, touch can be confusing to the child, and may cause the child to give false testimony. This can damage the court case. Most experts in investigative interviewing now suggest that workers refrain from touching children during investigations.
- The way Pamela knocked on the door, introduced herself, and used a harsh tone of voice created an overall impression of disrespect and a judgmental attitude. She failed to establish rapport when meeting Ms. Forrester for the first time. Her demeanor was distancing rather than engaging.
- The worker’s approach was authoritative and lacked empathy. Although everything Pamela said was accurate, her tone of voice was harsh, punitive, and defensive. She used protective authority exclusively, rather than rapport and engagement strategies during the interview. Pamela’s authority came across as intimidation. This is unfortunate, since the best way to assure safety and permanence for most children is for the worker and the parent to work together toward positive change.
- Some clients may react to authority with anger, withdrawal, fear, hostility, or even physical aggression. Research studies suggest that professionals who approach clients in an authoritarian manner have a greater probability of experiencing violent episodes with clients. Authoritarian postures and attitudes and attempts to over-control may exacerbate clients’ feelings of powerlessness, anxiety, fear, and low self-esteem, precipitating violent reactions (Weinger, 2001).
- Although Pamela did assure Jon’s safety, she failed to engage Ms. Forrester in a collaborative relationship.
- The suggestion that Ms. Forrester participate in parenting classes communicated arrogance; she assumed she knew what Ms. Forrester needed prior to learning anything about the Forrester family’s situation. Ms. Forrester was likely feeling defensive and angry, as evidenced by her resistive, hostile demeanor and her

requests for Pamela to leave. It is likely the anger is a cover for anxiety and fear about the intrusion of children services in her family's life.

- Pamela's facial expression, choice of words, and demeanor suggested that she was angry with Ms. Forrester, and did not understand Ms. Forrester's situation. One could question whether she really wanted Ms. Forrester to accompany her to the hospital with Jon.
- Some workers resort to using authority when other approaches would work better. Workers who are unsure of their role may feel anxious and threatened. Some are unable to control their anger about child maltreatment and may assume a position of authority. Workers who do not fully understand the importance and benefits of engagement, or who lack skills in engaging angry or resistant adults often use an authoritarian approach.
- In the protective authority model, the caseworker acts primarily as a director and an enforcer. The components of this approach include the following:
 - The worker's primary role is setting expectations, monitoring the family's achievement of those expectations, and administering sanctions for noncompliance – often by developing a placement plan for the child.
 - The strength of the protective authority model is that it allows workers to intervene immediately to protect children at risk of serious harm, when parents will not cooperate, or when less intrusive methods cannot assure children's safety.

Section 2: Underuse of Protective Authority

Activity Handout: 3.1.2 Scott Viewing Guide

- Distribute the viewing guide and ask participants to complete the guide while watching the video.
- Show the Forrester Family Video Part I: Child and Family Services Intake Interview. Show only the "Scott" portion of the video, followed by a discussion of participants' thoughts (recorded on their handout) and, specifically, their impressions of Scott. This segment of video is approximately 5 minutes long.

Coaching Points:

- Scott attempted to engage Ms. Forrester in the interview. He demonstrated respect by talking to her before he went to her house (a good example of rapport), and he stated that he understood the frustrations of parenting, which demonstrated his empathy for her situation. Both demonstration of respect and empathy are important elements of establishing rapport.

- Scott evaded Ms. Forrester's legitimate questions about who he was and why the school did not call her first. This evasiveness could communicate that Scott was not sincere or genuine, whether he intended to be sincere or not. This is also a violation of the CAPTA 2003 amendment requirement that adult subjects of investigations be notified of the allegations against them at first contact with that adult. The worker must notify the parent that the worker is from child protective services and, in general terms, of the allegation against the parent.
- Like Pamela, Scott jumped to conclusions about the types of services that Ms. Forrester needed, without assessing the family's strengths and needs.
- Scott left the interview with no capacity to assure Jon's safety. His approach, while respectful and collaborative in effect, failed to protect Jon. He had no assurances that a doctor would see Jon or that Jon would not be maltreated again in the near future.
- Although Scott's approach was non-threatening, it was clear that he did not really build rapport or engage Ms. Forrester in a process to protect her child. Ms. Forrester merely wanted him to leave her home. She rolled her eyes when he asked her to call him and then politely said that she would. She asked him to leave at the end of the interview.
- Workers who feel uncomfortable with authority, who don't know how to use engagement strategies while still exercising necessary authority, or who are afraid of conflict or confrontation may fail to use authority when necessary to protect a child.

Section 3: The Engagement Model of Casework

Coaching Points:

- Engage participants in a general discussion around engagement:
 - What is engagement?
 - How do you know if it is happening?
 - What is the value of engaging families?
 - What does a lack of engagement look like?
 - When do we engage families? (throughout the life of the case)
- In an engagement model, we are striving for collaboration, not cooperation. While cooperation is fine, it implies that the family is abiding by our wishes. Collaboration, on the other hand, implies that the family is engaged in a partnership to make changes.

- In a professional helping relationship, engagement refers to the client being engaged in the change process. It is possible for a worker to have a positive, seemingly engaged, relationship with the family, but if the family is not invested in change, engagement is not happening. By contrast, the family may dislike the worker intensely, and still be engaged.
- In the engagement model of casework, the caseworker's role is to empower the family to make changes that will reduce risk to the child. Underlying assumptions include the following:
 - Most families have the capacity to be partners in a collaborative process to protect their own children.
 - Parents generally should retain the right to make decisions about their families, including how to best protect their children.
 - Family members have strengths and capabilities that can be mobilized to produce effective change. Extended family members and communities can also be mobilized to assist with this process.
- The engagement model consists of the following activities or processes:
 - The caseworker helps the family members identify problems and strengths and identify changes that need to occur to assure protection and permanence for their children.
 - The family and worker are both involved in all aspects of the change process, such as case planning, problem solving, delivery of services, and evaluating outcomes.
 - The caseworker provides guidance, support, encouragement, and reinforcement.
 - The caseworker may provide advice, but the emphasis is on empowering families to develop and implement their own solutions.
- The engagement model can be frustrating when a parent refuses to cooperate or cannot engage. Parents who have mental illness, or who have severe difficulty in maintaining collaborative, supportive relationships, may not have the capacity to form or maintain a relationship with the worker.
- Some families may simply refuse to cooperate with the social worker. Engagement is likely to improve over time for most parents and the worker must be careful to not slip back into the protective authority mode simply because engagement strategies are slow to create trust and collaboration.
- Our goal is to build partnership and collaboration.

- The purpose of engagement is to facilitate the assessment process, which in turn, allows the development of solutions to assure safety, permanency, and well-being.

Participant Resource: 12 Practice Principles That Build Partnership

Facilitator Instruction: Refer participants to the appropriate page in the Participant Guide and discuss how they are related to engagement. For more information on these principles, see Signs of Safety by Turnell & Edwards. (PA2)

Unit 2: Interpersonal Helping Skills

(Estimated Time: 3.5 hours)

Section 1: Core Conditions

Participant Readings: The Helping Relationship, Child Protective Service Guide for Case Managers, Chapter 3

- Engage the group in an open discussion around the Core Conditions of a helping relationship.
- Also include discussion on cultural differences and ethnocentrism in regard to the core conditions.

Section 2: Interpersonal Helping Skills

Participant Resource: Interpersonal Helping Skills, Reframing, Guidelines for Giving and Receiving Feedback

- Provide a brief overview the natural elements of interviewing / engagement:
 - Attending Skills:
 - Non-verbals / Body Language
 - Eye contact
 - Tone
 - Minimal encouragers
 - Engage the group in a more in-depth discussion around the higher level IH skills:
 - Concreteness
 - Reflection
 - Reframing

- Feedback
- Questions
- Use of questions will be explored further in a following section.
- Referring to the appropriate workbook page, discuss giving and receiving feedback. Explain that Participants will be practicing this skill concurrently with skill practice while in the learning lab.
- Discuss the following topics with the group:
 - different types of feedback (e.g. positive, negative, evaluative, developmental).
 - times when participants have received feedback or coaching and what that was like
 - how feedback is important to participants development as new workers
 - how feedback is important to families we work with

Optional Activity: Common Responses

Instructions in the Facilitator Resources section. Choose one of the two versions of this activity.

Optional Activity: Respect, Genuineness & Empathy vs. Defensiveness, Arrogance & Power

- Prior to training, prepare six cards reading “Respect,” “Genuineness,” “Empathy,” “Defensiveness,” “Arrogance,” “Power”. For larger groups, more than one set of cards may be necessary. Choose a method of skill practice for this activity. Fishbowl practice is recommended.
- Conduct a practice interview with Susan Forrester. Begin the practice at the point of the initial introduction, when the worker first arrives at the Forrester home.
- Participants interview Susan Forrester as if they were her worker. Observers take cards Observer holds up cards...genuine, empathy, respect, power, arrogance, defensive and coaches. facilitator takes the interview to where the participant opens the door.

Section 3: Solution Focused Interviewing

Participant Resource: Solution Focused Approach to Practice, Solution Focused Techniques, Solution Focused Questions

Optional Activity: I Love My Kids: Getting Her Kids Back video

Instructions in the Facilitator Resource section

Activity Handout: 3.2.3 I Love My Kids Viewing Guide

- Discuss the solution focused approach to practice and tie to strengths-based practice.
- Discuss solution focused questions—practice some of the questions with the group.
- Practice Opportunity: Choose a practice activity such as a fish bowl or triad exercise.
- This would be a good time to use the cards that were filled out at the beginning of the Engagement Module, if you choose to do that activity.

Unit 3: Integrating Engagement and Protective Authority

(Estimated Time: 60 minutes)

Section 1: The Child Protective Services Casework Approach**Activity Handout: 3.3.1 Carol Viewing Guide****Instruction:**

- Introduce the Carol segment of the Forrester Family video, and ask participants to record their observations of Carol.
- Show the remainder of the Forrester Family Video Part I: Child and Family Services Intake Interview. Show only the “Carol” portion of the video. This segment is approximately 10 minutes.
- Discuss Carol’s use of both protective authority and engagement styles.
- Optionally, the first two video segments can be viewed/discussed and re-evaluated in light of new learning.

Coaching Points:

- Following are some of the ways Carol balanced engagement skills with protective authority. Carol:
 - Maintained a pleasant, non-judgmental demeanor.
 - Repeatedly asked Ms. Forrester to come to the hospital.
 - Demonstrated that she listened and understood Ms. Forrester’s point of view, and assured Ms. Forrester that she understood she provided good care for Jon.
 - Demonstrated a belief and a positive attitude that Ms. Forrester’s situation could change for the better.

- Used protective authority to encourage Ms. Forrester to come with her to the hospital, even after Ms. Forrester refused several times.
- Explained her level of authority and her role.
- Used words that were not inflammatory (e.g., she explained that children's services needed to respond quickly, rather than stressing the agency's mandated authority).
- Used some self-disclosure.
- Confronted Ms. Forrester regarding the gravity of the injuries, but did it in a non-judgmental manner.
- The engagement approach and the protective authority approach can be viewed as different points on a continuum of interventions. Both approaches have a common goal of protecting children and both can be legitimate, depending on the circumstances. However, the underlying assumptions, methods, strategies, and potential outcomes of the two models are very different. Both Pamela and Scott failed to use the best approach for the situation. Pamela did not engage Ms. Forrester when she could have; Scott did not use protective authority when he should have.
- The ideal approach to family-centered child protective services is to develop a collaborative relationship with families to help them make positive changes in their families without compromising the appropriate use of authority when necessary. This includes joint problem identification, joint setting of goals and desired outcomes, and discussion with the family of the degree to which intervention can be helpful.
- The worker should identify, understand, and remove barriers to the family's participation in services. With some immigrant families, for example, the notion of collaborative planning and decision-making with people in authority may be unfamiliar and confusing. In other cases, a client may insist that numerous other members of the immediate or extended family be included in the process.
- The worker should always clearly explain the extent of her authority and under what circumstances it will be used. The client needs to partner with the worker to resolve concerns and promote their children's safety, or the worker will have no choice but to use authority to protect the children. The worker should also explain the actions that can occur if the use of protective authority is necessary.
- The use of protective authority should be limited, and is indicated only when necessary to protect children from immediate serious harm. This includes use of the juvenile court to legally protect children from harm.
- If parents refuse services and a child is at risk of serious harm, the worker should inform the parents in a non-threatening manner of the possible consequences. Using threats to enforce compliance is clearly a violation of parents' Fourth Amendment rights to be free from unreasonable search and seizure. However, failure to inform parents of possible outcomes is fundamentally unfair to clients. There is a "fine line"

between the two, and the manner in which the worker informs the family can contribute to whether it is considered a threat. Families themselves can also misconstrue a worker's effort to inform as a threat.

- The exercise of authority can sometimes be used to motivate families to become involved in services, whether or not they become engaged in the casework relationship. However, in these circumstances, the worker's authority must be presented and explained in a calm, factual manner. Intimidating clients is never appropriate.
- When children are at high risk of future serious harm, and strategies to involve family members voluntarily have failed, the worker is obligated to use protective authority. However, the worker should continue to help the family become involved in services, if not engaged in a collaborative relationship.
- The worker should clearly explain that there may be times when the caseworker's actions could be perceived as unfair (e.g., when unannounced home visits, or unannounced drug screens become necessary, etc.). This helps develop trust, demonstrates respect for the client, and demonstrates the worker's intent to be straightforward and honest.
- The worker should explain that removing children from the home is used only as a last resort when the child cannot be kept safe otherwise and that the worker would prefer to work with the family to resolve problems.

Section 2: Practicing the Child Protective Services Casework Approach

Case Family Handout: Gatewood Family Referral Information

Instruction:

- Distribute the Gatewood intake summary and the Gatewood Family Case File Folder and explain that this will be their practice case for the remainder Core.
- Divide into small groups and have participants review the intake information. They will be interviewing the family and should make a plan of how they engage the family in the first interview.
- Instruct participants to utilize any tools they currently have at their disposal—interpersonal helping skills, core conditions, and solution focused questions, etc.
- When the worker arrives at the Gatewood home, Mr. Gatewood and the children are at home, but Ms. Gatewood is not at home.
- Choose a role play exercise and have participants practice.
- In providing feedback for the interview practice, remember that the goal is for participants to focus on effective use of interpersonal helping skills. While asking questions around safety is important, and should be noted, they have not yet learned

how to assess for safety. Feedback about assessment issues should be very limited.

Unit 4: Dealing with Resistance

(Estimated Time: 90 minutes)

Section 1: Working With Resistance

Optional Activity: Walk Around Activity

Post the following flip charts around the room and have participants fill them out as they come into the room in the morning or after a break. You can also group participants around each chart, and have each group move to the next chart after 2-3 minutes.

1. Client behaviors that may demonstrate resistance
2. Reasons why clients may resist being involved with the worker or the agency
3. How the worker may (inadvertently) increase resistance
4. How the agency office or environment may increase resistance
5. How the worker can decrease resistance

Coaching Points:

- In child protective services work, workers should expect clients to be resistant, especially initially. Workers should talk about it with their clients and help clients understand it is a normal response to a difficult and sometimes threatening situation. Workers should take the initiative in helping clients feel more comfortable. This will reduce resistance.
- Workers should understand that the most effective method for keeping themselves and others safe is to work to reduce client resistance so that it does not escalate or evolve into hostility. However, workers must acknowledge that there are some circumstances when volatile clients may continue to react with hostility or become violent despite the workers' skilled attempts to reduce resistance.
- Process the walk around activity, if used, or discuss the questions as a group. Debriefing points can also be found in the online reading.
- When debriefing the 5th question, "How the worker can decrease resistance," discuss the following information:
 - Establish that it is the workers' intent to be honest and straightforward with the family, and behave in ways that demonstrate this.

- Clearly state the department's intent and hope that clients will be involved in all aspects of planning and decision-making for their own families.
- Provide the family with a "road map" of the department's involvement, what services the agency can provide, and what steps are involved in investigation, assessment and case planning. The worker should provide sufficient information to reduce ambiguity about the DCS's role. This may reduce anxiety.
- Openly discuss the family's anger, hostility, and resistance. Help family members to express and explore their anger, if they cannot do so themselves. Strategies for achieving this will be covered in the next section of this training.
- Involve the family in discussing both the problems and strengths in their family. Take time to fully understand and respect their perspectives and, whenever possible, their wishes in the development of the case plan. This helps the family focus on their positive attributes and gives the worker information about how to engage and motivate the family.
- Allow the client to have as much control as possible, in as many ways as possible, as long as the child's safety and well-being are not compromised. Workers should clarify that child safety is non-negotiable, but that there are a variety of ways to achieve it, and the family's input is essential to assure that the plan and services are relevant to and appropriate for each family.
- Workers should dress in clean, simple, businesslike professional attire; clothes that will be physically comfortable and comfortable for the client. It is important to understand the cultural norms for different groups about the propriety and impropriety of certain kinds of clothing.
- Communicate empathy for the client's feelings, fears, and situation. Supportive responses, restating or reframing what the client has said, and offering realistic reassurance can communicate that you have heard and understand what the client is saying. Examples are:
 - "I can certainly understand how frightened you must have been when your son ran out into the street. And, I understand that you wanted to make sure he wouldn't do that again."
 - "I know that when people are depressed it is nearly impossible to cope with every-day responsibilities." This does not connote approval of the client's behavior. It does communicate respect and understanding, two ingredients for managing resistance.

- While workers may not be able to change larger agency or administrative barriers, they can help families navigate through the system. Additionally, being sensitive to and acknowledging these barriers can help build rapport.
- Continue discussing how a worker can reduce resistance from the larger perspective of agency and administrative challenges.
- Help clients complete forms when necessary, explaining the purpose of the form and who will see it.
- Show clients written information that can be shared so they can see what has been recorded about them. If the worker has been straightforward and honest when communicating with the client, if the documentation represents a mutual understanding of problems and solutions, and if there is a balance of client strengths and weaknesses, sharing this written information with the client will establish and strengthen trust.
- Be as prompt as possible when a client has an appointment in the office. If the wait is longer than expected, the client should be given a choice to continue to wait or reschedule. Informing clients of times the worker will be available for phone calls to discuss the case or to set appointments for home or office visits shows respect for the client's time as well.
- Conduct joint case transfer appointments when receiving or transferring a case. Discuss problems and strengths that have been identified, and the next steps in the case plan. This demonstrates that the agency is operating as a team and helps transfer the positive relationship the first worker has established with the client to the second worker. This process can also mitigate the client's worry that she will need to repeat her history to the new worker.
- Use clear, plain English rather than social work jargon. This is particularly true if there are any language barriers that impede understanding.
- Be sensitive to client inconveniences – paying to park, carrying children, toys, and supplies on the bus, walking long distances, inflexibility in scheduling appointments, child care challenges, and requiring clients to take time off from work during the day.

Section 2: The S.H.E.R. Model

Facilitator Note: *H.B. Karp originally developed the S.H.E.R. model of managing resistance (Surface, Honor, Explore, Recheck) for use in the corporate community. These principles are very applicable to the relationships between workers and clients. These principles have been adapted, as described below, to reflect the resistance that can occur in a child protective services case. The term “demander” has been replaced with the term “worker,” and the term*

“resister” has been replaced with “client.” The terms “authentic” and “pseudo-resistance” have been replaced with “specific” and “general resistance.”

Participant Resource: A Positive Approach to Resistance

- Note that resistance can occur at any point in the life of the case, but as clients struggle to cope with change and experience frustrations with staying engaged in the change process, resistance is likely to surface.
- This positive approach to managing resistance consists of four separate steps: (1) surfacing, (2) honoring, (3) exploring, and (4) rechecking. Each step should be completed before moving to the next step.

1. Surfacing the Resistance

- After the worker has clearly stated what she wants from the client, the first – and probably most difficult – step is to get the resistance out in the open. Many people intentionally withhold their resistance for a number of reasons: past experience, mistrust, poor interpersonal relationships, or a lack of an awareness of their own resistance.
- Workers can surface resistance easily and effectively by keeping these guidelines in mind:
 - Create a safe and supportive environment that encourages clients to express and explore their feelings of resistance. The worker should demonstrate interest in the client’s feelings or other issues that may lead the client to feel resistive. For example, the worker could say, “You seem very upset and angry; please help me understand why.” It is a good idea to explain that resistance is normal and expected, and that the worker is confident that it can be worked through in a constructive manner. Once the client understands that he or she is not going to be attacked, punished, demeaned, or expected to simply adhere to what the worker wants, the worker has a much greater chance of exposing and exploring the underlying sources of the resistance.
 - Elicit as much information as possible about the client’s concerns. Listening to a client saying what she does not like about the very thing that the worker wants can be unpleasant and uncomfortable for the worker. Nevertheless, it is the best approach to understanding the sources of the resistance. Workers can help clients express their concerns by using clarifying interviewing questions, asking for details, and encouraging them to speak their concerns. Responses such as, “What are you most afraid of?” “What makes you believe that is true?” can help surface concerns. It is much more effective to elicit details until the client has fully expressed his resistance, rather than trying to work through the situation in partial ignorance. The more comfortable the

worker becomes in surfacing clients' resistance, the easier it will be to create a safe environment in which clients feel free to disclose their concerns.

