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|  | **Phase I: In Depth Case Review and Consultation Tool**  **May 13, 2021** |

**instructions**

**The use of the CPM and attending to its identified behaviors is the substantive manner in which effective work is done with children and families in support of their efforts to achieve the outcomes which are optimal for them. Supervisors can support social workers using this form to guide supervisors as they conduct an IN-DEPTH review of one case with a staff member in order to both assess strengths and gaps in use of CPM behaviors as well as to use the review as an opportunity to coach the staff member about how to utilize CPM behaviors more in casework and in interactions with families, young adults, youth and children.**

**in preparation for the case consultation with the staff member, either assign a case for the staff member to present or ask them to identify a case to present. In either case, it is important for your preparation for you to know what case is being presented so that you can review the written case file record and re-familiarize yourself with the case and how the staff member has been working with the family and other team members on the case. knowing the type of case (e.g. er or fm or adoption), you will know which of the 10 CPM behaviors to cover in your follow up questions about how the staff member has worked with the family and others involved in the case.**

**after the staff member presents an overview of the family and their case, you will ask questions about between 1 and 10 CPM behaviors. You will ask questions in order to know how well the staff person has integrated CPM behaviors into their practice with this family and will rate each indicator of the behavior. But you will also have the opportunity to coach the staff member when their answer to your question(s) is(are) weaker than desired. case consultation helps you as the supervisor both assess your staff person on their use of CPM and to give input into their practice so that they can learn and grow in their use of CPM. After you have conducted the case consultation and rated the staff member on the behaviors and indicators covered, you can share your ratings with the staff member and discuss action plans for how they will strengthen use of CPM behaviors with this family and other families on their caseload.**

**In order to know if your staff member is stronger or weaker on various aspects of CPM overall, you will need to conduct this IN-DEPTH case consultation process on 6-12 cases over a 3 to 6 month period of time. Once that many cases have been reviewed you will have a better sense of consistent strengths and challenges regarding CPM across cases- patterns may emerge. At the end of the IN-DEPTH case consultation process, you will want to share the overall patterns, strengths, improvements and continuing areas of concern. Again, action plans can be developed.**

**In Stage II, you will utilize another case consultation tool that will be broader as you discuss cases weekly, bi-monthly or monthly regarding the staff member’s entire caseload.**

**Explanation of the tool regarding the ratings**

When engaging in a case consultation and assessment process, for each of the 10 major practice areas in the tool there will be four bullet points providing behavioral indicators of that area. Considering how the staff described the case and responded to your queries about the case, please rate each bullet point to indicate the extent to which the staff member exhibited that behavior during the case consultation process.

The scaling options for both the self-assessment and agency-assessment are:

* Not At All (Might be something your social worker should be doing or doesn’t occur in the social worker’s job description)
* Somewhat
* To a Great Extent (aka, Consistently on the Fidelity Tool)

Use the comments box at the end of each section to list evidence for your ratings and information you would like to share with your staff member at the end of the session.

The ratings and comments can help to populate a document you and the staff person co-create that notes strengths, elicits reflection, areas for support and the staff member’s goals for integrating CPM into their practice.

At the end of the second case consultation, you can identify additional strengths that were added. A repeat of notation of strengths, reflection and goal setting will end the session.

After 6-12 case consultations with the staff member (during a 3 to 6 month period), you can examine patterns across cases and will have more information about the worker’s ability to reflect on or change their behavior.

While this tool is structured in a manner consistent with the Fidelity Assessment tool this is not a tool to assess fidelity but to support growth in fidelity. Scores are not recorded into a database or aggregated across the agency. They are specifically for the facilitation of the discussions between the supervisor and threw social worker.

During Stage II, the staff member will be able to raise areas they continue to see as strengths and areas for which they have goals to enact CPM behaviors.

