

Common Core 3.0

Knowledge & Skill

Reinforcement Lab:

Case Planning Service

Delivery Block

Trainee Guide



December 31, 2018

Table of Contents

Table of Contents.....	2
Introduction to Common Core.....	3
Curriculum Introduction	4
Agenda	5
Segment 1: Learning Objectives	6
Segment 1: Setting Group Agreements	7
Segment 2: Polk-Hernandez Family Vignette, Part I.....	12
Segment 2: Three-Column Mapping (Department of Child Protection, 2011) Polk-Hernandez Family	14
Segment 2: Best Practices in Child Welfare.....	15
Segment 2: Bringing a Trauma Lens to Child Welfare	16
Segment 2: ICWA and the Case Planning Process – Reasonable Efforts vs. Active Efforts	18
Segment 2: Case Planning – Description of Associated SDM Tools & Assessment Tasks	20
Segment 2: Cultural Humility Practice Principles	23
Segment 2: Multicultural Guidelines for Communicating Across Differences	25
Segment 2: Facilitators’ Collaboration/Consultation Tools.....	27
Segment 2: Communication Skills for Effective Facilitation	28
Segment 3: Agenda for Facilitating a Family Teaming and Planning Meeting	30
Segment 3: Activity Instructions: Family Teaming and Planning.....	31
Segment 3: Activity Goals and Roles.....	32
Segment 3: Polk Hernandez Family Vignette, Part II	34
Segment 3: Activity Agenda to be used for Family Teaming Meeting <i>See first column for SW order.</i>	36
Segment 3: Visitation Planning Guide Sheet	42
Segment 3: Meeting the Child’s Developmental Needs During Visitation.....	43
Segment 3: Developmentally Appropriate Goal Setting	44
References/Bibliography.....	45

Introduction to Common Core

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website:

<http://calswec.berkeley.edu>

Curriculum Introduction

This module focuses on skill building. All materials are contained within the Trainer or Trainee Guide. The goal of this training is to provide trainees with an opportunity to reinforce and enhance facilitation skills learned in the module Case Planning in a Team designed for facilitating formal and informal team meetings with the purpose of developing case plans, or adjusting case plans collaboratively with families. This learning lab also invites the dialogue about creating a culturally responsive shared decision-making environment. This includes exploring the relationship between a social workers' authority, the skill of collaboration and the use of team meetings as an opportunity to address power inequities.

Agenda

Segment 1	Introduction, Welcome, and Review of Agenda	9:00 – 9:40 am
Segment 2	Child Welfare Best Practices Important to Case Planning	9:40 – 10:55 am
<i>Break</i>	<i>in the middle of Segment 2</i>	<i>15 minutes</i>
Segment 3	The Opportunity and Process of Teaming with a Family to Create a Plan	11:10 am – 12:00 pm
<i>Lunch</i>		<i>60 minutes</i>
Segment 4	Practice of Visitation & Family Time Planning	1:00 – 2:30 pm
<i>Break</i>		<i>15 minutes</i>
Segment 5	Wrap up and Next Steps	2:45 – 3:00 pm
Segment 6	Evaluation	3:00 – 4:00 pm

Segment 1: Learning Objectives

Knowledge

- K1.** The trainee will describe how the following factors can affect the success of a family completing the case plan objectives:
 - a. cultural perspectives
 - b. experiences of individual, familial, community, and historical trauma
- K2.** The trainee will recognize how the use of authority can affect a family's willingness to engage and/or meet case plan objectives.
- K3.** The trainee will describe potential members of a family and their team including, but not limited to: resource and extended family members, health care providers, educators, behavioral health providers, Tribal partners, and other community members regarding medical, educational, and/or behavioral health needs of children.

Skill

- S1.** Using a vignette, the trainee will demonstrate at least 4 consultation and/or collaboration skills with a family and their team:
 - a. Demonstrate at least 2 examples integrating cultural responsiveness to meet the needs of a family
 - b. Demonstrate at least 2 examples sharing decision making with a family
- S2.** Using a vignette, the trainee will distinguish and apply reasonable or active efforts in the following ways:
 - a. Implement a plan to meet child safety, permanency, and well-being
 - b. In collaboration with the parents, develop and discuss a behaviorally specific visitation and family time plan

Values

- V1.** The trainee will foster best practices, cultural humility, trauma-informed engagement, and teaming to support safety, permanency, and well-being for children, youth, young adults, and families.
- V2.** The trainee will embrace a collaborative case planning process with families, Tribes, child and family teams, service providers, and family support networks that values the protective capacities, strengths, and underlying needs of children and families and that supports safety, permanency, and well-being for children, youth, young adults, and families.

Segment 1: Setting Group Agreements

It is important during skill-building activities to feel safe to try out new skills, experience successes and challenges, and learn from these experiences. Adult learning theory and neuroscience have proposed that personal and emotional safety in the classroom is critical to learning. The following activities require risk taking. As such, we all participate in creating a safe learning environment. One way of creating this environment is through setting Group Agreements. The trainer will begin the discussion on agreements that may facilitate safety to try out new skills among your peers. Do not hesitate to state what you need to feel safe to try new things.

What are one or more agreements you want to be sure are part of the larger Group Agreements for the day?

The list will be compiled by the trainer and posted for this training day.

Being uncomfortable is normal as we try new things. If, however, you feel more than uncomfortable, do not hesitate to talk with the trainer about your concerns.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL PRACTICE BEHAVIORS



(AS OF 8/17/15)

FOUNDATIONAL BEHAVIORS

1. Be open, honest, clear, and respectful in your communication.

- a. Use language and body language that demonstrate an accepting and affirming approach to understanding the family.
- b. Ask people how they prefer to be addressed, and address individuals by the name or title and pronouns they request in person and in writing.
- c. Show deference to Tribal leadership and their titles in written and verbal communication.
- d. Be open and honest about the safety threats and circumstances that brought the family to the attention of the agency, what information can be shared among team members, and what information will be included in court reports.
- e. Be transparent about the role of the court and the child welfare agency.
- f. Ask family members what method of communication they prefer, use age-appropriate language that everyone can understand, and confirm with family members that your communication meets their language and literacy needs.

2. Be accountable.

- a. Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.
- b. Be aware of and take responsibility for your own biases, missteps, and mistakes.

II. ENGAGEMENT BEHAVIORS

3. Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.

- a. Listen attentively and use language and concepts that the family has used.
- b. Use a trauma-informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss.
- c. Reflect what you heard so the child, youth, young adult, and family can see that you understood.

4. Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.

- a. Express the belief that all families have the capacity to safely care for children and youth.
- b. Use positive motivation, encouragement, and recognition of strengths to connect with youth and express the belief that they have the capacity to become successful adults.

- c. Reach out to children and families in ways that are welcoming, appropriate, and comfortable for them, and make a special effort to engage fathers and paternal relatives to build connections and engage them as family members and team members.
 - d. Affirm the unique strengths, needs, life experience and self-identified goals of each child, youth, young adult, and family.
 - e. Show your interest in learning about the family and their culture, community, and tribes.
 - f. Ask global questions followed by more descriptive questions that encourage exchange.
 - g. Honor the role of important cultural, community, and Tribal leaders the child, youth, young adult, and family have identified.
- 5. *Identify and engage family members and others who are important to the child, youth, young adult, and family.***
- a. Ask questions about relationships and significant others early and often.
 - b. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.
 - c. Work quickly to establish paternity and facilitate the child or youth's connection with paternal relationships.
 - d. Contact family, cultural, community, and Tribal connections as placement options, team members, and sources of support.
- 6. *Support and facilitate the family's capacity to advocate for themselves.***
- a. Coordinate with the family's formal and informal advocates to help the family find solutions and provide on-going support.
 - b. Promote self-advocacy by providing opportunities for children, youth, young adults, and families to actively share perspectives and goals.
 - c. Incorporate the family's strengths, resources, cultural perspectives, and solutions in all casework.

III. ASSESSMENT BEHAVIORS

- 7. *From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and on-going safety and risk assessment and permanency planning:***
- a. Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.
 - b. Explore the child, youth, young adult, and family's expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, and safety concerns.
 - c. Talk to children, youth, and young adults about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency, and incorporate their perspective.
 - d. Use tools and approaches that amplify the voices of children and youth.
 - e. Ask the family what is working well and what they see as the solution to the circumstances that brought them to the attention of the child welfare agency.
 - f. Apply information to the assessment process using the family's cultural lens.

IV. TEAMING BEHAVIORS

8. *Work with the family to build a supportive team.*

- a. With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
- b. Ask initially and throughout the family's involvement if they would like a support person or peer advocate on their team.
- c. Explore with the family how culture might affect the development of the team and the teaming process.
- d. Facilitate early and frequent sharing of information and coordination among parents, caregivers and agency partners.
- e. Facilitate development of a mutually supportive relationship between the parents and caregivers.