- The worker may invite discussion of clients' concerns by saying, "As we talk today, please feel free to let me know if you disagree with anything that's said or if you have any concerns so we can continue talk them through."

2. Honoring the Resistance

- Honoring involves the following process:
 - *Listen*. When expressing issues and concerns, clients are also making personal statements about themselves and their needs, and any attempt to discount the information not only shuts down the communication but also implies that the client's feelings and opinions are irrelevant and won't be considered or respected. Workers should not attempt to reinforce their original position, try to use reason, or use other means to suggest that the client should not feel as he or she does.
 - *Acknowledge the resistance*. The act of acknowledgment does not imply that the worker necessarily agrees with the client's feelings or point of view. However, it is important to reaffirm that the client's feelings are legitimate from his or her perspective, and the client's viewpoint is important to the worker and to establishing a working relationship. Interviewing strategies that reflect or summarize what has been said demonstrate to the client that he has, in fact, been heard and understood.
 - Reinforce the notion that it is not only permissible to feel resistance but expected. The caseworker should keep in mind that expressing resistance in a safe environment may be a new experience for the client. Periodically reinforce that expressing and explaining feelings of resistance helps further the working relationship. It helps the client feel safe and appreciated for stating his resistance. Statements such as, "It's really all right that you don't like all of this," or "I can see why you are angry," validate the client's feelings. Further, allowing the client to verbally express his anger and frustration, and providing understanding and calm support, can sometimes defuse a client's feelings and de-escalate a volatile situation, thereby helping keep the environment safe for the client and the worker.

3. Exploring the Resistance

- Exploring involves the following tasks:
 - *Fully explore the resistance*. Once the resistance has been surfaced and acknowledged, and the client understands that the worker must keep the interaction comfortable and safe, the worker can elicit the client's concerns

using open-ended and clarifying questions. These might include: “tell me what you think about that,” or “let’s see if I understand what you’re saying,” or “can you explain what you mean,” or “this sounds really important to you – please tell me more about it.”

- The worker can help move from resistance to action by asking the client to consider the future, what his or her goals are, and how the worker might help achieve the goals of child safety and permanence in a way that is least distressing and most comfortable for the client. In responding to this question, the client works with the worker toward the objective rather than against it. The client may suggest alternative ways to resolve the situation. The worker can then begin negotiating a solution that meets the case objectives, and is acceptable to the client. The end point of this kind of dialogue should be developing some kind of agreement about the next steps to be taken.

4. Rechecking

- Before the meeting is over, the last step is to recheck the status of the resistance and the agreements you have made with the client. This step is essential because it provides closure to the issues and ensures that no agreement will be forgotten. Re-checking also allows the worker to start the next meeting without having to deal with the resistance again.
- Resistance once handled does not necessarily stay resolved. The worker should explain that there may be future situations where the client begins to feel, or the worker senses, that resistance has reoccurred. The worker should gain the client’s agreement that when this occurs, the same process that worked during the current meeting will be re-implemented.

Optional Activity: Resistance Skill Practice

Instructions in Facilitator Resource Guide

Activity Handout: 3.4.2 Resistance Case Scenarios

Section 3: Application of Interviewing Strategies

Activity Handout: 3.4.3 Nine Block Exercise

- Distribute the Nine Block Exercise. Instruct participants to individually complete the form as they watch the next segment of the Forrester scenario. They are to identify something that Carol did or said during the video that demonstrates the strategy or response listed in each of the nine blocks.
- Show The Forrester Family Video Part II: Development of Relationship. This segment is about 12 minutes long and begins with Carol driving Ms. Forrester to the hospital. It includes the drive to the hospital, talking with the physician, and

developing a safety plan for Jon. Before showing this segment of the Forrester Family Video, explain the scenes they will be viewing.

- After the video, divide participants into small groups and distribute a blank flip-chart paper to each group and instruct them to draw and label a grid on the flip-chart paper similar to their handout. The small groups should compare their individual handouts and choose a single response to record on the flipchart grid. Give participants approximately 15 minutes to complete this task.
- During the debrief, if participants don't note that the agency hasn't considered Jon's father as a possible placement for Jon, you should hint that there may be something Carol has missed in her initial intervention and try to draw the issue from the group. While no mention is made of Jon's father at this time, there are several factors that would need to be taken into consideration. Who is the legal father? Does Jon have a relationship with him? Is his father's home a safe placement for Jon? Is there any reason Jon's father should not be considered?

Coaching Points:

S.H.E.R. Model

- Carol surfaces the resistance by stating, "Well, I guess you're pretty upset because you think we're going to accuse you of abuse."
- Carol explores this further. For example, she comments on what Ms. Forrester is likely feeling, but not verbalizing, when they are driving in the car. Carol attends to the process by asking Ms. Forrester about what she is feeling. When Ms. Forrester does not reply, Carol does not give up. Instead, she provides realistic reassurances. Carol demonstrates her understanding about Ms. Forrester's situation.

Family-Centered Practice

- Carol recognized that Ms. Forrester was still Jon's mother, despite any allegations or suspected harm, and made her the central person in planning and providing safety for Jon.
- Carol demonstrated respect for Ms. Forrester's role as Jon's mother by asking Ms. Forrester to "take the lead" in the hospital. This also helped establish that Ms. Forrester is a partner in this effort to obtain medical care for Jon.
- She immediately asked about relatives when placement became necessary and allowed Ms. Forrester to make suggestions.

Rapport Building

- Carol demonstrated respect for Ms. Forrester by using her surname and the title "Ms."
- Carol used small talk effectively, to get to know about some other aspects of Ms. Forrester's life. This provided Carol with information about family strengths that she may use later in case planning. It also provided her with opportunities to compliment

Ms. Forrester. This gave Ms. Forrester a break from the very anxiety-producing discussion of Jon's injuries.

Reducing Resistance

- Carol demonstrated her understanding of Ms. Forrester's resistance, stating that she understood that Ms. Forrester didn't trust her. Carol did not take Ms. Forrester's anger and resistance personally, which helped her remain calm and respectful. (This is an example of the worker attending to her own process issues and maintaining control of her emotions.)
- Carol demonstrated empathy for Ms. Forrester's situation. She gently used confrontation about the likelihood that Ms. Forrester could hurt Jon again. She used only as much authority as was needed.

Engaging in Collaboration

- She explained what would happen at the hospital. This shows Ms. Forrester that Carol cares enough about her to prepare her for anxiety-producing situations.
- She also stated that, although she had to go to the hospital as part of her job, she really wanted Ms. Forrester to go along with her.

Supportive Responses

- Even though Carol was investigating a very serious incident and was working with an initially resistant client, she used many supportive responses.
- Carol supported Ms. Forrester when she disclosed the truth about how Jon received the bruise on his face, and did not criticize or confront her for withholding this information previously. This is not the time for that sort of confrontation.
- Following are questions or responses that represent supportive responses:
 - "I won't understand how you feel about it, unless you tell me – and I really would like to know."
 - "We really are here to help you."
 - "... and he'll be reassured just knowing you're there."
 - "... and remember, I'm here to help."
 - "I know this is probably one of the hardest things you've ever done."
 - "Remember when I told you that I wanted to work with you, not against you?"
 - "I know that you mean that sincerely," when referring to Ms. Forrester's promise not to hurt Jon.
 - "You told me before that you didn't mean to hurt him."
 - "Now, I think it took guts to do what you did."
 - "...you faced the truth, and made a plan for Jon, even though it was painful and embarrassing for you."

Confrontation

- While Carol very skillfully engaged Ms. Forrester through supportive responses and active listening, she also confronted several issues, including the cause and severity of the injury, the likelihood of reoccurrence without intervention, and the steps necessary to assure Jon's safety.
- During the discussion with the doctor, Carol was firm, yet empathic. She and the doctor clearly communicated how serious the situation was without being punitive or judgmental.
- Following are questions or responses that represent confrontation:
 - "We can't protect him unless you and I both understand what happened."
 - "But if you tell us the truth, we'll be better able to help you and Jon."
 - "Now's the time to begin," in reference to working together.
 - "So, until we can understand what happens, and we can help you control it, I think that it might happen again, even if you don't mean for it to."
 - "... but, if he stays with your sister, you can't take him from there."
 - "Now, you can go visit him, but she has to be there."

Clarification

- Carol used clarification responses in a supportive manner and to gently surface issues of resistance. Such responses include:
 - "It sounds as if that bothers you."
 - "I think what happens is that everything gets out of control pretty quickly and then you react a little more forcefully than you intend to."

Reframing

- When Ms. Forrester stated that her sister thinks she is a terrible mother, Carol reframed her concern by stating, "Well, we can explain to her that you're trying to become a better one." This statement also communicates the worker's belief that Ms. Forrester can change.

Questions

- Closed-ended, yes/no, and probing questions: Carol used very few closed-ended or probing questions. "Is there anyone that Jon can stay with?" is an example of one closed-ended question that may also be considered probing. It was necessary to get factual information.
- Open-ended questions: Carol likely asked many open-ended questions during the period of "casual conversation" while waiting for the doctor, although we didn't hear those on the tape. A clear example that is heard in the video is "Can you tell us how it happened?" when Ms. Forrester admits to hurting Jon.

Summarization

- Carol summarized the situation when she described Ms. Forrester's not wanting to hurt Jon and how she lost control, Carol's own thoughts regarding reoccurrence of harm, and what was needed next. This provided an initial road map for Ms. Forrester. Carol also redirected Ms. Forrester in casual conversation while waiting for the doctor, in an effort to help her relax.

Additional Observations About Carol

- Giving options, advice, or suggestions: Carol knew that it was important to Jon to have his mother present in a frightening situation, and was also able to use this knowledge to empower Ms. Forrester by suggesting, "When we get inside, I'd like you to take the lead ... Are you okay with that?" When asking where Jon could stay, she suggested "other members of your family." Carol suggested Ms. Forrester explain to her sister that she is "trying to become a better (mother)," and "shall we call your sister while we're waiting for the doctor?"
- Carol ensured that Jon would be protected. She used her protective authority to insist that Jon be shielded from possible harm. She empathized that this was difficult for Ms. Forrester.
- Carol was careful not to divulge what Jon had told the school nurse. This may prevent the mother from punishing Jon for talking with the school nurse.
- Carol also supported Jon through the initial process of the investigation, by assuring that his mother would be at the hospital for him.
- According to Turnell and Edwards in Signs of Safety, it is important to attend to the details of interactions with clients. Small, repeated demonstrations of respect, hope, trustworthiness, and empathy often help engage families in the process of change to protect their children.

Module 4: TEAMING

Learning Objectives:

The learner will:

- √ *Know the importance of working collaboratively with the family, including extended family members and service providers, to plan and coordinate services.*
- √ *Understand the responsibility of the entire community in child protection and family support.*

Materials Needed:

- √ flipcharts
- √ markers

Unit 1: Welcome Back and Icebreaker

(Estimated Time: 1 hour)

- Welcome back participants and review the working agreement.
- Conduct an icebreaker which can easily be related to the importance of team work. Suggested icebreaker: Commonalities and Uniquities in the Facilitator Resource Section.

Unit 2: Teaming Overview

(Estimated Time: 2 hours)

Section 1: What is a Team?

- Conduct an introduction to teaming. Discuss with the group the difference between a group and a team.

Coaching Points:

- What is the difference between a team and a group?
 - Teams have a clear purpose or goal.
 - Teams have a system of communication.
 - There are clearly defined rules.
 - There is usually leadership and/or guidance.

- There may be a referee who ensures everyone follows the rules (Facilitator).
- Within DCS we use teams to make decisions and develop plans with families. We use teams to get our work done. We are inclusive rather than exclusive. We value and respect the voice of all involved.
- The Functions of the Team include:
 - Involving the family and community in making good decisions and plans for children and families
 - Ensuring the family and child have a voice in the process and is consistent with strengths-based, family-centered and culturally responsive practice
 - Creates partnerships with resource providers to make sure we are all working together toward the same end.

Section 2: Elements of Effective Teams

Participant Resource: *Elements of Effective Teams* (have participants complete with important points of the discussion)

Coaching Points:

- Share the commonly used acronym for “TEAM.” **T**ogether **E**veryone **A**ccomplishes **M**ore
- What makes an effective team? Be sure the following are included:
 - **Commitment:** There must be commitment to the team as a whole and to individuals on the team. In family teams, teammates must be committed to helping family members reach their potential and resolve the issues that resulted in DCS involvement.
 - **Purpose:** Do all team members know the purpose of the team? (Not just the goal of the team, but why the team process is important.) Does each individual understand their role on the team and what they can bring to the team?
 - **Good Communication:** The team must be willing to invest the time necessary to share feeling and opinions. Without open communication, the team cannot function as effectively and may miss important assessment and planning information.
 - **Support and Guidance:** All teams experience difficult and challenging times. Well functioning teams have the support and guidance they need to tackle these problems. This could come from the team leader (worker), someone outside the team, or even fellow team members.

- **Mutual Respect:** Having mutual respect does not mean that everyone gets along well or agrees on everything. It means that each member respects the contribution of other members. The focus is on the issue, rather than the individual.
- **Shared Responsibility:** Does each team member contribute something to the team? Is responsibility for accomplishing the family's goals shared among team members? If team members feel they are not contributing to the group in a meaningful way, they may disengage from the team.
- **Adaptability:** All teams need the ability to be sufficiently flexible and adapt to changing circumstances.
- **Composition:** To be effective, the team must have the right people at the table at the right time. The "right people" are those that are able to make contribution toward the area of concern. For family teams, members should be selected based on the strengths and needs of the family. The "right time" means having those people present when decisions are being made about how to manage an area of concern to which that member can contribute.

Optional Activity: DCS Logo

Tell participants they are working at a publicity firm. Have each participant (or small group) use the materials provided (flipchart paper, markers, etc.) to create a logo or ad for DCS, focusing on teaming. Remind them of the elements of effective teams.

Have individuals or small groups debrief with larger group on elements of their logo and what they represent.

Optional Activity: Team Building Activity

Conduct a team building activity to focus on the elements of effective teams. Three Read is recommended and can be found at in the Facilitator Resource Guide.

Section 3: Why Do I Need A Team? Benefits and Pitfalls of the Team Approach

Coaching Points:

- Benefit of using a team approach to practice:
 - There's more work than one person can do
 - Decisions are shared and are out in the open
 - More cooperation from the family
 - Family will function more independently
 - Lasts past DCS involvement
 - Rebuilds family relationships
 - Teaches families how to solve problems with their own resources
- Potential "pitfalls" of using a team approach:
 - It requires more time to ensure all persons are involved initially (but saves time in the long run because of shared responsibility)
 - Opens the door to others about what we are doing; it opens us to criticism (not concerning if we are working with practice model guidelines).
 - It is sometimes difficult to get everyone on the same page, especially if members are only sporadically present at team meetings.
 - Family desires do not always coincide with departmental mandates of protective authority or court orders.
 - Consensus may be hard to reach.
 - Involving others requires intense communication from the worker.

Unit 3: Building the Family Team

(Estimated Time: 2 hours)

Section 1: Team Composition

Participant Reading: Policy 31.7 Building, Preparing and Maintaining the Child and Family Team.

Coaching Points:

- Refer participants to Policy 31.7, Building, Preparing and Maintaining the Child and Family Team. Participants will be reviewing this policy more thoroughly during the planning module. For the teaming module, draw their attention to the first three pages, stopping at Section B, Part a. ii. Discuss the importance of building the team from the perspective of this part of the policy.
- The worker, birth parents, and family members form the core of the child and family team.
- Other members of the team can be anyone identified by the family, including extended family, friends, or neighbors who are actively participating in the child's life.
- The team will also include professionals involved in the care of the child/youth (e.g. teachers, doctors, therapists, GALs, child care providers, resource parents, health care providers, and other service providers) or working with the child/youth/family toward their goals (therapists, provider agency staff, family service providers such as A&D, parenting instructors, etc.)
- Such team representation may be required to assure that a necessary combination of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family.
- Collectively, the team should have the technical and cultural competence, family knowledge, authority to commit resources, and ability to flexibly assemble supports and resources to specific needs.
- Members of the team should have the time available to fulfill commitments to the child and family.
- Team members should have the capacity and willingness to be a positive support for the family.
 - Capacity: Is the person able to help? How can the person help? What tangible or intangible supports can the person offer?

- Willingness: Is the person currently willing to help? Has the person been willing to help in the past? What would convince the person to again be willing to help?

Participant Resource: *Stacking for Success*

- Willingness and capacity can be assessed with the *Stacking for Success* method described in the Participant Resource.
- The resource shows hope for the family as the foundation for member participation and moves progressively upward to commitment.

Section 2: Widening the Circle

Coaching Points:

- From the reading, identify reasons that family members may have difficulty in identifying team members.
- Identify methods of “widening the circle.” Be sure to include some of the questions from the reading.
- Pictorial tools are useful across the practice wheel.
 - Pictorial tools are engagement tools and should ALWAYS be completed with the family.
 - Pictorial tools should be considered a method of engagement as well as teaming and assessment tools. Properly done, the process draws the family into the change process, helps family members gain insight regarding family strengths and needs, and communicates to family members that they are the heart of the team.
 - Pictorial tools are useful in the teaming process as a way to identify team members and supports, as well as things that draw energy from the family.
 - Pictorial tools are useful in the assessment process as a way to identify family dynamics and patterns in the family interaction.
 - Pictorial tools are useful in the planning process as a means to identify needed services and supports.
 - Pictorial tools are useful in the tracking and adjustment process to help the team visually see progress in the family system.
- Genograms and ecomaps are most useful in the teaming process and so are presented here. Family maps and timelines are most useful in the assessment process.

Facilitator Note: Family maps and timelines are included in the Participant Guide under Pictorial Tools. You may choose to present them at some point in the teaming and assessment modules. However, the primary focus in Pre-service Core is on genograms and ecomaps.

- How are genograms beneficial in identifying resources for the family?
 - Help overcome communication barriers and ease the child welfare professional into questioning of a family in a way that engages the family constructively and guides the family's exploration and awareness of their own patterns and trends.
 - Help predict future possibilities of abuse or neglect based on patterns, trends and history within the family system.
 - Identify kin and support activities related to kinship.
 - Help all involved people learn the elements of the family system.
 - Communicate a social history.
 - Support design of interventions to break the cycles of negative behaviors.
 - Support identification and assessment of potential placement options.
 - Illustrate patterns in the extended family that are not captured in risk assessments or ecomaps.
- Identify how ecomaps are beneficial in identifying resources for the family.
 - Illustrate the connections in a family and whether those connections and interactions are helping or hurting the family. Part of this value is in supporting the concept of observing "resource and energy flow" to and from a family as a result of its connections and interactions with its environment.
 - Provide a consistent base of information to inform and support intervention decisions.
 - Allow objective evaluation of progress – the team can observe impact of interventions, both on the family and on other elements of their environment.
 - Support discussion of spiritual and value related issues in a constructive way.
 - Support the engagement of the family in a dialogue that can build rapport and buy-in, while heightening awareness of the team to family supports.
 - Identify and illustrate strengths that can be built upon and concerns that can be addressed.
 - Summarize complex data and information into a visual, easy to see and understand format to support understanding and planning.

Section 3: Demonstration and Practice

Participant Resource: *Pictorial Tools*

Facilitator Instructions

- The use of genograms and ecomaps should be demonstrated and practiced at this time. This can be accomplished in several ways. The facilitator can demonstrate the use of one of the tools by interviewing a participant or having a participant conduct the interview in a large group and coach them through the demonstration. After the demonstration, participants should have an opportunity to practice in small groups, with some completing genograms and other completing ecomaps.
- The Forrester family can also be “interviewed” through role play, thus adding to the family story. You can add family members to the role play if you choose, or just “interview” Susan. If you decide to use the Forrester family as a practice scenario, post a flip chart to list potential team members.
- Do not use the Gatewood family for this practice, as the initial interview with the Gatewoods does not occur until the assessment module. If you prefer to use the Gatewood family as a practice for this activity, conduct the practice portion of this Unit to the assessment module.

Section 4: Measuring Success

Coaching Points:

- How do you know if the family team is successful? Consider the following: Is the team...
 - √ community based? Are services based in the home and community of the child and family?
 - √ individualized? Does the plan consider all aspects of the family’s life and is it flexible in meeting the child and family’s needs?
 - √ strengths-based? Are services and supports focused on identifying and utilizing the strengths of the child and family?
 - √ giving the family a voice? Are the family’s choices, preferences, cultural values and ways of doing things showing up in the plan? Is it the family’s plan or the professionals’ plan?
 - √ included in all meetings where decisions are made about the child and family?
 - √ a blending of formal and informal resource members? Is your team made up of the right mix of friends, family and supports along with the needed professional team members?