**In Depth Case Review and Consultation Tool**

**Position (SW, Aide, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program (ER, FM, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Briefly summarize the details of the case (e.g. what brought our agency into the life of the family, struggles the family is having, how individual and family struggles are impacting the safety and well-being of the child(ren) in the family, details of any plans to support specific goals and objectives, progress the family is making towards established case goals, location of the child(ren while the family is working on improvements and what is happening with the child(ren) ). What is going well in the case (e.g., progress, timeliness, ease of decision making, finding family, progress on case plans, positive kinship placement option if had to remove, etc.)? What is challenging about the case?

In listening to the summary note any strengths in CPM behaviors and areas for further inquiry.

Before each key CPM behavior and indicators, is a question or two and perhaps a notation to check documentation on the case or check-in with the family in order to probe for greater understanding regarding how the child and family staff member is demonstrating strength or need for growth in the CPM behaviors that follow. After asking the question or examining records, note how much the staff member is exhibiting each indicator in **this particular** case. Jot down any insights, thoughts you have in the comment section.

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| **Foundation #1** | | | |
| **Question:** When you communicate and interact with children, youth and families how do you convey respect for their expertise about their own family and accommodation to each family member, keeping in mind their background, culture, individual traits and life histories? (Hint: looking for specific knowledge about each family member and ways the staff member seeks to be understandable, respectful, deferent and accommodating of difference in interactions, especially in teaming). | | | |
|  | **Rate each Bullet Point** | | |
| **Communicates in a clear and respectful manner.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Uses language without jargon that is understandable to child, family and/or others being addressed and confirms that the communication meets their language and literacy needs. |  |  |  |
| * Asks and addresses individuals by the name, title and pronouns they request. |  |  |  |
| * Conveys openness through body language with all and shows deference to Tribal Leadership and cultural identity, in particular. |  |  |  |
| * Fosters diversity and individual differences in interactions and communication. |  |  |  |
| Comments: | | | |
| **Foundation #2** | | | |
| **Question:**  If I was speaking with the family now, what do you think the family would say about why the child(ren) are involved with child welfare? Furthermore, if I was speaking with the child’s caregiver, what do you think they would say about your communication and coordination with them?  **Take note and intervene:** As you listened to the description of the case, do any biases emerge or any missteps in their interactions with the family occur? If so, do as you normally would do and help the staff member utilize more critical thinking skills to question any attributions they are making about family dynamics or individuals in the family and help them recognize how any biases they have are impacting their ability to see the issues in the case more clearly and fairly. Address any policy or practice issues by coaching them to remember policy or best practices regarding certain areas.  **Examine the case records:** Note clarity, timeliness of documentation of such things as assessments, or ongoing case information in the current phase of the case.  **Review your records or check in on the family:** Note any concerns you have received regarding responsiveness. Perhaps make a call and check in with the family on the staff member’s follow-up.  **Question:** If there is an issue here, ask the staff member: “What’s happening with regards to keeping in touch with family members and following up with any outreach they initiate? Are there any barriers that are prohibiting timely response?” (Hint: You are looking for a willingness and desire to be responsive and the presence of active strategies for addressing barriers in the future) | | | |
|  | **Rate each Bullet Point** | | |
| **Communicates in an open, honest, timely, and accountable way.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Is open and honest about the safety threats and circumstances that brought the family to the attention of the agency, what information can be shared with partners, what information can be shared among team members, and what information will be included in court reports. |  |  |  |
| * Documents clear, timely safety assessments, case plans, concurrent/permanent plans, and other case record information about ongoing engagement, teaming, re/assessments, service planning and delivery, and transitions, in order to enable and support agency and court-decision-making. |  |  |  |
| * Follows-up in a timely and responsive way, including responding to calls, texts, and e-mails within 24 hrs, submitting court reports on time, and following-up by doing what you say you will do. |  |  |  |
| * Demonstrates accountability by being aware of and transparently taking responsibility for own biases, missteps and mistakes. |  |  |  |
| Comments: | | | |

