

Common Core 3.0

**Managing the Plan: Supporting Safety,
Permanency, and Well-Being**

Trainer Guide



December 31, 2018

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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/programs-and-services/child-welfare-service-training-program/common-core-30>



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>

Introduction

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

GENERAL INFORMATION

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.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For more information regarding the curricula, please contact CalSWEC at calswec_rta_cc@berkeley.edu(link sends e-mail).

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs

slightly from the Agenda provided to trainees in that the trainer’s agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer’s Guide only)

The Lesson Plan in the Trainer’s Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer’s Guide only)

The Training Segments are the main component of the Trainer’s Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer’s Supplement is provided that includes additional information or materials that the trainer needs. The Trainer’s Supplement follows the Training Activity to which it applies.

Training Content (Trainee’s Guide only)

The Training Content in the Trainee’s Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee’s Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer’s Guide and Trainee’s Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and

- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training this Curriculum

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.

TRAINING PREPARATION

It is **required** that the trainer preview the following eLearning as prerequisite to the classroom:

1. Case Planning Basics [Case Planning and Service Delivery Block]
2. Monitoring and Adapting: Supporting Safety, Permanency and Well-being
3. Placement

It is **recommended** that the trainer preview the following eLearning(s) and/or classroom trainings pre-requisites to training the classroom:

1. Introduction to Trauma Informed Practice [eLearning]
2. Trauma Informed Practice [classroom training]
3. Key Issues in Child Welfare Practice: Substance Use Disorders [eLearning]
4. Key Issues in Child Welfare Practice: Intimate Partner Violence [eLearning]
5. Key Issues in Child Welfare Practice: Behavioral Health [eLearning]
6. Key Issues in Child Welfare: Social Worker as Practitioner [classroom]

It is **suggested** that trainers orient themselves to all Common Core 3.0 Content Blocks in preparation for this training in order to make links and dig deeper into skill building. The blocks consist of:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit the CalSWEC website for more information at:

<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

The Managing the Plan: Supporting Safety, Stability and Well-Being module provides information to trainees about the key aspects of monitoring and adapting the case plan, including the analysis of case plan progress and establishing and maintaining safety, stability and well-being in placements. It is strongly encouraged that trainees complete the eLearnings associated with this module as well as the foundation block. Likewise, it is strongly encouraged that trainers familiarize themselves with the content and learning objectives associated with the eLearnings so that they may gauge trainee's level of familiarity with the content coming in to this course.

The training is based on the Team-Based Learning (Balan, Clark, and Restall, 2015) facilitated training format, which provides a coherent framework on which to build a flipped classroom experience. Team-based learning (TBL) draws upon varying levels of experience and expertise as a group learning process. Background information regarding TBL is available in the appendix; however, prior to facilitating this module, trainers must have a broader base of knowledge about the TBL classroom.

Part of the group TBL activity consists of using score cards. These score cards can be purchased from <http://www.epsteineducation.com/home/order/default.aspx>. A packet of 500 score cards cost \$115.00. One score card is needed per group.

For the purpose of effectively training this class, it is imperative that instructors trust the TBL format. Facilitated learning allows for deep, critical thinking which often inspires debate among trainees. This also means that trainees may debate the wording of questions or scenarios presented. Instructors must understand that the purpose of the questions is to facilitate deep thinking, and that questions students perceive to be “bad” can also inspire great conversation. Instructors should not get defensive about trainees critiquing the questions that are provided; instead, it is imperative that trainers reassure the trainees that the purpose of the question is to inspire thinking – it is not about receiving the perfect score or getting the questions correct.

FAMILY FRIENDLY LANGUAGE

Trainers are the example for modeling this for trainees. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family...rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at <http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0>.

SAFETY ORGANIZED PRACTICE

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. 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

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.

- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

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.

Agenda

Segment 1: Introduction to Class and Review of eLearnings	9:00–9:15 am
Segment 2: Managing the Plan Application Activity	9:15–10:10 am
Segment 3: Updating the Case Plan	10:10–10:25 am
Break	10:25–10:40 am
Segment 4: Updating the Wilson Family Case Plan	10:40 am–12:00 pm
Lunch	12:00–1:00 pm
Segment 4 (continued): Updating the Wilson Family Case Plan Group Activity	1:00–2:10 pm
Segment 5: Wilson Family Placement Activity	2:10–2:30 pm
Break	2:30–2:45 pm
Segment 5 (continued): Wilson Family Placement Group Activity	2:45–3:45 pm
Segment 6: Putting it All Together	3:45–4:00 pm

Learning Objectives

Knowledge

K1. The trainee will identify:

- a. when case plan objectives have been successfully achieved
- b. when Minimum Sufficient Level of Care (MSLC) is achieved and maintained
- c. barriers to meeting case plan goals

K2. The trainee will identify the need to ensure that personal bias does not affect assessment of MSLC.

K3. The trainee will recognize that providing supports to resource families helps to maintain a child's safety in placement.

K4. The trainee will describe strategies to support healing in children and families who experience trauma, grief and loss following child welfare placement.

Skill

S1. Given a case scenario, the trainee will be able to complete a child welfare services case plan update with the family that:

- a. includes the appropriate SDM tools:
 - Safety Assessment Tool
 - Family Strengths and Needs Assessment Tool
 - Risk Reassessment Tool
 - Reunification Reassessment Tool
- b. accurately assess both the utility and outcomes of services
- c. adjust case plan goals to reflect progress and respond to current needs
- d. adjust objectives to reflect progress and respond to current needs
- e. accurately assess progress in concurrent planning

S2. Given a case scenario, the trainee will be able to incorporate current legislation, policies and best practices into child welfare practice to enhance the placement experience by:

- a. improving collaboration between child welfare, birth families and resource families.
- b. applying current guidelines to assess the different types of placement options for children and youth in out-of-home care.
- c. integrating the California Child Welfare Core Practice Model (CPM) and current placement assessment process to meet the needs of the child and family team.
- d. addressing the impact of grief and loss on a child or youth who is in placement.

Values

V1. The trainee will value prioritizing and sequencing case plan objectives to ensure that the family can effectively address each goal within the legally mandating timelines.

V2. The trainee will foster critical aspects of placement safety, stability and well-being by:

- a. providing services and supports to promote the safety, stability and well-being of children and youth, (including health, education, visitation, and behavioral health services within a cultural context); and
- b. providing services and supports to promote the well-being of parents, caregivers and other permanent connections.

- V3.** The trainee will respect working with a continuum of out-of-home care providers to prepare children and youth to make the transition to placement as smooth as possible.
- V4.** The trainee will support maintaining ongoing connections for children to siblings, parents, relatives and other positive adult connections to enhance the safety, stability and well-being of children and youth placed in out-of-home care. The trainee will endorse this practice via:
- a. Sibling connections and visitation
 - b. Family finding
 - c. Use of relative care
 - d. Support networks
 - e. Healthy positive adult connections

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 15 min 9:00 am – 9:15 am	Activity 1A Introduce the goals of the training, explain logistics, review the learning objectives and agenda for the course, go over group agreements.
Introduction to Class and Review of eLearnings	Activity 1B Briefly review the required pre-requisite eLearnings. <i>PowerPoint slides: 1-5</i>
Segment 2 55 min 9:15 am – 10:10 am	Activity 2A Place trainees into groups that are organized by level of expertise to ensure balanced experience levels at each table.
Managing the Plan eLearning Review and Application	Activity 2B Individual and group test activity based on Monitoring and Adaption: Supporting Safety, Permanency and Well-Being learning objectives and the Managing the Plan eLearning content. Activity 2C Instruct trainees to discuss their individual answers to the previous test activity with their groups and collaboratively decide upon one group answer to each question. Activity 2D Facilitate a thoughtful and reflective discussion based on the information provided by the trainees' responses to the previous test/activity. <i>PowerPoint slides: 6-10</i> <i>Learning Objectives: K1, K2, V1</i>
Segment 3 15 min 10:10 am – 10:25 am	Activity 3A Lecture and discussion on important actions and considerations for updating the case plan.
Updating the Case Plan	<i>PowerPoint slides: 11-13</i> <i>Learning Objectives: K1, K2, K3, V1</i>
10:25 am – 10:40 am 15 min BREAK	
Segment 4 80 min 10:40 am – 12:00 pm	Activity 4A Introduce the Wilson Case, review documentation and ICWA considerations, and instruct groups to review the Wilson Case information.