9. *Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.*

- a. Make sure team members have the information they need.
- b. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
- c. Help the team recognize that differences will occur and assist them to work through conflicts.
- d. Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.
- e. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision making options available to address the family members' needs, including placement options, reunification, and service options.
- f. Build connections to identified services and supports by designating a team member to follow-up with that referral.

10. *Work with the team to address the evolving needs of the child, youth, young adult, and family.*

- a. Facilitate dialogue about how supports and visitation plans are working.
- b. Explore with team members what roles they can play over time to strengthen child safety and support the family.
- c. Help the team adapt to changing team member roles.

11. *Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.*

V. SERVICE PLANNING AND DELIVERY BEHAVIORS

12. *Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.*

- a. Describe how family strengths, safety threats, and priority needs will be addressed in the plan.
- b. Describe strengths in functional terms that can support the family members in completing their plan.
- c. Share information about agency programs, providers, resources, and supports.
- d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.

- e. Ask the family members if they need help meeting basic needs for food, shelter, and medication so they can focus on addressing the problems underlying their involvement with the child welfare agency.
- f. Advocate for, link the family to, and help family members access the services, supports, and visitation activities identified in the plan.
- g. Assure the family receives needed information, preparation, guidance, and support.
- h. Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

VI. TRANSITION BEHAVIORS

13. Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

- a. Reduce the role of child welfare and professional services over time and facilitate an increased role for the family's network and natural supports to help the family build an ongoing support system.
- b. Coordinate with the family's formal and informal advocates to help the family find solutions and provide on-going support after the child welfare agency is no longer involved.

Segment 2: Polk-Hernandez Family Vignette, Part I

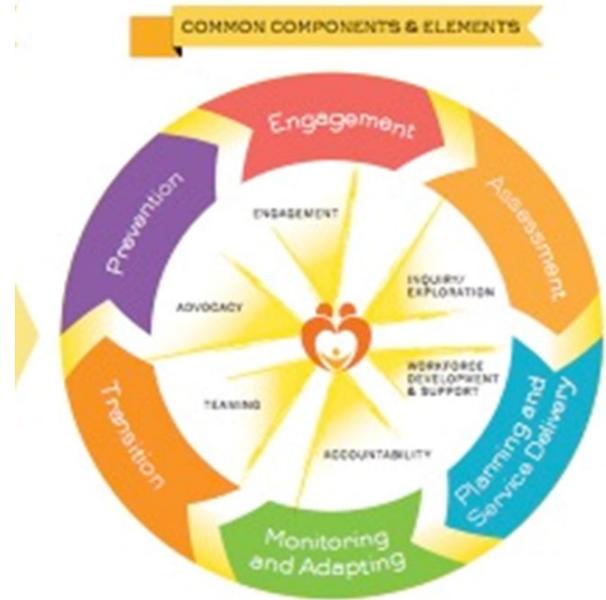
Information category	Summary of Polk/Hernandez Family Information
Overview of the family and their support network	<p>Gloria Hernandez – age 32 – Mother, Hispanic William Polk – age 34 – Father, African American Samantha Polk – age 14 – Daughter, African American/Hispanic William Polk, Jr. – age 7 – Son, African American/Hispanic Amalia Polk – age 1 – Daughter, African American/Hispanic</p> <p>Support Network & Eco-map:</p> <ul style="list-style-type: none"> ▪ Family is very connected to Mr. Polk’s side of the family, having several aunts, an uncle, and the paternal grandmother living close by. ▪ No Native American heritage ▪ Family connected to church and pastor ▪ Ms. Lacey, Amalia’s daycare provider ▪ Neighbors Taylor and Ms. Powell ▪ AA Sponsor Steve, Gary ▪ Parker Elementary, Juan friend ▪ Church, Pastor John Dunbar, Ms. Lakota
Initial referral	<p>The Child Abuse Hotline received a report that Amalia had suspicious bruises on her buttocks and back at daycare today. The daycare provider, Michelle Lacey, reported that Amalia seemed fussier than usual today. When they changed Amalia’s diaper, they noticed that she had bruising on her back and buttocks. They did not notice any bruises yesterday. The daycare provider asked the mother, Gloria Hernandez, about the bruises and she could not explain how they happened. The daycare provider was concerned that Amalia may have been physically abused.</p> <ul style="list-style-type: none"> ▪ SDM Hotline Tool completed ▪ Screening criteria: <i>Physical Abuse – Non-accidental or suspicious injury (Other injury)</i> ▪ Response priority: <i>24 hour response</i>
CWS History	<ul style="list-style-type: none"> ▪ Three prior referrals and one prior case from when Samantha was little ▪ Two for general neglect and one was substantiated for physical abuse of Samantha ▪ Ms. Hernandez was abusing prescription drugs; Mr. Polk was drinking alcohol, 8-10 beers in any 4-6 hour period of drinking resulting in slurred speech slurred and difficulty standing or holding coherent conversations. In addition, Mr. Polk passed out regularly for hours after a drinking session. ▪ Family had two intimate partner violence incidents that were reported and allegations that Samantha was not being supervised or fed ▪ During one of the intimate partner violence incidents, when Samantha was two years old, Ms. Hernandez was holding Samantha and Mr. Polk struck Samantha in the face while he was swinging at Ms. Hernandez. Samantha was removed from their custody. ▪ Both parents completed their substance abuse treatment and intimate partner violence treatment and reunified with Samantha after 9 months. ▪ Since that time the family has not had any additional referrals.
Criminal	<ul style="list-style-type: none"> ▪ Mr. Polk has one arrest for a DUI when he was 20 and another arrest for Battery for

History	<p>the incident in which Samantha was hit. Mr. Polk served 3 days in jail and then was released on probation.</p> <ul style="list-style-type: none"> ▪ Ms. Hernandez does not have any criminal history.
Initial SDM Assessment and Safety Plan	<p>SDM Safety Assessment:</p> <ul style="list-style-type: none"> ▪ Child Vulnerabilities: Age 0-5 ▪ Safety threats: Physical abuse, lack of supervision, and prior history ▪ Complicating factors: Dad’s substance use disorder ▪ Supporting strengths: Caregiver problem solving, caregiver support network, child problem solving, child support network ▪ Protective Actions: Caregiver problem solving, Caregiver support network ▪ Safety Decision: Safe with a Plan (<i>Use of family, neighbors, or other individuals in the community as safety resources, Have the alleged perpetrator leave the home, either voluntarily or in response to legal action</i>). After the Safety Assessment was completed and consultation held with the supervisor, it was determined that a safety plan would be needed. <p>A Safety Planning Meeting was held with the family, where it was determined that Mr. Polk would remove himself from home with the Ms. Hernandez and the children, and live with his Aunt Leann. He also agreed that he would not be alone with Amalia during this time. Ms. Hernandez agreed to call on Aunt Leann or Ms. Powell to watch Willy and Amalia if she had to be at work. Aunt Leann and Pastor John agreed to supervise any contacts or family time between Mr. Polk and Amalia.</p>
Family Strengths:	<ul style="list-style-type: none"> ▪ Gloria joined Women’s Support Group at the church, which is geared toward helping wives of alcoholics and drug addicts. She has made several friends whom she is starting to trust. She’s also been taking her Nurturing Parenting Program parenting class ▪ Mr. Polk went for his substance abuse assessment and enrolled in outpatient treatment. ▪ Mr. Polk enjoys visiting with his kids although dealing with Amalia can be challenging at time. He is participating in the Incredible Years parenting class and is learning a lot of about child development and why Amalia acts the way she does. ▪ The developmental assessment of Amalia did show that she has a speech delay. She was referred for speech therapy and Ms. Hernandez has been participating in her speech therapy appointments. ▪ Willy remained in his school of origin and is doing well in school. His IEP continues to be appropriate.
Family Challenges/ Complicating Factors	<ul style="list-style-type: none"> ▪ Financial stress: caring for three children. Mr. Polk (Willy) struggling to work two jobs. ▪ Mr. Polk (Willy) having a hard time staying sober and admitted that about 1 month after going into treatment he did have one more relapse. ▪ Gloria’s family isolation: family never liked Willy. They were very angry with him when she first became pregnant with Samantha when they were young. Gloria’s mother was angry that she had thrown away her chance to go to college because of Willy. Gloria said that after Samantha was removed, her family told her to leave Willy and was upset when they got back together. Gloria wished they had support from her family. ▪ Samantha said that it has been really hard having her brother and sister out of the home.