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| **Engagement #1** |  | | |
| **Question:** In what ways does each member of this family like to be contacted? When and where do they like meetings to occur? (Hint: looking for knowledge of any preferences)  **Question:** How does the family know that you believe in their capacity to safely care for their children? If they work with youth in this family, ask: Tell me about a time you feel like you have really been able to connect to a/the youth in the family. | | | |
|  | **Rate each Bullet Point** | | |
| **Demonstrates an interest in connecting with and partnering with the child, youth, young adult, and family.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Reaches out to children, youth and families in ways that are welcoming, appropriate, and comfortable for them. |  |  |  |
| * In interactions, expresses the belief that all families have the capacity to safely care for children & youth. |  |  |  |
| * Uses positive motivation, encouragement, and recognition of strengths to connect with youth and express the belief that they have the capacity to become successful adults. |  |  |  |
| * Shows interest in learning about the family and their culture, community, and tribes by asking global questions followed by more descriptive questions that encourage exchange. |  |  |  |
| Comments: | | | |
| **Engagement #2** |  | | |
| **Note from the case description:** Was there a description of the staff member’s efforts to locate the father(s) and their extended families in the course of the case?  **Question:** If not, you may want to follow up and ask: “Tell me about efforts you made to locate the father(s) of each child in the family. Where do we stand today with regards to father(s) involvement in the case? What efforts have you made to include father(s) and paternal relatives in the case?”  **Examine the case plan:** When reading the case plan are strengths and successes (past and present) noted and built upon?  If the information highlighted in this CPM behavior was not mentioned in the case description- ask the following questions:  **Question:** Who in the extended family or the family’s natural support network has the family identified that they can rely on to step in to help as part of the safety network, possibly be a placement or assist with keeping the child(ren) connected to family, school, extracurricular activities, and neighborhood if in out of home care?  **Question:** What are you doing to include those significant relationship partners in family team meetings or other aspects of case planning and aftercare planning? Who is missing and what steps are you taking to find and engage them? How are you engaging families around these pieces?  **Question:** Describe the current relationship between the child(ren) and their father(s)/paternal relatives. How have you learned about these relationships? (Looking for what is based on observation, things shared by child/father/relatives, and what may be based on assumptions, things written by others in the file or court reports, etc.) | | | |
|  | **Rate each Bullet Point** | | |
| **Identifies and engages family members and others who are important to the child, youth, young adult, and family.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Asks children, youth and family members questions about relationships and significant others early and often. |  |  |  |
| * Searches for all family members, including fathers, mothers, and paternal and maternal relatives, through early and ongoing internet searches and review of records. |  |  |  |
| * Works quickly to identify fathers, establish paternity, and facilitate the child or youth’s connection with paternal relationships. |  |  |  |
| * Contacts family, cultural, community and tribal connections as placement options, team members, sources of support and relational permanence. |  |  |  |
| Comments: | | | |
| **Assessment #1** |  | | |