Segment	Methodology and Learning Objectives
Updating the Wilson Family Case Plan	<p>Activity 4B Lecture about how to organize source information in preparation to update the case plan.</p> <p>Activity 4C Groups use the Wilson Case and supporting documents to collaboratively update the case plan.</p> <p><i>PowerPoint slides: 15-24</i> <i>Learning Objectives: K4, S1, S2, V1</i></p>
<div data-bbox="690 573 932 653"> <p>12:00 pm – 1:00 pm 60 min LUNCH</p> </div>	
<p>Segment 4 (continued) 70 min 1:00 pm – 2:10 pm</p> <p>Updating the Wilson Family Case Plan</p>	<p>Activity 4C (continued) Groups complete summary of Assessment information worksheet and SDM Reunification Reassessment tool and identify final recommendation for the Wilson case plan update.</p> <p>Activity 4D Groups create an S.M.A.R.T. objective for the case plan update.</p> <p><i>PowerPoint slides: 25-27</i> <i>Learning Objectives: S1, S2, V1</i></p>
<p>Segment 5 20 min 2:10 pm – 2:30 pm</p> <p>Wilson Family Placement Plan</p>	<p>Activity 5A Facilitate a large group discuss requiring trainees to review an updated case scenario. Discuss worries and what’s working well based on updated family circumstances.</p> <p><i>PowerPoint slides: 28-29</i> <i>Learning Objectives: K3, K4, S1, V2, V4</i></p>
<div data-bbox="696 1388 925 1451"> <p>2:30 pm – 2:45 pm 15 min BREAK</p> </div>	
<p>Segment 5 (continued) 60 min 2:45 pm – 3:45 pm</p> <p>Wilson Family Placement Plan</p>	<p>Activity 5B Lecture about conducting an ongoing assessment of the family.</p> <p>Activity 5C Facilitate a small group activity requiring trainees to review an updated case scenario, synthesize information concerning the family's status and needs, and determine how they would update the placement plan for the family.</p> <p><i>PowerPoint Slides: 31-35</i> <i>Learning Objectives: K3, S1, V2, V3, V4</i></p>

Segment	Methodology and Learning Objectives
Segment 6 15 min 3:45 pm – 4:00 pm	Activity 6A Trainees will complete their Personal Learning Plans from the Trainee’s Guide and discuss their answers in small groups.
Putting it All Together: Personal Learning Plans & Debrief	Activity 6B Wrap up and Participant Satisfaction Survey. PowerPoint Slides: 36-38

Segment 1: Introduction to Class and Review of eLearnings

Segment Time:	15 minutes
Activity Time:	ACTIVITY 1A: Introduction (7.5 minutes) ACTIVITY 1B: Review of eLearnings (7.5 minutes)
Trainee Content:	Trainee’s Guide: <i>Agenda (page 5), Learning Objectives (page 6)</i>
Materials:	Chart pad, markers, and tape
Slides:	1-4

Description of Activity:

The trainer will welcome the trainees and provide an overview of the training agenda, briefly examine the learning objectives in this module, and group agreements. Additionally, the trainer will do a brief review of the required pre-requisite eLearnings for this course (Monitoring & Adapting and Placement)

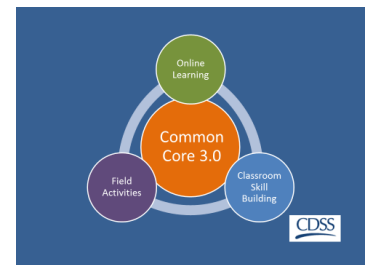
Before the activity

- ❑ This module requires trainees to work together, as such, group agreements must be established.
- ❑ Review the “Introduction to Team-Based Learning” handout to facilitate the group activities throughout the training. This handout is for you the trainer, not the trainees. To access this handout digitally, visit: http://c.ymcdn.com/sites/teambasedlearning.site-ym.com/resource/resmgr/Docs/TBL-handout_February_2014_le.pdf

During the activity

ACTIVITY 1A: Introduction

- ❑ Welcome the trainees to the training and introduce yourself.
- ❑ Discuss logistics related to the training site (parking, bathrooms, etc.).



- ❑ Provide an overview of the *Agenda* (on page 5 of Trainee’s Guide) and *Learning Objectives* (page 6) for the day.
- ❑ Give trainee’s two minutes to read the learning objectives on their own (on page 6 of Trainee’s Guide), after which, ask the group if there are any questions or comments regarding the learning objectives.
- ❑ Ask the group if there are any questions or comments regarding the learning objectives.
- ❑ Review any housekeeping items.
- ❑ Provide an orientation to all the materials that will be used throughout the day.

Managing the Plan

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Overview of the Day

- Welcome
- Review of the Agenda
- Learning Objectives

- ❑ Briefly go over the group agreements that have been shared in previous trainings as a reminder, and ask if there is anything that needs to be added.
 - **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.
 - **Ask lots of questions** - Point out that the trainer can’t make the training relevant for each person because there are many people in the room with different experiences and different needs. Trainees have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
 - **Be Open to Trying New Things** - As professional we feel more comfortable and competent sticking with what we know. We don’t always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like “she doesn’t know what she’s talking about...she has never worked in our community with the people we work with...” But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable.
 - **Make Mistakes** - As professionals we don’t like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don’t want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.
 - **Confidentiality** - This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.

Group Agreements



- Be collaborative
- Ask lots of questions – let us know what you think
- Be open to trying new things
- Be willing to make mistakes
- Maintain confidentiality
- Be responsible for your own learning

- | | |
|--|--|
| <ul style="list-style-type: none">• Be responsible for your own learning – As adult learners we realize you come with knowledge, skills and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other trainees as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off, etc. | |
|--|--|

Transition to the next activity: ACTIVITY 1B: Review of eLearnings

ACTIVITY 1B: Review of eLearnings

Activity Time:	7.5 minutes
Trainee Content:	N/A
Materials:	Chart pad, markers, and tape
Slides:	5

Description of Activity:

The trainer will provide a brief review of the required pre-requisite eLearnings for this course (Monitoring & Adapting and Placement)

Before the activity

- ❑ Familiarize yourself with some of the key takeaways from the three eLearnings from previous blocks.

Key Social Worker roles of case management:

- *Scheduling ongoing contacts; each meeting is opportunity for intervention*
- *Establishing and building relationship as foundation of change*
- *Talking about progress or concerns, also behavior changes over time*
- *Logistics and breaking case plan into smaller steps*
- *Completing updates that monitor the plan, reassessing progress by all, reasonable efforts and MSLC.*

Steps to completing a case plan update:

- Collateral contacts
- Assessment
- Engaging the family in the process
- Progress notes
- Revision of objectives
- Revision of services
- Progress on efforts to achieve permanency – concurrent planning

Structured Decision Making (SDM) Assessment tools used during a case plan update:

- SDM Risk Assessment
- SDM Reunification Reassessment
- SDM Family Strengths and Needs Assessment

During the activity

- ❑ Facilitate a brief discussion about the required pre-requisite eLearnings (Placement and Monitoring & Adapting).

- Ask trainees:
 - What stood out to you from the eLearnings?
 - Did you complete the eLearning guide?
 - Did you bring the guide to class?
- Ask a few trainees to share some of their key take-aways from the classes.

Let's connect your on line learning to our time here in this classroom!



Transition to the next segment: Team Readiness Assurance test on the Managing the Plan and Placement

Segment 2: Managing the Plan eLearning Review and Application

Segment Time:	55 minutes
Activity Time:	ACTIVITY 2A: Team Formation and Preparation for Team-Based Learning (TBL) Activity (10 minutes) ACTIVITY 2B: Individual Readiness Assurance Test (IRAT) (10 minutes) ACTIVITY 2C: Team Readiness Assurance Test (TRAT) (15 minutes) ACTIVITY 2D: Debrief Team Readiness Assurance Test (TRAT) (20 minutes)
Trainee Content:	N/A
Materials:	White board and/or chart paper
Slides:	6

Description of Activity:

The trainer will place trainees into groups that are organized to ensure a balance of experience levels at each table

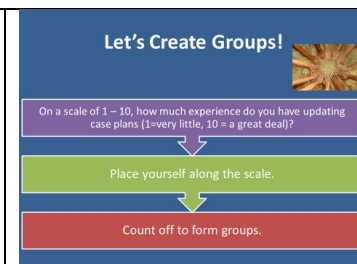
Before the Activity

- It is important for the trainer to become familiar with the Facilitated Team-Based Learning training format, which provides a coherent framework on which to build a flipped classroom experience. Team-based learning (TBL) draws upon varying levels of experience and expertise as part of a group learning process. Background information regarding TBL is available at <http://www.teambasedlearning.org>, but the process and flow of the format specific to this segment will be summarized here:
- Trainees will be asked a scaling question to determine their level of comfort with case planning, and will then be grouped into teams to ensure a balance in skill level for each group.
 - In their groups, trainees will be given an individual readiness assurance test (IRAT) based on the pre-requisite eLearning. The test questions will often appear to have more than one right answer, but there can only be one correct answer – this is intended to help generate rich discussion and debate later on in the process.
 - Once trainees have individually completed the IRAT, they will be asked to engage in the team readiness assurance test (TRAT), which involves teams comparing and discussing their individual answers and deciding on one collective team answer for each question.
 - The trainer will then facilitate a sharing out of team answers, providing points to the team that gets the answer correct the quickest. Teams will be allowed and even encouraged to argue and debate for their "incorrect" answer if they feel it is the better one, and it is imperative the trainer welcome this kind of debate and take advantage of the critical thinking it inspires.