Segment 2: Best Practices in Child Welfare

Best practice approaches for working with children, youth and families in Child Welfare:

- Trauma Informed Practice
 - Strengths Based Practice
 - Culturally humble approach
 - California Core Practice Model behaviors
 - Structured Decision Making (SDM)
 - Collaborative Practice
 - Appreciative Inquiry
- These practice approaches have been found to be vital to engaging with families in a respectful and ethical way.
- Trauma informed practice involves an awareness of trauma and its impact on behavior and quality of life the lives of children and adults. This practice involves a recognition of and empathy for the pervasiveness of trauma and seeks to understand the connection between presenting behavior, thoughts, attitudes, and coping strategies. Additionally, it is crucial to understand the impact of trauma that may be created by being involved with child welfare and to learn ways to acknowledge and try to reduce this impact.
- A strengths-based approach encourages families to become part of the decision-making process and their strengths and resources are acknowledged.
- Cultural humility involves a humble approach to working with families and demonstrating a belief that families are the experts of their unique qualities and characteristics.
- The California Core Practice Model is a framework for child welfare practice and involves the use of six key practice behaviors that are integrated throughout Common Core 3.0 curriculum and courses:
- Prevention
 - Engagement
 - Assessment
 - Planning and Service Delivery
 - Monitoring and Adapting
 - Transition
- The Structured Decision-Making system brings the best of child welfare research and aggregate data into assessments that caseworkers can use at key decision points to ensure immensely important decisions are consistent and congruent with both research and organizational policy.
- Collaborative Practice (otherwise known as “Partnership-Based Collaborative Practice”) involves a collaborative team approach known as a best practice in the field of child welfare. This practice encourages the building of shared language, understanding and engagement with families to assist and empower them to build their own supportive network and safety plans.
- Appreciative inquiry is the opposite of “problem-solving” and seeks to instill hope in families by focusing on what is going right and well in their lives. What we pay attention to grows and by paying attention to what’s working instead of focusing solely on what’s not working, social workers can contribute to positive change in individuals, groups, and organizations.



Segment 2: Bringing a Trauma Lens to Child Welfare

Trauma-informed child welfare practice mirrors well-established child welfare priorities. Looking through a trauma lens can prevent missteps and allow workers to find better ways to help families and be more productive.

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal. A child's response to a traumatic event may have a profound effect on his/her perception of self, the world, and the future.

Traumatic events may affect a child's:

- Ability to trust others;
- Sense of personal safety; and/or
- Ability to effectively navigate life changes.

Types of Traumatic Stress (Cook, 2005):

1. Acute trauma is a single traumatic event that is limited in time. Examples include:

- Serious accidents;
- Community violence;
- Natural disasters (earthquakes, wildfires, floods);
- Sudden or violent loss of a loved one; and
- Physical or sexual assault (e.g., being shot or raped).

During an acute event, children experience a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

2. Chronic trauma refers to the experience of multiple traumatic events.

- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma, such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.
- A child who goes through multiple placements might experience chronic trauma.

3. Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.

- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.

(continued on next page)

Possible Effects of Trauma Exposure:

- **Attachment**—Traumatized children can feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology**—Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation**—Traumatized children can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.
- **Dissociation**—Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- **Behavioral control**—Traumatized children can show poor impulse control, self- destructive behavior, and aggression toward others.
- **Cognition**—Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept**—Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors. These behaviors place them at risk for a range of serious mental and physical health problems, including:

- Alcoholism;
- Drug abuse;
- Depression;
- Suicide attempts;
- Sexually transmitted diseases (due to high-risk activity with multiple partners);
- Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Essential elements of trauma-informed practice:

- Maximize the child’s sense of safety.
- Help children reduce overwhelming emotion.
- Help children make new meaning of their trauma history and current experiences.
- Address the effect of trauma and subsequent changes in the child’s behavior, development, and relationships.
- Coordinate services with other agencies.
- Use comprehensive assessment of the child’s trauma experiences and their impact on his/her development and behavior to guide services.
- Know how and when to apply the right evidence-based treatments.
- Support and promote positive and stable relationships in the child’s life.
- Provide support and guidance to child’s family and caregivers.
- Recognize that many of the child’s adult caregivers are trauma victims as well (recent and childhood trauma).
- Manage professional and personal stress.

Source: Cook et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398.

Segment 2: ICWA and the Case Planning Process – Reasonable Efforts vs. Active Efforts

The information below is a revisit of some of the content from the Common Core 3.0 ICWA curriculum developed and adapted by Tribal Star for use as a California Common Core training. ICWA content below is resourced directly from this curriculum (Tribal Star and California Social Work Education Center, 2017, pp. 66-68):

“What are active efforts?”

According to federal regulations, active efforts are affirmative, thorough and timely efforts intended to maintain or reunite an Indian child with his or her family. They are more than reasonable efforts and are determined by the circumstances of each case. Active efforts are intended to address the issues that place the family at risk, and that are potentially the basis for child dependency proceedings. Reasonable efforts entail a family engaging in recommended services utilizing their own resources. In contrast, active efforts is a process through which a social worker collaborates with the family to ensure access to services and resources that support meeting case plan objectives. The process helps build trust between the social worker and the family, and builds confidence in the Indian parents that they are capable of addressing the protective issues and are empowered to take responsibility for them...” (Trainee Content, p. 66).

“...To the maximum extent possible, active efforts should be provided in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child’s Tribe and should be conducted in partnership with the Indian child, the child’s parents, extended family, Indian custodians and Tribe. Active efforts include, but *not* limited to:

1. Conducting a comprehensive assessment of the circumstances of the Indian child’s family, with a focus on safe reunification as the most desirable goal;
2. Identifying appropriate services and helping the parents to overcome barriers, including actively assisting the parents in obtaining services;
3. Identifying, notifying, and inviting representatives of the Indian child’s Tribe to participate in providing support and services to the Indian child’s family and in family team meetings, permanency planning and in resolution of placement issues;
4. Conducting or causing to be conducted a diligent search for the Indian child’s extended family members, and contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child’s parents;
5. Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child’s Tribe;
6. Taking steps to keep siblings together whenever possible;
7. Supporting regular visits with parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety and welfare of the child;
8. Identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child’s parents or, when appropriate the child’s family, in utilizing and accessing those resources;
9. Monitoring progress and participation in services;

10. Considering alternative ways to address the needs of the Indian child’s parents and, where appropriate, the family, if the optimum services do not exist or are not available;
11. Providing post-reunification services and monitoring.

The requirement to engage in active efforts begins the moment the possibility arises that an agency case or investigation may result in the need for the Indian child to be placed outside the custody of either parent or Indian custodian in order to prevent removal. Active efforts must be conducted while investigating whether the child is a member of a Tribe, is eligible for membership in a Tribe or whether a biological parent of the child is a member of a Tribe...” (Trainee Content, pp. 67-68).

Segment 2: Case Planning – Description of Associated SDM Tools & Assessment Tasks

SDM Risk Re-Assessment *The purpose of the risk reassessment is to help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue.* This is accomplished through evaluating whether behaviors and actions of the family has changed as a result of the case plan. The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family’s progress toward case plan goals. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.

SDM Risk Re-Assessment A SDM Risk Reassessment must be completed by the case-carrying social worker on all open cases in which all children remain in the home, or cases in which all children have been returned home and family maintenance services will be provided. The Risk Reassessment must be completed Prior to each required review, which occurs at least once every six months, and any recommendation to close the case or continue services. All cases should be completed sooner if there are new circumstances or new information that would affect risk. *The risk reassessment guides the decision to keep a case open or close a case.*

SDM Family Strengths and Needs Assessment (FSNA) Tool *The purpose of the Family Strengths and Needs Assessment is to assess the strengths and needs of each individual in the household (caregivers and children).* This is an effective engagement tool that can be completed with the family and used to inform the case plan update.

It is important to complete the FSNA tool at the beginning of a case and prior to each case plan update to ensure a comprehensive and ongoing assessment of the child and family’s current strengths and needs, cultural factors to consider, etc. This information will assist you as you make recommendations for updated or revised services, referrals and community supports.

Key Question for Social Workers:
Are the family’s current case plan safety goals, service objectives and action steps aligned with their current strengths and needs identified on the FSNA tool?

SDM Safety Assessment Tool *The SDM Safety Assessment tool may be used when there is a new safety threat or child abuse/neglect allegation that requires an investigation.* The SDM Safety Assessment is used during the course of the investigation to determine level of safety for the child. This tool is usually completed by the Social Worker completing the investigation.

For more information about the use of Structured Decision Making tools, please refer to the Common Core 3.0 courses entitled “Overview of Assessment Procedures” and “SDM Skills lab” as part of the Assessment Block as well as Case Planning courses in the Case Planning and Service Delivery Block.

For the link to the Structure Decision Making Policy & Procedures Manual, please refer to the handout “Monitoring & Adapting Resources.”

Ongoing Assessment Tasks

In addition to Structured Decision Making, the following additional Assessment tasks should be completed on an ongoing basis throughout the life of your work with a family and/or youth.

It is important for Social Workers to understand how important it is, in the phases of case planning, to learn about the family – who they are and why they are involved with the child welfare system.

