

Common Core 3.0

200 Level SDM Assessment Knowledge and
Skills Lab
Trainee Guide



December 31, 2018

Table of Contents

Introduction to Common Core 3

Curriculum Introduction 4

Agenda 5

Learning Objectives 6

Training Methodology 7

Activity 2A: Individual Assessment of Skill 8

Activity 3A: Safety Assessment Worksheet 11

Activity 4A: Risk Assessment Worksheet 12

Activity 5A: Family Strengths and Needs Assessment Worksheet 13

Activity 6A: Reunification Worksheet 14

Activity 6B: Reunification/Risk Reassessment Worksheet 15

Activity 8A: Your Own Assessment 16

Minimum Sufficient Level of Care 17

Multicultural Guidelines for Communicating Across Cultures 18

References/Bibliography 19

Introduction to Common Core

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions within an agency.

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 member 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.

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 curriculum focuses on Assessment activities that link Critical Thinking to Assessment and reinforce material learned in the 100 level Assessment Block courses. Throughout the training, the trainer will guide the trainees through the activities and facilitate active participation in the development of a Critical Thinking framework.

Participants will draw on material from Critical Thinking and Assessment, Overview of Assessment Procedures, Assessment Skills Lab, Child Maltreatment Identification eLearning and Skills Lab, and Assessing for Key Issues in Child Welfare. The curriculum relies heavily on applying critical thinking skills and using Structured Decision Making (SDM) assessments to understand how bias in our decision making can impact outcomes for children and families.

Agenda

Segment 1:	Welcome and Review of the Agenda	9:00–9:30 am
Segment 2:	Assessment of Skill	9:30–10:00
Break		10:00–10:10
Segment 3:	Safety Decision	10:10 – 10:55
Segment 4:	Case Opening	10:55 – 11:35
Lunch		11:35 am–12:35 pm
Segment 5:	Case Planning	12:35–1:15
Segment 6:	Reunification	1:15–1:55
Break		1:55 – 2:05
Segment 7:	Reunification/Case Closure	2:05–2:45
Segment 8:	Wrap up	2:45–3:00
Segment 9:	End of Block exam	3:00–4:00

Learning Objectives

Assessment Block 200 Level Learning Objectives

Knowledge

- K1.** The trainee will be able to describe a process to analyze and synthesize information from multiple sources when conducting a child welfare assessment.
- K2.** The trainee will be able to identify how assessment can be impacted by contributing factors of:
 - a. Individual, familial, and historical trauma
 - b. Caregiver substance abuse
 - c. Mental health issues
 - d. Intimate partner violence
 - e. Poverty and deprivation
- K3.** The trainee will be able to identify a process for recognizing and addressing potential bias and understanding child welfare assessment from a cultural humility framework

Skill

- S1.** The trainee will be able to identify child maltreatment in a vignette.
- S2.** Using a vignette, the trainee will be able to apply SDM definitions and complete the following tools:
 - a. SDM Safety Assessment Tool
 - b. SDM Risk Assessment Tool
 - c. SDM Family Strengths and Needs Tool
- S3.** Using a vignette, the participant will be able to:
 - a. Identify their own reactions and feelings and how to manage them
 - b. Examine how feelings and reactions may impact children/families in the assessment process
 - c. Identify and have conversation/process [strategy] they can have in a safe setting to address their feelings/reactions
 - d. Reflect and integrate into practice via the vignette

Values

- V1.** The trainee will value obtaining consultation as needed to conduct an effective assessment.
- V2.** The trainee will value fact checking in child welfare assessment.
- V3.** The trainee will value being sensitive to factors that affect assessment such as:
 - a. Fair, careful, and transparent use of authority
 - b. Establishing productive relationships with families
 - c. The possible interplay of individual, familial, and historical trauma experienced by the family
- V4.** The trainee will value assessment as an ongoing collaborative process with families, Tribes, and their support networks/family teams.