During the activity

ACTIVITY 2A: Team Formation and Preparation for Team-Based Learning (TBL) Activity	
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- ❑ Create groups of 4 trainees with varying levels of expertise (when trying to balance out odd numbers, it is recommended trainers form groups of 3 rather than 5).
 - To do this, ask the trainees to physically stand/place themselves along a wall according to the scaling question, *“How much experience do you have assisting in updating case plans?”* The scale will be 1-10, with 1= very little experience and 10 = a great deal of experience.
 - Establish one side of the wall (for example, the east side) as the place where trainees who describe themselves as a “1” will stand and the opposite side of the wall will be where the “10”s stand, with everyone else somewhere in between.
 - While standing in their order of expertise, ask trainees to number themselves off such that there are groups of 4. For example, if there are 20 trainees they will number themselves 1-5; and all of the “1’s” will form a group and so on and so forth.
 - Ask the teams to sit together (this is where they will be for the remainder of this module, so ask them to bring their personal belongings with them).
 - Ask trainees: how did it feel to get settled into your seats at the beginning of class and then be asked to move just as you were getting comfortable? How is this similar to what we ask children to do during each placement change? How can we ease this transition for children? (point out the parallel process)
- ❑ Instruct each team to create a “Team Name” for themselves. Go around the room and ask for the team names and write them on a white board or flipchart paper. Before asking for the team names, it's recommended you explain that the groups will be competing with one another – this may inspire more engagement in the naming process and set a more positive tone for the activities to follow.



Transition to the next activity: 2B: Individual Readiness Assurance Test

ACTIVITY 2B: Individual Readiness Assurance Test (IRAT)

Activity Time:	10 minutes
Trainee Content:	Trainee's Guide: <i>Managing the Plan IRAT</i> (page 8 of Trainee's Guide)
Materials:	White board and/or chart paper; pens Trainer's Guide: <i>Managing the Plan IRAT</i> (w/answer key) (found in handout section of Trainer's Guide)
Slides:	7

Description of Activity:

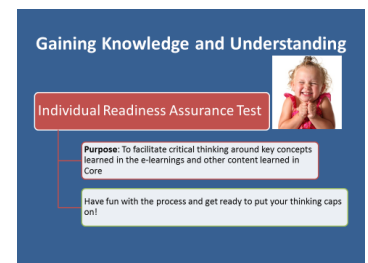
The trainer will facilitate an individual test activity of the eLearning content for **Monitoring and Adapting: Supporting Safety, Permanency, and Well-Being** and content from the **Managing the Plan** learning objectives.

Before the Activity

- ❑ Turn to the Individual Readiness Assurance Test (with answer key) found on the Appendix/ Handout sections of the Trainer's Guide.

During the activity

- ❑ Refer trainees to the IRAT section found in the Trainee's Guide. **Reassure them that this is not a test that will be graded or dissected by the instructor.**
- ❑ Stress to the trainees that the purpose of this activity is to generate critical thinking.
- ❑ Tell trainees that they may find some questions which seem to have more than one right answer based on the information, and they should choose what they believe to be the one best answer.
- ❑ Tell everyone that they are to take the test alone and that they will have 10 minutes.
- ❑ After trainees are finished, briefly debrief by asking trainee what it was like for them to complete the test on their own. Was it difficult? Did they feel the desire to ask others for help or a second opinion? Was there missing information that was critical to choosing a "best" answer?



Transition to the next activity: 2C: Team readiness Assurance Test

ACTIVITY 2C: Team Readiness Assurance Test (TRAT)

Activity Time:	15 minutes
Trainee Content:	Trainee's Guide: <i>Individual Readiness Assurance Test</i> (page 8)
Materials:	IRAT w/ answer key (found in Trainer's Guide appendix/handout section); IF_AT Score Cards or optional scoring method*
Slides:	8-9

Description of Activity:

The trainer will facilitate the Team Readiness Assurance Process which consists of having the group discuss their individual answers and as a group decide upon a single, best answer.

Before the Activity

- ❑ Have copies of the Immediate Feedback Assessment Technique (IF AT, scratch and win style testing) score cards (one per group) for the TRAT activity
- ❑ IF AT score cards ordering information (also see materials list):
 - The score cards can be purchased from <http://www.epsteineducation.com/home/order/default.aspx> (**Order Form D031 under special instructions**).
- ❑ ***OPTIONAL SCORING INSTRUCTIONS:**
 - Please note: this activity is most effective if using the IF AT Score Cards
 - If you do not have the IF AT Score Cards*, trainer can use the following optional scoring instructions for this activity. Please note that the activity will flow a little differently if you are using this optional scoring method:
 - Ensure that each team has a blank piece of paper to use for scoring.
 - Instruct each group to review the IRAT questions, compare their individual answers, and collaboratively form one team answer for each question.
 - Ask each team to keep track of their collective answers to each question on the TRAT on their piece of paper.
 - The instructor will walk around to each group and check to see if their first collective answers are correct for each question. If they are not, the instructor will ask the groups to try again to come up with their next best collective answer.
 - The instructor will continue to walk around to each group and ensure they are coming up with the correct answer using the TRAT answer key found at the end of this trainer guide.
 - Once teams are done collectively answering all of the TRAT questions, ask them to score their answers according to how many times it took them to get to the correct answer.
 - The scoring format is as follows:
 - First try: 4 points
 - Second try: 3 points
 - Third try: 2 points
 - Fourth try: 1 point
 - In the next segment, the instructor will:
 - Ask each group to report how many points they earned in total. Write the results next to their team names on the Chart or white board used earlier.

During the activity

- ❑ Pass out the IF AT score cards*, one per group. If you do not have the IF AT Score Cards, please refer to the optional scoring instructions above.
- ❑ Stress to the trainees that the purpose of this activity is to generate critical thinking and a rich conversation. They will have the opportunity to compare their individual answers and discuss and decide what the best answer is as a group.
- ❑ Tell trainees that they may find some questions which seem to have more than one right answer based on the information, and they should choose what they believe to be the one best answer.
- ❑ Instruct each group to review the IRAT questions, compare their individual answers, and collaboratively form one team answer for each question. Using the score cards, they will scratch off their first answer. If it is the correct answer they will see a star under the scratched off area. If it is not the correct answer they will decide their second guess, and then scratch that off. They should keep doing this until they find the right answer, even if it is the only one left. As they do this, they should award themselves points based on how quickly they chose the right answer. The scoring format is as follows:
 - First try: 4 points
 - Second try: 3 points
 - Third try: 2 points
 - Fourth try: 1 point
- ❑ Remind groups to mark their FIRST guess on the answer card (see sample on following slide) and how many points they get for their answer.
- ❑ Give the group 15 minutes to complete this activity. Periodically go around the room and give trainees a 10 minute and 5 minute warning to help them stay on task and complete the activity timely.



- ❑ While the discussion takes place, switch to the slide showing the score card for reference and repeat the scoring information if anyone needs clarification.
- ❑ Scoring information reminder: If the group discovers they answered the questions correctly on the first try, they give themselves 4 point and so on such that:
 - First try: 4 points
 - Second try: 3 points
 - Third try: 2 points
 - Fourth try: 1 point
- ❑ Also, they should mark their first response in the 2nd column, for the purposes of the group debrief.
- ❑ While the trainees are engaging in the activity, move about the room and be available for any comments or even complaints about the answers, but do not help anyone with the "right" answer. Ideally, the arguments you hear

	A	B	C	D	Score
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Use Form D031

Column One
Scoring
• 1st=4
• 2nd=3
• 3rd=2
• 4th=1

Column Two
Record your first answer (was it "A"?)

from the trainees during this period will be useful for facilitating the upcoming discussion.	
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Transition to the next activity: ACTIVITY 2D: Debrief Team Readiness Assurance Test

ACTIVITY 2D: Debrief Team Readiness Assurance Test

Activity Time:	20 minutes
Trainee Content:	Trainee's Guide: <i>IRAT</i> (page 8)
Materials:	TRAT Score Cards Letter cards (sets needed for each group) Trainer: Answer Key for the Readiness Assurance Test Cards (page 57 of Trainer's Guide) Chart or white board
Slide(s):	10

Description of Activity:

The trainer will have the entire group of trainees discuss the answers chosen on the Team Readiness Assurance Test, which is the same test as the IRAT.