1. Use **contacts** and parent/sibling **visitation** to assess for progress and good fit. Ensure actions and interactions are **documented**.
2. Build their strengths into a case plan that the family will find relevant and that will address their specific needs with **tasks, services and prompts for behavioral change**.
3. **Plan** ahead - prepare before meeting with the family and think about key issues ahead of time.

Consider how your own feelings about the family might help or hinder the planning process to:

1. Identify what can be done to reduce possible negative effects and assess if the feelings are based on the family’s situation or their own beliefs.
2. Try to identify any cultural issues that may influence the work with the family and plan specific steps to actively address them.

Why is all this important?

Families who are actively engaged in the case planning process have better outcomes than families who have a case plan designed for them without their input. Empowering people is preferable to controlling them. Family members should be the primary decision makers for their family in case planning (while not compromising the bottom line - safety).

Updating the Plan: Engaging the Family/Youth in the Process

Update the case plan with the family. Ask for their feedback on their progress and include it in the progress notes. Make sure they know in advance what your progress notes will say. Nothing in the update should come as a surprise to the family. In addition to gathering progress information from the family, engage them in a conversation about the services and whether the services are meeting their needs. Be open to collaborate with the family in this regard and empower them to really consider the benefits of services and the gaps the services are leaving open while you also express your assessment of the strengths and weaknesses of the current services. Work together to find additional or alternate services to fill the gaps.

Review the SDM Family Strengths & Needs Assessment tool with the family to discuss their changing needs and how this may impact their case plan service objectives and ability to be successful. Ensure that any identified cultural factors for the family are addressed and included in the case plan. Conducting a follow-up meeting with the multi-disciplinary or family group conferencing team that assisted in the development of the initial case plan can be very useful to engage the family in the case plan update. Remember to always be considering and discussing with the family or youth who will support them when child welfare closes their case and all the professionals are out of their lives you must continuously focus on building natural support systems. Engage the support network in the case planning process as often as possible. Assign roles to the support network to assist the family with being successful in their case plan goals and service objectives.

Segment 2: Cultural Humility Practice Principles

1. **Embrace the complexity of diversity:** In our day-to-day existence we occupy multiple positions with related identities and statuses. These identities operate together (intersect), to distinguish us as individuals.
2. **Be open to individual differences and the social experiences due to these differences:** Intersecting group memberships affect people's expectations, quality of life, capacities as individuals and parents, life chances, and so on. They draw attention to the whole person, power differences in relationships, different past and present experiences based on positional ties and social contexts, and potential resources (or gaps) that are available and accessible.
3. **Reserve judgment:** Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others' (children and families, agency staff, and community partners) cultural expressions of concern and perspective.
4. **Relate to others in ways that are most understandable to them:** Communication skills and culturally appropriate interaction techniques enable others to describe their experience, thus reducing the need to master completely the wide range of cultural beliefs and practices.
5. **Consider cultural humility as a constant effort to become more familiar with the worldview of the children and families we serve and the agency staff and community partners who serve them:** Involvement with others must be considered an ongoing process rather than an outcome; involvement includes an awareness and appreciation of the physical and social environment in which children and their families live and agency staff and community partners operate.
6. **Instill a collaborative effort in help-giving:** Agencies should encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with families, other staff, and agency partners, and to become sensitized to factors at play in defining important priorities and activities needed to achieve common goals.
7. **Encourage staff and community partners to offer help that demonstrates familiarity with the living environment of children and families being served, building on their strengths while reducing factors that negatively affect the goals of safety, permanence, and well-being:** From a cultural humility perspective, child welfare staff are challenged to learn to identify, understand, and build on assets and adaptive strengths of children and parents and perhaps engage in efforts to disrupt or dismantle the kind of social forces that act to disenfranchise and disempower them as members of society.
8. **"Know thyself" and the ways in which biases interfere with an ability to objectively listen to or work with others, including children and families, agency staff, and community partners:** A cultural humility perspective calls for self-reflection and self-critique. Everyone can engage simultaneously in a process of realistic, ongoing self-appraisal of biases and stereotypes. They must challenge the false sense of security that these cognitive shortcuts and related behaviors toward diverse groups bring to the service context.
9. **Critically challenge one's "openness" to learn from others:** A cultural humility perspective requires us to assess the barriers our own attitudes and behaviors present to learning from others, since knowledge alone will not sustain new insights, awareness, and behavioral change.
10. **Build organizational support that demonstrates cultural humility as an important and ongoing aspect of the work itself:** Cultural humility should include an assessment of the organizational environment, policies, procedures,

knowledge, and skills connected to agency practices. Agency staff must make an effort to identify ways in which the agency employs and promotes a cultural humility perspective. Likewise, staff must work to uncover barriers and obstacles within the organization that inhibit a cultural humility approach.

Curriculum Handouts & Worksheets National Child Welfare Workforce Institute a Service of the Children's Bureau, a member of the T/TA Network www.ncwwi.org © September 2013,

Segment 2: Multicultural Guidelines for Communicating Across Differences

- **Try on.** Try on each other's ideas, feelings, and ways of doing things for the purpose of greater understanding. Keep what you like and let go of the rest at the end of each interaction, discussion, session, or meeting.
- **Okay to disagree and NOT okay to blame, shame, or attack ourselves or others** because of our differences. One of the necessary ingredients for differences to be expressed and valued is that people let go of the need to be, think, or act the same.
- **Practice "self-focus" and use "I" statements.** Begin by talking about your own experience. It is helpful to make "I" statements when speaking about your experience, rather than saying "you", "we," or "someone." When you intend to refer to others, be specific about them by name or group. This invites and creates space for multiple perspectives to be shared especially when they are different than yours.
- Learning from uncomfortable moments is an important part of this process so, pay attention to your feelings.
- **Be aware of intent and impact.** Be aware that your good intentions may have a negative impact, especially across racial, gender, or other cultural differences. Be open to hearing the impact of your statement.
- If you want to "stretch" yourself, seek feedback from the individual before he/she brings it to your attention.
- **Practice both/and thinking.** Look for ways to fit ideas together and not set up an "either/or" process or a competition between ideas.
- Look for the existence of many truths from the perspectives of the many cultural backgrounds involved or that you are serving.
- **Notice both process and content.** Notice both process and content during work sessions. Content is what we say, while process is how and why we say or do something and how the group reacts.
- Notice who is active and who is not, who is interested and who is not, and ask about it.
- **Confidentiality** with regard to personal sharing is important. You can carry the work of the group; your own learning, stories, and perspectives; and the public work from the group. Allow others to tell their own stories.
- Ask first to see if an individual wants to follow up on the initial conversation.
- Do not use any information shared negatively toward a progress report or against a supervisor.

This Multicultural Tool was created by VISIONS, Inc.—added info by Amy Cipolla-Stickles. VISIONS, Inc. is a nonprofit training and consulting enterprise providing a variety of services that support organizations, communities, and individuals as they continue to clarify their diversity-related goals and engage in a dynamic process of multicultural development. VISIONS, Inc. was established in 1984 as a nonprofit, educational organization. Today it is a 501(c)(3) entity with offices in Roxbury, Massachusetts and Rocky Mount, North Carolina and is supported by a team of consultants around the United States and abroad.

What is Power?



Internal: One's sense of confidence, ability to articulate thoughts, skills for recognizing emotion and for managing it, all become factors in how powerfully one interacts with others, e.g., Gloria's (mom) advocacy for her children.

Transactional: Every-day behaviors that occur between and among us—choice of words, body posture, eye contact, and so on to communicate and negotiate power, e.g., Willy's communication with social worker.

Organizational: Sets of agreements, tacit or explicit, create environments in which power is distributed in particular ways. Roles in families, organizations, communities, etc., may be assigned by agreement or assumed de facto, and power accrues to them, e.g., use of assessment tools; rules of social worker's authority.

Cultural: Particular histories and identities influence individuals to behave in particular ways, and also influence the meanings attributed to behaviors by others. Ethnic origins, religious communities, racial identities, gender, physical abilities, all have associated with them sets of cultural habits and assumptions that are brought to bear on power dynamics, e.g., Mr. Polk's connection to family as resource.

Structural: Both face-to-face transactions and group situations exist in the context of greater social structures, which define an underlying set of power relations. These relations attach to cultural identities and attributes, as well as becoming internalized in a sense of self, poverty and racism.

Adapted from: Trujillo, M.A., Bowland, S.Y., Myers, L.J., Richards, P.M., and Roy, B. (Eds.) (2008). *Re-Centering: Culture and Knowledge in Conflict Resolution Practice*. Syracuse University Press.

Segment 2: Facilitators' Collaboration/Consultation Tools

Collaboration and/or consultation with the family and family team is about communication, transparency and teaming.

Overall: Discuss culture and potential resources that would help shape a culturally relevant case plan.

Teaming Tools—visual aids used with family members that help identify potential team members, identify priority areas for assessment and safety planning and elicit the voice of children and/or youth.