√ optimistic and hopeful? Is the team geared to keep trying even if difficulties happen? Is there a spirit of “never give up, we can make it?”

Module 5: ASSESSMENT

Learning Objectives:

The learner will:

- √ *Recognize signs of physically abused, neglected, sexually abused, or emotionally maltreated children.*
- √ *Recognize signs of immediate and risk of abuse or neglect to children in their homes.*
- √ *Know methods for conducting a complete assessment that identifies family needs, strengths, contributions to maltreatment, and resources to promote children's safety.*
- √ *Recognize indicators of age-appropriate development in all domains for children of varying ages.*
- √ *Recognize healthy attachments between children and their families or caregivers.*
- √ *Knows importance of and structure for documenting case information.*

Materials:

- √ Folders labeled "Forrester Family" and "Gatewood Family" for each participant. These are used as "case files."
- √ flipcharts
- √ markers

Unit 1: Introduction to Assessment

(Estimated Time: 60 minutes)

Section 1: Intake

Optional Activity: Assess the Room (15 minutes)

This is best completed at the beginning of the day or after lunch. Set up the room prior to the participants' arrival with things that are obviously out of place and do not belong; it would be good to include things with distinct smells, textures, and colors. Move familiar items around. Some change should be obvious, some subtle. When participants return, ask them to note as many changes as they can. Debrief the activity by discussing how they used their five senses to note changes in the room.

Facilitator note: *You will need to become very familiar with criteria for accepting a referral and response priority assignment. Review DCS policy 14.1 and 14.2. Please note that prior versions of Pre-service included only three criteria for accepting a referral. Policy now indicates that the referent must also include sufficient information to locate the victim.*

Coaching Points:

- All DCS workers need to be familiar with intake criteria and allegations of harm.
- All workers who have contact with children and youth must be able to assess safety. Safety is assessed consistently while the child/youth is in placement, as children transition home, etc.

Participant Resource: Referral Criteria and Response Times

- Assessment (and engagement) begins with the initial allegation of harm. Reiterate the criteria for accepting a referral for investigation. Criteria assessed include:
 - age of child
 - relationship with the alleged perpetrator
 - an allegation of harm
 - information on how to locate and identify the alleged victim
- Stress the confidentiality of the referral source and why this is important.
- Each case that is screened in will be assigned a response priority.
 - **P-1:** Cases where the child may be in imminent danger. Investigations/assessments should be initiated with face to face contact with victim(s) immediately, but no later than 24 hours after the referral.
 - **P-2:** Investigations/assessments must be initiated by face to face contact with the victim(s) within 48 hours of the referral. Alleged injuries or risk of injuries are not imminent, life threatening or do not require immediate medical care and in which a 48 hour delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.
 - **P-3:** Investigations/assessments must be initiated by fact to fact contact with the victim(s) within 3 business days of the referral. These include allegations in which the risk of harm to the child is low and where a three day delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.

Participant Resource: Priority Response Definitions/Examples

- Discuss the examples for different response priorities. In particular, focus on why certain cases would be considered P-1.
- Young children are particularly vulnerable to abuse and neglect for a variety of reasons. For example:
 - They may not be able to communicate.

- They are totally dependent on adults for their care.
- Children under school age are more likely to be out of sight of the community and thus maltreatment may go unnoticed.
- They lack defense mechanisms which may protect them, including the ability to flee potentially dangerous situations.
- Their size makes them more vulnerable. The same force used against an older child may not inflict the same degree of harm.

Optional Activity: What Do You Know?

Instructions located in the Facilitator Resource Section

Section 2: What is Assessment?

Participant Resource: Key Questions to Consider During Assessment, Risk/Severity Continuum, Issues Related to the Impact of Maltreatment, and Overview of the Assessment Process

- Assessment is the on-going process of gathering and analyzing information, drawing conclusions and making decisions.
- Assessment and engagement are symbiotic tasks. One of the purposes of engaging the family is to obtain an accurate assessment with the family. One of the goals of assessment is to engage the family.
- Done properly, the spokes on the Practice Wheel will intertwine. Best practice in one area supports best practice in another area. Pictorial tools, for example, are useful in accomplishing engagement, teaming, and assessment.
- Assessment involves all five senses:
 - hearing—not only for own safety but to hear the family story—to really listen
 - sight—direct observations, what you see
 - touch—feelings involved, what are your feelings, what does your gut tell you, how does the family say they feel, etc.
 - smell—certain smells are red flags for particular problems. For example, any smell that would suggest the presence of a meth lab in the home could impact the workers own personal safety. If workers find themselves in a suspected meth lab, they should leave immediately. (Participants who want to learn more about meth, can take the online course)
 - taste—talking the talk—using your tongue to converse
- Assessment is a process, not an event (such as filling out a tool).

- We all have experience using assessment in our everyday lives. Coach participants to recognize this experience with an example. For instance, you could discuss how they made the decision to accept the job of DCS case manager.
 - How did you first learn about the job? What tools did you use to gather information (newspapers, internet, observations, etc)?
 - What information did you gather about the job and the department in preparation for the interview? How did you go about gathering this information (what tools did you use)?
 - What additional information did you gather during the interview? What methods did you use to obtain this information?
 - What process did you use to analyze the information you had gathered? For example, did you make a list of the pros and cons?
 - What conclusions did you draw? How did you ultimately make the decision to accept the job?

Optional Activity: Organizing the Assessment Process

Provide participants with the steps of the assessment process, with each step on a single sheet of paper and give them one minute to put them in the correct order. Post on the wall. For larger groups, divide and have each group complete the process. Post one set of steps on the wall. Return to these steps as you progress through the assessment module.

- The assessment process of preparing for the assessment, gathering information, analyzing information, and drawing conclusions.
- Assessment begins with the first point of contact and continues through the life of the case.
- The assessment process is not linear; instead it is circular, ongoing, and continues through to case closure.
- Debrief participant guide pages.

Optional Activity: Create a Child (45 minutes)

Divide participants into small groups and assign one of the developmental stages below. Each group will “create” a child or youth whose age corresponds to the group’s assigned stage of development. They should develop a short profile of their child’s functioning, including physical health, mental health, and educational status. They should develop personalities and interests for their child that correspond to the child’s developmental age as well as identify parenting capabilities which will meet the child’s developmental needs.

- Infancy (birth through 1 year)
- Toddlerhood (1 to 3 years)
- Preschool-age (3 to 5 years)
- School-age (5 to 12 years)
- Early adolescence (12 to 14 years)
- Middle adolescence (14 to 17 years)
- Late adolescence (17 to 19 years)

Facilitator Note: *The Assessment Module will follow the outline of the assessment process. In each section, participants will discuss general issues regarding the appropriate section of the assessment process. They will then watch a portion of the Forrester video and practice application skills with the Gatewood family.*

Throughout the process, different assessment “subtopics” will naturally arise. For example, during the Gatewood scenarios, the issues of substance abuse and mental health will naturally occur while participants are involved in application activities. Take this opportunity to draw on information from participants’ pre-readings and process with the group the key things they should know about that particular issue. If certain issues do not arise naturally, the facilitator should inquire about how they might fit into a given case. For example, the Forrester case provides an opportunity to discuss attachment issues. Facilitators are responsible for ensuring that they have a working understanding of these issues.

The facilitator should ensure that the following topics are covered:

- *Risk and Safety Assessment*
- *Child Abuse and Neglect*
- *Domestic Violence*
- *Substance Abuse*
- *Mental Health*
- *Poverty*
- *Helping the Family Tell Their Story*
- *Child Development*
- *Attachment*
- *Cultural Issues in the Assessment Process*
- *Professional Collateral Assessments*
- *Underlying Needs*

Participant Guide pages for these issues are included at Unit 3, Section 1. Continue to lace in information from previous discussions, ladder of inference, how culture plays a part of assessment, etc.

Unit 2: Preparing for the Assessment

(Estimated Time: 90 minutes)

Section 1: How to Prepare for an Interview

- Brainstorm about how one might prepare for the assessment process.
 - Review the referral.
 - Determine if there are previous records on the family and review.
 - Talk to the intake worker. They may not have noted everything on the intake form.

Participant Resource: *Assessment Red Flags*

- As they prepare for an assessment, they should be aware of red flags in a case.
- In the assessment process, there are some signs of risk that can be clearly assessed as risk to the child. Often, there will also be *potential* indicators of concern. These “red flags” are cues to more serious problems which *may* exist in the family. Typically, when referring to red flags, it means there is not yet enough assessment information to determine if an actual risk exists. The concern should be further explored.
- In addressing red flags, workers should keep of the Ladder of Inference in mind. Caution should be used in drawing conclusions without adequate data. Red flags can often be misinterpreted. Critical thinking (discussed below) is essential in the assessment process.
- Other items workers might prepare for as they meet a new family:
 - resistance
 - normalize the idea that families will not always be truthful and that this is something to be expected, not an opportunity to be a “gottcha” with the family
 - children may have different reasons for being deceptive than adults
 - what assessment tools might be useful in working with a family

Section 2: Preparing to Interview the Case Families

Facilitator Note: *As you continue to work with the two Case Families, utilize the safety / risk continuum that was created in Module One. Make a sticky note for each family (or each child or each family member). Each time you assess the family's current status, place the corresponding sticky note in the appropriate place on the continuum.*

- Distribute case files to participants and explain that this will be their case file on the Forrester and Gatewood families for the rest of Pre-service. They should keep all materials and notes about each family in these files.
- Have participants recall the Forrester family. There have been two interviews with Susan Forrester to date. What do we currently know about the Forrester family? What do we need to know more about? Develop a separate flipchart for each.
- Based on what they know about this case, would the referral have gone to investigation or assessment? (Investigation) Why?
- Based on the current information, where would they place the family on the safety/risk continuum? Why?
- What would be next steps if they were the worker in this case?
- Repeat this process with the Gatewood family.

Case Family Handout: Gatewood Referral Information

- Have participants review the Gatewood Summary information and prepare for the assessment. They should develop a list of what they currently know about the Gatewoods and what they need to know more about.
- Participants should quickly reach the conclusion that they do not know much more than demographics at this point in time, but they should have a lot of questions.
- Remind participants that they should always assess for safety, permanence, and well-being. (Not all have to be assessed in the first interview, though safety should always be assessed.) Remind participants what indicators they should look for under safety (maltreatment, substance abuse, domestic violence). Are there currently indicators that any of these issues might be present for this family?
- Would this case have gone to investigations or assessment? (Assessment) Why?
- As the workers for this case, what would be their next steps?
- This may be a good time to briefly discuss how to determine who to interview first, child or parent?

- Once participants feel they have adequately prepared to interview each family, move to Unit 2.

Unit 3: Gathering Information

(Estimated Time: 4 hours)

Section 1: First Forrester Assessment Interview

Participant Resource: *Gathering Information, Hearing the Family's Story to Assess Safety, Child and Family Functioning, Maslow's Hierarchy of Needs, Assumptions about Child Development, and Developmental Charts*

Activity Handout: *5.2.3a Family Assessment Worksheet, and 5.2.3b Forrester Assessment Viewing Guide*. A facilitator version of this guide is in the Facilitator Resource Section.

- Remind participants of interviewing skills needed to gather information.
- Show the Forrester Family Video Part III: First Family Assessment Interview. Child and Family Services Intake Interview. This section is approximately 23 minutes long.
 - What more do we know about the Forrester Family? Add these to the chart.
 - What do we still need more information about? Add these to the chart.
 - What are family strengths?
 - What are signs of safety and signs of risk?
 - Discuss Carol's techniques, specifically in the use of engagement skills and in dealing with resistance. Note that Carol does not assess for strengths in this interview.

Section 2: First Gatewood Home Visit

- Repeat this process with the Gatewood family. Provide another *Family Assessment Worksheet* and allow participants to fill this out. They will be updating this handout throughout training. Post flip charts on the wall mirroring the activity handout.
- Have participants conduct the first round of interviews.

Facilitator Note: *Application practice can take place in a variety of ways. Over the course of the assessment module, try to use various methods to complete the "interviews." Any of the role-play activities can be used. If you choose to use role-play, you should prepare participants by giving the person playing the family member the interview information to maintain the integrity of the scenario (you may also choose to play family roles). In other cases, you may*

provide participants the information that they would have received from the interview and allow them to process in small or large groups. You may want to divide large groups for some activities. In this case, you may choose to have groups focus on different interviews, then compile information. As you debrief these interviews, remember that the focus is on their engagement skills and their general assessment skills. Do not focus on forensic interviewing techniques; however, do point out any prohibited actions (such as revealing the source of the referral).

When participants are divided into small groups to work on the Gatewood family interviews, instruct them that they will remain in this practice group for the remainder of the skills practice sessions involving the Gatewoods.

Case Family Handout: Gatewood Family: First Visit to Home

- For the first round of Gatewood interviews, participants will “conduct” the first home visit. The activity handout indicates what information is gleaned from this visit. For this particular interview, you may prefer to have participants read the information rather than role-play the interview.

Case Family Handout: Gatewood Family: First Interview with Jane

- Participants will interview Jane Gatewood.
- Debrief:
 - What more do we know about the Gatewood family? Add these to the chart.
 - What do we still need more information about? Add these to the chart.
 - What are family strengths?
 - What are signs of safety and signs of risk?
 - Debrief the interview skills if role plays are used.
 - Emphasize that we continue to cycle through the assessment process as we gather more and more information. Some analysis can take place, some initial conclusions may be drawn, and then more information is gathered, adjustments are made, and the process continues.

Optional Activity: “What’s Red?”

Ask participants to walk around the room see how many things they can see that are red. Give participants 2-3 minutes to complete. When everyone has returned to their seats, ask one participant to come to the front of the room. Ask the participant to face the wall (away from the room) and name as many of the red items that they can remember. Count the number of red items found and disclose this number to the group when the participant is done. Then ask the participant to name all the yellow items they saw. Typically, the participant will only be able to name an item or two. Allow the participant to sit down. Debrief by discussing how this exercise is a demonstration that we will see what we expect to see, and not much else. Link the importance of this understanding to the ladder of inference as well as to the assessment process. The

principle holds for looking for family strengths as well. If we expect to see problems and needs, that is what we will see. If they expect to find strengths, they will find them.

Section 3: The Role of Critical Thinking

Participant Resource: Thinking Critically in the Assessment Process

- How does the use of critical thinking lead to more sound conclusions?
- What are the possible consequences of not taking the time on the front end to think critically before drawing conclusions and making decisions?
- What might be a warning sign that you are not thinking critically?
- What safeguards can you put in place to ensure that you employ critical thinking strategies throughout the assessment process?

Section 4: Family Gap Analysis

Participant Resource: *Family Gap Analysis, Types of Resources*

- Using both case families, assess what is currently known about where the family is now, and where they want to be. What do we still need to learn to move to the analysis stage? Utilize the *Family Assessment Worksheet* from the last section.
- We are actually analyzing information as we proceed through the case, but we need to remember to keep an open mind and not get locked into initial assumptions.
- At this point in time, the family may or may not have a good idea about where they want to be. How could we help them develop this vision?
 - Genograms, ecomaps, solution focused questions, etc.
 - This may be a good time to discuss formal and informal resources.
- Begin to develop a list of strengths and concerns about each family that are posted and added to throughout the case.

Facilitator Note: *Participants can use other interview information to practice these skills. For example, they could use the first Ann Gatewood interview to begin practicing a genogram or ecomap. Begin making a list for each family about who should be included on the family team. Keep this posted and continue to add information as the case progresses.*

- **Current Situation:** Engage the family in a self assessment (using assessment tools such as the genogram, family map, or ecomap) to get the family's story about their current situation and the events/issues leading up to their current situation.

- Desired Future Situation: Engage the family in thinking and talking about what they would like their future to be like.
- The gap that exists between the family's current situation and the situation the family desires for their future is your starting point.
- Workers frequently want to jump straight to conclusions at this point.
- Is our assessment complete? Do we have enough information to begin some initial planning? Do we have a full understanding of the underlying issues? What do we still need to know?

Optional Activity: Post two flipchart pages for each family. One titled “Where the Family Is Currently” and another titled “Where the Family Wants To Be” As information is gathered and analyzed, add to it flip charts.

Section Five: Gathering Additional Information

- Repeat the process from the first round of interviews. Note that they are still preparing to gather additional information. Preparation process is also a continuing part of the assessment process.
- Show the Forrester Family Video Part IV: Second Family Assessment Interview. This section is approximately 19 minutes long. After watching the interview, add to the *Family Assessment* handout and charts.
- Repeat this process with the Gatewood Family. See the Facilitator Resource Guide for information on how to proceed with the remaining Gatewood skill practice.

Unit 4: Analyzing Information

(Estimated Time: 2 hours)

- Continue returning to the posters for each family. Where are they now? On the risk/safety continuum? On the gap analysis? What are strengths? What are concerns? Etc.
- At this point, have a thorough discussion on underlying needs if you have not done so already. Drawing from Maslow's Hierarchy and the Circle of Security, discuss how needs are expressed in a hierarchy—each set of needs must be satisfied before the next level can be addressed.
- All behaviors are an expression of need. Discuss various ways of expressing need. For examples, how do young children communicate needs vs. teenagers or adults, etc?

- Needs are expressed in both healthy and unhealthy ways, through behaviors, presenting problems, and signs of risk.
- Behaviors frequently do not communicate the need directly or explicitly. Instead, it is necessary to understand the need that is driving the behavior, the underlying need. For example, when a toddler has a temper tantrum, the underlying need may be that he needs a nap, or assistance with resolving frustration.
- Often, our focus is on resolving a behavior problem, because it is easier to see and identify than the underlying need. However, when we fail to address the underlying need, we are solving the wrong problem.
- This is a lesson learned by the juvenile justice field. In former practice, we removed juveniles with behavior problems from their homes in order to provide treatment to them, while providing little to no intervention with their family or other environmental concerns. When it appeared that their behavior had improved, we sent them back to the same environment in which the problems developed, thus setting the stage for recurrence of the same problems.
- This may also be a good time to discuss professional collateral assessments. In gathering and analyzing additional information, we may conclude that further professional assessment is needed. How to request these referrals, what information to share, etc.

Participant Resource: *When to Seek a Collateral Assessment for Children and Youth, Professional Collateral Assessments: Asking the Right Questions*

Unit 5: Drawing Conclusions

(Estimated Time: 2 hours)

- For each family, complete the analysis process based on the information you currently have. Demonstrate Forrester in the large group, and then break into small groups to analyze the information on the Gatewood family.
- Draw some initial conclusions that can take the family into the planning phase.
- Emphasize that the family is part of the entire assessment process, including analyzing information and drawing conclusions.
- What are strategies that can be used to include the family in the entire assessment process?

Unit 6: Documenting the Assessment

(Estimated Time: 2 hours)

Participant Resource: Case Recording Guidelines, PC-Cop Outline

- Discuss the purpose and structure and content of case documentation.
- When TFACTS is implemented, there will be policy changes related to case recordings. At that time, **all** programs will be using the purpose, content, observation, plan outline. Programs will have different implementation policies, but all will adhere to this basic outline.
- In large or small groups, practice writing a recording documenting one of the Forrester interviews. Remind participants that case recording should reflect strengths-based practice.
- Participants will complete a case recording for the Gatewood family (define the contact that you want them to record) as homework. When they next return, have them work in small groups or pairs, exchanging and critiquing their recordings.
- The functional assessment and the narratives of Case Recordings work together to provide a clear, accurate reflection and assessment of a family's strengths and needs.
 - Case Recording narratives contain the substance of the contact with the family.
 - The functional assessment presents the conclusions concerning the family's functioning, strengths and needs that are drawn from the Case Recordings.
 - The accuracy and completeness of the Case Recordings directly influence the accuracy of the conclusions we draw with a family about that family's strengths and needs.

Module 6: PLANNING

Learning Objectives:

The learner will:

- √ *Know how to develop plans that include objectives and service activities to address high priority needs and problems, and that build on family resources and strengths.*
- √ *Knows how to assess family strengths and needs, develop plans, and implement case activities that promote safety, permanency and well-being.*
- √ *Knows how to initiate planning activities, including concurrent case planning, to assure children's safety and stability.*
- √ *Knows importance of engaging and supporting family members to keep them involved with children in placement.*

Unit 1: Welcome Back and Icebreaker

(Estimated Time: 30 minutes)

- Welcome participants back and review the working agreement.
- Conduct an icebreaker which can be easily related to planning. Space Boots or Human Knot are recommended and can be found in the Facilitator Resource Guide.

Alternate Icebreaker: Walk Around Activity

- Have the following questions on flip chart paper around the walls and have participants respond to them by writing on the flip chart as they enter the room. Alternately, conduct this activity as a lightning round as an energizer at a later point in the training.
 - √ Why is learning about case planning important for you in your particular job?
 - √ What is the purpose of case planning?
 - √ What are your learning needs for this week's topic?
- Process as you discuss planning overview.
- Review the Working Agreement.
- Process any Pre-work issues.