Before the Activity

- ❑ Prepare to facilitate this activity with the mindset that the wording of the question is not the most important issue. For example, if one group chooses the “wrong” answer, but they provide a valid justification whereby they made qualifications that other steps occurred in the scenarios to arrive at that answer, that’s exactly the kind of critical thinking this process is designed to inspire. If this occurs, the trainer can give the group extra points so they don’t get it “wrong”.
- ❑ Have the Answer Key to the *Managing the Plan Team Readiness Assurance Test* (see page 57 of Trainer's Guide) available for your review. Ensure you understand the question and the rationale for each answer.
- ❑ Pass out the letter card sets (A, B, C, D), one to each group.

During the activity

- ❑ Go through each question on the Team Readiness Assurance test and have the teams share their answers by raising the letter card that represents their first answer.
- ❑ On the white board or Chart paper that lists the team names, write a 1, 2, 3, and 4 under each team name to correlate with each question of the test (based on whether they guessed the correct answer during their first, second, third or fourth try; see scoring information above). As you debrief each test question, write the score of each team next to each question (1-4). Once you have debriefed all of the questions, total each team's score to determine which team has the highest score.
- ❑ As you facilitate group discussion around the test questions, try to rely on the groups to defend their answers. Do not defend the questions if they present a scenario for choosing a different answer based on stipulations or other considerations they have for choosing a different answer, but rather encourage them for thinking critically and be prepared to award points if it's clear that based on their argument, their answer would indeed have been best.

Test Debriefing:
What did your group decide?

Have your letter cards ready!

Share your group answers and reasons
for choosing your *first* answer.

<ul style="list-style-type: none"> ❑ Remind the groups that they can make a case for why their answer is the best answer, and that this could change their final score and thus the results of the team rankings. This should help inspire participation moving forward. ❑ Discussion points while debriefing each question: <ul style="list-style-type: none"> • Was there missing information you needed in order to make an accurate assessment of the family and scenario? • Some of the questions are service-oriented and are not behaviorally specific. How does this impact your ability to make an informed decision about what the “best” answer or next steps are for each scenario? • Remind trainees that the point of the questions is to encourage critical thinking and rich discussions about each scenario. Part of the discussion should include a reminder that Social Workers often have to make quick decisions based on limited information. Team decision making can greatly enhance the critical thinking process to consider diverse perspectives when a balanced assessment is not available due to missing information about the child and family. 	
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Transition to the next segment: Updating the Case Plan

- ❑ Thank the groups for their thoughtful discussion and move on to the next segment.

Segment 3: Updating the Case Plan

Segment Time:	15 minutes
Activity Time	ACTIVITY 3A: Lecture on the case planning process (15 minutes)
Trainee Content:	NA
Materials:	N/A
Slides:	11-13

Description of Activity:

Trainer will provide a 10-minute lecture focusing on how to analyze (critically think through and about) all of the information they will be gathering regarding case progress. This also includes ensuring they understand what information they will be gathering and how to gather that information. Trainer will facilitate a brief discussion following the lecture.

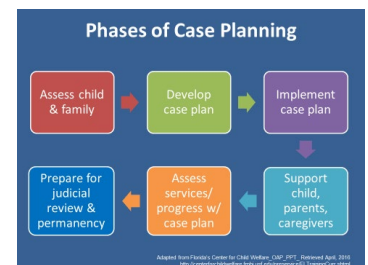
Before the Activity

- Have the PowerPoint ready; refer to Trainer's Guide for notes that correspond with each slide

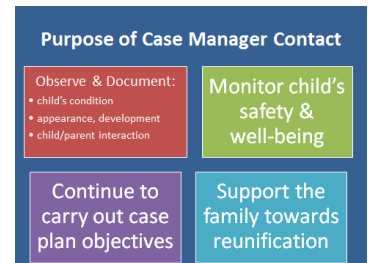
During the activity

ACTIVITY 3A: Lecture on the case planning process

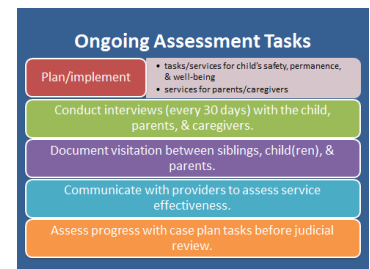
- Briefly review phases of case planning; consider how it may be helpful to break down the phases of case planning into smaller steps to facilitate understanding of the process for families and their support networks.
- This slide will assist trainees in the understanding that while there are compliance mandates around case planning, the challenge is to help the family make sense of what is happening, to sort things out and come to a common understanding of what everyone needs to do to make the child/family safer.



- Briefly review the layered tasks associated with case planning/case management that are presented with this slide and the importance of engagement and collaboration in the process of moving a family toward reunification.
- Note that the focus should be on family strengths and positive engagement to see what they are doing right – looking for the behavioral change that increases safety.



- ❑ Briefly review ongoing assessment tasks as outlined on the slide
- ❑ This slide (content) is designed to encourage trainees 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.
- ❑ Give a reminder of the importance of engaging the family in the process
- ❑ 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 families is preferable to controlling them. Family members should be the primary decision makers for their family in case planning (while not compromising safety).
- ❑ Ask trainees to review the Ongoing Assessment Tasks listed on the slide. Ask the larger group the following questions:
 - How are these tasks similar or different to how you view your role as a case manager for the family?
 - Why is it important to conduct an ongoing balanced assessment of the family?
 - Are there any assessment tasks missing from this list?



Transition to the next segment: Updating the Wilson Family Case Plan

- ❑ Thank trainees for their participation in the discussion and let them know they can now enjoy a 15-minute break.

Segment 4: Updating the Wilson Family Case Plan

Segment Time:	150 minutes
Activity Time:	ACTIVITY 4A: Introduction to the Wilson Case Study (15 minutes) ACTIVITY 4B: Lecture- Organizing Source Information (10 minutes) ACTIVITY 4C: Wilson Case Plan Update (55 minutes) ACTIVITY 4D: Wilson Case Plan Update (continued) and Debrief (25 minutes) ACTIVITY 4E: Wilson Case Plan Update: S.M.A.R.T. Objective (45 minutes)
Trainee Content:	Trainee's Guide: <i>Wilson family vignette – Part I (page 12)</i> ; <i>Wilson Family Initial Case Plan (page 14)</i> ; <i>Engaging and Partnering with Native American Families (page 98)</i>
Materials:	N/A
Slide:	15-16

Description of Activity:

The trainer will instruct trainees to read the first portion of the Wilson Family Vignette, review the initial case plan documentation in preparation for the upcoming activity, and refer to the Engaging and Partnering with Native American Families resource guide for consideration of ICWA.

Before the Activity

- ❑ Have the Trainee's Guide out and turned to the *Wilson Family Vignette – Part I* on page 12 of the Trainee's Guide to demonstrate the correct page for trainees.
- ❑ Ask trainees to stay in the same small groups as before.

During the activity

ACTIVITY 4A: Introduction to the Wilson Case Study

- ❑ Introduce the Wilson Family.
- ❑ Remind the class that they may remember the Wilson family from the earlier Core 3.0 courses: Case Planning in a Team Setting and Writing Behavioral Objectives in the Case Planning & Service Delivery Block.
- ❑ Explain that the rest of the work of the day will focus on the Wilson family.
- ❑ Briefly present/re-introduce the family:
 - Mother, Alana Gomez Wilson, who is 27, Mexican American, married and unemployed.
 - Father, Matthew Wilson, who is 37, African American/Lakota, married and has worked as a construction worker but not steady.
 - The family is English speaking.