| **Question:** Tell me about a time in working with this family that they shared frustration, anger, or sadness about their life circumstance or the presence of child welfare in their lives.  **Questions:** How did you react to their emotional expression? How did this experience inform subsequent encounters with the family? (Hint: looking for understanding the centrality of family expertise about their own family, patience, understanding of trauma, trauma-informed response, and expression of empathy and compassion for the family and humility as they seek to work with the family to reach desired goals as quickly as possible to alleviate this distress).  **Examine the case plan:** When reading the case plan, look for language the family would use to describe a change that needs to be made, demonstrating that the staff member has incorporated family voice into the co-creation of the plan the family is working on vs. a cookie cutter description of objectives. **Note from the case description:** Did the staff member indicate family or individual strengths or times the family was doing well in the current area of struggle? Did the staff member note ways the case plan builds on family or individual strengths?  **Question:** Can you show me in the case plan how the voices of children and youth in the family are reflected? Did the staff member describe what they learned from the family about their own goals and how the case plan reflects their priorities?  **Question:** What have children and youth in this family communicated to you about their situation and what they may want, like or need? (e.g., in description of strengths, desires of children in where they live, children’s perspectives on struggles facing the family and fears they have as parents in navigating their parental roles). | | | |
|  | **Rate each Bullet Point** | | |
| **Listens and demonstrates that he/she cares about the thoughts and experiences of each child, youth, young adult, and family.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Talks 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 incorporates their perspectives in all casework. |  |  |  |
| * Uses a trauma-informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss. |  |  |  |
| * Asks the family what is working well, honors the role of important cultural, community and tribal leaders the family has identified, and considers input of the team about what they see as the solution to the circumstances that brought the family to the attention of the child welfare agency. |  |  |  |
| * Reflects and affirms the unique strengths, needs, life experiences and self-identified goals of each child, youth, young adult and family. |  |  |  |
| Comments: | | | |
| **Assessment #2** |  | | |
| **Question:** How has this family described its strengths and needs to you?  **Question:** What have you and the family agreed needs to change (protective factors that need to be enhanced or safety threats that need to be eliminated or managed) to keep the family together or reunify the family? (Looking for specific areas that affected maltreatment in this family such as:  a) the need for an infusion of particular resources into the family,  b) changes in living conditions or arrangements,  c) changes in parent’s knowledge, skills, reactions and behaviors, consistent demonstration of specific acts of protection  d) change in particular aspects of parent’s mental and physical health or managing of mental and physical health challenges,  e) increasing the social support network size or engaging members of the social support network to specifically help with the children,  f) changes in activity level, and/or understanding  **Question:** What are you doing to help facilitate the family’s progress? What services and or supports can you wrap around the family to facilitate case closure or reunification?  **Question for a case that has been open a longer period of time:** If changes do not happen despite every effort, how can placement with kin be facilitated? What needs to happen to increase the chances the child remains with extended family or others whom they have a connection? | | | |
|  | **Rate each Bullet Point** | | |
| **From the beginning and throughout all work with the child, youth, young adult, family and their team, engages in initial and ongoing safety and risk assessment, needs/strengths assessment (CANS), and permanency planning.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Explains the assessment process to the child, youth, young adult, and family so they know what to expect, and checks in early and often to be sure they understand. |  |  |  |
| * Uses tools and approaches that amplify the voices of children and youth and provide opportunities for young adults and families to actively share their perspectives and goals. |  |  |  |
| * Explores the family’s expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, safety concerns, and solutions. |  |  |  |
| * Applies information to all assessments and re-assessments using the family’s cultural lens and incorporates the family’s perspectives in the Safety Assessment, the Child & Adolescent Needs and Strengths Assessment (CANS), the concurrent/permanent plan, and into Court reports. |  |  |  |
| Comments: | | | |