Unit 2: Planning Overview

(Estimated Time: 90 minutes)

Section 1: What is Planning?

Coaching Points:

- Case planning and engaging families in the case planning process are integral to child welfare services. All caseworkers should understand the purpose of case planning.
- Case planning is a technology that, when implemented properly, guides the caseworker and the family toward safety and permanence for children.
- Planning is implemented in all areas of practice. Remind participants of the different types of plans (IPA, custodial and non-custodial perm plans, Interdependent Living Plan, YFIA, and Individual Program Plans—now only used in treatment programs, not as an additional plan for all JJ kids).
- There may be differences in the plans, but the process is the same. If you understand strengths, needs, desired outcomes, and action steps you can complete any DCS plan.
- CPS workers will write Immediate Protection Plans (safety plans) with families.
- In addition to their responsibilities to complete safety and risk assessments, CPS workers begin the process of gathering critical assessment information that will ultimately lead to identification of a family's strengths and needs to be used in the development of case plan goals, desired outcomes and action steps.
- CPS workers should also begin to engage families and explain the case planning process to them, including exploring services they can receive from the DCS once (and if) the case is transferred to Social Services.
- Ongoing service caseworkers, whether Assessment, Social Services, or JJ, work closely with families to identify and formalize case goals, desired outcomes and action steps into a mutually agreed upon case plan. This "road map" provides the foundation for the casework process that builds on family strengths and addresses areas of assessed needs.
- Ongoing service workers support families in the implementation of their case plan. They review, document, and amend the plan as needed, based on clearly defined desired outcomes and time frames.
- Planning is a process, not an event. The overarching plan for all children involved with child protection is permanency planning, defined as planning to ensure that a

child has a safe, stable and permanent home in a timely manner. Permanency is the conceptual goal of all casework activities from the first contact with a family, throughout casework involvement, until the case is closed. All case planning activities should be directed toward assuring that every child with whom we work has a permanent family, capable of providing him with nurturance and protection.

- Case planning is a primary method for ensuring that the systemic child welfare goals are realized for each family involved with DCS, i.e., to:
 - Identify children at risk of abuse or neglect;
 - Assure children's safety and prevent future harm;
 - Enhance the ability of families to safely care for their children;
 - Provide the least restrictive, most home-like substitute care placement as possible when placement is needed;
 - Reunify children as quickly as possible; and
 - When needed, provide the child with a safe, stable permanent home as quickly as possible or to emancipate the youth to independent living. (Field Guide, 1998)
- Everyone plans, every day. At times, planning is so automatic that it appears to be intuitive. For example, this morning you planned how you would get to this training (who would drive, how early you needed to leave home, whether you needed gas, etc.) These are relatively straightforward decisions.
- Complex problem-solving and planning are generally more difficult. We need a formal and well-constructed planning technology to guide us if we are to effectively and efficiently design plans that can help achieve case goals. Without a well-formulated plan, action steps are often haphazard, poorly directed, uncoordinated and unproductive. We may expend considerable effort and resources without achieving our desired ends.
- In child welfare, careful and thoughtful planning is essential. Child welfare workers provide assistance to families in highly complex situations with multiple and interrelated contributing problems, often to achieve several desired ends. If we don't intervene quickly, children and their families can be seriously harmed. Yet, if we don't intervene appropriately, our interventions can be more harmful than helpful. A commitment to careful planning is, therefore, imperative to assuring that families receive the services they need in a timely manner (and no services that are not needed).
- Case planning is social work's application of planning technology to the process of helping children and families. Unfortunately, because the term case plan has been

widely used to represent a written document that is completed to assure legal and fiscal accountability, the underlying planning process is frequently lost.

- How is planning related to the other spokes of the practice wheel (from pre-work)?
 - it is based on relationship (engagement)
 - it is created and carried out by the team
 - it is based on ongoing assessment
 - it is implemented immediately
 - it is tracked with regular review
 - it is adjusted as needed with ongoing assessment

Participant Resource: Case Planning Flow Chart and Guidelines for Case Planning

- Briefly discuss the chart, noting that each of these areas have been covered in previous classes or in their reading. At this point in the training, they have covered the first two columns in depth and will cover the remaining columns in this week of training.

Section 2: Planning vs. Reacting

Coaching Points:

- Differentiate planning from reacting.
- *Planning* is a cognitive process whereby we carefully think through the best course of action to achieve a goal or to solve a problem prior to taking any action.
- Effective planning requires a series of steps that must be executed in the proper order—which are discussed in more detail later.
- *Reacting* is responding without fully evaluating or thinking about the situation before acting. The stimulus may be external or internal.
- Reacting often includes acting on an emotional response to a situation without fully thinking it through.
- Reacting may be illustrated by observing the action of a racquetball. The direction the ball takes is completely determined by outside forces—the player and his racquet. The ball does not determine its own direction.
- When one reacts instead of plans, activities are often determined by other persons' or systems' demands. In child welfare, these others include clients, the court, other community professionals involved in a case, supervisors, and agency staff. People

who react often feel they are "bouncing off walls," similar to the racquetball. They rarely feel in control of determining their own course of action.

- In child welfare, quick actions may be necessary to prevent serious harm to children. We, therefore, often need to plan quickly. Planning does not always take a long time. If we gather adequate information to tell us that a child is in danger, we plan an immediate response to assure the child's safety (IPA). Safety planning is an example of a short-term plan, a swift response based on immediate planning. This is very different from "reacting" in which a decision is made too quickly and based on inadequate information. If the circumstances are properly assessed prior to any action being taken, then one is planning.
- What are the consequences of reacting vs. planning?
- Elicit examples from participants about when they have planned in their own lives and, if they are comfortable, when they have reacted instead of planned. Offer an example from your own life.

Section 3: Laundry List Approach to Case Planning

Facilitator Note: *The purpose of this exercise is to help trainees understand the importance of fully integrating assessment information into the case planning process and how omitting the assessment information from the case planning process can be problematic. Allow the group to discuss and debate the information.*

Engage the participants in a discussion with the following discussion points:

- Ask the group to consider an intake situation in which a two-year-old child has been abused by his mother during discipline for a toilet training accident. Ask the group to identify any and all possible solutions to eliminate the problem of maltreatment in this family, including any solutions that may seem farfetched. The group will likely identify some of the following:
 - Anger management classes
 - Parenting classes
 - Counseling for mother
 - Parent mentoring for mother
 - Providing protective day care for the child
 - Placing the child in foster care or with grandmother
 - 24-hour homemaker or case aid supervision
 - Caseworkers taking shifts to live in and monitor the family
 - Paying a neighbor to toilet train the child

- Ask the group to identify which solutions they would use. Participants are likely to choose intervention strategies based on the merit of each strategy and eliminate interventions that are not time or cost effective.
- One of the key questions to ask yourself about the planning process is “Do I know enough to do what I’m doing?” The development of case plans and action steps that are not specifically suited to the family or are solely based on the most feasible resource at the time will likely fail to address the underlying factors that contribute to the maltreatment of the child. Choosing interventions based on their feasibility or convenience is considered a “laundry list approach” to case planning.
- For example, anger management counseling would be ineffectual if the mother in the case above were not angry when she hurt the child, but under the influence of drugs. Or if she over-disciplined the child to keep an abusive partner from hurting him, she may be better served with services addressing domestic violence.
- Workers should choose solutions that are targeted at the contributing factors to maltreatment in that particular family in order to reduce the risk of further maltreatment. Proper assessment is therefore the cornerstone of family-centered child welfare practice.
- Furthermore, the case plan should utilize and build on specific strengths, resources, and protective capabilities of the family, and resources available in the community. Plans that include other service providers must also be relevant, well-coordinated, and culturally sensitive.
- Developing mutually agreed upon solutions, specific to the family’s situation, are more likely to result in changes that will mitigate risk of child maltreatment and will be maintained over time.
- We are more likely to do laundry list planning when we are reacting to a client situation rather than planning.
- The term “cookie cutter approach” to planning describes a similar situation in which plans are not individualized for the family, but could apply to almost any family involved with DCS. These types of plans result in the same problems as laundry list planning. They do not address the real underlying needs causing the maltreatment.

Unit 3: Components of Plans

(Estimated Time: 90 minutes)

Section 1: Development of Goals

Coaching Points:

- Begin this section by acknowledging the difficulty of the task and the frustration participants may feel during the discussion. Explain that most competent planners struggle with the issue of measurability each time a plan is written. This section will help participants understand the nature of the dilemma and will provide them with strategies to deal with this challenge.
- All parts of the plan should be jointly developed in the context of the Child and Family Team.
- Remind participants of their in-office work on SMART goals. Have participants identify what each of the letters stand for:
 - **S**pecific
 - **M**easurable
 - **A**ttainable
 - **R**ealistic
 - **T**ime-Limited
- Have participants identify the purpose of the *goal* on the plan—the overall desired outcome toward which all case activities are directed.
- Goals address the overall goals of child safety and permanence.
- To achieve a goal often requires the coordinated implementation of many tasks and the resolution of many problems.

Section 2: Identification of Strengths and Needs

Coaching Points:

- The planning process is where the strengths and needs or concerns of the family that have already been articulated will be put to use.
- Each risk factor identified during assessment must be addressed as a need on the plan. Specific outcomes should be developed to address each identified risk or need.

- Remember that, once ratified, plans become the road map that will be used by the family, the team, the worker and the judge to determine whether the family has successfully reduced the risk of maltreatment.
- There may be additional concerns that, if addressed, will benefit the family. However, if these concerns are not related to the identified risk factors for the child, they should not be included as a need section. They may be included as wants and desires that the team can assist the family in completing. These usually come up during the permanency planning process.
- For example, a parent may need medical or dental care that the team agrees they will help the family obtain. In many cases, this care would not be related to the factors putting the children at risk and should not be included as a need. It could be listed as a *concern* of the family and addressed in the plan, but the language should be clear that this is not a condition that would put the child at risk or impact custody or reunification.
- Remind participants that the team should be identifying *functional* strengths that can be put to use to assist the family in addressing their needs and concerns.
- A good rule of thumb in developing plans is that needs are used to develop outcomes and strengths are used to develop action steps.
- All factors contributing to DCS involvement must be addressed in the plan.
- Solutions should incorporate the existing family strengths, resources, and protective capabilities and well as community resources.
- Community resource referrals should be relevant, well-coordinated, and culturally sensitive. For example, a parent struggling with an unruly teen is not likely to benefit from parenting classes that are based on managing the behavior of toddlers and young children (which is the typical content of parenting classes).
- Practice with examples.

Section 3: Development of Desired Outcomes

Coaching Points:

- Ask participants to recall from their reading the definition of a desired outcome: a statement of a specific outcome that represents a decrease in risk through the elimination of a specific identified need or problem.
- Have participants list the characteristics of outcomes and an example of each. (*Use the narrative section of the Planning CBT to guide some of the discussion.*)
 - Outcomes are measurable. Decisions about whether the family will be preserved are based on completion of the desired outcomes, and therefore must be measurable. Be sure to discuss some examples of measurable mental health and housekeeping desired outcomes—ensuring that participants understand the reading.
 - Outcomes may need to reflect behavioral change.
 - Outcomes must be derived from the family assessment.
 - Outcomes should be time-limited.
 - Outcomes should be mutually agreed upon.
- Practice with examples

Section 4: Development of Action Steps

Coaching Points:

- Ask participants to define action steps: the step-by-step implementation plan of the desired outcomes.
- Have participants identify the characteristics of action steps:
 - What steps or actions must be performed, in what order, to achieve the outcomes.
 - Who on the team will be responsible for the implementation of each action step?
 - When the action step is to occur, including desired time frames for beginning and completing each action step.
 - Where each action step is to take place.
- Have participants take out the two worksheets they were asked to complete during the in-office portion of training: *“Descriptive Language”* and *“Phuzzy Phrases”*

- Review and discuss examples from the group. Correct any misunderstanding about whether statements are desired outcomes or action steps.

Unit 4: Planning with the Forrester Family

(Estimated Time: 3 hours)

Section 1: Forrester Planning Video

Coaching Points:

- Explain to the group that they are going to view the final segment of the Forrester Family video on planning.

Activity Handout: 6.4.1 *Forrester Family Video Viewing Guide for Planning*

- Show Part V of the video: Case Plan Development. This section of video is approximately 23 minutes.
- After the video, allow participants a few minutes to complete their notes, then hold a large group discussion about what was recorded on the viewing guides. Include the following discussion Points:
 - Carol made it clear that the purpose of the case plan discussion was to “think through what needs to be done to get Jon safely back home with you.” In other words, the goal was reunification.
 - She also engaged Ms. Forrester in the development of the plan from the very beginning by stating, “We’re going to develop a plan together. So, let’s talk about how we’re going to do this.”
 - Carol described the overall process of case plan development; she then broke it into four parts – review problems and needs, set desired outcomes (“agree on what it looks like when the problems are solved”), consider strengths, and choose the best action steps and services to solve the problems.
 - When Susan is unable to describe her own strengths, Carol was ready to prompt her, provide strengths of her own and describe how they could be used to help Carol make changes in her life.
 - When Ms. Forrester insisted that Jon’s behavior needs to change, Carol had to honor her feelings or the case plan would no longer be a mutually developed plan, yet encouraged Ms. Forrester’s responsibility as a parent to create a safe environment in which Jon can grow and thrive.

- She engaged Ms. Forrester in a discussion of her expectations of Jon and issues of parenting. She returned to the issue of case planning by including an assessment of Jon as a case plan activity that could then be used to “develop the best ways to manage Jon.”
- Carol concluded the discussion by encouraging Ms. Forrester to consider her own strengths and identify the services she thought would be best to solve the problems and reunite her with Jon.
- Among things that Carol could have done differently, be sure to include the following:
 - One of the things that we would do differently in Tennessee is that this meeting would **always** occur at a CFTM or FSTM. Aside from actually writing out the desired outcomes, this interview would be similar to a preparation interview prior to a planning CFTM.
 - It does not appear that Carol conducted a preparation interview with Susan. This is a step that will be discussed in more detail later.
 - Carol appears to be helping Susan build her team. Some of this discussion could have occurred prior to this meeting and could have possibly included Susan’s family and other support members to the team.

Section 2: Developing the Forrester Plan

Coaching Points:

Participant Reading: Policy 16.31: Permanency Planning for Children/Youth in the Department of Children’s Services Custody

- Ask participants if they learned anything new about the Forresters during this interview. For example, they learned that Susan attends church and this could be explored for additional resources.
- What other resources have been explored in this interview that were not addressed in previous interviews (counselor at clinic, for example).
- How can this information be used to build the Forrester’s team?
- Ask participants to list some ways in which extended family may be involved as resources for the family. Responses may include:
 - transportation
 - child care / babysitting
 - substitute care
 - help with clean up

- help with concrete needs, such as furniture or home repairs, etc.
 - provide support to the family and assist in ensuring that the family's needs are met.
- Ask for ideas about involving extended family as a resource for the Forrester family:
These may include:
 - transportation
 - babysitting / child care for Wendy (and later Jon)
 - substitute care for Jon
 - Contact from Susan's sister and mother to provide support for Susan as a single parent
 - Contact from Jon and Wendy's father to provide support for them.
 - Contact with other extended family members for support and transportation or childcare, etc.
- What are some concrete needs that Susan and the children might have?
Responses may include:
 - babysitting for Wendy
 - Transportation
 - food or clothing if the budget gets tighter
 - medical assistance for children
- Recall the four objectives that Susan and Carol set:
 1. Susan will learn and use nonphysical and nonviolent ways to discipline Jon, and to manage his behavior.
 2. Susan will control and express her anger in nonviolent ways that do not harm Jon.
 3. Susan will have dependable sources of emotional and physical support to help reduce her feelings of stress.
 4. Susan and Carol will better understand Jon's needs and the causes of his behavior, and use this information to develop the best ways to manage Jon.
- Discuss each of the objectives and action steps in terms of writing SMART plans. Does this plan meet those rules? Do objectives describe preferred outcomes or services?

Activity Handout: 6.4.2 Forrester Service Plan Worksheet

- Divide into two or four groups (depending on class size) and give each group one or two of the above objectives.
- For the task lists, assign each small group one of these objectives and ask them to develop action steps for these objectives. These could be done on the Forrester Service Plan Worksheet or be written on flip chart paper (using the worksheet as a guide) and posted in the room for the whole group to see.
- Note that the worksheet is to help them formulate plan components effectively; DCS plans do not look like this.
- Give participants 20-30 minutes to complete the task plans (keeping in mind some of the resources and concrete needs just listed). Remind participants that they must set priorities for the action steps.
- Debrief each set of outcomes and action steps and have the groups critique each other.
- Is it reasonable to believe that these action steps, if followed, will lead to the desired results? Why are the action steps ordered in this way? Have they considered the potential added resources discussed in the last overview.
- Given what they know about the Forrester Family at this point, could go wrong with this plan? Is there a contingency plan? What might that look like?

Unit 5: Developing the Gatewood Plan

(Estimated Time: 3 hours)

Section 1: Overview**Coaching Points:****Participant Reading: Policy 31.7, Building, Preparing, and Maintaining Child and Family Teams**

- Briefly have participants list the steps in planning as presented in the online reading, then engage participants in a discussion on each of the steps. Participants should have read about each of the steps below and Policy 31.7 on Building, Preparing, and Maintaining Child and Family Teams, so just briefly reinforce that learning. Objective here is to move on to the practice pieces.
 - Convene the Team
 - Prepare the Team

- Hold the Meeting
- Develop the Plan
- Implement the Plan
- Review and Revise the Plan

Section 2: Convene the Team

Participant Resource: Child and Family Team Meeting Protocol

Coaching Points:

- Discuss the major points for 31.7 on Convening the Team (pg. 3-4)
- This section discusses both the importance of CFTs and when they should be convened.
- Briefly cover the CFTM protocol.
- Have participants name potential team members for both the Gatewood family and the Forester family. List these potential members on flip chart paper.
- Are there any potential concerns, conflicts or problems with the inclusion of any of the team members listed? If so, how will they deal with those concerns? Be sure to note that there are occasions when alternate arrangements for participation or separate CFTMs may need to be held. Examples include some cases of domestic violence, sexual abuse, no contact orders, etc. Workers should always consult their supervisor about these situations. Lead discussion to next section on preparing for team meetings. The best way to manage concerns is to prevent them, which is accomplished, in part, by preparing the team members for the meeting.

Section 3: Prepare the Team

Participant Resource: Key Steps in Preparing the Family for a CFTM

Coaching Points:

- Discuss the importance of preparing the team in advance of a meeting. Why is it important? Who should be prepared? What should be discussed? Use Policy 31.7 to guide the discussion.
- Instruct participants to individually write a brief “script” to describe the CFTM to a family member. Explaining the CFTM will be easier if they have thought in advance about what they will say. Have participants share some of their introductions with the group and let the group provide a brief critique.

- Discuss with the group how they would prepare Susan Forrester for a CFTM. How would they cover all the steps? What would they say? Point out again that much of the interview they watched (except the development of desired outcomes and tasks) could be considered a prep interview.
- Participants may hear in the field that “no one does this” or “it takes too long.” Note, however, that including the development of desired outcomes, the interview took less than 30 minutes. Also note that the time they spend in preparing participants for a CFTM will be made up with shorter, smoother meetings.
- Explain that they will soon role play a CFTM with the Gatewood family team. Assign roles at this time. Divide participants into small groups, pairs if possible. Have each group prepare the person who will play a Gatewood team member for the CFTM. An alternate way of completing this activity would be to divide into groups of 3 and have the third person “coach” the worker during the interview. Allow at least 30 minutes for this activity to ensure that each of the team members is prepared for the next step.

Section 4: Hold the Meeting

Participant Reading: Policy 31.7 Attachment, Stages of the Child and Family Team Meeting

Coaching Points:

- Briefly discuss the steps of the meeting and the importance of each step.
- The next step of the meeting, *Develop the Plan*, has already been discussed.
- Brainstorm with the group some strategies they would use with the Gatewood team to accomplish the tasks of a planning CFTM, including any information they may have gained during the mock prep interviews.
- Hold a mock Planning CFTM with the Gatewood family. During the meeting, coach the worker through the steps of the meeting and accomplishing the tasks of the meeting.
- Participants should use all assessment information already developed with the Gatewoods to develop a perm plan (custodial or non-custodial) for either prevention of custody or reunification, depending on the track the group has taken with the family to date.
- On flip chart paper, participants can create a planning form similar to the one they used earlier with the Forrester family. Note that the actual form will look different, but the planning concept is the same.

- Allow approximately an hour for the CFTM. Instruct participants who are role playing team members to make the role play realistic, but to not impede the point of the mock exercise, which is to learn how to accomplish these steps in a live situation. Coach participants as necessary during the role play to ensure that the meeting stays on track.
- Debrief the meeting with the participants around what went well and what could be improved. Does the plan comply with SMART plan guidelines? What could go wrong with the plan?