<ul style="list-style-type: none"> The couple has two children, Omar, a 7-year-old male, and Alejandro, a 5-year-old male. Omar has been diagnosed with Attention Deficit Hyperactive Disorder (ADHD). <p>❑ Notify trainees that they have about 10 minutes to read the vignette on page 12 and review the initial case plan on page 14 before they will be asked to participate in updating the case plan for the family in a small group activity.</p>	
<p>❑ After trainees have had about 10 minutes, move to the Developing collaborative partnerships slide.</p> <p>❑ Now that we know that this family is connected to the Lakota tribe and ICWA is relevant, ask trainees how placement with relative/aunt satisfies placement requirements under ICWA.</p> <p>❑ Remind trainees that we must ask how ICWA should apply, and what the ICWA requirements are for placement preferences</p> <p>❑ In any foster care or pre-adoptive placement of an Indian child, where the Indian child’s Tribe has not established a different order of preference, preference must be given to placement of the child with:</p> <ul style="list-style-type: none"> A member of the child’s extended family; A foster home approved or specified by the child’s Tribe; An Indian foster home; or An institution for children approved by a Tribe or operated by an Indian organization which has a program to meet the child’s needs. In adoptive placements of Indian children, where the Indian child’s Tribe has not established a different order of preference, preference must be given to the placement with: <ul style="list-style-type: none"> A member of the Indian child’s extended family; Other members of the Indian child’s Tribe; or Other Indian families. <p>❑ Direct trainees to the appendix of their Trainee's Guide (page 98 for more information about how to engage and partner with Native American families and Tribes.</p>	<div data-bbox="1136 436 1490 697"> <p>Developing collaborative partnerships</p> <ul style="list-style-type: none"> • Early identification of Native American families • Respectful use of power and authority • Move slowly <ul style="list-style-type: none"> • Relationship development • Awareness of historical trauma • Commitment to: <ul style="list-style-type: none"> • Kinship placements • Supporting extended family systems • Maintaining children's cultural and Tribal connections </div>

Transition to the next activity: ACTIVITY 4B: Lecture (Organizing Source Information)

ACTIVITY 4B: Lecture (Organizing Source Information)

Activity Time:	10 minutes
Trainee Content:	N/A
Materials:	N/A
Slides:	17-19

Description of Activity:

Trainer will provide a 10-minute lecture focusing on how to analyze (critically think through and about) all of the information they will be gathering regarding case progress.

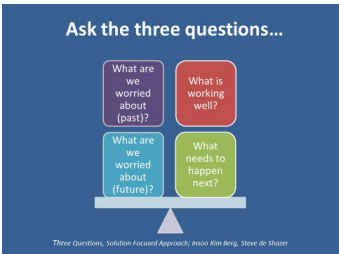
Before the Activity

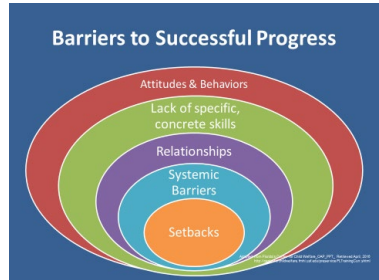
- ❑ Have the PowerPoint ready; refer to Trainer’s Guide for notes that correspond with each slide

During the activity

- ❑ Introduce a collaborative, trauma-informed practice approach (“under the umbrella”) that uses cultural humility, Structured Decision Making and solution focused questions to engage families (children and parents) in good working relationships, critical thinking and enhanced safety. These practice approaches have been found to be vital to engaging with families in a respectful and ethical way.
 - **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.
 - A **solution-focused approach** involves collaborating with the client/family to identify their ideas of solutions that will work to ensure safety, permanency, and well-being of their child(ren). This approach encourages families to become part of the decision-making process and their strengths and resources are acknowledged. Solution focused interviewing is part of this approach and includes a set of different types of questions that can be used with families.
 - The **Structured Decision Making** (SDM) 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



<p>engagement with families to assist and empower them to build their own supportive network and safety plans.</p> <ul style="list-style-type: none"> • <i>Appreciative Inquiry</i> 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. • <i>Trauma informed practice</i> involves an awareness of trauma and its impact on behavior and quality of life in 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, 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. 	
<ul style="list-style-type: none"> ❑ The Three Questions (Solution Focused Approach) serve to get everyone on the same page regarding worries and what has worked well. These can also serve as a way of preparing the caregivers, family members, collaterals, and even the children for the interview. When we tell them, “I’m going to be asking you a lot of questions, but they all boil down to these three...” we help prepare the interviewee for what we are looking for. It starts us off on the right foot for collaboration and better helps them prepare to participate. <ul style="list-style-type: none"> • 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 ❑ This information is organized through a balanced assessment of what’s working and what we are worried about; an on-going conversation with all significant people involved with the child (including the child) from the first point of contact with a family right through case closure. ❑ Conversations become visual; they are supported in the mapping process, which uses columns of behavioral detail (what’s working or who’s worried) to identify how the family has replaced danger/risk with safety. ❑ Interviews/family team meetings/safety mappings organize key information known about a child and family at any given time and records it in areas relevant to ongoing safety for the child(ren): <ul style="list-style-type: none"> • What has happened/is happening within the family that worries us? (Past harm, future danger and complicating factors, that are worrisome or concerning, but do not impact the child.) 	

<ul style="list-style-type: none"> • What is going well within the family? (Safety/belonging; strengths/protective factors that could be safety over time). • What needs to happen (what's next?) for the children to be safe and well in the future? (Identifying potential disruptions to successful reunification, future potential for abuse or neglect, collaborative goals and action steps to achieve these goals.) • The safety goal, safety plan, safety network and case plan are about working together to plan for behavioral changes that will support future safety for the children. 	
<ul style="list-style-type: none"> ❑ Remind the group that social workers struggle every day to engage families in the process of making significant changes to ensure the safety of children. Social worker attitudes and behaviors have a powerful effect on family engagement. ❑ Social worker attention should focus on: <ol style="list-style-type: none"> 1. If a family cannot meet their basic needs, they will not be able to engage with other services. 2. If a family is experiencing a challenge related to systemic oppression related to race, class, ethnic minority status, reduced income, and/or lower educational attainment, the social worker's first step is to reflect on possible biases, beliefs or expectations. Additionally, skillful use of authority and awareness of the power differential between social workers and families is very important. 3. A mismatch of needs and services, disagreement about goals of treatment, and/or negative expectations may cause the family to disagree with the services they have been offered and the goals of treatment. 4. If family members have significant service needs, often related to substance use, intimate partner violence or behavioral health issues, they may not be able to engage, or have a limited ability to engage due to the problems they are facing. ❑ Facilitate the understanding that keeping the case plan on track creates a considerable challenge. But a delay or setback can be seen as an opportunity to work on the problem, even coach the family to use the alternative actions that might have been practiced. There are two types of setbacks: <ol style="list-style-type: none"> 1. A crisis has occurred and a safety plan has to be reworked including the needed steps to ensure safety; <ul style="list-style-type: none"> • This prompts a reassessment process in which the social worker works to identify the factors present at the time things stopped happening according to plan. • This helps the worker pinpoint what went wrong; what did or did not happen according to the original plan. It helps the social 	 <p>The diagram, titled "Barriers to Successful Progress," illustrates five concentric ovals representing different levels of barriers. The outermost oval is red and labeled "Attitudes & Behaviors." The next oval inward is green and labeled "Lack of specific, concrete skills." The third oval is purple and labeled "Relationships." The fourth oval is blue and labeled "Systemic Barriers." The innermost oval is orange and labeled "Setbacks." The ovals are nested, suggesting that these barriers build upon each other.</p>

<p>worker decide what changes need to occur in the safety plan and in the updated case plan.</p> <p>2. The current safety plan is adequate but momentum and/or direction is threatened.</p> <ul style="list-style-type: none"> • This can happen when issues such as limited resources or the family’s organizational skills impede progress and case plan tasks; services and contacts can be slowed. • This can be a time when the case plan can serve as a rudder to return the team to what really needs to be accomplished and to determine what is not working and why. Rather than adding on, this becomes a new collaborative effort to determine what new information and new ideas should inform an updated case plan. 	
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Transition to the next activity: ACTIVITY 4C: Wilson Case Plan Update (Small Group Activity)

ACTIVITY 4C: Wilson Case Plan Update (Small Group Activity)

Activity Time:	55 minutes
Trainee Content:	Trainee's Guide: <i>Analyzing Source Information</i> (page 28); <i>Wilson Family Case Plan Update Activity Handouts</i> (pages 30-46)
Materials:	SDM Policies and Procedures Manual (1 per group)
Slides:	20-24

Description of Activity:

Facilitate participation in a case scenario where trainees have to synthesize relevant assessment information concerning the family's progress and status in the case study and determine how they would update their case plan.

Before the Activity

- ❑ If there were any groups of 3 from the previous activity, you may have to rearrange some groups to ensure there are at least 4 in every group now.