- Circle of Support
- Eco-Map/Genogram
- Three Questions/Three Houses
- Safety House

Facilitation Tips—techniques used during teaming events with families to increase partnership, consensus and shared decision making.

- Reframe.
- Explore the facts and preferences of alternative viewpoints as opposed to focusing on personality conflicts and personal differences.
- Promote consensus.
- Establish group goals, decision criteria and staying focused on both throughout the meeting.
- Ensure families have the information they need to make an informed decision.
- Discuss culture and potential resources that would help shape a culturally relevant case plan.

Case Planning Concepts—elements that should be reflected in all case plan documents.

- Customize for the family, their culture, community and tribes: discuss culture and potential resources that would help shape a culturally relevant case plan and include family input.
- Create actions plans using objectives that are Specific, Measurable, Achievable, Result-focused, and Time-limited (S.M.A.R.T.) and formulated for the factors that place the child(ren) at risk.
- Include assessed safety, risk, strengths and needs of each family member.
- Include concurrent planning in the event that reunification is not successful.
- Include reasonable and when applicable, active efforts.

Values and Beliefs—our ideals related to case planning in team meetings.

1. Families are experts on themselves.
2. Children/youth are partners in assessment and safety planning.
3. All families have strengths.
4. Families can make well-informed decisions about keeping their children safe.
5. Families define their own members, which may extend beyond the primary birth family.

Segment 2: Communication Skills for Effective Facilitation

- **Active Listening:** Trying to see the problem the way the speaker sees it. Requires entering actively and imaginatively into the other person's situation and trying to understand a frame of reference different than your own. (Reflective listening)
- **Clarifying:** Interprets ideas or suggestions; Clears up confusion; Defines and explains terms, jargon, acronyms; Indicates alternatives and issues confronting the group. Example—"I don't understand. Did you say..."
- **Collaborating:** Working together; assisting; "Let's see if we can work on this together."
- **Confronting:** To push others to acknowledge problems, feelings, or behaviors, when other less directive interventions has failed to. It may increase resistance if not successful, difficult to use without an established and supportive relationship.
- **Crediting:** Recognizing the contribution and efforts of a person. It is giving credit where credit is due and remembering to do it.
- **Empathizing:** Entering the feeling or ideas of another, to put yourself in another's shoes.
- **Encouraging:** Friendly, warm, and responsive to others; Accepts others; Asks for responses, ideas, feelings of all participants. Example—"Tell us more..." "You were saying..." "Describe..." "Is there some other points of view on this subject?" "Is there something we haven't thought of?"
- **Establishing Rapport:** Developing a relationship or connection with another person. Showing others that you are willing to listen, invites them to say what's on their mind. Example: Use the person's name.
- **Harmonizing:** Attempts to reconcile disagreements and find areas of commonality; Gets people to explore their differences. "Sounds as if you have the same goal, but different ideas how to get there..."
- **Interpreting Verbal Statements:** Exploring and clarifying statements so that the meaning is understood.
- **Interpreting Nonverbal Cues:** Translating the non-spoken messages, provided by body language and paralinguage—the inflections and other vocal and gestural nuances added to language to convey meaning. Body language includes facial expressions; eye contact and movement; head, arm, and hand movements; and body postures and shifts. Whether automatic or learned, body language can corroborate or contradict what a person says or doesn't say in words.
- **Linking:** Joining parts together to assist in making connections and build understanding. "Sounds like your thoughts/ideas are similar to what X had to say."
- **Negotiating:** Discussing to build agreement, asking for what you want and listening to the other person. Secret of successful negotiating is listening.
- **Paraphrasing:** To check communication accuracy between speaker and listener. Saying back to the speaker, in your own words, your understanding of what that person has said, to make sure you understand the content and meaning of the message you heard. "If I understand correctly, you are saying..."

- **Reality Testing:** Checking if the idea is sound and can be implemented. Is it viable?
- **Reflecting/Mirroring:** To share or repeat what you heard or saw. From time to time, the facilitator comments on either the content or the process of the meeting and asks the group to respond. “I notice that we’re only talking about foster care placement, is there any other option?” (content focus) or “We agreed to hear everyone out, and there seems to be a lot of interrupting going on? How is this affecting participation?” (process focus)
- **Relieving Tension:** Alleviating or lessening the level of emotional stress or anxiety. “There are a lot of strong feelings being expressed. Maybe we all need to take a deep breath for just a moment.”
- **Silence:** Powerful quiet. Ask a question, pause, wait, say nothing.
- **Strength-Based Interviewing:** Respectfully questioning to allow families to recognize and be recognized for their strengths. Involves listening, observing, complimenting, encouraging, asking, and talking about successes.
- **Summarizing:** Pulls together related ideas; May assist with keeping discussion on track. Helps to concisely organize information. Restates suggestions/ideas after the group has discussed them. Example: “Let me see if I understand you correctly. So far, you said that...”
- **Supporting:** Assisting or aiding either verbally and/or non-verbally, nodding head, saying “Ok,” “Thanks,” “That’s a great idea”, etc.

Adapted from TDM Facilitator Training 2011

Segment 3: Agenda for Facilitating a Family Teaming and Planning Meeting

The meeting structure provides a problem-solving, solution-focused approach to decision making. The systemic problem-solving approach enables meeting participants to fully understand the situation and examine possible solutions while helping to ensure decisions are made without haste and personal bias. The six stages of the meeting and the topics discussed in each are listed below:

Introductions

- Introduction of participants, roles and relationship to child/family/case
- Group agreements for meeting
- Teaming Standards are presented
- Concept of building on strengths
- Rights Confidentiality and Mandated Reporting reviewed
- Purpose and Goal for the meeting
- Questions before beginning

Exploring Strengths/What's Working

- History of Strengths/Supports/Protection
- Current strengths/Acts of Protection
- Family/youth voice
- Services involved presently and utilized in the past – All existing assessments, case plans and treatment plans are available and discussed
- Community, Cultural or Support Network Strengths and Capacity

Exploring Challenges/Worries

- History of danger/risk and worries
- Current danger/risk and worries
- Family/youth voice
- Challenges with services or supports in place relating to all existing assessments, case or treatment plans
- Community, Cultural or Support Network challenges or gaps

Creating Next Steps

- Brainstorming ideas to address concern and provide safety and protection insure everyone participates
- Reach a Decision
- Scale the decision – ensure everyone has participated
- Action plan developed using SMART goals

Closing and Feedback

- Everyone knows who will do what by when
- Ask participants: What worked well? What is still unclear or could go differently next time?

Segment 3: Activity Instructions: Family Teaming and Planning

Purpose of activity:

Through skill practice, group will collaboratively develop and discuss a behaviorally-specific visitation and family time plan that meets child safety, permanency and well-being standards.

Activity Instructions:

- Participants will team with the family during the activity utilizing updated information about the Polk/Hernandez family in preparation for Visitation.
- Family Teaming/Visit groups will include about 5-6 people
- Have each group determine which person will play the social worker first, second, third, fourth and fifth; and have them identify what role they will play when they are not the social worker and write their role on a name tent.
- Refer to the trainee guide 32-44 for roles, agenda instructions, scenario, handouts. Allow time for everyone to read over information supporting the activity.

Purpose of meeting:

- Assess the current circumstances of the family and support network
- Determine whether there is enough safety to support the visitation supervised by mother
- Develop goals and action steps that support the visitation plan success

Associated handouts:

1. General Agenda for Facilitating a Family Teaming and Planning Meeting
2. Activity Instructions: Family Teaming Visit
3. Activity Goals and Roles
4. Polk/Hernandez Family Vignette, Part II
5. Activity Agenda to be used for Family Teaming Meeting
6. Visitation Planning Guide Sheet
7. Meeting the Child's Developmental Needs During Visitation
8. Developmentally Appropriate Goal Setting

Roles:

1. Social Worker
2. Social Worker Supervisor
3. Gloria, Mother (age 32)
4. William, Father (age 34) (Willy)
5. Support Person Identified by Mother: Pastor John
6. Support Person Identified by Father: Aunt Leann
7. Observer 1: Voices of Structured Decision Making, Trauma Informed Practice, Cultural Humility, Best Practices, the Children
8. Observer 2: Voices of Structured Decision Making, Trauma Informed Practice, Cultural Humility, Best Practices, the Children

Segment 3: Activity Goals and Roles

Today's Activity: The Social Worker's task is to prepare for transition of the children back into the home of Ms. Hernandez. A Child and Family Teaming Event/Meeting is being held to discuss the safety plan before returning the children home to Ms. Hernandez, to develop a visitation plan for the father, and ensure there is a transition plan that will support the safety, permanency, and well-being of the children. In attendance are: Ms. Hernandez, Mr. Polk, Aunt Leann, Pastor John, the child(ren)'s voice, and the social worker.