Unit 6: Implementation

(Estimated Time: 45 minutes)

Coaching Points:

- If the plan is the road map, implementation is the vehicle that gets you to your destination.
- Ask participants to recall from their reading some of the tasks around implementation. These included:
 1. The caseworker can serve a case management function. Primary responsibilities are to:
 - Help the family identify community services and
 - Refer the family
 - Prepare the service provider
 - Help the family access the services
 - Follow up
 - Communicate with the service providers
 - Notify appropriate DCS management staff when managed care providers are not meeting the client's needs
 - Arrange for emergency services
 2. The caseworker can also directly provide services to the family. Activities that constitute direct services:
 - Provide supportive counseling
 - Use home visits to model
 - Educate the parent

- Engage the child to understand what is happening with him/her
 - Accompany the parent to services
 - Help the parent implement the case plan activities
- Have participants take out their plans for the Forrester family.
- As a large group, develop strategies that could be used to implement the Forrester plan, asking the following questions about the implementation strategies:
 - How will team members be engaged?
 - How will the worker ensure that all team members stay engaged and carry out their responsibilities of the plan?
 - How can the worker assure accurate and adequate assessments from providers?
 - What will workers tell providers?
 - How will the team ensure the family is following through on planned action steps?
 - Are there barriers to implementation?
 - Do any of those barriers suggest that the team should rethink the action steps?
- After developing and critiquing implementation strategies for the Forrester family, work in large or small groups to develop implementation strategies for the Gatewood family plan. Ask the same questions as above.

Unit 7: Tracking and Adjusting

(Estimated Time: 75 minutes)

Coaching Points:

- Just as the development of the plan is a process that is to be completed with the family, the review of the plan is completed in discussion with the family, identifying progress made since the plan was developed (or the previous review was recorded).
- On page 3 of the *CFTM Protocol*, review with participants the purpose, timing and additional comments of the Progress Review CFTMs. Emphasize that the three month review timeline is considered the minimum timeline for reviews. At any point that there is an indication that progress is not occurring or changes are needed, a team meeting should be convened.

- Brainstorm with the group the purpose of completing this process within the context of the team. What might be the consequences of completing reviews with just the family and not the extended team?
- While there is an expectation that reviews take place within the context of team, the team has the discretion to determine which team members need to be present. In some cases, it is not necessary for all team members to be present. Additionally, the composition of the team may change during the life of the case, depending on the current needs of the family. As the family progresses or as new needs and concerns emerge, the team may be adjusted to accommodate these changes.
- It is often not necessary for all professional members of the team to be present for each CFTM.

Participant Resource: Assessing Progress of Family Service Plans

- Discuss the contents of the above resource. Note that the visual tools on this handout are suggestions only; participants may be creative in devising a visual tool for use with clients.

Case Family Handout: Forrester Family Update

- Discuss what this new information tells us about Susan Forrester's progress. Depending on the direction taken by the group on the prior planning activity, it may be necessary to adjust the content of the update. Demonstrate a visual tool, either one described on the *Assessing Progress* handout, or another type of visual tool.
- Brainstorm with participants strategies for how they will address difficult issues with Ms. Forrester. How will they engage her? How will they ensure that Ms. Forrester understands the importance of making progress in a timely manner?
- In large or small groups conduct a progress review CFTM with the Gatewood family. Prior to beginning the mock meeting, work with the group(s) on one or two items that will be used as information regarding the progress of the Gatewood family. For the purpose of the practice session, it is not necessary to conduct an entire meeting, unless the group demonstrated clear need for this in the prior CFTM practice session. This "meeting" can be shortened by focusing only on the areas that are being updated.

Unit 8: The Change Process

(Estimated Time: 60 minutes)

Section 1: The Change Process

Coaching Points:

- To help trainees understand the importance of the client/caseworker relationship, ask and discuss the following questions regarding the importance of relationships in their own lives.
 1. How did you learn to trust others?
 2. What helped you develop self-confidence?
 3. Can you remember a time when someone was a “cheerleader” for you? What was that like and how was that helpful?
 4. Was there ever a time when someone had more confidence in you than you did?
 5. Have you ever begun to make a change in your life and lost momentum?
- Note that family members may be motivated to make changes after the initial planning phase, but that maintaining the change process is difficult for most people. Ask participants to recall what they learned about the change process the previous week.
- Segue from participants’ personal experiences to the client/caseworker relationship.
- As the discussion proceeds, have participants relate the strategies discussed to the practice families.
- Discuss the developmental perspective of change.

Participant Resource: Wheel of Change, Six Stages of Change

- Once a case plan has been developed and implementation begins, much of a caseworker’s job consists of helping families build upon their strengths to develop new parenting skills or behaviors to mitigate risk to the child. This represents a developmental model for working with families that includes the following concepts: (The source for information related to the developmental model is *The Field Guide to Child Welfare*, Rycus, and Hughes, Volume 1, 1998)
 - Development is a continuous process, influenced by personal, interpersonal, and environmental factors;
 - Individuals and families have inherent strengths and capabilities;
 - Most people continue to grow and develop throughout their lives;

- Providing supportive interventions can help people further develop;
- A developmental model considers both deficits and strengths;
- While a deficit model to understanding people may assume that deficits are permanent, a developmental model contends that with proper supportive interventions, positive development can occur, and problem areas can be modified, compensated or eliminated.
- To operationalize the concepts of the developmental model, workers should:
 - Consider each interaction with families as significant and part of the change process.
 - Use “teachable moments” as they arise, in every interaction with families.
 - Provide positive support, and encouragement for developmental progress.
 - Identify strengths and abilities to encourage families and reframe negative self-assessment.
 - Adopt an optimistic outlook.
 - Break complex and overwhelming tasks into component parts, then work on small steps one at a time. This strategy is especially important when the client is young or immature and has difficulty delaying gratification or staying on task.

Section 2: Strategies to Help the Client Stay Invested in the Change Process

Participant Resource: Interviewing Strategies to Help Client Stay Invested in the Change Process

Coaching Points:

- **Express empathy:** The worker should express an appreciation for the client’s situation and the client’s emotions, frustrations, anxieties, etc.
 - “It has to be really hard to see all the things you need to do. These aren’t easy changes to make, but I hope you can see what we’re working for. There is an end in sight.”
- **Use constructive confrontation:** The ultimate purpose of many interactions with clients is to have them confront their own behavior; to bring maladaptive patterns of behavior to their conscious awareness so that change is possible. Confrontation does not need to be aggressive, loud, or unkind. We confront the behavior, not the person. While this may appear to be a fine distinction, saying, “You said you went to

the class, but you didn't. Now we have to figure out what to do next" is more constructive than saying, "You've lied to me."

- **Develop discrepancy:** Clients are often caught in a cycle of repeating maladaptive behavior that is not helpful but may be the only way they know to cope with the problem. The worker should gently help the client become aware that the behavior is not producing the desired results. In other words, there is a discrepancy between the client's goal and her behavior. The worker can pose questions which ask the client whether the behavior is obtaining the intended results, or he can ask about the benefits and liabilities of the behavior. This allows the client, rather than the worker, to present a reason for changing and ultimately, provides better motivation. This is a gentle form of confrontation; demeanor is important. The worker must remain genuinely interested and curious, not judgmental or punitive. Examples:
 - "How well is this working for you?"
 - "Is yelling at your son making it better or worse?"
- **Avoid argumentation:** Caseworkers may feel the need to argue a point, particularly if the client is clearly wrong, not telling the truth, or failing to see reason. Arguing often results in client resistance, increased tension, and hostility. It's possible the client knows he's wrong or has done something inappropriate, even though he or she refuses to concede the point. Instead, the caseworker should make her point and empower the client to accept or not accept it. Example:
 - "You and I may not agree on the reasons for your husband's behavior, but we need to make sure your daughter isn't affected."
- **Support self-efficacy:** The worker's belief in the client, belief that she can influence her own thoughts and behavior, is an important motivator. Hope and faith are important elements of change. The message must be that parents can do it; they can change.
- **Roll with resistance:** Jay Haley (1987) refers to this as "psychological judo." In this technique, the caseworker uses the client's resistance to good advantage. For example:

Client: "All you care about is Lisa! She's all you think about."

Worker: "Sounds like I need to spend more time thinking about how you're feeling."

This client expected the caseworker to defend her interest in the child's well-being and was surprised by the interest in her. This technique is also helpful when clients complain about not getting along with the worker. The worker can

roll with resistance (“take the wind out of their sails”) by responding with understanding and empathy. For example:

Client: “You’re just wasting your time here. You don’t understand anything and we’re getting nowhere.”

Worker: “Yes, I feel tension between us, too. I’d like it to be different so that we can work together better. What do you think we could do to improve things between us?”

- **Shift the Focus:** It is sometimes more productive to go around a barrier rather than to keep pushing. This may not be possible during the initial intervention to keep a child safe. But, when working with a client on an ongoing basis, there are times that a caseworker can choose to defuse resistance by shifting a client’s focus away from what seems to be a barrier. For example,

Client: “I know you want me to stop seeing my boyfriend altogether but I’m not going to do that!”

Worker: “Let’s take it one step at a time. We don’t need to make any decisions yet. Let’s first talk for a few minutes about joining that support group.”

- **Emphasize Personal Choice:** Many clients feel powerless in our system and, as a result, will respond by asserting themselves or trying to regain control of the situation. Miller and Rollnick (1991) suggest that the best antidote for this type of reaction is to assure the person that in the end, it is the client who determines what happens. Acknowledging individual choice does not mean the caseworker gives up their authority to assure a child’s safety. It just acknowledges a client’s right not to change.

Client: “You can’t tell me what I can do! If I want to drink, that’s what I’ll do.”

Worker: “You’re right. I can’t make you change your behavior. It’s completely up to you. My job is to make sure you understand the consequences that result from that choice.”

- **Continue using engagement strategies learned in Week 1.** Reframing for example:

Client: “It is just so hard to have to visit my own son in the foster home all the time.”

Worker: “Yes, but I remember when we first set that up. You didn’t think you could go at all, and now you never miss a visit.”

Unit 9: Issues in Planning

(Estimated Time: 2 hours)

Section 1: Concurrent Planning

Coaching Points:

- Ask participants to define concurrent planning as they remember it from their reading for this week. Ask how it supports permanency planning and guide a large group discussion that includes the following points:
- As defined by DCS Policy 16.31 “Concurrent planning is the identification and active pursuit of more than one permanency goal.” Much like our own families, some of our best planning is achieved when several options are considered. Concurrent planning can help to expedite the achievement of permanency for the child/youth. Family Service Workers must fully disclose all concurrent planning information with parents, resource parents, and other Child and Family Team members regarding timeframes, expectations, services and court actions. The Family Service Worker must include identification of the appropriate in-state and out-of-state placement options as part of the concurrent planning process. This option may be optimal when:
 - a. There is not a clear, singular goal that would reflect best practice standard of having children/youth move to appropriate permanency in the most timely fashion;
 - b. A child has had a previous commitment in state custody;
 - c. There is a judicial determination that reasonable efforts are not required; or
 - d. A youth is in full guardianship, seventeen (17) years old or older, and has no identified adoptive family. This option is intended to assure the youth has family connections and support as he or she enters adulthood.”
- “Concurrent planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child’s entry into foster care and concurrently pursuing those that will best serve the child’s needs. Typically, the primary plan is reunification with the child’s family of origin. In concurrent planning, an alternative permanency goal is pursued at the same time.” (Katz, 1999; Lutz, 2000)
- Concurrent planning is a special form of case planning, with the same elements (goals, desired outcomes, action steps). It is essentially a back-up plan to be implemented if reunification is not possible for children in care.

- We conduct concurrent planning to ensure that children can be placed in a permanent home as quickly as possible once it is determined they cannot be reunited with their families.
- In the past, planning for an alternative permanent home for children normally did not occur until the child had been in placement for at least two years, and the child was in full guardianship.
- Since finding adoptive homes for some children is a lengthy process, children were often in temporary placement for years before being placed in an adoptive or other permanent home.
- The Adoption and Safe Families Act (ASFA) of 1997 clarified that working toward both reunification and planning an alternate permanent home for children is permissible. ASFA also stipulated that a permanent plan should be made for children who are in placement 15 of the last 22 months.
- There are two exceptions: if the agency could not provide the services the family needed or if termination of parental rights is not in the child's best interest.
- The Child and Family Services Review (CFSR) found that states vary greatly as to how they implement concurrent planning. Difficulties found throughout the country include resistance from courts, specialized private agency contracts, limits in data systems, and unclear understanding by staff (Child Welfare Information Gateway, 2005).
- At this time, there has been some research in regard to the effectiveness of programs and policies on concurrent planning. More evidenced-based research is needed. However, common characteristics among successful models include:
 - Individualized assessment and intensive, time-limited work with birth families. Families must be engaged in the development of supplemental plans, so when it becomes evident that reunification may not be possible, the agency can immediately take steps to ensure timely permanency.
 - Early aggressive search for birth family.
 - Early identification and consideration of all permanent options.
 - Well-written case plans and complete documentation in the case record of the parent's fulfillment of the case plan and the workers efforts to support them. These provide clear direction to the parent, clear evidence to juvenile court regarding the degree to which the parent has completed the requirements of the case plan, and that the agency has made reasonable efforts to reunify the child.

- Full disclosure conversations with the family. Caseworkers must be clear with the family about the agency's commitment to permanent homes for children, requirements to seek permanency within 12 months, and the need to seek information from the family about possible relative or kin placement options.
- Discuss with the group how they think parents might react to full disclosure statements. How can they support parents in understanding and dealing with this information?
- Brainstorm with participants what they might say to parents regarding concurrent planning. Have participants individually write how they might discuss concurrent planning with a parent. After about 5 minutes, have participants (all or some) share their statements. Critique the statements as a group.
- Read the following segment of a full disclosure conversation and how it is similar and different from the statements written by participants.

"It is very important to understand that your child must have a permanent home within 12 months. Once your child is removed from your home, the clock starts. This clock is controlled by federal and state laws. Our first goal is for you and your child to be reunified. We have talked about changes that need to be made for your child to be safe in your home. If you are unable to provide a safe and permanent home for your child within 12 months, by law we will move forward with another plan for your child. This could be adoption or being placed permanently with a relative or other guardian.

In order for your child to have a permanent home within the 12-month time frame, we will develop what is called a concurrent plan. This means we will work on two plans at once. Number one is making your home a safe and stable place so your child can return. Number two is helping prepare your child for another permanent home in case you are not successful with efforts to bring your child home."

Section 2: Visitation

- Ask participants to recall their reading on visitation (referring to visitation between children and family) and state reasons why visitation is so important.
 - ⊙ They maintain and build continuity and connection with the birth family.
 - ⊙ They reassure children that their parents care about them.
 - ⊙ They empower birth parents.
 - ⊙ They help birth parents face reality.
 - ⊙ They provide opportunities for birth parents to learn and practice new skills.

- ◎ They provide the FSW opportunity to assess family interactions.
- Emphasize that frequent and consistent visitation is the single most important factor predicting successful reunification.
- Brainstorm with participants to produce a visitation plan for the Forrester family. Who should be involved? Where should visits occur? What should visits consist of? How will the worker know if visits are going well? How will the worker assess interactions between Susan and Jon?
- Emphasize that as a case progresses (and assuming the child's safety is maintained), visitation should progress from supervised to unsupervised and from shorter visits (two hours for example) to longer (weekend home visits).
- Ask participants to brainstorm creative visitation activities: For example: (from the reading)
 - sharing lunch at school or other school functions
 - at dentist and doctor visits
 - at a relative's home
 - with the therapist
 - conduct visits at a park, library, or museum
 - activities that the family previously enjoyed together

Section 3: Purposeful Visitation

Facilitator Note: Ignore this if you covered the primary points in Personal Awareness

- Purposeful visitation (between worker and family, whether or not the child is in custody) is one of the most effective ways shorten the life of the case and monitor progress.
 - From the reading: Each home visit should have a specific purpose. While there are occasions when the home visit is less formal and the worker may be “in the neighborhood,” home visits are still purposeful. The purpose of home visits should be consistent with the case plan. While child safety is assessed at every visit, home visits during ongoing case plan implementation are different than home visits during an investigation. For example, ongoing home visits are made to get further assessment information, model parenting and home management skills, practice skills learned in parenting classes, discuss if and how the service interventions are helping the family, prepare for reunification, provide supportive counseling, and to notify the family of important events (such as formal reviews and hearings). The purpose of

each visit should be explained to and agreed upon by the client. For example, “As we discussed on the phone, I’m here today to go over Tom’s school report and come up with a plan for his IEP conference.” At the end of each home visit, the purpose and topic for the next home visit should be jointly planned.

- Divide into six small groups (or three groups with two questions) and ask them to develop strategies for dealing with each of the following questions.

Optional Activity:

Facilitator Note: *You may opt to present the following material through a small group activity. To do so, divide into six small groups. Give each group a question to discuss and answer. You may list the questions on a flip chart and assign one to each group or you may give each group a slip of paper with the question.*

1. How can you communicate respect for the family during a visit in their home?
 2. Should home visits be announced or unannounced?
 3. How should you manage distractions during a home visit?
 4. What should you do about friends, family, neighbors being present in the home?
 5. Should you accept food and beverages while in a client’s home?
 6. Should you take notes during the home visit?
- Communicating respect: The worker should be sensitive to the fact that they are guests in the client’s home. Regardless, some clients will interpret home visits as intrusion into their lives. Workers should communicate respect to the client in a variety of ways. For example, the worker should acknowledge appreciation for meeting the client in her home and indicate how long the visit will be. If the worker and client haven’t completed their work by the stated ending time, the worker should ask the client whether she would be willing to continue or reschedule for a later time. Many parents will continue the visit.
 - Announced vs. unannounced home visits: In general, workers should schedule their home visits with families ahead of time. This is a very concrete demonstration of respect and common courtesy. There are, however, a few reasons to conduct unannounced home visits. The worker must go to the home without prior notice if it would compromise the child’s safety for the family to know the worker is coming, if there is a risk that the family may flee with the child, or if the court orders such visits. It is still respectful, however, to tell the client when you first meet if you will be making unannounced visits in the future and explain why that is necessary.
 - Distractions: Families vary considerably in the number or degree of distractions that are tolerated or routine. Some families have a generally quiet atmosphere while

others are a whirlwind of activity. If the worker finds that distractions compromise his ability to conduct business, the worker should respectfully communicate that to the client and negotiate a solution. For example, the worker and parent could sit on the front or back porch to talk, the client could come into the office, the TV could be turned off, etc. In some families, the level of activity reaches a threshold of chaos, which ultimately contributes to the neglect of the children. The worker's response to this should be carefully planned within the context of the case plan. For example, the worker may model how the mother can quiet and redirect her children, so she can attend to the worker.

- **Presence of others:** The worker should address the client, stating that he would like to talk about important matters and respectfully ask the client if she would like to do this privately. While this is preferable, having supportive people available can be helpful for some clients. At other times, it can be embarrassing. The worker should also consider whether any of the “extra” people in the home could present a safety threat for the worker or the client.
- **Offer of food or beverage:** This is a complicated issue. In many families, offering food or beverages is considered a cultural expectation of hospitality and good will. To refuse food is considered rude. However, there are some circumstances when accepting food or beverages is unwise. For example, if the dishes are dirty, the food spoiled, or if there is any chance that the food or drink has been tampered with. To avoid being insensitive to the family's hospitality yet avoiding any safety concerns, the worker may decide to respectfully decline with a plausible excuse such as, “I'd like to take those cookies to share with my coworkers” or “I've just had lunch but may I take those for later?” In some cases, the worker may feel more comfortable accepting food or beverages as they get to know and trust their clients. Workers should always follow agency policy and guidelines regarding this issue and should discuss this with their supervisors. There is a similar issue regarding the acceptance of a gift from a client. Again, there may be very strong cultural norms around gift giving and to refuse may appear insensitive and insulting. On the other hand, it is not appropriate to accept gifts from clients. While it is often an expression of kindness or gratitude, it may also be perceived by the client or community as payment for favors. It is best to thank the person, explain the policy, and decline the gift. Acknowledging the kindness is often sufficient and appreciated.
- **Taking notes during a home visit:** First, workers should be careful not to take anything into the home that would be problematic if read by a client, such as an initial referral or confidential reports. The workers would likely appear secretive in order to protect those items and take the risk of someone grabbing the information from them. Workers should also be mindful that the mere act of writing observations or comments said by the client during the home visit can create anxiety for clients.

While it is usually necessary to take notes, the worker may say: “Here are the forms I need to complete. I’d like to fill them out while we talk and I’ll show you what I’ve written when we’re through.” “Here are the forms I need to complete. Would you like to fill in any of this before we get started?” “I’d like to read you what I just wrote to make sure I got it right.”

