

Common Core 3.0

Critical Thinking and Assessment Trainee Guide



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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 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.

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:

http://calswec.berkeley.edu/CalSWEC/Citation_Guidelines.doc



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 half day curriculum focuses on critical thinking activities that link critical thinking to assessment. Throughout the training, the trainer will guide the trainees through the activities and facilitate active participation in the development of a critical thinking framework.

It is recommended that trainees take one of the Harvard Implicit Bias Tests (available here: <https://implicit.harvard.edu/implicit/takeatest.html>) after this module and that they use their experience with the test to extend efforts to identify potential bias that could impact their work.

Agenda

Segment 1:	Welcome and Review of Agenda	9:00 - 9:10
Segment 2:	Introduction to Maria's Family	9:10 - 9:25
Segment 3:	What is Critical Thinking?	9:25 - 9:40
Segment 4:	Fact vs. Bias	9:40 - 10:10
<i>Break</i>		<i>10:10 - 10:25</i>
Segment 5:	Building a Critical Thinking Atmosphere	10:25 - 10:40
Segment 6:	Minimum Sufficient Level of Care	10:40 - 11:10
Segment 7:	Courageous Conversations to Increase Critical Thinking	11:10 - 11:45
Segment 8:	Additional Critical Thinking Skills	11:45 - 12:00

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 describe how life experiences, personal values, and bias may affect determination of minimum sufficient level of care (MSLC) in assessing safety and risk and developing safety plans.
- K3.** The trainee will recognize the role of reflective practice in child welfare assessment.

Skill

- S1.** Given a case scenario, the trainee will be able to check facts and analyze factors relevant to an assessment of safety, risk, and protective capacity which includes information from the reporting party, extended family members, case records, and other collateral sources.
- S2.** The trainee will be able to identify and resolve effects of their own life experiences, personal values, and biases in establishing MSLC and assessing safety and risk.

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.

Scenario 1: Introduction to Maria's Family

Maria, age 20, has two daughters. Cherry is 4 years old and Veronica is 6 months old. Maria and her daughters live in the local Motel 6. A referral was received by the Child Abuse hotline from an anonymous caller alleging that Maria is prostituting and neglecting her daughters. Cherry is dirty, wears the same outfit every day and hardly speaks. Veronica is always crying and Maria does not do anything to comfort her.

Critical Thinking Process

- Examine your feelings and biases – Pay attention to thoughts, ideas and feelings that may surface during the critical thinking process. Take a closer look at these feelings in supervision and as you think about the family.
- Gather information carefully from multiple sources – Ensure that you have considered all information sources and that you have done your due diligence by talking with everyone involved.
- Consider alternate explanations – Look beyond the obvious explanation and examine other possible explanations. Consider what might be motivating people to share (or not share) information with you.
- Consult your supervisor – when thinking critically, it is important to engage your supervisor in the process. Your Supervisor can provide direction, insight and questions to help you think through the family situation.

Scenario Part 2: More Information

- Maria does not have a car and uses the bus to get everywhere.
- Maria goes to McDonald's for every meal.
- There is no milk or formula in the motel room.
- Maria is not breastfeeding.
- Maria, Veronica and Cherry all sleep in one bed.
- Maria has not applied for public assistance, so she is not receiving food stamps, MediCAL or cash aid
- Cherry is not in preschool.
- Maria does not know who the fathers of her daughters are.
- Cherry says she is hungry a lot.
- The motel owner mentions there are a lot of people in and out of the room, but she has not had any complaints from the neighbors. One of the neighbors, who is a friend of Maria, says Maria is a good mother.

Scenario Part 3: Fast Forward

- Maria has been homeless for three months and living in motel rooms. She lost her job as a waitress when she was hurt on the job and did not have medical insurance for treatment. Maria rests throughout the day due to her back pain.
- Maria does not take any medications and denies drug or alcohol use, but 4 year old Cherry tells the CWW that it's hard to wake her mother up sometimes.
- Cherry was also proud to share she gives her baby sister her bottle of milk when her mother sleeps. Cherry does not know how to count to 10 and says her mother sets out the bottles for her to feed Veronica.
- Cherry says she takes a bath every other night with her sister while her mother watches television. She does not have that many clothes and likes one particular Cinderella dress so wears that almost every day.
- Maria says she has 5 brothers who visit regularly and bring food when they can. They also help her pay for the motel bill, but sometimes she cannot pay and will leave without paying. She is hoping to get into a shelter soon.
- Maria does not know who the fathers of her children are but denies prostituting.
- She has not applied for welfare or food stamps and says that she thought she had to be a US citizen to get help. She does not know what WIC is nor does she take the kids to the doctor unless sick.
- When talking with the CWW, Maria was friendly and cooperative but seemed very sleepy and her eyes were blood shot.
- The CWW also notices an iron out on the table and a broken lamp and light bulb in the corner. Cherry told the CWW she burned her arm on the iron when her mother was sleeping.
- There are no previous Child Welfare referrals but have been three police contacts at the motel for disorderly conduct by different males (unclear who the men are.)

Worries and Strengths Worksheet

What are you worried about with regard to Maria and her family?

What are Maria's strengths?

What else do you need to find out?

What are your next steps?

Resources:

The National Assessment of College Student Learning: Identification of the Skills to be Taught, Learned, and Assessed, NCES 94-286, US Dept of Education, Addison Greenwood (Ed), Sal Carrallo (PI). See also, Critical thinking: A statement of expert consensus for purposes of educational assessment and instruction. ERIC Document No. ED 315-423

Authentic Happiness homepage of Dr. Martin Seligman, Director of the Positive Psychology Center at the University of Pennsylvania. <http://www.authentichappiness.sas.upenn.edu/default.aspx>

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 practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

¹ Berg, I.K. and 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: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

² Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

³ Children's Research Center. (2008). Structured Decision Making: An evidence-based practice approach to human services. Madison: Author.

⁴ Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

⁵ Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

⁶ Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

⁷ Miller, W.R. & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

⁸ Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.