ACTIVITY: Engage in teaming activities (which may include a Family Team Meeting and/or conversations with the family and their support network) with the following goals:

1. Develop a safety plan before returning the children home to Ms. Hernandez,
2. Develop a visitation plan for the father, and
3. Ensure there is a transition plan that will reduce trauma and will support the safety, permanency, and well-being of the children.

ROLES:	PERSPECTIVE OF EACH TEAM MEMBER:																																				
Child(ren)	<p>Voice of the children (via interviews with Samantha and Willy prior to the meeting):</p> <p>Samantha's House:</p> <table border="0"> <tr> <td>House of Worries:</td> <td>House of Good Things:</td> <td>House of Dreams:</td> </tr> <tr> <td>Caring for siblings</td> <td>Can't wait to be home</td> <td>Living with mom and dad</td> </tr> <tr> <td>Change schools</td> <td>Mom's cooking</td> <td>Staying in the same school</td> </tr> <tr> <td>New neighborhood</td> <td>Mom does not work as much</td> <td>Spending time with friends</td> </tr> <tr> <td>Not seeing best friend</td> <td></td> <td>Being a cheerleader</td> </tr> <tr> <td>Not seeing Aunt Leann</td> <td></td> <td></td> </tr> <tr> <td>Mom not keeping Amalia safe</td> <td></td> <td></td> </tr> </table> <p>Willy's House:</p> <table border="0"> <tr> <td>House of Worries:</td> <td>House of Good Things:</td> <td>House of Dreams:</td> </tr> <tr> <td>Dad drinking</td> <td>Moving home with mom</td> <td>Dad does not drink</td> </tr> <tr> <td>Dad hurting Amalia</td> <td>Loves visiting with dad</td> <td>Mom not working as much</td> </tr> <tr> <td>Changing schools</td> <td>Mom's cooking</td> <td>Playing with dad</td> </tr> <tr> <td></td> <td></td> <td>Being a family</td> </tr> </table>	House of Worries:	House of Good Things:	House of Dreams:	Caring for siblings	Can't wait to be home	Living with mom and dad	Change schools	Mom's cooking	Staying in the same school	New neighborhood	Mom does not work as much	Spending time with friends	Not seeing best friend		Being a cheerleader	Not seeing Aunt Leann			Mom not keeping Amalia safe			House of Worries:	House of Good Things:	House of Dreams:	Dad drinking	Moving home with mom	Dad does not drink	Dad hurting Amalia	Loves visiting with dad	Mom not working as much	Changing schools	Mom's cooking	Playing with dad			Being a family
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Parent	<p>Ms. Hernandez: Since the children were removed, Ms. Hernandez moved to a new house; unfortunately, it is across town and in a new school district. She is not sure if the children can stay in the same school district or not. She is able to continue to attend the same church, so the children will be in the same youth groups. Mr. Polk and Ms. Hernandez made the decision to move so that they can reduce their number of jobs and just work during the day. This will allow them to stay home at night, and not rely on Samantha to take care of the children. Ms. Hernandez admits she has never been a great advocate for herself. She finds it difficult to speak up and prefers peace in the family, yet she knows she needs to be more assertive. She has been working on being assertive in her support group and at church. She strongly believes that all family members need to help within the family, and although she wants Samantha to be able to be a normal teen, she believes that her helping her family is key in developing a strong character and family connectedness.</p>																																				
Parent	<p>Mr. Polk: Continues to work two jobs, and remains out of the home. He is sober, and realizes that it is</p>																																				

	<p>alcohol that impacts his ability to calm his anger. He is building parenting skills in Incredible Years and has learned skills to walk away when he is frustrated. He has taken the primary role of decision maker in the family in the past, but really wants to work on parenting with Ms. Hernandez. He says he knows that in order to return home he needs to develop a plan so the children feel safe. He also feels strongly that everyone in the family needs to pitch in to make the family work. When he was growing up he helped to care for his brother and sisters, clean the house, and chip in as needed. He feels strongly that this should be an expectation in the family.</p>
Extended Family	<p>Aunt Leann – Has placement of all three children. She is committed to helping the family stay together and be successful. She loves her brother, Mr. Polk, and is now more aware of the depth of his alcohol problems.</p>
Community	<p>Pastor John – Is very busy with a large congregation, but has a support group that is committed to the mother, Ms. Hernandez. As a result Ms. Hernandez has a larger circle of support that is willing to help her whenever she needs it. Pastor John is willing to help as he can.</p>
Social Worker	<p>Bill (Social Worker): You are the family reunification worker; you are still establishing a relationship with the family and will continue to support them in this transition. You know that the family members are all distraught over what has happened. You are also feeling overwhelmed, questioning your decision making, and dealing with your own reactions to the family not being able to successfully reunify. You have consulted with your supervisor ahead of time and feel prepared to facilitate the Family Team Meeting. The purpose of the meeting is to discuss a visitation plan for the father, and develop a safety plan for the return of the children to the home of their mother.</p> <p>You have several questions for the family and their network, such as:</p> <ol style="list-style-type: none"> 1. What support system does the family have in place and how will they support the family to ensure the children’s safety? 2. How can the team support a smooth transition of the children from Aunt Leann’s home to Ms. Hernandez’s home? 3. What should the visitation plan look like for the father?
Social Work Supervisor	<p>Mary (Social Work Supervisor): You are the supervisor of Bill, the family reunification worker. Bill has shared many details with you about this family and he uses a strengths based approach with the families he works with. You have a positive working relationship with Bill and trust his judgments. You both discussed his own personal reactions to this change in direction in the case and his disappointment in the father for once again abusing the children in this way.</p>

Segment 3: Polk Hernandez Family Vignette, Part II

Information category	Summary of Polk/Hernandez Family Information
<p>Context and Where We Are Now:</p>	<p>Two weeks after the safety plan was initiated, Ms. Hernandez needed to go to work but could not reach Ms. Powell, Pastor John, or anyone else to watch Amalia and Willy. She then called Mr. Polk, who agreed to come and watch the children. Ms. Hernandez smelled beer on Mr. Polk, but had to leave for work. While Ms. Hernandez was gone, Amalia was not listening to Mr. Polk. Willy stated that Mr. Polk then took off his belt and started to hit Amalia. Samantha came home from her school event and walked in when Mr. Polk was hitting Amalia. Samantha tried to intervene and then Mr. Polk hit her on the face with the belt. Samantha called Pastor John, who came over to the house to be with the children until Ms. Hernandez came home. Mr. Polk left the house. Pastor John called the social worker to inform CWS of the recurrence of maltreatment.</p> <p>The updated SDM Safety Assessment determined that the children were Unsafe (<i>Child placed in protective capacity because interventions 1-10 do not adequately ensure the child's safety</i>). In addition, the SDM Risk Assessment Risk Level was Very High Risk, and this was promoted to a case. The children were re-detained and stayed with Pastor John and his wife for a few days while Aunt Leann was assessed as an alternative placement. At the Jurisdictional/ Dispositional hearing, 1) Reunification services were offered to both parents and 2) The social worker recommended placement of the children with Aunt Leann (which subsequently occurred, until the 6 month review hearing).</p> <p>During the months leading up to the 6 month review hearing, both parents met the following objectives:</p> <p>Mr. Polk:</p> <ol style="list-style-type: none"> 1. Develop positive support systems with family and friends. <ol style="list-style-type: none"> a. Within the next 30 days, Mr. Polk will identify two new people that he is willing to trust and tell what is happening with his family and invite them to participate in the next family meeting. b. Within the next 30 days, Mr. Polk will identify one person that he can use as a mentor for learning how to better parent Amalia. c. Within the next 7 days, Mr. Polk will identify at least two people he can call when he feels like drinking who will help him maintain his sobriety. 2. Interact with your child without physical abuse or harm. <ol style="list-style-type: none"> a. Within the next 30 days, Mr. Polk will list five ways he can discipline Amalia without using physical discipline. b. During every visit Mr. Polk has with Amalia, Mr. Polk will demonstrate during visits that he can discipline Amalia without using physical discipline. 3. Stay free from alcohol and show your ability to live free from alcohol dependency. <ol style="list-style-type: none"> a. Within the next 120 days, Mr. Polk will participate in outpatient drug treatment program. b. Within the next 120 days, Mr. Polk will have all negative drug tests. c. Within the next 180 days, Mr. Polk will participate in 12 step meetings at least twice per week, and demonstrate progress in completing his 12 steps.

Ms. Hernandez:

1. Develop positive support systems with family and friends.

- a. Within the next 30 days, Ms. Hernandez will identify two new people that she is willing to trust and tell what is happening with her family, and invite them to participate in the next family meeting.
- b. Within the next 30 days, Ms. Hernandez will identify two additional people that she can use as child care for the children.