Section 4: Cultural Issues in Planning

Participant Resource: Cultural Aspects Impacting the Case Planning Process

Coaching Points:

- Remind participants about previous discussion on cultural competence. This discussion focuses on cultural issues in the planning process and in casework that is ongoing. Inform the group there are two fundamental concepts related to engaging families in the casework relationship that will be explored: understanding cultural issues in developing the case plan and understanding motivation and change.
- In previous weeks, the group explored the cultural components of engaging families from a culture different than your own in the casework relationship. Those components included:
 - Level of trust. Mistrust may exist between the family and the perceived agency culture or between the family and worker.
 - Awareness of cultural differences. This includes the worker’s open acknowledgement of cultural differences and the desire to learn about the family.
 - Respect. Demonstrated through deference to the family’s codes of conduct and proper use of titles and names.
 - View of outsiders. Includes talking with outsiders about problems, help-seeking behavior, and engaging in helping relationships.
 - Decision-making. Recognizing and engaging those individuals perceived by the family to have authority for family decisions.
 - Language barriers. Ensuring the family has a thorough and accurate understanding of the child welfare intervention.
 - The meaning of eye contact. Understanding the family’s perception of the meaning of eye contact (e.g., disrespect, deference, interest, challenge, etc.)
- It is equally important for caseworkers to understand how the case planning process and the development of the case plan document are affected by cultural issues. Considerable misunderstandings can occur if the worker is not knowledgeable about the impact of culture on the development and implementation of case plans.

Activity Handout: 6.9.4 Cultural Aspects Impacting the Case Planning Process

Optional Activity

- Divide into small groups and ask each group to discuss each question on the handout and record their responses on their handouts. The facilitator may opt to ask participants to complete these worksheets individually before discussing as a group.
- Upon completion of the small group discussion, conduct a large group review, asking participants to share their insights. Ensure that the following points are covered:
 1. What are some cultural issues to consider, specific to the development of a case plan? Have you had an opportunity to experience any of these and if so, what did you do?
 - Signing one's name. The act of signing a document may be interpreted as an admission of guilt, "proof" of incompetence, or potential evidence to be used against them in legal or immigration activity. Parents may perceive that a person of authority or agency is asking them to sign something that could come back to harm them. The need for a signature may also be insulting, perceived as a lack of trust. "My word is good enough."
 - Family composition and the position and roles of family members. Who is asked to develop the plan and who is responsible for implementation may reflect different roles of family members, or a hierarchy within the family? In some families, the primary decision maker may not be the parent with whom we are having the discussion. In some cultures, women are not empowered to make decisions, even though we are most likely to be working with the mother. This stresses the importance of engaging fathers in casework and case planning. Shared parenting may be prevalent in many cultural groups. Although there are legal parents, others in the family may be key decision-makers (respected elders, grandparents, matriarchs or patriarch, advisors, etc.). Conversely, involving other family members in one's business can be embarrassing and shameful to the parents. The worker should support the family in making decisions about the involvement of other family members.
 - Literacy. Being unable to read is an obvious barrier to case plan development. Additionally, it may be difficult for family members to fully understand the nuances, meaning, intent, and specifics of the case plan. The fact that family members may not fully understand the plan may be overlooked by the worker. Workers must take care to assure parents understand the technical terms by using common, "user-friendly" language, absent a lot of technical social work terms. When English is not the family's

- primary language, a qualified, professional interpreter who can understand both written and spoken English is needed.
- Using community services. Becoming involved with community providers may be difficult for families who believe sharing problems with outsiders is embarrassing, shameful, and intrusive. Many families feel a sense of failure in their inability to be independent and self-sufficient. Workers should seek the family's input about if and when they would agree to community service providers. Additionally, while some families may choose not to use community providers arranged by the agency, they may accept help from services within their cultural community or within their informal support network.
2. How might your family or a family member of your cultural group have reacted if asked to develop and implement a case plan? What strategies might have been successful in engaging your family?

The purpose of this question is to promote empathy with families, to draw parallels with how we might react, and to “normalize” a family’s reluctance to enter into a case plan agreement.

Section 5: Planning for Transition

Coaching Points:

- Discuss the following content from the pre-reading: We all experience transitions throughout our lives. Understanding the needs and goals of children, youth, and families is the key to planning successful transition support for them at different stages in the life span and in the permanency planning process.

A child and family move through several critical transitions over the course of daily life. Such transition points pose challenges—especially for children and families with special needs—that should be planned so as to assure success during and after the crossing of a new threshold. Requirements for future success have to be determined and provided in the present to achieve later success. These requirements should be used to form the long-term view for the child and family in setting strategic goals in the permanency plan. Communication, coordination, and continuity across service settings and providers is essential, especially when a child and/or family experiences a critical transition, such as a key developmental milestone, a temporary separation, and/or a temporary move away from the home community and school. Transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in stabilizing a placement during a developmental transition or in preparing for a return to the home setting or a move to a new setting. Follow-along monitoring may be required during

the adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child and family. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings, environments, and/or behaviors actually occurs.

- Transition planning is important during any transition for the child and family. Transitioning youth who are aging out of custody is particularly important and has been historically problematic for child welfare agencies across the country.

Optional Activity

Activity Handout: 6.9.4 Transitioning Case Scenario

- This scenario is taken from an actual Juvenile Justice case in Tennessee that was reviewed during QSR. Have participants read the case (break into small groups if desired) and discuss what could have gone better in planning for this youth's transition out of custody. What, specifically, could the FSW have done? What services could have been put in place? What could have been communicated to the youth? the family? service providers?

Module 7: WRAP-UP

Learning Objectives:

The learner will:

- √ *Understand the importance of conducting child welfare practice in a manner that is consistent with fundamental child welfare values and philosophy.*
- √ *Know strategies to ensure the caseworker's safety during on-going family services work with families.*
- √ *Develop strategies to organize workload and manage time and priorities so assigned tasks are completed within required timeframes.*
- √ *Develop strategies to recognize and manage personal stress associated with child welfare work.*

Materials Needed:

- √ flip charts
- √ markers

Unit 1: Program Improvement Initiatives

(Estimated Time: 30 minutes)

Section 1: Child and Family Services Reviews (CFSR)

Participant Resource: Child and Family Services Reviews Fact Sheet

- The Child and Family Services Review was developed to monitor state child welfare agencies' ability to produce positive outcomes for children and families in accordance with the Adoption and Safe Families Act (ASFA).
- Prior to CFSR reviews, the federal government monitored state compliance to federal rules attached to funding. With the introduction of CFSR, the focus shifted from compliance with procedural rules to actual outcomes achieved for families and children, specifically in the areas of safety, permanence, and well-being.
- Cover items on the fact sheet and CFSR matrix, placing emphasis on the monitored outcomes and measures. These are critical outcomes that guide our work.
- Every five years, states receive a CFSR. Reviews began in 2001 and the most Tennessee review was in 2008. As a result of the CFSR findings, states write Program Improvement Plans (PIP). The PIP outlines goals and objectives for practice improvement.

Section 2: Practice Improvement in Tennessee

Participant Resource: Practice Improvement in Tennessee

- Review the practice improvement initiatives in Tennessee, first presented in Week 1.
- Review the key improvement and challenges from the Resource Guide, focusing on the importance of the items for everyday practice.

Optional Activity: CFSR Application Activity

Activity Handout: 7.1.2 CFSR Application Activity

- Distribute the CFSR Scenarios and have participants work in small groups to complete the worksheet by reading the scenarios and determining the appropriate mission critical outcomes and the associated items. Participants will need to use the CFSR Matrix to complete the activity.

Unit 2: Self Care on the Job

(Estimated Time: 60 minutes)

Section 1: Managing Stress

- Child welfare is a stressful job and one of the keys to managing that stress is self-care. Unmanaged stress can lead to burn-out. When workers are burned-out, it is not only detrimental to the worker, it also has a detrimental impact on the children and families we work with.
- Have participants recall the information they read about burnout and stress management and discuss participant strategies for maintaining their stress levels.

Optional Activity: Self Care Inventory

Activity Handout: 7.2.1 Self Care Inventory

Have participants complete the inventory and develop a self-care plan based on the results.

Section 2: Personal Safety

Participant Resource: Basic Principles to Assure Personal Safety

- Have participants review the Personal Safety resource and facilitate a general discussion about personal safety on the job. Participants may have tips from workers in their offices, or ideas of their own.
- Offer any personal safety tips from your own work, if applicable.

- In addition to personal safety tips, this is a good time to share any general “work smarter, not harder” tips that you or participants may have.

Unit 3: Panel Practice

(Estimated Time: 2 hours)

Section 1: Explain the Panel Assessment

Activity Handout: 7.3.1 Williams Family Exercise

Facilitator Note: *You should plan for the panel practice to be the only activity conducted after lunch on the last Friday of Core classes. It is not possible for each participant to experience an individual panel assessment. Therefore, you will need to make some decisions about the best method of conducting the practice panel, depending on the size of your group. If a second facilitator is available to assist with this activity, you may split into smaller groups for the practice. One way of completing the activity is to ask questions of participants in a round-robin style. After the first individual answers, other may add to or offer a different answer to the question asked, thus allowing each individual an opportunity to respond. You will only be practicing the interview portion of the assessment.*

- Explain the panel evaluation process to participants. Participants are generally nervous about the panel. It may be helpful to assist them in recognizing that they have actually been practicing the panel process for the entire Pre-service. In the panel, they will be asked to process information about a case and provide the same type of analysis that they have provided for the Forrester and Gatewood cases.
- Explain that during the panel interview, panelists will likely not provide minimal encouragers while the new hire is speaking. Participants should be aware of this prior to the interview, so they are not expecting any affirmation or discouragement of their analysis. In other words, the panel should not indicate to the participant whether they are “on the right track.”
- There are no “right” or “wrong” answers to panel questions. The panel is interested in learning how participants process and think about given information in the case scenario.
- Following the interview, panelists will discuss both the interview and the written assignment to reach a consensus decision about strengths, areas for improvement, and next steps. There are three possible outcomes to the panel interview.
 1. Participant performs above average in the assessment process and will proceed to OJT after developing a professional development plan with their supervisor.

2. Participant performs in the average range. Panelists and the support team will determine specific areas to target for improvement during OJT.
 3. Participants perform below average and do not receive a passing score on the assessment.
 - Panelists, including regional representatives, will determine whether the new hire has demonstrated a sufficient level of skill to proceed to an intensive coaching process. Specific goals will be developed for needed target areas. The support team will plan the most appropriate professional development activities. The new hire will not officially proceed to OJT until s/he has passed the panel assessment. A second panel will be conducted at a later date, generally around two weeks after the original assessment.
 - Panelists, including regional representatives determine that there is a poor job fit for the new hire. In this case, the new hire's supervisor and Field Coach will discuss alternate job options for the new hire, including the possibility of termination.
- Following the panel interview, the new hire's support team will meet to debrief the assessment and develop a professional development plan for the OJT period.

Section 2: Panel Practice

- Distribute the Williams Family Exercise to participants and give them 30 minutes to read the case and prepare for the interview.
- Conduct the interview using the method you have chosen.
- Debrief the interview, coaching participants toward improvement of their ability to successfully process the information given in the case.

Module 8: FACILITATOR RESOURCE GUIDE

Tips for Facilitators

- √ Complete the online learning portion of the curriculum and become familiar with all topics being discussed. During the course, draw participants back to the readings from their online work to assist in retention and transfer of learning.
- √ Ideally, use the “coaching points” guides to stimulate participant discussion using a variety of methods, small group, large group, develop activities to promote discussion, etc.
- √ Use questions to guide the discussion, rather than “lecturettes.”
- √ Estimated time frames are just that...estimated. Some groups may need to spend more time on one section and less time on another. Do not be concerned about “finishing” a particular topic “on-time.” For example, if you are unable to complete the “Engagement” section in the first week, continue the discussion in the second week. It *is* important to cover the entire Practice Wheel by the end of training, but it is not necessary to maintain strict time frames.
- √ Feel free to move pieces around or substitute activities. Make the curriculum your own. Use “teachable moments.” If a participant brings up an issue during discussion of another topic, you may take the opportunity to address the topic at that time, if it makes sense to do so.
- √ There are only a few “non-negotiables.”
 - Maintain the flow of the practice wheel.
 - Any activities you develop or use should preserve the integrity of the learner led model of facilitation. No “fluff” please.
 - Use the provided case scenario families.
 - Conduct a practice panel interview.
- √ For each case family, provide participants with a folder labeled with the family name. They will use this folder to keep all practice family information.
- √ Frame facilitation around the basic structure for comprehension of each spoke of the practice wheel is:
 - What is it?
 - Why is it important?

- How do I do it?
- √ For each module, participant manuals are divided into four sections:
 - Resources: These pages come first in the pre-printed materials. They are intended for learning lab reference. They will also be useful to participants as continued references on their job.
 - Readings: This section includes a selection of articles that participants read during the online work. They are included here so that participants can use them as references during group activities. They are not necessarily noted in the Facilitator Guide.
 - Activity Handouts: This section is not included in the preprinted materials. Facilitators will determine which of these pages they intend to utilize and make enough copies for learning lab use. This section is separated to allow facilitators to make activity choices and to tailor the activities as desired. Activity handouts are numbered for ease of use. The number sequence refers to the Module number, Unit number, Section number. Ex: A handout labeled 1.3.2 comes from Module One, Unit 3, Section 2
 - Case Family Handouts: This section includes handouts for the Forrester and Gatewood scenario activities.

General Skill Practice Exercises

Outlined below are descriptions and instructions of activities that can be used in a variety of circumstances. They are intended for general reference.

Triad Practice

- Divide the group into triads. A quick way to do this is to use different colored name tents placed on name tents before the start of the training (three blues, three reds, three greens, etc.) or to have participants select different types of candy that will quickly place them in triads. If the group is uneven, it is better to have groups of four than it is to have groups of two. Each person in the group should have a chance to play several roles.
- Participants will rotate between three roles during the exercise: worker, client, and coach.
 - **Worker:** The worker should practice the skill being emphasized at that point in the training (interpersonal helping skills, for example).
 - **Client:** The participant assumes the role of a client. Prior information can be given to them about their role, or they can make it up as they continue the role-play.
 - **Coach:** Coaches observe and listen carefully, in order to give feedback at the end of the role play. Coaches are also available as consultants to the worker if the worker gets stuck or needs help.
- Participants in each triad should decide who will be the worker, client, and coach for the first role play. Using a 1-2-3 Board, shown below helps participants determine which role they will play in the practice role plays.

	Client	Worker	Coach
Role Play 1	1	2	3
Role Play 2	2	3	1
Role Play 3	3	1	2

- Distribute any materials you may have for the role plays, giving participants a moment to become familiar with their roles.

- The role play should go for about five minutes, after which participants should be told to finish their last thoughts and stop.
- Participants should be cautioned about the tendency for those in the “client” role to overact and those in the “worker” role to get stuck. Remind the coach of the responsibility to help when worker gets stuck and to advise the client to react realistically when overacting. The goal is a realistic role play, and “clients” should not impede the progress of the activity by overacting.
- Give participants about five minutes in their triads to process the role play by answering the following questions:
 - a. How did it feel to be the caseworker?
 - b. How did it feel to be the client in this situation?
 - c. What did the coaches see, hear, and feel?
- Take approximately another five minutes to summarize what was learned in this practice role play. Ask what strategies were used to demonstrate the skill. Use this time to model strategies and provide examples of statements caseworkers could use.
- When finished, distribute any new materials to the participants (for example, you can extend the scenario used in the previous role play) and repeat the process. This should be repeated until everyone has had an opportunity to play each role.
- Each role play should take about 15 minutes, as follows. The time frame can be written on a flip chart and posted for reference throughout the exercise.
 - 2 mins. For orientation (brief background on the client and brief statement of what the worker wants feedback on)
 - 5 mins. For the role-play interaction
 - 3 mins. For feedback (first from the worker, then the client, and then coach)
 - 5 mins. For large group discussion with the entire class

Fish Bowl Interviewing

Facilitator Note: While the guidelines below describe the “fishbowl” method of role-play, all role-play activities should use a coaching approach. The facilitator (or another participant in small groups) should always play a director role, stopping and starting the action to coach skills or to highlight a point in the interview. Role-plays should also use some type of “tag team” approach where the participant who is in the “hot seat” has an opportunity to ask the group for advice if they get stuck.

- Prepare a set of placards ahead of time that note specific strategies or techniques taught in the training.
- To set up the fish bowl exercise, explain to the group that they are going to help the facilitator create a demonstration of some of the strategies and techniques taught so far.
- During this exercise, the facilitator fulfills the role of director. Like a movie director, the trainer should strive to get the best picture by setting up the scene, calling for action, stopping a scene when needed, and creating a retake to maximize the chance of getting things just right.
- Actors (participants) should use a tag-team approach. If actors get stuck in a role play and are not sure what to do next, or feel they are not making any progress, they should just tag a team partner who would then step in and give it a try.
- Observers play an important role in this process, as well. In addition to watching closely so they will be prepared to give feedback, they should also exercise the option to “Send in a Play.” This should be done when they observe that an actor is stuck and doesn’t seem to know what to do next, or when an observer thinks that a particular strategy or technique would be useful in the role play. Sending in a play is done when an observer or the facilitator selects, holds up, or calls out a cue card that contains a suggested technique or strategy.
- Quickly display the placards one at a time and assure that everyone recalls their meanings.
- Ask for four volunteers. One should assume the role of the client, one the first worker, and two the additional workers to be part of the tag team. The volunteers should come to the center of the room.
- The remaining participants will serve as coaches and should pull chairs up close in a U shape – forming the fish bowl.
- With the help of participants, create a role play of a common child welfare situation involving engaging a client. The creation of the role play should be based on the

situations that are the most challenging for the group, such as dealing with cultural differences, confronting a hostile client, working with a client who is depressed and emotionally detached, or engaging a client who is emotionally and intellectually intelligent but resistant. You may also use this activity with the case scenario families.

- Set up the role play by saying: “We’re going to create a demonstration together. We’ll try out some strategies, make some mistakes, and try alternatives. The goal is not to have a perfect demonstration, but to struggle with some of these new techniques. For those who play the role of worker – don’t forget the option to tag one of your partners when you are stuck or just tired. And coaches– don’t forget your option of sending in a play. Everyone ready? ACTION!”
- Encourage participants to use a variety of strategies and to practice using the interviewing methods they identified as wanting to practice.
- During the role play, the facilitator is an active participant. Do not hesitate to stop the action at any point to model a strategy, encourage someone else to jump in, or highlight a strategy that was used.
- If the role play is not going in the direction needed, it may be beneficial for the facilitator to take on the role of the client. Remember, as director, this exercise provides the facilitator with a lot of choices to assure optimal learning.
- The strength of this fish bowl activity is that it involves all participants in some way. Therefore, the process can sustain role playing for longer periods of time than usual. Due to the extended length of the role play, there should be time to explore several skills, strategies, and techniques.
- After about 30 minutes, stop the action and give participants a chance to process what they have experienced and observed. Encourage specific feedback such as, “When you were validating the clients’ experience, you asked some probing questions. This helped you find out what was specifically happening in the family,” or “Your use of reflective statements really helped communicate empathy.”
- Process the role play by asking:
 - What did it feel like to be the client? Did you reach a point where you felt willing to engage in the process? When? What facilitated that?
 - What did it feel like to be the worker? What did you do that you liked? What would you have done differently?
 - What did the observers notice? What seemed to work? What could have been done differently?

- What cultural issues were involved in this role play? If present, how did cultural differences affect how the worker may have perceived the client or how the client may have perceived the worker?
- If the role play appears finished earlier than anticipated, stop, process, and create another situation for a second round. If cultural issues did not come forth in the first role play, make sure the second role play involves a common cultural issue workers are likely to encounter.

Walk Around Activity

- In a walk around activity, the facilitator posts several flipcharts on the wall, with a question or statement to which participants will respond. Participants walk around at their leisure to write or place sticky notes on the charts.

Lightening Rounds

- Lightening rounds are similar to walk around activities. In a lightening, several participants are placed in front of a flip chart to respond to a prompt. Participants are given a set time to respond with as many responses as they can generate in a short time (1-5 minutes, depending on the prompts and the purpose of the activity). When time is called, participants move with their group to the next flip chart and are again given a short time to add to what is already posted. This continues until each group has visited all the posters or until responses to the prompt on each chart has been exhausted.

Skill Practice with the Gatewood Family

- Case family handouts are considered interviews. Participants can consider what they read to be the information they would have gained if they had actually interviewed that person.
- The facilitator will provide participants with the Gatewood family referral information, plus the first “interviews” with Mr. Gatewood and Jane. After these two interviews, do not automatically provide participants with a set of interviews. Break participants into small groups and allow them to conduct the assessment themselves. The facilitator should keep each interview handouts in a separate folder, in a file box of some sort, so that participants cannot read the folder labels.
- Once in small teams, participants should decide who they would like to interview as part of the Gatewood assessment process. Participant will approach the facilitator and request the interview information for that individual. Groups may reach different conclusions based on who they choose to interview. As conclusions are processed in the larger group, draw attention to this point.