Training Methodology

1. Now that you have been placed into teams, each team will receive different information throughout the day about the Polk/Hernandez family. Although the basic information of the scenarios is the same, each team will have different details. Some teams will have all of the information about the family, whereas others may be missing cultural factors, child maltreatment issues, and other key assessment issues. Participants will analyze the factors in each case.
2. You will identify the key assessment, child maltreatment, and cultural factors for this family and use those to make decisions about safety, risk, and case planning.
3. Each team will have a Voice of SDM who will take on the role of facilitating the discussion at each decision point. The role of the Voice of SDM will rotate throughout the day so that everyone on the team has the opportunity to practice using the policy and procedure manual and reading definitions to the period. The Voice of SDM will coach staff, ask additional questions, and provide guidance to the team.
4. Your teams will complete each of the SDM tools based on the decision at hand in the vignette.
5. After completing the SDM tools, the teams will share their outcomes with one another and talk about the discrepancies in the decision making.
6. The goal will be to highlight the importance of identifying the impact of bias and understanding how accurate assessments are critical to making the right decisions about a family.

Activity 2A: Individual Assessment of Skill

For each question, select the answer that best fits the question or scenario given.

1. Which of the following is not one of the steps in the critical thinking process?
 - a. Gather information from multiple sources
 - b. Study the latest research on the issue
 - c. Consult with your supervisor
 - d. Examine your feelings and biases
 - e. Consider alternate explanations

2. What are key factors to consider when looking at the Minimum Sufficient Level of Care?
 - a. Needs may be related to danger, risk and may need to be addressed in a case plan.
 - b. Harm is about the past
 - c. Danger/safety threat is about the imminent threat of serious harm at this moment.
 - d. Risk indicates likelihood of future maltreatment.
 - e. All of the above

3. Which of the following is the definition from the WIC for physical abuse (300 A)?
 - a. Serious physical harm caused by parent or guardian's failure to supervise or protect
 - b. Serious, diagnosed emotional damage as a result of the conduct of the parent or guardian.
 - c. A single act of abuse inflicted by a parent or any person known by the parent which could cause permanent physical disfigurement, disability, or death
 - d. The child experienced acts of cruelty by the parent, guardian, or a member of the household
 - e. Serious physical harm inflicted non-accidentally by a parent or guardian

4. The manifestation of failure to thrive (FTT) can be caused by? Check all that apply.
 - a. Inadequate nutrition to maintain physical growth and development
 - b. A mother's unwillingness to breastfeed
 - c. Medical problems
 - d. Environmental factors related to abuse and/or neglect.
 - e. Poverty

5. Which SDM assessment informs development of the case plan?
 - a. Safety Assessment
 - b. Risk Assessment
 - c. Family Strengths and Needs Assessment
 - d. Reunification Reassessment
 - e. Risk Reassessment

6. In what way(s) might parental substance use negatively impact a child? Select all that apply.
 - a. Children may receive inconsistent, emotional responses and inconsistent care
 - b. Children may experience considerable chaos and an unpredictable home life
 - c. Children may be near or involved with dangerous living situations
 - d. Children may not receive adequate medical or mental health treatment
 - e. Children may experience significant benefits such as money or trips

7. Which SDM tool helps guide the decision about case opening?
 - a. Safety Assessment
 - b. Risk Assessment
 - c. Family Strengths and Needs Assessment
 - d. Reunification Reassessment
 - e. Risk Reassessment

8. Which factors should be considered when assessing the impact of a parent's behavioral health issues on the child? Select all that apply.
 - a. Severity of the mental health issue
 - b. The parent's capacity to function
 - c. Only consider the diagnosis itself, regardless of other factors
 - d. Past and current treatment for the mental health issues
 - e. The level of support the parent(s) has

9. Which SDM tool guides the decision about case closure?
 - a. Safety Assessment
 - b. Risk Assessment
 - c. Family Strengths and Needs Assessment
 - d. Reunification Reassessment
 - e. Risk Reassessment