2. Show that you will not permit others to physically abuse your children.

- a. Within the next 7 days, Ms. Hernandez will identify and list three things that she will do to stop Mr. Polk from threatening or abusing Willy and Amalia.
- b. Within the next 180 days, Ms. Hernandez will demonstrate during visits that she is able to stop Mr. Polk from threatening or abusing Willy or Amalia.

3. Be willing and able to arrange appropriate child care and supervision when you are away from home.

- a. Within the next 30 days, Ms. Hernandez will identify two additional people that she can use as childcare for the children.
- b. Within the next 30 days, Ms. Hernandez will write out her childcare plan for the worker in case she has to work after the children get home from school.
- c. Within the next 180 days, Ms. Hernandez will demonstrate that she utilizes her safety network to provide childcare for the children, rather than relying on Samantha or Mr. Polk.

(There are additional objectives for the children, but for the sake of brevity of this scenario – the children’s objectives have also been met.)

After completing the Reunification Reassessment, assessing the current progress, strengths, and needs of the family – and consulting with the social worker’s supervisor – at the 6 month review hearing the social worker recommended the children be returned to Ms. Hernandez and that Ms. Hernandez be permitted to supervise visits with Mr. Polk. The court authorized 1) the children to return to the home of Ms. Hernandez, 2) unsupervised visits with the father, and 3) contingent upon successfully visits with the father, is authorized to return to the home.

Today: A Family Teaming Meeting is being held to discuss the safety plan before returning the children home to Ms. Hernandez, to develop a visitation plan for the father, and ensure there is a transition plan that will support the safety, permanency, and well-being of the children.

Segment 3: Activity Agenda to be used for Family Teaming Meeting

See first column for SW order.

AGENDA FOR SW #1	POLK/HERNANDEZ MEETING	FACILITATION TIPS:
<p>1. Introductions</p>	<p>Time: 5 minutes Skill: framing, engaging family and team input</p> <p>The first part of the interaction will set the tone for the group and shape the experience people have of you as the social worker. You want to instill them with a sense that you are confident, calm, upbeat, warm and able to manage the meeting. Your ability to go smoothly through this part and keep the group moving through its introductions will show the family that they can count on you to be efficient, focused, neutral and competent in your role. From the beginning you are modeling <i>transparency</i>.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Begin the meeting by offering a warm welcome 2. Introduce yourself as the Facilitator and tell them you're going to: <ul style="list-style-type: none"> • Describe the agenda; • Say a few words about your role; • Ask them to introduce themselves. 3. Briefly review the agenda (use handout as reference) 4. Briefly describe your role: <ul style="list-style-type: none"> • To help the group talk and make decisions by assisting with the process; • You are neutral and here to support an inclusive, participatory process; • You won't be giving advice or opinions about the content of the group's discussion 5. Ask for brief introductions and check in: <i>e.g., I'd like everyone to take about 30 seconds to just briefly say:</i> <ul style="list-style-type: none"> • who you are, • what your role is with the family, • what you hope to get out of today's meeting, and • Any questions about the meeting 	<p>Be transparent about the process: Provide William and Gloria and natural supports with information about the purpose of the meeting, how long it will last, agenda and information about your role, concurrent planning and the definition of permanency if needed and the agreed-upon decision-making process (strive for consensus).</p> <p>From the beginning of the meeting, be mindful of what power dynamics/imbances are present that need to be made explicit.</p> <p><i>Remember to find ways to weave in:</i></p> <p>S1. ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team:</p> <ol style="list-style-type: none"> a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family. <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways:</p> <ol style="list-style-type: none"> a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time</u> plan.

<p>2. Purpose of this Meeting:</p>	<p>Time: 5 minutes Skill: framing, establishing goals of meeting, encouraging family input</p> <p>Steps:</p> <p>1. Present the general purpose of the meeting: Create a visitation plan with the Polk-Hernandez Family that supports Mr. Polk having 3 supervised visits per week for 2 hours that demonstrates:</p> <ul style="list-style-type: none"> • Ms. Hernandez’s ability to supervise visits for Mr. Polk • Mr. Polk’s ability to interact with Willy and Amalia without threatening to hit them or without physically disciplining them • Mr. Polk’s understanding of Amalia’s developmental stages and why she may say “no” so many times. • Check for understanding and agreement 	<p>Ensure there is agreement about: What will the group be doing together? What do people want to walk away with?</p> <p>How to do this: Describe desired outcomes and process concretely. Ask if people have questions or different understanding.</p> <p>Remember to find ways to weave in: S1. ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team: a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family.</p> <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways: a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time plan.</u></p>
<p>3. Group Agreements/ Confidentiality</p>	<p>Time: 5 minutes Skill: Reflective listening, clarifying, promoting consensus, encouraging shared decision making</p> <p>Agreements give the group an opportunity to identify what they need from themselves and others to fully participate in the meeting.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Ask the group to generate agreements they want to add regarding expectations of self and others that will support their full participation. 2. Discuss the boundary between confidentiality and mandated reporting. 3. Document the agreements on scratch paper. 4. Transition roles to the next Social Worker. 	<p>Establish working agreements: How will we work together in this meeting? What agreements are needed for effective dialogue?</p> <p>How to do this: Be prepared with suggested agreements.</p> <p>Important agreement: -The family should be provided the opportunity to speak first and last after each part of the agenda if they choose to do so. (shifting power dynamic) -What is happening outside the room that pulls attention away from what we are doing together?</p>

AGENDA FOR SW #2	POLK/HERNANDEZ MEETING/VISIT	FACILITATION TIPS:
<p>4. Family strengths</p>	<p>Time: 15 minutes</p> <p>Skill: discussing culture, gathering ideas, family input, reflective listening, inviting alternative points of view</p> <p>(You will need to either create a 3 Column Map so you can document the working/strengths in that section, OR write “working/strengths” on the top of one piece of paper and document the conversation.)</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Ask family members to talk about their strengths. Ask further about strengths that lift-up behavioral changes they have made to enhance their children’s safety, permanence or well-being. Ask about what is working well with their family, their children, their progress towards behavioral change, and about the support they are getting from community and their support network. 2. When the family is done, ask any other participants in the visit/conversation to do the same. 3. Share what you as the social worker see as strengths, and things that are working for the family that have not been discussed. 4. Maybe use a scaling question to have participants rate themselves on their progress. Offer your answer and talk about what it would look like to move up by one. 	<p><i>Remember to find ways to weave in:</i></p> <p>S1. ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team:</p> <ol style="list-style-type: none"> a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family. <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways:</p> <ol style="list-style-type: none"> a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time plan</u>.

AGENDA FOR SW #3	POLK/HERNANDEZ MEETING/VISIT	FACILITATION TIPS:
<p>5. Challenges and Worries</p>	<p>Time: 15 minutes</p> <p>Skills: reflective listening, discussing culture, gathering ideas, family input, reflective listening, inviting alternative points of view</p> <p>(You will need to either create a 3-Column Map so you can document the challenges/worries in that section, OR write “challenges/worries” on the top of one piece of paper and document the conversation.)</p> <ol style="list-style-type: none"> 1. Ask family members to talk about their challenges and worries. Ask further about barriers to any behavioral changes they need to make to enhance their children’s safety, permanence or well-being. Ask about what is worrying them about their family, their children, their progress towards behavioral change, and about the support they are getting from community and their support network. 2. When the family is done, ask any other participants in the visit/conversation to do the same. 3. Share what you as the social worker see as challenges or worries that have not yet been discussed. Share who else may be worried about some of these issues (e.g., Court, CASA, therapist etc.). 4. Maybe use an exception question to have participants talk about a time when one of the worries could have happened but did not and what they did to prevent it or mitigate it. 5. List responses in the “Worries” column of you “map”. 	<p><i>Remember to find ways to weave in:</i></p> <p>S1. ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team:</p> <ol style="list-style-type: none"> a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family. <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways:</p> <ol style="list-style-type: none"> a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time plan</u>.