- Keep repeating this process until the group has gathered the appropriate assessment information. If participants are divided into small groups, set a time limit and a procedure for their next set of activities (e.g. You have 45 minutes to conduct your next interview. You will use triad practice for this round). Once time is up, gather the group back together to compare information.
- If participants request an interview that is not available, the facilitator has at least two choices. Participants can be informed that the individual was unavailable for an interview. Participants can then include information that they want to explore through this interview at a later time. Alternately, participants may conduct a skill practice role-play and utilize information “gathered” in this process as part of the assessment information.
- During the Planning module, the group will role-play a CFTM/FSTM (depending on whether they would have brought the children into custody). Use the information that is generated from the team meeting to base “update” information to be considered for the Tracking and Adjustment section. Depending on the direction the group needs to proceed, determine what type of progress the family has made for each of the goals produced in the team meeting.

Icebreakers

Commonalities and Uniquities

Estimated Time: 15-20 minutes

Materials: paper and pens

Objectives:

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

Procedure:

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

Debrief:

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

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

Fear In A Hat

(Adapted from: Brandes, D. *Try Something New*, Nurturing Potential, Issue 5, at: <http://www.nurturingpotential.net/Issue5/New11.htm>)

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

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

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

Objectives

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

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

For example: the leader reads the first one and might say: "In this class I am afraid that I will be laughed at . . . (continues) I am afraid to say my feelings because everyone laughs at me, so I never say anything." This procedure continues around the circle. Leader must make sure that everyone simply listens and does not comment. No arguing or comment is allowed. Then the group discusses what was noticed or discovered.

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

Human Knot

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

Materials: none

Activity Description:

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

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

The Human Web

Estimated Time: 15 minutes

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

Materials: ball of yarn

Activity Description:

The facilitator begins with a ball of yarn. Keeping one end, pass the ball to one of the participants, and the person to introduce him- or her-self and their role in the organization. Once this person has made their introduction, ask him or her to pass the ball of yarn on to another person in the group. The person handing over the ball must describe how he/she relates (or expects to relate) to the other person. The process continues until everyone is introduced.

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

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

Space Boots

Use: group planning, trust, group process, stereotypes,

Materials: masking tape/chalk/rope to make 2 lines, pair of large boots/construction paper

Activity Description:

Create 2 parallel lines approximately 15-20 feet apart using the tape/chalk/ropes.

All participants stand behind one of the lines.

The scenario is that a group of scientists and explorers are traveling on Mars. They have encountered this river of lava (the space between the lines). The Martians left one pair of "space boots" (the group will have to use their imagination for the boots, or use a large pair of galoshes)." The groups must get everyone across the river to meet their departing space ship.

Rules:

Both boots must be worn one time, in one direction, by each participant.

Once a person has put them on they can walk one time across the river but cannot walk back. The boots can only contain one foot at a time and you have to wear both boots (so no three legged races).

The group cannot "throw" the boots since there is no gravity and they would fly away.

They cannot walk around the river because they have to meet their ship and the river is too long.

They cannot jump across the river because it's too far.

A penalty for starting over: there is "cosmic space dust" that can render a person blind or mute (facilitator decides who this person is).

For safety concerns make sure you spot those going across, and don't allow people to climb on shoulders.

During processing, focus on the planning element, the trust that is needed, and how different characteristics come into play (such as size, gender, stereotypes). Discuss how it feels when we mute others sometimes just because of their differences, and we don't realize that we do it.

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

Three Read

Estimated Time: 15 minutes

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

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

Activity Description:

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

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

Activities

Bean Soup for the Caseworker's Soul

Estimated Time: 30 minutes

Materials: 10 dry beans of any type (black, pinto, kidney, etc.) for each participant.

Procedure: Give each participant 10 beans in their **right hand**. Begin reading the list of 15 different ways that families can potentially become involved with DCS (below).

Every time they hear a situation that has happened to them or to their family have them move a bean over to their **left hand**. If they run out of beans in their right hand they should sit down. By the end of the exercise very few people will have the majority of their beans still in their right hand. For added impact, the facilitator should participate. Feel free to modify the list items.

If a participant moves very few beans, gently challenge them. For example, almost every parent has occasionally felt overwhelmed or felt they did not know how to respond. Almost every child has had unexplained bruises. Nearly every home has some type of environmental hazard which could result in DCS involvement if there was an accident (chemicals stored under the sink, a gun in the home, uncovered outlets).

Debrief the activity around how thin the line is between who becomes involved with the system and who doesn't. What inferences can we make from this list? What are your assumptions about people who have these issues?

Ways Families Become Involved with DCS:

Have you (or do you know someone who has) ever....

- Had a teenager that was unruly or was participating in unsafe activities?
- Gone a little overboard in disciplining their children, especially in public?
- Left a child in the car while going into the corner store?
- Had a younger child with an unexplainable bruise or injury?
- Had an argument that could be heard by a neighbor?
- Left a child under 10 alone in the house?
- Had difficulty parenting their child?
- Had a child or teenager that refused to go to school for an extended period of time, or frequently skipped school?
- Been overwhelmed with trying to take care of their children?
- Had a couple of drinks and drove home with children in the car?

- Frequently consumed alcohol or used drugs?
- Had a non-custodial parent accuse a custodial parent of maltreatment?
- Had a teenager who committed a crime (theft, drug use)?
- Left a child with someone whose supervision abilities were questionable? (for example, a sibling just old enough to stay alone)
- Had environmental hazards in a home with children?

Challenging Family Situations

Estimated Time: 20 minutes

Procedure:

- There are several options for using these situations.
 - Conduct an activity similar to the “Comfortable/Uncomfortable” activity in which you have participants move across an imaginary continuum between how comfortable or uncomfortable they are with the family situations below.
 - In small groups or as a large group, have participants discuss why a situation may or may not be challenging for them personally.
 - Have the group process how they can focus on the families’ resiliencies during challenging situations.
 - Have the group identify strategies they can use to cope with these types of challenges.
- In all instances, discuss how these situations are value laden and will impact each person differently. Participants will not see these challenges in the same way.

Challenging Family Situations:

- A teenage girl who lives in a home where her stepfather sexually abuses her
- A family who is receiving “Families First” and a mother who spends money on drugs and alcohol
- A family with a father who has been in jail on several occasions for robbery
- A family in which the mother is often physically battered by the father
- A family with an adolescent son who beats up his mother to get money for his drug habit
- An elderly person living with a granddaughter who is verbally and physically abusive
- A family with a single mother who often leaves the children (ages 3, 4 and 6) alone to go to a friend’s home
- A preschool child who has several bruises on his face and back from a whipping by his parents
- A family with a daughter who sells herself to her mother’s friends so they can pay rent
- A family with a mother who suffers from serious depression and a father who expects the 12-year-old daughter to clean the house and care for the younger children

- A family in which the father works but the family is often without food and is homeless
- A family in which an infant received a broken arm and abuse is highly suspected
- A family with a father who is a sole parent and a drug dealer

Common Responses

Adapted from IHS, Module II

Estimated Time: 30 minutes

Procedure:

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

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

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

- Hold a brief discussion regarding the fact that there are often two messages in clients' statements. One message deals with the actual content of the statement. The other, non-verbal message is a communication of emotion and focus on the unstated feelings behind the message.
- This activity provides practice in addressing both verbal and non-verbal messages. Each of these statements reflects an underlying non-verbal communication, perhaps a worry or concern that is not being directly stated. The client could, for example, fear a loss of self esteem, family status, privacy, or government intrusion in their lives.
- There are two options for this activity. Each has a separate handout.
- This activity also provides an opportunity for practice if time permits. The facilitator plays the role of the client (possibly playing Susan Forrester or one of the Gatewoods) and responds with the same type of statements as those in the exercise. Conduct a fishbowl interview. Have other participants note when the worker is using the core conditions (empathy, genuineness, and respect as opposed to defensiveness, arrogance and power).

Option 1: The handout for this option includes only the client statement, with blank space for participant response.

- Divide participants into small groups and distribute the *Common Responses* handout for Option 1. Each group should:
 - Identify the possible non-verbal messages underlying the statement's content.
 - Identify how they would respond to address both the verbal and non-verbal statements.
- Instruct participants to use specific phrases and words as they decide how to respond. During the reporting, the facilitator and other participants should critique the responses to resistive statements. (If pressed for time, the facilitator may instruct each group to report on only one of the statements they considered. Be sure to choose different statements to ensure that a variety of issues are discussed)
- As small groups report, encourage the large group to provide constructive feedback. Give examples of inappropriate responses and alternative appropriate responses. Engage the group in critiquing responses. You may also engage the group in impromptu role play, as appropriate. Following is an example.

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

Inappropriate Responses:

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

Appropriate Responses:

1. "No, I don't have children, but one thing I've learned on this job is that all children are different, and even if I did have children, it might not help me understand your family." In this example, the worker is responding to the content of the question, with an invitation to discuss the underlying issue: whether the client believes the worker understands her situation well enough to be helpful. This same response can be altered for caseworkers who do have children. "Yes, I do have children, but one thing I've learned in this job is that every family is different."

2. “No, I don’t have children. You are the expert on your family, and I need help in sorting all of this out. I’d like your help in doing that.” Again, this response addresses the content and invites further discussion.
3. “No, I don’t have children. Is that important to you?” This statement responds to the non-verbal communications and asks the client to discuss her thoughts and feelings behind the question.
4. “No, I don’t. Even if I had children, I wouldn’t know about what parenting is like for you. I’d like to talk with you about this.” In this case, the client can either respond with facts or with feelings about what parenting is like for him.
5. “No, I don’t have children. It sounds like you’re not sure if you think I’ll be helpful to you.” This response attends to the non-verbal message and gets to the heart of the issue. The worker will need to judge whether this is too intrusive for the client. Usually, more trust between the client and the worker is needed for clients to be able to discuss feelings at this deeper level. There may be individual personality characteristics or cultural norms that inhibit discussing deep personal feelings or issues. Workers may need to learn other interviewing strategies, such as analogies or story-telling to use with clients who feel very uncomfortable discussing emotions.

Option 2: The handout for this option allows participants to choose a response from a multiple choice list. This option can be completed in large or small groups.

- Distribute the appropriate handout and give participants a few minutes to determine which response they feel is most appropriate.
- Debrief, allowing participants to choose and discuss why they feel responses are appropriate or inappropriate.
- Tally the number of choices for each statement if you wish.
- It is likely that some participants will disagree with the “correct” response since the best response may depend on the circumstances, the inflection of the voice, the stage of the worker/client relationship, etc. Encourage this discussion because these factors are, in fact, important. They reaffirm the need for workers to develop a broad range of engagement skills to apply at different times with different clients.

Common Responses

(Option 1)

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

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

Common Responses

(Option 2 Facilitator Version)

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

1. “How would you know what it’s like to be a single parent on public assistance?”
 - a. I’ve been there and I pulled myself up.
 - b. It’s time to stop using that as an excuse and take care of yourself and your family.
 - c. I can only imagine how hard that must be.**
 - d. Lots of people do it and make out just fine
2. “Do you have any children?”
 - a. No, I don’t but I have nieces and nephews that I’ve babysat for.
 - b. No, I don’t but I’ve taken many courses on child development.
 - c. Yes, I do, so I know what you’re going through.
 - d. No, I don’t. You’re the expert on your own family so we’ll have to work together to sort this out.**
 - e. We’re not here to talk about my life.
3. “I’m not doing anything wrong. You should be investigating my next door neighbor.”
 - a. I could help you make a referral if you’d like to do that when we’re done.**
 - b. We’re not talking about her but rather about you.
 - c. Clients often try to divert me and it doesn’t work to do that.
 - d. We’ll see if there’s anything wrong here first.
4. “I want to know who called you about us.”
 - a. That’s not your concern.
 - b. I understand your wanting to know that but I’m not permitted to give that out.**
 - c. It was a person who doesn’t like to see a child abused.
 - d. It doesn’t matter at this point.
5. “Just how old are you anyway?”
 - a. That’s really not your concern.
 - b. I’m sorry. I don’t give out that information. That’s personal.
 - c. I’m (...giving the correct age). I’d like to talk about that as it seems to be a problem for you.**
 - d. Age doesn’t matter when it comes to keeping children safe.
6. “Who do you think you are telling me how to take care of my own kids?”
 - a. It must be hard having someone question your parenting.**
 - b. I may have to if you can’t do it properly.

- c. The law decides how children should be cared for.
 - d. Sorry, but that's my job.
7. "The Bible says that if you spare the rod, you spoil the child. Don't you believe in God and follow the Bible?"
- a. I am a Christian and I believe in the Bible too.
 - b. You can't use the Bible to justify your lack of parenting skills.
 - c. It is still against the law to spank your child like you did.
 - d. It sounds like your spiritual beliefs are important to you.**
8. "Why are you talking to me about this? I was raised this way and nothing is wrong with me."
- a. Well, things have changed since you were a child.
 - b. Maybe no one reported your family and your parents were never investigated.
 - c. Maybe you have changed some things about how you were raised.
 - d. Tell me more about how you were raised.**
9. "Why is this a problem? We do this all the time in my country?"
- a. We are in the USA and you have to do things our way now.
 - b. Well, it should be wrong in your country too.
 - c. Your country is behind on making laws to protect children. The USA is leading the way.
 - d. What other things are different in your country?
 - e. Let's talk more about where you are from.**
10. "You are no better than that last worker who came out here. Why should I talk to you?"
- a. Well, that worker is no longer with DCS. I heard that she was fired.
 - b. You have no choice but to talk to me. I was the one assigned to your case.
 - c. I have more experience than her and I know how she does her job. I am not like that.
 - d. So, I can see that you had some difficulty the last time. What do you want to see different?**
11. "If you think you can do a better job at raising this boy, then you take him."
- a. What would be different if he was not here?**
 - b. I already have children and I do not want any more.
 - c. He is a handful and already in the system.
 - d. It is against the law to just give up your child.
 - e. This is not about me. It is about you being a good parent. It is your responsibility.

Exploring My Own Culture Worksheet

Facilitator Version

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

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

Discuss values about teaching children to be responsible and self-reliant, and at what age; and discuss different groups' expectations regarding children's capabilities and what constitutes age-appropriate expectations for children. When does inappropriate supervision become an issue? Pose the conundrum for parents who lack money to hire appropriate child care while they're working. How do codes of conduct change based on necessity?

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

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

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

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

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

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

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

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

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

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

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

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

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

- Respecting your elders
- Sex outside of marriage

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

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

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

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

Forrester Family Video Viewing Guide:

Assessment Interviews

How does Carol set the tone for the interviews? What was the tone?

- *offers to pick her up*
- *gently, but directly addresses Susan's anger*
- *shows core conditions*
- *was open about taking notes—Susan can see them, etc.*

How did Carol address Susan's resistance?

- *again, gently but directly addresses it—but doesn't call it "resistance"*
- *she never uses the word "you" when talking about how Jon got hurt—avoids resistance, but does so without allowing Susan to avoid responsibility.*
- *gives Susan "permission" to express anger and frustration*
- *etc*

Will talk more about resistance later in planning

What engagement / interpersonal helping skills does Carol use during the interviews?

- *sees the interview as an opportunity to continue building relationship (and an opportunity to create change)*
- *varying types of questions*
- *summarization, reflections, reframes, asking for concreteness, etc.*

What were the important parts of the interview that suggested strengths in the family?

- *clearly committed to children*
- *has made strides in self-improvements on her own*
- *demonstrates some insight into her self*
- *knows how to be a survivor—even if's not the most healthy way, etc.*

Why did we discuss strengths first? Always start with strengths and move to needs

What were the important parts of the interview that suggested needs or concerns in the family?

- *note that many of these are tied to Susan's belief system—her own ladder of inference—she picks out what she expects to see and interprets events through that filter.*
- *Jon's just like his father*
- *relationships are hurtful and disappointing*
- *clear anger management issues*
- *her own involvement with the system and her challenges to authority, etc*

Practice Wheel At The Car Lot

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

The Practice Wheel at the Car Lot:

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

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

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

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

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

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

Resistance Skill Practice

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

Smith Case Scenario

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

Content to be Discussed:

- The worker should try to defuse Ms. Smith's anger by empathizing with her situation, then gradually returning to the issue of the child's injuries.
- The worker could state that she is required to help the family resolve the problems that led to court intervention, and that the most important thing now is to determine how the worker and client can work together to prevent further injuries. If further explanation is needed, the worker could state that she knows from experience that serious frustration and family problems can lead parents to do things they did not mean to do. (example of being straightforward about the nature of the relationship and purpose of this visit while remaining empathetic).

- The worker should empathize with her difficult situation, (i.e., the pressure from school, her financial problems and feeling frustrated or upset when she cannot buy the things her daughters need).
- The worker should probe for strengths. For example, saying “no” to the daughter’s requests for unnecessary items in order to have money to pay for necessities. (example of recognizing strengths)
- The worker should empathize with Ms. Smith’s desire to manage the family without intervention. The worker should recognize this as strength. (example of surfacing and honoring resistance)
- The worker should probe for any other reasons why Ms. Smith prefers to be left alone. For example, is it embarrassing to have a caseworker involved with her family? Does she think this means she is an inadequate mother? (example of exploring resistance)
- The worker should explore with Ms. Smith how they might work together. It may not be necessary to insist that Ms. Smith admit to maltreating her daughter – that may come later. The worker should, however, help negotiate ways in which Ms. Smith could accept some help from the worker, including helping her recognize the benefits of developing a case plan and helping her complete it. (example of exploring ways to resolve resistance)
- Before the visit ends, the worker should set a time to discuss these issues further with Ms. Smith.

Phillips Case Scenario:

Mr. Phillips is a single father of four children, ages 6 to 15. His wife died in an accident last year and, since then, he has struggled with grief and depression. Mr. Phillips no longer looks for work (he had been a contract painter) and seldom interacts with the children. The older two children take care of the younger two, but have asked for help and support from their father to no avail. When the CPS Assessment worker arrives at a pre-arranged noon visit, Mr. Phillips hasn’t been up yet and is distant, pre-occupied, and listless. His first comment to the worker is, “We’re doing just fine here and don’t need any help.”

Content to be Discussed:

- The worker should gently remind Mr. Phillips why the case was opened. (Example of being straightforward about the purpose of agency intervention)
- The worker should demonstrate her knowledge about how grief and depression rob people of energy to complete their daily living responsibilities. The worker should

empathize with the difficulty he is having with accomplishing daily tasks. (Example of using empathy)

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

Values Clarification Debate

(From: Institute for Human Services, Ohio Child Welfare Training Program. Caseworker Core Module I: Family-Centered Approach to Child Protective Services. Revised October 2007)

Estimated Time: 60 minutes

Materials

- √ Values Clarification Exercise Handout
- √ Flipchart grid drawn as below

	Strongly Agree	Agree	Disagree	Strongly Disagree
Statement #1				
Statement #2				
Statement #3				
Statement #4				

Objectives

- Develop awareness of the values conflicts that affect child welfare practice.
- Awareness of how their own beliefs, attitudes, and perceptions can influence critical case decisions.
- Ability to explore multiple points of view.
- Develop critical thinking skills around child welfare practice and values.

Facilitator Note: During the debate, challenge participants' beliefs, promote exploration and debate of both sides of each issue, and point out ambiguity and confusion. The absence of clear answers to these dilemmas may create discomfort or anxiety in the group. Some participants may find themselves arguing a position different from the position they originally held. You may create additional controversy by supporting either or both sides of the issue. The goal of this exercise is to create ambiguity, not to resolve it. By making participants aware of the absence of clear practice rules that can be applied in all situations, we create a level of discomfort that prepares and motivates them to learn to think, assess, and judge, rather than to expect concrete answers or solutions. The tone set during this exercise should be promoted and supported throughout the training. If there is not time to debate each statement, chose two or three to debate. Statements with the greatest differences in ratings by participants create the intended ambiguity and are most effective for this exercise.

Procedure

- Handout: Values Clarification Exercise.

- Instruct participants to carefully read each statement and mark their position on each issue.
- When all trainees have marked their positions, request a show of hands to determine the number of trainees who marked each position for each of the four statements. Then tally responses on the prepared grid. This should clearly show the range of responses for each question.
- Divide into groups, separating those who "disagreed" or "strongly disagreed" from trainees who "agreed" or "strongly agreed" on the first statement to be debated. The groups should be instructed to explore and discuss their reasons for choosing their positions and prepare to debate the issue with trainees who hold the opposite position.
- A member of each group should, in turn, state and support the group's position. Then begin the debate. Instruct participants to convince the opposition to consider their opinions by providing arguments that support their stance.
- Point out when participants begin to acknowledge that the opposing groups have made a good point or when participants begin to argue a position that is different from their original one. Point out how both sides have valid arguments.
- When the first statement has been fully explored, move to the second statement, regroup based on their responses to the second statement chosen to debate, and repeat the debate exercise.
- For the one or two statements that were not debated, lead a large group discussion that elicits the pros and cons of both sides of the argument.
- When it appears participants have begun to understand the difficulty in resolving the issues, ask them to summarize the point of the exercise.