During the activity

- ❑ Inform trainees that in this scenario, they'll be looking at preparing for the six-month review hearing for the Wilson family, but first, you will briefly review the types of information necessary in order to make a recommendation about next steps for the family and update the case plan: Collateral reports; visitation log; SDM tools; and family interviews).



- ❑ Briefly review the four types of information outlined on the slide that will be reviewed for the Wilson family. These are all important sources of information for social workers to review as they prepare to update the case plan and prepare for the next court hearing. But, these are just the sources of information we will use today for the Wilson family. What information you gather for case update assessments will depend on family circumstances. For example, you might also have documents from probation or drug and alcohol treatment in a different scenario.

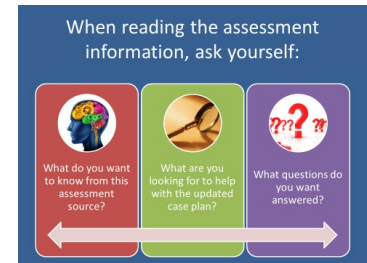


- ❑ Inform trainees that more detail on these types of information is available on page 28 of the Trainee's Guide containing the Analyzing Source Information reading. Hint that this information may become helpful during the forthcoming activity,

- ❑ Explain that in this activity, each small group (of 4) will do a “mock” team meeting to review and synthesize all of the assessment source information to determine what has happened with the family situation since Omar was placed with Ms. Alvarez in May. The team will then come up with a recommendation and next steps for the case plan update. This activity supports the group’s discussion and consensus-building in monitoring and adapting the case plan with the family to adjust case plan goals to reflect progress and respond to current needs, if needed.
- ❑ Refer trainees to the Wilson Family Case Plan Update Activity handout on 30 of the Trainee's Guide. Briefly review the instructions:
 - After reading the Wilson Family Vignette – Part 2, each member of the group will be assigned one of the four specific information sources to read and synthesize:
 - **SDM** (The SDM tools are summarized on a summary document)
 - **Wilson Family Interviews** (Alana, Matthew, Omar, Alejandro)
 - **Visitation Log** (May – November)
 - **Collateral reports & Delivered Services Log** (reports from parenting class, anger management program, counselor/reverend, school psychologist)
 - Each team member will be expected to present the key information from the assigned source to the rest of their group. This will give the whole team key information from all four sources to discuss.
- ❑ Make sure each member has an assigned role. You can do this by asking trainees to **briefly** decide amongst themselves which of the four each will take.



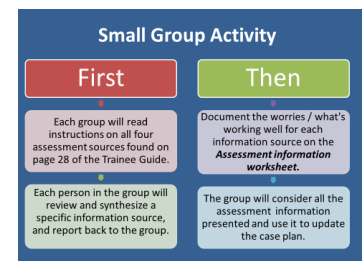
- ❑ To help trainees synthesize and pull key information from their sources, trainer should talk with large group about what they want to know from their sources, what key points the sources can provide to help them make their recommendations and update the case plan.
- ❑ Remind trainees that they can review the *Analyzing Source Information* guidelines from page 28 of the Trainee’s Guide to assist in extracting information that might be key.



- ❑ Before starting the activity, ask trainees to read the *Wilson Vignette Part 2* on 31 of their Trainee's Guides (5 minutes). This will give them the updated information necessary to update the case plan. Ask trainees to then spend 5 minutes reading through and synthesizing their specific source material.
- ❑ After the 10 minutes for reading and synthesis have passed, ask that each group member present their individual synthesis to their team. Team members can ask the presenting member questions. Group members should take notes on “what’s working well” and “worries” for each of the four types of information presented on the Assessment Information

Worksheet on page 47 of the Trainee's Guide. Each team member will have about 7-8 minutes to present (30 minutes total). Suggest team members assign a timekeeper to ensure they do not spend too much time on one of the four presentations.

- ❑ When 30 minutes have passed, allow the groups 10 minutes to consider and discuss the information from the four source presentations in the context of making recommendations and revisions as needed for the case plan update.
- ❑ As the trainer, you will want to continue walking around and making sure the groups are synthesizing the information, taking notes and having rich discussions about next steps and things to consider for the case plan update. Ensure the discussion directly addresses factors contributing to the maltreatment. Insert any of the ideas below if it appears the groups are not introducing them organically:
 - Ask them to **identify strengths** which are good, positive things in families. What did the updated SDM FSNA tool show were strengths of the family and how can they help the family build on their strengths? Can the family demonstrate that their strengths can become acts of protection demonstrated over time, until they become predictable safety? Is there an effective safety network that truly ensures safety for the children? Are there cultural factors to consider and are the cultural needs of the child being met?
 - Are there **opportunities for teaming** activities with the family and extended support network to engage them in the development of the case plan update?
 - How does **ICWA** apply in this case? How are the child and family's cultural connections being maintained and nurtured?
 - Ask them to identify what they might be **worried about** happening in the future and how they might collect and assess that information. An important thing here is going to be the ability to distinguish what is real harm vs. what are things that are "less than optimal" but may not be harm.
 - Ask them to look for **complicating factors**, the things that are worrisome and concerning, but in and of themselves are not caregiver actions that are impacting the child. Remind them that child welfare agencies are good at opening cases because of harm and danger, but cases often can stay open for years because of complicating factors.
 - Remind trainees to **check for bias**....are there any personal biases impacting the way they interpret the information presented to them?



- | | |
|---|---------------------------------|
| <ul style="list-style-type: none">❑ As the group members are sharing their information, make sure everyone is getting an opportunity to share their piece within the allotted timeframe. If it appears one group is done much earlier than another, this might also be an opportunity to sit with them and make sure they have shared enough information to be prepared for the next piece of the activity. | <div>LUNCH
60 minutes</div> |
| | |

Transition to the next activity: ACTIVITY 4D: Wilson Case Plan Update (continued) & Debrief

- ❑ Thank trainees for their rich discussion and critical thinking, and let them know the discussion will continue after a 60-minute lunch break.

ACTIVITY 4D: Wilson Case Plan Update: Small Group Activity (continued) & Debrief

Activity Time:	25 minutes
Trainee Content:	Trainee's Guide: <i>Assessment Information Worksheet (page 47)</i> ; <i>SDM Reunification Re-Assessment (page 48)</i>
Materials:	Chart/White board, markers SDM Reunification Reassessment Tool Answer Key for Trainer
Slides:	25

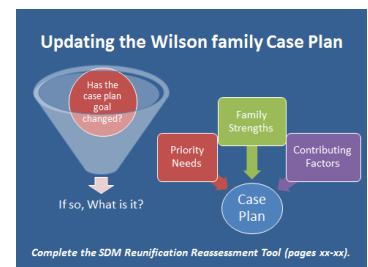
Description of Activity: Trainees will summarize their top 3 worries and top 3 things that are working well on their Assessment Information Worksheets and complete the SDM Reunification Re-assessment tool for the Wilson family to prepare them to make a final recommendation for the case plan update and six-month status review court hearing for the Wilson family.

Before the Activity

- Assess the progress made during the first portion of this group activity to budget the concluding 75 minutes of the segment accordingly.

During the activity

- Welcome trainees back from their lunch and let them know the next activity will be a continuation of the previous activity with the Wilson Family.
- Ask the table groups to complete their summary of top 3 worries/strengths for the family at the bottom of the Assessment information worksheet within 5 minutes.
- Check in with groups after 5 minutes to ensure they have come up with their final worries / strengths.
- Have group members pull out their own copy of the SDM Reunification Re-assessment tool from their Trainee's Guide (page 48). Ask them to complete the tool as a table group and come up with their final recommendation for the Wilson Family within about 15 minutes.
- After 15 minutes are up, take 5 minutes to ask trainees to volunteer what their final recommendation was from the SDM Reunification Reassessment Tool
 - Did they follow the decision tree recommendation? OR
 - Did they do a policy override and make a different final recommendation? (If a Policy Override is needed, trainees may complete the Safety Threats form found on pages 54 to 57 of the Trainee Guide.)



Transition to the next activity: ACTIVITY 4E: Wilson Case Plan Update: S.M.A.R.T. Objectives

ACTIVITY 4E: Wilson Case Plan Update: S.M.A.R.T. Objective Small Group Activity

Activity Time:	45 minutes
Trainee Content:	Trainee's Guide: <i>Assessment Information Worksheet (page 47)</i> ; <i>Wilson Family Case Plan Update Worksheet (page 58)</i> ; <i>S.M.A.R.T. Objectives (page 67)</i>
Materials:	Chart/White board, markers
Slides:	26-27

Description of Activity: Using the final recommendations from their completed Assessment Information Worksheet, the small groups will create one new/revised S.M.A.R.T. objective for the updated Wilson Case Plan for the mother, Alana Wilson.