10. Minimum Sufficient Level of Care (MSLC) means?
 - a. MSLC considers the child's physical care, emotional well-being and development
MSLC must remain consistent for the duration of the case
 - b. MSLC is family specific, not more or less
 - c. MSLC is not an ideal societal goal (IE: middle-class lifestyle)
 - d. All of the above

11. Which SDM tool helps determine if the child can safely remain in the home?
 - a. Safety Assessment
 - b. Risk Assessment
 - c. Family Strengths and Needs Assessment
 - d. Reunification Reassessment
 - e. Risk Reassessment

12. Which of the following is not one of the 5 factors of effective parenting from SDM?
 - a. Demonstrates parental role
 - b. Demonstrates ability to bring food and toys to visits
 - c. Demonstrates knowledge of child's development
 - d. Puts child's needs ahead of his/her own
 - e. Shows empathy toward the child

13. Which SDM tool helps determine if the child can be safely returned home?
 - a. Safety Assessment
 - b. Risk Assessment
 - c. Family Strengths and Needs Assessment
 - d. Reunification Reassessment
 - e. Risk Reassessment

14. Social workers making decisions about child maltreatment are influenced by a multitude of factors. Which is not a factor?
 - a. Personal Biases
 - b. Inability to consider multiple intervening factors
 - c. Preconceived ideas
 - d. Focus on information that is easiest to obtain
 - e. Consultation with supervisor

15. Which of the following may be seen as long-term effects from exposure to intimate partner violence? Select all that apply.
 - a. Physical health problems
 - b. Behavioral problems in adolescence
 - c. Developmental delays
 - d. Increased likelihood of divorce
 - e. Emotional difficulties into adulthood

Activity 3A: Safety Assessment Worksheet

1. Review the Initial Investigation Polk/Hernandez Case Vignette.
2. Work as a team to complete the Safety Assessment. Use the definitions from the SDM Policy and Procedures Manual pp. 37–48.
3. As a team identify: cultural factors present, child maltreatment issues, and other key assessment issues.
4. You must come to a consensus as a team regarding any safety threats and your final safety decision.
5. Remember that you are the “Voice of SDM”.

What are the key assessment issues for the Polk/Hernandez family that are impacting safety?

What are the key child maltreatment issues for the Polk/Hernandez family that are impacting safety?

What significant cultural factors may be impacting the Polk/Hernandez family?

Activity 4A: Risk Assessment Worksheet

1. Review the Further Investigation Polk/Hernandez Case Vignette.
2. Work as a team to complete the Risk Assessment. Use the definitions from the SDM Policy and Procedures Manual pp. 74–82.
3. As a team identify: cultural factors present, child maltreatment issues, and other key assessment issues.
4. You must come to a consensus as a team regarding any risk factors and your final case opening decision.
5. Remember that you are the “Voice of SDM”.

What are the key assessment issues for the Polk/Hernandez family that are impacting risk?

What are the key child maltreatment issues for the Polk/Hernandez family that are impacting risk?

What significant cultural factors may be impacting the Polk/Hernandez family?

Activity 5A: Family Strengths and Needs Assessment Worksheet

1. Review the Case Planning Polk/Hernandez Case Vignette.
2. Work as a team to complete the Family Strengths and Needs Assessment. Use the definitions from the SDM Policy and Procedures Manual pp. 95–122.
3. As a team identify: cultural factors present, child maltreatment issues, and other key assessment issues.
4. You must come to a consensus as a team regarding the priority needs.
5. Remember that you are the “Voice of SDM”.

What are the key assessment issues for the Polk/Hernandez family impacting case planning?

What are the key child maltreatment issues for the Polk/Hernandez family impacting case planning?

What significant cultural factors may be impacting the Polk/Hernandez family?

Activity 6A: Reunification Worksheet

1. Review the 6-Month Review Polk/Hernandez Case Vignette.
2. Work as a team to complete the Reunification Reassessment, pp. 150–169.
3. As a team identify: cultural factors present, child maltreatment issues, and other key assessment issues.
4. You must come to a consensus as a team regarding your final reunification decision.
5. Remember that you are the “Voice of SDM”.