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| **teaming #1** |  | | |
| **Question if not apparent in case description:** Who is this family’s support person or peer advocate? If they do not have one, ask: Does this family want a peer advocate? If so, what is the barrier to that happening?  **Question:** Was a CANS assessment tool done for each child? How was it done (by whom and with whom?) Did it impact the case plan?  **Question:** What role did the family’s culture play in who was asked to participate in teaming? Who does the family feel is missing from teaming? Who do you feel is missing from participating in the teaming? Is there a culturally responsive way to engage those who are not participating yet?  **Question for an OOHC situation depending on the role of the staff member:**  How did the child’s family and you prepare the child(ren) for the entry of the child(ren) into the resource home?  How did the child’s family and you prepare the resource family for the entry of the child(ren) into the home?  How did the child’s family and you prepare the kinship placement family for the entry of the child(ren) into the home?  **Question:** What conversations did you have with other workers on the case to ensure a smooth transition of child(ren) to the placement and reception of the child(ren) in the placement?  **Question:** What do you do on an ongoing basis to coordinate among all the parties so that everyone involved feels supported and children thrive? | | | |
|  | **Rate each Bullet Point** | | |
| **Works with the family to build a supportive team.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Explores with the family how culture might affect the development of the team and the teaming process and incorporates their perspectives. |  |  |  |
| * With the family’s permission, contacts family, cultural, community and tribal connections as early as possible and asks them to serve as team members. |  |  |  |
| * Facilitates early and frequent sharing of information and coordination between parents and caregivers and encourages development of a mutually supportive relationship between parents and caregivers. |  |  |  |
| * Asks initially and throughout the family’s involvement if they would like a support person or peer advocate on their team. |  |  |  |
| Comments: | | | |
| **teaming #2** |  | | |
| **Question:** What steps have you taken to communicate with team members working on the case about the Safety, Permanency and Well-being issues that are being addressed and any legal constraints that are limiting options?  **Question:** Describe a disagreement that you became aware of between family members, between a parent and caregiver, etc. and how you supported partnership, teaming, or shared decision-making processes?  **Question:** Describe the connections you have made to follow up on referrals that will support family members on achieving case goals and objectives. (Probe if needed” If you haven’t made those connections yet, what are the barriers to doing so and how do you plan to overcome those barriers?)  **Question:** Describe how the services the family is accessing demonstrate cultural competence and humility and are able to bring healing to any historical, childhood, or ongoing trauma each person may be experiencing.  **Question:** Describe a conversation you have had with team members regarding the role they can play supporting the family and strengthening child safety and any changing of team member roles.  **Question (if not covered in the case description above):** Describe a conversation you had with relevant parties about visitation. | | | |
|  | **Rate each Bullet Point** | | |
| **Facilitates the teaming process and engages the team in planning and decision-making with and in support of the child, youth, young adult, and family.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Facilitates a shared understanding of the safety, permanency, and well-being issues to be addressed, as well as the legal, regulatory, and policy constraints that may limit options available to address family needs, including placement options, reunification, and service options. |  |  |  |
| * Assists team to work through conflicts and facilitates critical thinking, mutual exploration, and consensus-building toward the goal of shared decision-making. |  |  |  |
| * Encourages and supports 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 unfamiliar to worker). |  |  |  |
| * Facilitates team members to explore clear roles they can play to strengthen child safety and support the family and assists the team to coordinate and adapt these roles over time. |  |  |  |
| Comments: | | | |
| **Services, Supports & Transition #1** |  | | |
| **Question if not covered above:** If I was speaking with the family, would they describe having current needs for food, shelter or medication that are impacting their case plan progress?    **Question:** What specifically are service providers and team members working on in partnership with family members to alleviate problems, build protective factors, and prevent future maltreatment? And in what way are these services and supports aligned with the family’s culture?  **Question if not covered above:** How do the strategies in the case plan build on family and individual strengths and simultaneously address safety threats? | | | |
|  | **Rate each Bullet Point** | | |
| **Works with family and their team to build behavioral plans and assist child, youth, young adult and family with safety, trauma, healing, and permanency** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Asks 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. |  |  |  |
| * Shares information about agency programs, providers, resources, and supports and works with community partners to identify cultural/community services that can meet the needs of the child, youth, and family. |  |  |  |
| * Ensures the child, youth, young adult, and family receive needed information, preparation, guidance, and support as they work on their plan and during significant transitions (placement change, SW change, etc.) |  |  |  |
| * Ensures plan describes how family strengths, safety threats, and priority needs (including the child’s concurrent plan or permanency needs) will be addressed in the plan and ensures strengths are described in the plan in functional terms that can support family members to complete the plan. |  |  |  |
| Comments: | | | |
| **Services, Supports & Transition #2** |  | | |
| **Question:** Describe the ways you are supporting the family and each family member as they work on their plan.  **Question:** Describe any advocacy you have needed to engage in or have worked with families to engage in for their own advocacy to make sure families can access all services, supports and visitation activities identified in the plan.  **Question:** Describe what your meetings with family members are like. How do you ensure that you and the family are keeping track of case plan progress? When any progress is achieved, how do you respond to the news? (Hint: looking for celebration of accomplishments and praise for hard work and insights family members are making; looking for the ability to both check on progress and meet family needs and not allow either/or interactions)  **Question:** Would the family or anyone on the team be surprised about your assessment of their progress and, if applicable, your recommendations to the court**?**  **Question:** Describe the family’s natural support network.  **Question:** What have you and the family done to help the family deepen these ties, repair old hurts or expand the family’s social support network so that when our agency leaves the case, the family has the necessary supports in place to prevent future maltreatment?  **Question:** What evidence is there that members of the natural support network know what kinds of ongoing supports they will need to provide for the family and maintain child safety after case closure?    **Question:** As the family moves towards case closure, describe how members of the natural support network are increasing their role in the family. | | | |
|  | **Rate each Bullet Point** | | |
| **Works with child, youth, young adult and family to access services, monitor progress, and adapt plan as needed to continue to meet evolving needs.** | **Not at All** | **Sometimes** | **To A Great Extent** |
| * Advocates for, links the family to, and helps family members access the services, supports, and visitation activities identified in the plan. |  |  |  |
| * Stays up to date on plan progress and changing family circumstances/needs through ongoing communication with the child, youth, young adult, family, and their team. |  |  |  |
| * Adapts services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team (for example CANS. permanency plan, etc.) |  |  |  |
| * Helps families navigate significant transitions (such as placement change, SW change) and facilitates an increased role for the family's network and natural supports in later stages of the child welfare case to establish an ongoing family support system prior to case closure. |  |  |  |
| Comments: | | | |