Before the Activity

- Assess the progress made during the first portion of this group activity to budget the concluding 45 minutes of the segment accordingly.

During the activity

- Introduce the next small group activity. Review activity instructions, and Example of a SMART objective as outlined below (10 min)

Activity instructions: As a small group, you will create a revised case plan objective for the mother, Alana Wilson, using the *Case Plan Update Worksheet* on page 58 of the Trainee's Guide. You will use the SMART objective example on the next slide and on your *Case Plan Update Worksheet*. How can you make this objective SMARTER? Make sure that your objective and description are in plain family-friendly language, behaviorally specific, accurately reflects the family's underlying strengths/needs and that it is S.M.A.R.T.—Specific, Measurable, Achievable, Results-focused and Time-Limited.

Small Group Activity

Develop one new/revised objective for the updated case plan for mother, Alana Wilson.

CHART ON FLIP CHART PAPER

Be sure your objectives are S.M.A.R.T

Specific/measurable/achievable/relevant/time-limited

- Please refer to the SMART objective handout found in the Trainee's Guide page 58 as well as the next slide for an example of a SMART objective. This is the same example they will find on their *Case Plan Update Worksheet*. Trainees will use this objective and determine how to make it SMARTer.
- Remind trainees that the CWS/CMS system is a templated system that has not evolved as quickly in being user friendly in customizing case plans. Mention that although in CWS/CMS the term used is Service Objective, practice has evolved so that we now identify objectives that describe the end state of the desired change. The **End** is behavior change, the **Means** is services. Embedded in objectives are safety linked behaviors and protective capacities identified from tools such as the SDM safety assessment tool and SDM family strengths and needs assessment tool.

Example of a S.M.A.R.T. Objective

- CWS/CMS drop-down menu: Protect child from physical abuse
- Revised case plan objective: Alana agrees to show she will not permit others to physically abuse her child.

- Alana agrees to list in detail the warning signs, triggers, and/or things that led to her child getting hurt and/or prevented her from protecting her child from abuse in the past.
- Alana agrees to describe and demonstrate at least five things she will do to protect her child if the person who may have abused her child is around the child and is starting to get upset with him.
- Alana agrees to call a member of her local support network at a moment's notice if she or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One of these people will come over immediately to safely care for Omar and Alejandro.

- ❑ **Review the example of the SMART objective on the slide:**
- ❑ **CWS/CMS drop-down menu:** Protect child from physical abuse
- ❑ **Revised case plan objective:** Alana agrees to show she will not permit others to physically abuse her child.
 - *Alana agrees to list in detail the warning signs, triggers, and/or things that led to her child getting hurt and/or prevented her from protecting her child from abuse in the past.*
 - *Alana agrees to describe and demonstrate at least five things she will do to protect her child if the person who may have abused her child is around the child and is starting to get upset with him.*
 - *Alana agrees to call a member of her local support network at a moment's notice if she or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One of these people will come over immediately to safely care for Omar and Alejandro.*
- ❑ Solicit the group's feedback. Ask the following questions about the example on the slide:
 - *Is it strength-based—according to the strengths identified for this family?*
 - *Trainer answer: Alana has a support network she can call to ask for support*
 - *Does it identify “what to do” as opposed to what not to do?*
 - *Trainer answer: Yes, it is action oriented*
 - *Does the objective identify an end state?*
 - *Trainer answer: Not necessarily.....what would the end state be? Why do we want Alana to complete this objective? What is the desired safety outcome long-term? (i.e. that Alana can demonstrate she can reach out to her support network for support whenever she feels triggered in order to ensure safety for both children over the long term)*
 - *Is it S.M.A.R.T.? Is it specific? Is it measurable? Is it attainable? Is it relevant? Is it time-limited?*
 - *Trainer answer: It is specific, measurable, attainable and relevant. It could be more specific in regards to time limits (other than the implied timeline of the six month case plan dates)*
 - *Would you add anything to the description box in CWS/CMS?*
 - *Trainer answer: Are there other steps you want to see Alana complete in order to demonstrate the objective?*
 - *Is it culturally relevant?*
 - *Trainer answer: This objective does not mention cultural connections but it does mention the support network. How would you reword this to include cultural relevance?*

<ul style="list-style-type: none"> • <i>What is the permanency goal for the child(ren)? Has this changed since the initial case plan or most recent case plan update?</i> <ul style="list-style-type: none"> ○ <i>Trainer answer: Consider your ongoing assessment of the family and their current needs, strengths and circumstances. What is the current permanency goal for the child(ren) and what information will you use to inform this goal?</i> ○ <i>Note: We will look at permanency for the children again later on in this training</i> <ul style="list-style-type: none"> ❑ Mention to trainees that this is the same line of questions they can and should parallel with families and the family's network. ❑ With the example worked through, instruct trainees to work in their groups to develop a revised objective of their own. They will have 20 minutes to discuss and develop their revised objective. ❑ Instruct groups to select a scribe to document the revised objective on Chart paper. ❑ Further instructions/tips for groups: <ul style="list-style-type: none"> • Make sure that your objective and description are in plain family-friendly language, behaviorally specific, accurately reflects the family's underlying strengths/needs and that it is S.M.A.R.T.—Specific, Measurable, Achievable, Relevant and Time-Limited. ❑ Walk around the room and assist groups as needed ❑ When the groups have finished, take about 10-15 minutes (less if the groups took longer to write their service objectives) to debrief the activity and ask small groups to report out and answer the following questions: <ol style="list-style-type: none"> 1. How did you revise the objective? 2. What are some ways you made the objective SMARTER? 3. What behavior changes do we need to see in Alana to ensure long-term safety for her children? <p>EXAMPLE for trainers - Another version of a SMART objective:</p> <p>CWS/CMS drop-down menu: Do not abuse your child</p> <p>Updated case plan objective: For the next six months, Alana agrees to show she will not permit others to physically abuse her child.</p> <ol style="list-style-type: none"> 1. Within two weeks, Alana will be able to list in detail the warning signs, triggers, and/or things that led to her child getting hurt and/or prevented her from protecting her child from abuse in the past. 2. Within 30 days, Alana will demonstrate at least five things she will do to protect her child if the person who may have abused her child is around the child and is starting to get upset with him. 3. Alana agrees to call a member of her local support network at a moment's notice if she or another member of the household starts to get upset with Omar and feels triggered or overwhelmed. One 	
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of these people will come over immediately to safely care for Omar and Alejandro.	
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Transition to the next segment: Wilson Family Placement Plan

Thank trainees for their participation and transition to the next segment.

Segment 5 Wilson Family Placement Plan

Segment Time:	80 minutes
Activity Time:	ACTIVITY 5A: Updating the Wilson Family Placement Plan: Large Group Discussion (20 minutes) ACTIVITY 5B: Ongoing Assessment Lecture (15 minutes) ACTIVITY 5C: Updating the Wilson Family Placement Plan Small Group Activity (45 minutes)
Trainee Content:	Trainee's Guide: <i>Wilson Family Vignette – Part 3 (page 70)</i>
Materials:	Chart/White board, markers
Slides:	28-29

Description of Activity: The trainer will facilitate a large group discussion requiring trainees to review an updated case scenario and determine top 3 worries and top 3 things working well based on the updated circumstances of the Wilson family.

Before the Activity

- ☐ See page 70 of the Trainee's Guide for the *Wilson Family Vignette – Part 3*.

During the activity

ACTIVITY 5A: Updating the Wilson Family Placement Plan: Large Group Discussion

- ☐ Refer trainees to 70 of the Trainee's Guide containing the *Wilson Family Vignette – Part 3*.
- ☐ Move to the next slide for activity instructions
- ☐ Ask trainees to read "Wilson vignette part 3. Give them 5-7 minutes to do so.
- ☐ Facilitate a large group discussion with the class regarding the changes presented in the vignette (10-15 minutes).
- ☐ During the discussion, ask the trainees the following questions and chart answers on Chart paper:
 - *What are your top 3 worries about the family based on the updated information?*
 - *What are your top 3 things working well for the family based on the updated information?*
- ☐ Transition to break.



Transition to the next activity: ACTIVITY 5B: Ongoing Assessment Lecture

ACTIVITY 5B: Ongoing Assessment Lecture

Activity Time:	15 minutes
Trainee Content:	N/A
Materials:	Chart/White board, markers
Slides:	31-33

Description of Activity: The trainer will provide a 15-minute lecture on the importance of an ongoing assessment.