What are the key assessment issues for the Polk/Hernandez family that are impacting risk?

What are the key child maltreatment issues for the Polk/Hernandez family that are impacting risk?

What significant cultural factors may be impacting the Polk/Hernandez family?

Activity 6B: Reunification/Risk Reassessment Worksheet

1. Review the 12-Month Review Polk/Hernandez Case Vignette.
2. Work as a team to complete either Reassessment, based on the status of the case. Use the definitions from the SDM Policy and Procedures Manual pp. 134–140 for the In-home Reassessment or pp. 150–169 for the Reunification Reassessment.
3. As a team identify: cultural factors present, child maltreatment issues, and other key assessment issues.
4. You must come to a consensus as a team regarding your final reunification or case closure decision.
5. Remember that you are the “Voice of SDM”.

What are the key child development issues for the Polk/Hernandez family that are impacting risk?

What are the key child maltreatment issues for the Polk/Hernandez family that are impacting risk?

What significant cultural factors may be impacting the Polk/Hernandez family?

Activity 8A: Your Own Assessment

What is one thing you heard or discussed today that you already do in your practice?

What is one thing you heard or discussed today that you would like to do more of in your practice?
Write it down.

Find a partner and identify with them one thing you will do tomorrow to begin to enhance your assessment skills.

Minimum Sufficient Level of Care

Definition of MSLC

The **minimum sufficient level of care** is the social standard for the minimum of parent behavior below which a home is inadequate for the care of a child.

Important Considerations in MSLC

- MSLC is meant as a minimum, not an ideal. The terms “minimum” and “sufficient” are crucial to this concept; the standard is related to the objective of keeping children safe and protected. The terms “minimum” and “sufficient” are used to explicitly differentiate from higher standards.
- MSLC is case specific. A variety of factors must be considered for each child, and there are no fixed criteria for assessing when a home falls below this minimum standard. This decision must be made by informed judgment that evaluates each case individually.
- The MSLC must remain consistent for the duration of the case. Once the MSLC is developed for a given child, it does not change throughout the life of the family’s case unless the needs of the child change (e.g., child develops a high-risk health condition). When a child is in placement, the decision about reunification must be based on the same MSLC baselines as when the child was removed.

Factors to consider in assessing MSLC

Although the MSLC is unique for each child, there are commonalities in nearly all situations. The factors to consider in establishing what the MSLC is for a particular child include those that relate to:

1. **The child’s needs** in the areas of:
 - Physical care (e.g., safety, protection, food, clothing, shelter, medical and dental care)
 - Emotional wellbeing (e.g., attachment between child and caregivers, sense of security)
 - Development (e.g., education, special help for children with disabilities)

Multicultural Guidelines for Communicating Across Cultures¹

Try things 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.
It's OK to disagree	• It's 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.
"I" statements work!	• 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.
Intent and impact matter	• 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.
Think both/and	• 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.
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	• Confidentiality with regard to personal sharing is important. 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.
It's OK to be uncomfortable	• Learning from uncomfortable moments is an important part of this process, so pay attention to your feelings.
Which of these resonates most with you?	

¹ Adapted from Multicultural Tools created by VISIONS, Inc. – added information by Amy Cipola-Stickles.
California Common Core Curriculum | 200 Level Assessment Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainee Guide

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Introduction to Mapping/Facilitation Skills for Mapping Handout.docx © 2012 by NCCD, All Rights Reserved

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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.

www.visions-inc.org

Some content in this curriculum was developed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice²
- Signs of Safety³

² Berg, I.K., & De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376–391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: WW Norton. D. Saleebey (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

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- Structured Decision making⁴
- Child and family engagement⁵
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁶
- Appreciative Inquiry⁷
- Motivational Interviewing⁸
- Consultation and Information Sharing Framework⁹
- Cultural Humility
- Trauma-informed practice

⁴ Children’s Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

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