In the graphic on the next page, you will record the results of your discussions with the worker regarding his/her use of Core Practice Model Behaviors and the action plan(s) that is/are developed.

This will enable the intent of this process to be properly experienced by the social worker, that it is about supporting them in their professional growth in the activation of the Practice Model Behaviors in their work with children and families and their teams.

**Areas for discovery and integration:**

Enter here those Practice Model Behaviors identified in the case review that indicate growth opportunities for the social worker. This might be one of the 10 behaviors in the review (for example: “Teaming 1: Works with the Family to Build a Supportive Team.”) The Learning Area could also be narrower focusing on one of the four behavior examples within the item (for example: “Facilitates early and frequent sharing of information and coordination between parents and caregivers and encourages development of a mutually supportive relationship between parents and caregivers.”) Another approach is to frame the Learning Area using information that results from one of the question prompts. Your goal is to provide the clearest description, so that you (the supervisor) and the worker both understand what the behavior will look like when it is being done more effectively.

**Planned Activities:**

Enter here the activities that the worker will undertake to try out approaches that are identified by the social worker supervisor during the consultation.

If there are multiple identified activities these should be prioritized. Prioritization criteria might include the following: the scope of the impact on the family’s optimal outcome; how far the worker my need to progress in using the desired behavior; the connection to one of the agency’s improvement goals.

**Social worker support:**

Enter here the supports that the worker needs in order to move forward with the planned activity and/or the growth strategies. These supports could come from the supervisor, peers, the agency administration, or any other support resources.

**What has the Social Worker Learned:**

Enter here what happened after the social worker has tried out the identified new approaches. Some questions to consider here include: Did they work? Were there challenges? Is there an adjustment that will help?

**Date to review learning:**

Enter here when you will meet again to see what was learned

**CPM PROFESSIONAL DEVELOPMENT AREAS**

**Date To Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date To End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Meeting to Review Learning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Areas for discovery and integration** | **Planned Activities for SW** | **SW Support Needs and Who/How Will be Addressed** | **What has SW discovered about and/or integrated into their practice?** |
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