Facilitator Note: Listed below are arguments supporting both "agree" and "disagree" positions for each statement. Many of these arguments will be raised by participants. Use these points to fuel discussion, to support both sides of the debate, and to challenge participants to explore all aspects of the problem.

Statement #1: If a caseworker is always there to help a family whenever they need it, and often does things for the family, the family will never be motivated to learn to do things for themselves.

Arguments Supporting an "Agree" Position

- It is our job to help families become self-sufficient. You don't encourage people to become self-sufficient by doing things for them. They must have the opportunity to do for themselves.

- We don't want to foster dependency in families. Not only is it not beneficial for them, but we overload our system doing things for families they could do for themselves. It is not a good use of our limited resources.
- We can't be all things to all people. We have to set our priorities and decide what we are going to do, what things people will have to do for themselves, or find other providers to help them.
- Success motivates action. We may think it's helpful to do things for people, but it doesn't empower them or help them gain self-esteem or self-confidence. It is more therapeutic to help them learn to do things for themselves and reinforce that practice.

Arguments Supporting a "Disagree" Position

- Many of our families have never learned they can depend upon others. They have been let down so many times, they need someone to be dependable so they can learn to trust. Doing things for them demonstrates we really do care about them and their needs are important to us.
- Many of our clients don't know how to do things for themselves. They don't have the ability but may be ashamed to let us know. We may have to do it for them the first time or at least do it with them. If we leave it entirely to them, it may never get done.
- When families are under stress or in crisis, it's not appropriate to add more stress by making them handle everything themselves. A proper therapeutic approach to crisis is to reduce the stressors as quickly as possible. Because families in crisis are immobilized, other people often have to do even the most basic things for them.
- Even if you foster dependency, that doesn't mean the family will have to be dependent forever. You can do it in a way that prepares them to assume responsibility for themselves, as they are able.

Statement #2: Abuse and neglect are less emotionally traumatizing to children than separation from their family and placement into foster care.

Facilitator Note: Participants had a similar values dilemma presented in the homework activity that asked for their agreement with the statement, "Most children fare better in foster homes than they do in abusive or neglectful families." Ask participants how they responded to this after the debate and have they changed their opinion.

Arguments Supporting an "Agree" Position

- Most children are attached to their parents and other family members, and depend upon them, regardless of the appropriateness or quality of care provided

by the parents. Attachment to the parents provides the child with a stable and familiar life which is necessary for healthy development. Forced separation can have a negative impact on children's attachments and their long-term ability to enter into close interpersonal relationships.

- The impact of separation and placement into foster care begins a painful loss and a process of grieving for children and their parents that may have long-term effects on the parent/child relationship, even after the children are returned home.
- There are many ways children can be protected in their own families, which is less traumatic than separation and placement.

Arguments Supporting a "Disagree" Position

- The effects of abuse and neglect on child development are cumulative and may delay or negatively impact a child's physical, cognitive, social, and emotional development, often with irreparable harm. Repeated episodes of even moderate neglect may have serious long term effects.
- While separation and placement can be emotionally traumatizing, workers and parents can reduce the degree of trauma if they work together to make the placement less traumatic to the child, or if a child is placed with relatives or other familiar adults.
- Children who are placed into quality foster homes are not only safe; they may experience opportunities for healthy personal development, as well as learn how healthy families can function. This intervention can potentially stop the cycle of abuse and neglect that may have existed for generations.

Statement # 3: Immigrant families should be expected to conform to American child rearing standards.

Arguments Supporting an "Agree" Position

- When people move to our country, they should be prepared to leave some of their old ways behind and live within our laws and community standards. It's the normal process of assimilation that has occurred for all immigrants to this country for 200 years.
- In America children have rights to safety, and standards of child care are often higher than in many other countries; we should uphold those rights and standards for all children who live in the United States.
- Some culturally-accepted practices are not in children's best interests or they violate children's rights. No cultural group should allow them.

Arguments Supporting a "Disagree" Position

- There is considerable diversity of child rearing practices in the U.S., even among people who have lived here for generations. We generally respect those differences. Why shouldn't we extend that respect to immigrant families?
- Some practices are considered abusive or neglectful by American standards but not by the standards of the immigrant's home country. Who are we to change child-rearing practices that have existed in the home country for generations?
- Our primary consideration should be the child. If the child perceives certain child rearing practices as a natural part of his upbringing, and not abusive, why should we intervene?

Statement #4: While it is generally accepted that children have basic rights, society should not interfere with the parents' basic right to teach, discipline, and guide their children according to their own values and beliefs.

Arguments Supporting an "Agree" Position

- Society must always respect the rights of parents. There must be a limit to how society can dictate child-rearing standards. Otherwise, it would be possible for all of us to lose our children. For example, we are employed. What if someone in power decided it was in all children's best interests if their parents stayed home to care for them?
- People and their situations are so different; there can't be a single rule that applies to everyone in all circumstances. You have to let people make their own decisions about their own lives. Individual decisions will probably be better suited to the individual situation.
- If we really believe in the value and viability of different cultures, then we must allow people to express and live their lives in accordance with their own cultures. We can't give lip service to cultural diversity and then expect everyone to live by a single standard of parenting.

Arguments Supporting a "Disagree" Position

- Preserving the rights of parents has in the past allowed parents to seriously harm their children without societal interference. Society has a responsibility to intervene when parents harm their children through abuse or neglect.
- Children aren't able to look out for themselves. They are entitled to the same basic rights as everyone else, but they need advocates to assure their rights are preserved.
- The purpose of organizing any society is to make rules that protect all its citizens. Children are members of society. The society establishes police and courts to

protect citizens from harm; therefore, it must establish a mechanism to protect children, as well.

- Parents who harm their children should not have unrestricted rights because they have not fulfilled their responsibility. People must earn the right to freedom by behaving responsibly. If they cannot do so, they should lose their right to make autonomous decisions.

Values Clarification Exercise

Statement #1: If a caseworker is always there to help a family whenever they need it, and often does things for the family, the family will never be motivated to learn to do things for themselves.

_____ Strongly Agree
_____ Agree
_____ Disagree
_____ Strongly Disagree

Statement #2: Abuse and neglect are less emotionally traumatizing to children than separation from their family and placement into foster care.

_____ Strongly Agree
_____ Agree
_____ Disagree
_____ Strongly Disagree

Statement #3: Immigrant families should be expected to conform to American child rearing standards.

_____ Strongly Agree
_____ Agree
_____ Disagree
_____ Strongly Disagree

Statement #4: While it is generally accepted that children have basic rights, society should not interfere with the parents' basic right to teach, discipline, and guide their children according to their own values and beliefs.

_____ Strongly Agree
_____ Agree
_____ Disagree
_____ Strongly Disagree

Voices: Hearing the Family Story

Estimated Time: 30 minutes

Materials: Voices cards from traditional Pre-service. The scripts are included below. You may use some or all of the scripts. If you do not have access to the cards, use just the scripts.

Procedure:

- Transition to this activity from a group discussion about how our own values, beliefs, and assumptions impact our ability to hear a family's story. As people tell their stories, we get a sense of their family history and culture and we learn what matters most to them.
- Discuss the qualities of a case manager that might make a family member want to tell their story and the qualities that might get in the way of hearing a family story.
- Solicit volunteers to portray the “voices” of family members. Distribute the demonstration scripts and the accompanying masks to the volunteers. Ask each volunteer to read the script to other participants while holding up the picture.
- As the scripts are read, challenge participants to identify which of the “voices” would be most difficult for them to connect with and why.

Voices: Hearing the Family's Story

Sexual Abuse (Father)

Hi. You know me. We live in the same neighborhood. We go to the same church. Our kids play softball together. What you don't know and what I can never tell you—at least not to your face—is that I have sex with my daughter. Every time I do it I promise I will never do it again but somehow I end up touching her again. I think my wife suspects something but she won't come out and ask me. If she did, I would lie. See? I knew you would be repulsed. I'm repulsed. I make my own self sick. I heard you help children. I wish I could trust you enough to ask you to help me.

Unruly Teen (Mother)

I can tell you're judging me. Probably thinking to yourself that I'm a bad parent because I don't want my 14-year-old son living here with me anymore. How can you possibly think you know my story? You just opened the book, honey. I've been living this reality with this child for four years and it's no fairy tale. If you opened up my heart you would find nothing but scar tissue from where this boy has broken my heart time and time again. So, don't judge me until the person you love curses you, hits you, threatens you

with a knife, and steals your wedding ring and sells it for \$20. Judge me if you like but I'll tell you this—I sleep with both eyes closed now that he's out of my house.

Physical Abuse (Mother)

Yes, I beat my kids. I'm not going to quote the Bible to justify it either. I don't have to. As long as I am responsible for feeding and clothing these children, I expect them to mind me. When they don't, I light up their behinds. I usually use a belt or a switch but once I used an electrical cord when I couldn't find a belt. My mother beat me when I acted up and I turned out just fine. If more people beat their children, the world would be a better place.

Neglect (Child)

I hate summer. I can't go to school during the summer. It's not that I like school so much; it's that I get to eat a good lunch at school every day. Breakfast too! I'm hungry a lot during the summer. My dad doesn't pay child support and my mom uses her paycheck to pay bills and buy new outfits for work. She said she needs to look good so she'll get promoted. I hope she gets promoted soon.

Runaway (Youth)

Hi, has anyone been around here looking for me? Cops asking questions? Yeah, I'm a runaway. Isn't that word so stupid? Runaway. It should be run-to because that's what I do. I run to someplace where I can have some fun and hang out with people who like me. I run to someplace where it's not all about rules and regulations, do's and don'ts. How can you run away from someplace where you're invisible anyway?

Domestic Violence (Mother)

"I don't understand how any woman could stay with a man who hits her." I've heard that line so many times before. So, why do I stay? Because it's not always bad. Because when it's good, it's really good. Because we have a family together. Because despite the fact that he hits me, he really is a good man. Because I love him. Because I don't want my marriage to end; I just want the beatings to stop.

Mental Illness and Substance Abuse (Mother)

I'm so tired of trying to stay sane. What comes naturally for most people is an everyday struggle for me. I have to stay on guard for "crazy" thoughts. I've had one breakdown. Another one and I might lose my family for good. Mental illness is this monster that keeps growing and growing. As it gets bigger, my world gets smaller. I stay high a lot so I won't have to think. People think I don't have food in the house because I'm a bad mother who spends her money on drugs. I don't have the energy to fight this fight every day. Sometimes the most sane thing I can do is get high.

What Do You Know? Identifying Child Abuse and Neglect

Estimated Time: 25 minutes

Materials: What Do You Know? Activity Handout.

Procedure:

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

Determine whether these situations would constitute maltreatment.

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

Barnga

Barnga is a simulation game designed to explore culture clashes developed by Sivasailam Thiagarajan. Basic information is provided here. For more in-depth information on game play, debriefing, variations, etc. you may purchase the book or do an internet search for “Barnga.” Three of the better sites are listed below:

<http://preventiontraining.samhsa.gov/Hous01/unit3atr.htm#equipment>

http://plato.acadiau.ca/courses/educ/reid/games/Game_descriptions/Barnga1.htm

<http://sbaweb.wayne.edu/~absel/bkl/vol25/25ch.pdf>

In addition, Thiagarajan has an excellent article on debriefing simulation games. Although, the method is designed for simulation games, it will work for a variety of debriefing experiences. He suggests the following six phases to structure the debrief: **Phase 1:** How do you feel? Give participants a chance to vent their feelings. This will make it easier to conduct an objective debriefing in later phases. Postpone intense conversation.

Phase 2: What happened? Allow participants a chance to compare and contrast their recollections about the experience and to draw some general conclusions.

Phase 3: What did you learn? Ask what principles they discovered (e.g. “always check your assumptions.” Discuss the validity of each principle. Discuss the following set of principles. In the ideal situation, the facilitator highlight the principle for the group as participants are sharing their observations about what they learned. It is not necessary to give participants a “list” of principles.

- In most interpersonal situations, we make several unwarranted assumptions.
- People engaged in the same activity may use different procedures.
- Not every may have the same set of rules.
- You can’t believe everything you read.
- Communication problems exacerbate cross-cultural clashes.
- People with nonverbal communication skills have an advantage.
- People look for outside guidance and help during chaotic situations.
- During chaotic situations, people tend to blame the “others.”
- In chaotic situations, unscrupulous people implement or make up the rules that give them an advantage.
- Assertive people have an advantage.
- When other people behave differently from your expectations, you assume that they are dishonest or ignorant.
- Very few people consider the possibility that different people have different rules.
- Whenever you learn a set of rules, you feel that they are the only correct set of rules.
- In a conflict situation, some people give up easily rather than explain their views.

- The home team has an advantage in being able to impose its rules on people coming from the outside.

Phase 4: How does this relate to the real world? Explore how this set of principles might apply to the families with whom they will be working. While there are clear cross-cultural differences, this is an opportunity to highlight the “cultures” we don’t usually think about: socioeconomic class, family background and values, learned behavior about how to respond to difficult situations, etc.

Phase 5: What if? Allow participants to explore ideas about different scenarios might have affected their behaviors or experiences. For example, what if they had been told at the beginning of the game that each table had a different set of rules? If they had been allowed to speak to each other?

Phase 6: What next? Allow participants to speculate about how they would play differently with a new group, knowing what they know now. How might these ideas impact what “rules” we share with families?

For more information, see:

<http://www.sixlenses.com/scripts/docs/DebriefingMethods.html>

In addition, Thiagarajan has an informative website with free information about a variety of simulation exercises: www.thiagi.com. You can purchase the book at this site also.

How to Play Barnnga:

1. Instruct participants that they are going to learn to play a game called “Five Tricks” and compete with each other in a tournament. Do not disclose the objective of the simulation. Explain that the activity is designed as a simulation of how participants with different learning styles can learn a cooperative setting and play in a competitive setting.
2. Organize them into group of four. It is best to have three groups. They should be seated at tables conducive to playing a card game. There should be some distance between the groups to preserve the integrity of the simulation. If there are extra participants, you may have larger groups, or you may ask them to be your assistants (“game wardens” helping you enforce the rules) during the game. If there is anyone in the group who has previously played the game, they should be assistants.
3. Tables should be numbered: Table 1, Table 2, and Table 3. On each table place a deck of cards, paper for scoring the game, and a set of instructions for the activity (not the game rules). Invite participants to read the instructions and ask any questions they may have at this time.
4. Inform participants that Table 1 is the “best” table. Players should aspire to move to table 1 through winning the game at their current table. Table 3 is the “worst” table.

Players should try to avoid moving to table 3 by not losing the game at their current table. After each round, transition to the next round in the following manner.

- a. The winner at tables 2 and 3 should move to the next highest table. The winner at table 3 moves to table 2. The winner at table 2 moves to table 1. The winner at table 1 stays put because they are already at the best table.
 - b. The loser at tables 1 and 2 will move to the next lowest table. The loser from table 1 moves to table 2. The loser from table 2 moves to table 3. The loser from table 3 stays put because they are already at the worst table.
5. Once everyone has read the simulation instructions, pass out the rules to Five Tricks. Give each table a folder with the rules of the game and ask them to pass a copy to each participant. What participants do not know is that each table has a different set of rules.
 6. While participants are reading over the instructions, pretend to notice a mistake on the rules. "Correct" the mistake by stating that in the paragraph headed "Winning Tricks" there is a missing word. The second sentence should read "The person who played this card gathers up the trick and places it face DOWN in front of him or her." This reinforces the idea that everyone has the same set of rules.
 7. Have participants practice a few rounds of the game to make sure they understand the rules before the tournament begins.
 8. After participants have practiced for a few minutes (about 5), take up the handouts and impose the gag order.
 9. Conduct the first round of play. Each table will play silently for 7-10 minutes and keep score. Be sure to enforce the gag rule firmly during game play. Do not answer any questions.
 10. Stop play and transition to the next round as described in step 4.
 11. Play at least two more rounds for approximately five minutes each.
 12. Announce the end of the game and identify the winner (highest score at table 1). Announce the end of the gag rule and let players talk to each other. Wait for participants to settle down a bit before beginning the debrief.
 13. Debrief the simulation by using the six phases above.

Handouts are included in the activity section for Week 1.

Bibliography

- Annie E. Casey Foundation. (2006). *Team Decision Making: Involving Family and Community in Child Welfare Decisions*. Retrieved December 17, 2008, from Kids Count Web site: <http://www.kidscount.org/kidscount/video/team.html>
- Annie E. Casey Foundation. (2008). *Kids Count Data*
<http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx>
- Brandes, D. & Phillips, H. (1995). *Gamesters Handbook: 140 Games for Teachers and Group Leaders*. Trans-Atlantic Pubns, Inc.
<http://www.nurturingpotential.net/Issue5/NewII.htm>
- Child Information Gateway (2009). *Major Federal Legislation Concerned with Child Protection, Child Welfare and Adoption*.
www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm
- Colorado State University. *About Ecomaps*. Retrieved January 15, 2009, College of Applied Human Sciences Web site: <http://www.caahs.colostate.edu/ccp/PDF/AboutEcomaps.pdf>
- DeJong, P., Berg, K.I. (1998). *Interviewing for Solutions*. New York: Brooks & Cole.
- Gambrill, E. (1997). *Social work practice: A critical thinker's guide*. NY: Oxford
- Gildner, M. and Corrie, D. (2005). *Building Effective Teams*. In OJT Manual, Case Manager Certification Program. Tennessee Department of Children's Services.
- Gingerich, W. *Courses*. Retrieved January 14, 2009, from Wallace J. Gingerich, Ph.D. Web site: <http://www.gingerich.net/courses/SSWM517/ecomap.pdf>
- Heathfield, S. *How to Create Team Norms: Adopting Guidelines for Team Member Relationships*. Retrieved January 2, 2009, from About.com Web site: <http://humanresources.about.com/od/teambuilding/qt/norms.htm>
- Jackson, K. (2004). *Respecting Boundaries—Preventing Dual Relationships*. *Social Work Today*, Vol 4, No. 5, p. 26.
- Kadushin, A. (1997). *The social work interview: a guide for human service professionals*, 4th Ed. New York: Columbia University Press.
- Karp, H.B. (1989). *A Positive Approach to Resistance*. Amherst, MA: ODT, Inc.
- McGoldrick, M., and Gerson, R. (1985). *Genograms in family assessment*. New York: W.W. Norton and Company.

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press. Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology*, 61, 455-461.

Ohio Caseload Analysis Initiative, (2009). *The Family Assessment Process: An Introduction*. Zanesville, Ohio.

http://ohiocla.com/Year%205%20Revisions/family_assessment.htm

Pennsylvania Child Welfare Training Program (2008). *Charting the Course Towards Permanency for Children in Pennsylvania: A Knowledge and Skills Based Curriculum*. Pittsburg: University of Pennsylvania. Available at:

<http://www.pacwcbt.pitt.edu/Curriculum/CTC.html>

Reamer, F (2001). *Tangled Relationships: Managing Boundary Issues in the Human Services*. New York: Columbia University Press.

Rycus, J. & Hughes, R. (1998). *Field Guide to Child Welfare, Vols 1-4*. Washington: CWLA Press.

Rycus, J., Hughes, R., Giblin-Beeler, N., Severs, P. (2007). *Caseworker Core, Modules I—VII*. Institute for Human Services, Ohio Child Welfare Training Program.

Saleebey, D. (2002). *The Strengths Perspective in Social Work Practice*. 3rd Ed. New York: Allyn & Bacon.

Senge, P. (1994). *The Fifth Discipline: The Art and Practice of The Learning Organization*. New York: Currency Doubleday.

Siebold, T. Interpersonal Team Norms. Retrieved January 2, 2009, from Free Team Building Exercises Web site:

http://www.workshopexercises.com/Team_Building_exercises.htm

Tennessee Department of Children's Services <http://www.state.tn.us/youth/>

Turnell, A. & Edwards, S. (1999). *Signs of Safety: A solution and safety oriented approach to child protection casework*. WW Norton, New York. Turnell A. & Lipchik, E.

University of Wisconsin, Milwaukee, Personal Awareness (Adapted from University of Wisconsin, Milwaukee, School of Social Welfare, Field Assignment Guide. http://74.125.47.132/search?q=cache:AStk99yxvQkJ:www4.uwm.edu/hbssw/social_work/field_work/Files%2520for%2520Field_assignments/Self-awareness%2520i%2520n%2520SW%2520practice.doc+Written+Paper+on+the+Use+of+Self-Awareness+in+Social+Work+Practice&hl=en&ct=clnk&cd=1&gl=us , retrieved January 2009

University Press.Genopro. *Introduction to the Genogram*. Retrieved January 15, 2009, , Genopro Web site: <http://www.genopro.com/genogram/>

Weinger, S. (2001). *Security Risk: Preventing Client Violence Against Social Workers*. NASW Press.

Wolin, S. & Wolin, S (2009). *Project Resilience*
<http://www.projectresilience.com/index.htm>

Worthington, J., Hernandez, M., Friedman B., & Uzzell, D. (2001). *Systems of Care: Promising Practices in Children's Mental Health*, 2001 Series, Volume I1. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.