AGENDA FOR SW #4	POLK/HERNANDEZ MEETING/VISIT	FACILITATION TIPS:
<p>6. Action Planning or Next Steps</p>	<p>Time: 15 minutes Skills: reflective listening; using the SMART tool, solution focused inquiry, promoting consensus, customizing the plan inclusive of family, engaging key safety, risk, strengths and needs of each family member, concurrent planning, active and reasonable efforts</p> <p>(You will need to either create a 3-Column Map so you can document the Action/Next Steps in that section, OR write “Action/Next Steps” on the top of one piece of paper and document the conversation.)</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Where can the team make a plan of action? What ideas have come up during the conversation? 2. Explain the goal of the visitation and family time plan in terms of ensuring safety. 3. Ask each person, “What step can you identify that will demonstrate safety in relationship to visitation?” 4. Help the family organize their goal so it is specific, measurable, achievable, relevant, and time-limited. 5. Document their responses at your tables. 6. Check for clarity about the way the items are written. 7. Ask the team scaling questions for confidence, willingness, and capacity. Discuss what would support them in taking the number up by one. What would take it down by one and what will team members do if that starts to happen? 8. Make connection between action steps and how they connect to previous assessments, case plans, Court orders and safety goals, etc. 9. Discuss any reasonable or active efforts that the Agency is committing to do to support the plan and document those as well. 	<p>Encourage the group to use the information from the Mapping Tool conversation, especially what needs to happen to help develop the SMART goals.</p> <p>Refer to the purpose of the meeting if necessary.</p> <p>When writing goals, encourage the participants to create goals that support the children’s developmental needs as well as the children’s needs for safety, permanency, and well-being.</p> <p>Have a copy of the Eco-Map for reference and use to assess additional supports if needed.</p> <p>Note: Address the history of Gloria’s inability to assert protection for the children and prioritizing work due to financial stress. Ensure the goals support her demonstrating the ability to provide protection over time as SOP and SDM requires – e.g. member of the team initially supporting visits until she illustrates a capacity to supervise on her own.</p> <p>Willy’s demonstration of ability is outlined in the purpose/case plan so help them create aligning goals.</p> <p>Remember to find ways to weave in:</p> <p>S1: ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team:</p> <ol style="list-style-type: none"> a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family. <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways:</p> <ol style="list-style-type: none"> a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time plan</u>.

AGENDA FOR SW #5	POLK/HERNANDEZ MEETING	FACILITATION TIPS:
<p>8. Next Steps/Feedback and Next Meeting</p>	<p>Time: 10 minutes Skill: promoting consensus Steps:</p> <ol style="list-style-type: none"> 1. Ask group members, based on what’s going on and what their action plans are, when they would like to meet again. 2. As people suggest days and times, ask the other group members if the times would work. 3. When someone suggests a meeting time that works for everyone, ask the family to endorse it as a decision. 4. Gather feedback from participants about how the meeting went. 5. Ensure that if there are people missing from the team, there is someone assigned to follow up with them and ensure they have the information necessary to attend the next meeting. <p>Feedback and Debrief This is the counterpart to “check-in” – it offers the group a way of closing the meeting on a strong note and helping member shift gears to the next thing they have to do. Together, check-in and closing put a frame around the team’s meetings within which people are expected to be as present and as participative as they can be.</p> <p>Steps:</p> <ol style="list-style-type: none"> 6. On a chart piece of paper, create two columns; one is marked with a plus sign and the other a delta sign. 7. Elicit feedback by asking the group: What worked and what could change? 8. Chart all responses and like a brainstorm, ask the group not to respond; this is not a time for comments, the focus is to gather ideas. 9. Close the meeting in a way that is meaningful to the group; one possibility is to ask that each person say one word that describes how they are doing. 10. Be sure to offer your own check-out last. 11. Thank everyone for coming and tell them you look forward to seeing them at the next meeting/visit – and state the date, time and place. 	<p>Remember to weave in:</p> <p>S1. ...Demonstrate at least 4 consultation and/or collaboration skills with a family and their team:</p> <ol style="list-style-type: none"> a) ... at least 2 examples integrating <u>cultural responsiveness</u> to meet the needs of a family b) ... at least 2 examples of <u>sharing decision-making</u> with a family. <p>S2: <u>Distinguish and apply reasonable or active efforts</u> in the following ways:</p> <ol style="list-style-type: none"> a) <u>Implement a plan</u> to meet child safety, permanency, and well-being b) In collaboration with the parents develop and discuss <u>behaviorally specific visitation and family time plan</u>.
<p>9. Debrief the Activity</p> <p>ALL MEMBERS IN THEIR SMALL GROUPS</p>	<p>Time: 10 minutes Skill: reflective listening</p>	<p>Why do this? -Elicit feedback on the meeting process for additional learning and practice improvement.</p>

Segment 3: Visitation Planning Guide Sheet

Purpose:

- Ms. Hernandez’s ability to supervise visits for Mr. Polk
- Mr. Polk’s ability to interact with Willy and Amalia without threatening to hit them or without physically disciplining them
- Mr. Polk’s understanding of Amalia’s developmental stages and why she may say “no” so many times.

Group Agreements:

- The family is provided the opportunity to speak first and last after each part of the agenda if they choose to do so;
- Be respectful of other people’s opinions;
- We agree that what is said in this meeting stays in this meeting;
- Strive for consensus;
- Stay focused what is best for the children.
- We may not agree, but we will try and keep them at the center of the conversation.
- One person at a time speaks to support listening

Mapping Tool Guidance:

- Step 1: What Are We Worried About? Exploring Past Harm, Behavioral Details and Impact on the Child
- Step 2: What Is Working Well? Searching for Safety and Strengths
- Step 3: What Are We Worried About? Exploring Future Danger
- Step 4: What Needs to Happen? Developing Goals

S.M.A.R.T goals (Action Steps) Guidance:

- S. Specific
- M. Measurable
- A. Achievable
- R. Relevant/Results Focused
- T. Time-Limited

Segment 3: Meeting the Child’s Developmental Needs During Visitation

Developed by Rose Wentz, Adapted by Margie Albers

- The FIRST and PRIMARY purpose of visits is to meet the child’s needs.
- If meeting the needs of the adults will be in conflict with the child’s needs, always use the child’s needs to determine your plan. Example: A child who is so frightened by his parent s/he does not want to have a face-to-face visit. That child’s need to feel safe before visits begin will take precedent over the parent’s reasonable effort rights to visit with the child.
- The goal is to help a child move toward the next developmental milestones.
- Research has found that rates of developmental delay for children in out-of-home foster care range from 13% to 62%, compared with 4 to 10% for children in the general population.¹ Be sure to develop visits based on the child’s developmental age and not his/her chronological age.
- The case and visiting plan should work to help any child with a delay to maximize his/her abilities and “catch up” whenever possible.
- All children are initially traumatized by separation from their parents.

To consider in your planning:

- Supplemental contact such as phone calls, letters, email, texts etc.
- Language/cultural needs
- Type of visit: overnight, unsupervised, monitored, therapeutic, supervised, facilitated exchange, secure
- Location of visit

Table continued on next page:

Segment 3: Developmentally Appropriate Goal Setting

Developed by Rose Wentz, Adapted by Margie Albers

Toddler Autonomy vs. Shame/Doubt Stage

- Display regression and fear
- Control the world
- Form attachments to others
- Adults must cope for the child
- May see foster care as punishment
- Must be helped to learn new home
- Days = permanency

Visit planning

- Before the visit the caregiver should take these steps:
 - Encourage the toddler to play or run before the visit if the toddler will not be allowed to do this during the visit.
 - Allow parents to meet the child's needs whenever possible. *If these cannot occur during the visit*, meet the child's need for food and sleep before the visit.
 - Not give too many rules ahead of the visit.
 - Show pictures of parent and talk about times that the parent and child were together to help the child remember parent.
 - Have a plan on how to cut short a visit if the child (or parent) cannot manage.
- During the visit a parent can do some of these activities:
 - Play with child – patty cake, peek-a-boo, stretching games, word games, silly noises, read books.
 - Feed the child appropriate food.
 - Teach the child a new skill – putting on coat, playing a game, eating with utensils, naming items of colors, etc.
 - Give the child choices – do you want to sit here or there, do you want one or two kisses
 - Draw together.
 - Eat together, parent helps with toileting or meets child's needs in other ways.
 - Give clear and simple rules during the visit.
 - Help the parent prepare to provide structure and discipline for the toddler.
 - Give the child time to adjust, especially if the toddler is in a “stranger fear” stage.
 - Prepare the child for when the visit will end so there is enough time to say good-bye – no leaving without saying goodbye.

Grade School: Industry versus Inferiority Stage

- A concrete world
- Self-esteem tied to family
- Foster child is “different”
- Compare parents, caregivers
- Friends are important
- Perception may be distorted
- Need to know “rules”
- Months = permanent

Visit planning

Before the visit, the caregiver should take the following steps:

- Prepare the child – rules, what to talk about, what to bring, what to ask, list of things to tell parent, pictures of child's new life.
- Have a calendar for the child to mark the day of the visit.
- Help the child plan things to do at the visit.
- Have the child bring items such as school work, art work, or favorite game to the visit.
- Encourage the child to write letters or to have phone calls on a regular basis.

During the visit, the parent can do some of these activities:

- Play games, read together, help with homework.
- Ask about the child's life – school, new place they live, sports, hobbies, etc.
- Just listen to the child's stories.
- Let the child know you are proud of him/her and his/her accomplishments.
- Accept the child's emotions--no judgment--don't try to talk them out of their emotions.
- Answer questions honestly.
- Tell the child developmentally appropriate things about your life away from the child. This is especially needed for incarcerated parents or for parents in residential programs. Things like what TV shows you watch, books you have read, classes you take, work you do, what your room looks like.
- Plan for next visit or phone call.

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