Before the Activity

- Ask trainees to remain in the same groups they were in from the previous activity.

During the activity

- Ask trainees what are the specific behavioral changes that we need to see in the parent(s) that indicate safety has replaced danger/risk.
- Review the importance of the SDM assessment tools and conducting a balanced assessment in measuring progress toward child safety and well-being.
- Note that the SDM assessment tools, such as the SDM Risk Reassessment, SDM Reunification Reassessment and SDM Family Strengths and Needs Assessment tools are designed to be used as guides, in conjunction with clinical judgment by social workers and supervisors, increasing the consistency and accuracy of the decision making process.
- A balanced assessment, using solution-focused questions and critical thinking, assists in the identification of harm and danger/risk as well as complicating factors. In general, child welfare agencies are good at opening cases because of harm and danger, but cases often can stay open for years because of complicating factors.
- Encourage trainees to ask themselves: Are we doing our part in moving the “case plan” forward...How can engagement and trust, use of self, cultural humility and awareness of bias serve to remove barriers to family’s progress?
- Note that the use of Minimum Sufficient Level of Care (MSLC) as a standard for assessing safety and change assists social workers in systematically considering what the standard was for removal and what the expectations are for return of the child.
- MSLC:
 - Maintains the child’s right to safety and permanence while not ignoring the parents’ right to their children.
 - Is required by law.



<ol style="list-style-type: none"> 3. Is possible for parents to reach. 4. Protects (to some degree) clients from social workers' individual biases and value judgments, and is sensitive across cultures. 5. Discourages a child's unnecessary removal from the family home and unnecessarily long placements in foster care. 6. Keeps decision-makers focused on what is the least detrimental alternative for the child. <p>❑ Point out that there are still challenges in applying MSLC. Often the standard for removal differs from the standards applied to return a child to the parent's custody. Sometimes the values and attitudes of the social worker about what constitutes MSLC can also color the way they think about a family. Social Workers should discuss these challenges with their supervisor and the support network to ensure MSLC is applied appropriately.</p>	
<p>❑ Key questions for Social Workers to consider while updating the case plan:</p> <ul style="list-style-type: none"> • Is the Permanency Goal for the child still appropriate? • What are some issues that might impact the child or youth's safety and wellbeing? • How can I address these issues as the Social Worker for the child, youth, young adult, and/or family? • <u>It is important to look at the permanency goal for the child at each court review and case plan update, adjusting the goal as necessary to ensure ongoing concurrent planning that is relevant and appropriate based on the needs, strengths and progress of the family.</u> <p>❑ Explain that permanency includes strengthening and supporting families to care for children and youth in their own homes by delivering permanency related services at every contact with the family, starting with the first contact.</p> <p>❑ Foster care is a supportive service intended to assist families in achieving permanence; it is not an outcome of services. No child should grow up in foster care.</p> <ol style="list-style-type: none"> 1. Children need families, nurturing relationships with adults and continuity in family relationships for healthy growth and development. 2. Services must provide individualized assessment and intensive, time-limited work with families to address problems that necessitate out-of-home placement for children. 3. Social workers need to provide a full documented disclosure with birth parents. 4. Social workers can use family finding activities such as relative searches to identify possible resource families among the child's relatives and non-related extended family members. <p>❑ Reunification positively correlates with strengths in families:</p>	

1. Parent-child relationship
2. Parental support system; past support system; family history
3. Parent's self-care and social development
4. Child's emotional, cognitive, and social development

❑ Non-reunification correlates with poor prognosis indicators in families:

1. Prior abuse history
2. Significant CPS history
3. Systemic barriers – mismatch or lack of appropriate services, lack of reasonable efforts to address the presenting needs of the family, etc.
4. Parental capacity to engage in services or parent their child due to behavioral health issues, developmental delays, intimate partner violence, substance use disorders, etc.
5. Parental refusal to engage in services even after reasonable and substantial efforts have been made by the social worker.

❑ Briefly review Darla Henry's **3-5-7 Model**, which is a guided approach, for professionals and families that ***supports grief work and relationship building*** activities for children and youth in the child placement system. This model can serve to reunify children as well as move them forward with alternate permanent plans.

Through activities, children and youth are able to engage in three tasks:

❑ **Clarification:**

- to explore what happened to them (losses) and
- who they are (identity)—**two of the five (5) conceptual questions** that address their issues of the events of their lives

❑ **Integration:**

- of significant people/relationships in their lives to identify where they are going (attachments) and
- how they will get there (relationships)—**two more of the five questions.**

❑ **Actualization:**

- of feelings of permanency and
- when they will belong—**the last of the five questions.**

Seven (7) skill elements are critical to the work:

1. Engaging them in work.
2. Listening to their stories.
3. Validating their feelings.
4. Assuring perceptual safety.
5. Letting them do the work.
6. Recognizing pain within expressed behaviors.
7. Bringing the feelings of the past into the present.

Source: <http://darlahenry.org/the-3-5-7-model-framework/>

Transition to the next activity: ACTIVITY 5C: Updating the Wilson Family Placement Plan

ACTIVITY 5C: Updating the Wilson Family Placement Plan Small Group Activity

Activity Time:	45 minutes
Trainee Content:	Trainee's Guide: <i>Wilson Family Vignette – Part 3</i> (page 70); <i>Wilson Placement Plan Activity Instructions and Discussion Questions</i> (page 72); <i>Placement Protocol</i> (page 74); <i>Impact of Separation</i> (page 77)
Materials:	Chart/White board, markers
Slides:	34-35

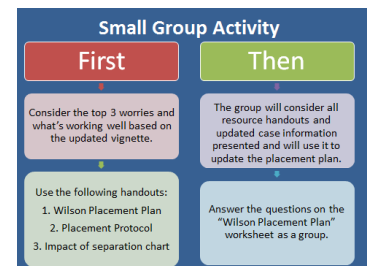
Description of Activity: The trainer will facilitate a small group activity where trainees have to utilize an updated case scenario to synthesize relevant information concerning the family's status and needs to determine how they would update the placement and concurrent plan for the family.

Before the Activity

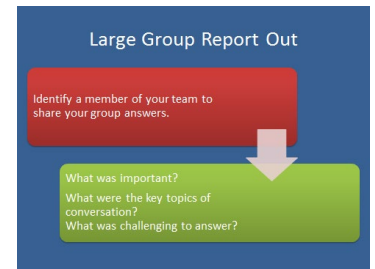
- ❑ Groups will use the following handouts for this activity:
 - Wilson Family Vignette – Part 3 (page 70 in Trainee's Guide)
 - Wilson Placement Plan Activity Instructions and Discussion Questions (page 72 in Trainee's Guide)
 - Placement Protocol (page 74 in Trainee's Guide)
 - Impact of Separation Chart (page 77 of Trainee's Guide)

During the activity

- ❑ Refer trainees to page 72 of the Trainee's Guide, which contains the instructions and group discussion questions for this activity. Ask the table groups to take 20 minutes answer the discussion questions as a group to facilitate a discussion about next steps they would take as the Social Worker for the Wilson family.
- ❑ As per the instructions on page 72, refer trainees to the *Placement Protocol* handout and the *Impact of Separation* chart to help inform their answers to the discussion questions. Also remind trainees to look back at the *Wilson Family Vignette – Part 3*, as needed.
- ❑ Remind trainees of the top 3 worries and things working well for the family based on the updated vignette (Part 3)....previously charted on Chart paper during the large group discussion. Groups can refer to the Chart for reference while working on their placement plan questions.
- ❑ Remind groups they will have 20 minutes to complete their placement plan questions utilizing all applicable handouts and information.
- ❑ Once the 20 minutes have passed, move to next slide for large group report out.



- ❑ Ask the groups from the previous activity to report out their answers to the following questions on the placement plan. Provide about 20 minutes total for this step of the activity.
- ❑ Ideally the group will drive the discussion with the correct answers, but there are some key elements listed after each question below that can be highlighted by the instructor:
 - a. *What are some next steps for the social worker to take in this case?*
 - i. *Safety Plan*
 - ii. *Detention/Removal*
 - iii. *Emergency Family Team Meeting*
 - iv. *Complete updated SDM safety and risk assessments*
 - b. *What are some things you would need to consider to ensure the children are in the most appropriate placement that will meet their needs and minimize the impact of trauma?*
 - i. *Are there any potential relative placements?*
 - ii. *Cultural and tribal connections?*
 - iii. *Foster care placement?*
 - iv. *Impact of separation: what is the potential impact of placement disruption for Omar? For Alejandro?*
 - v. *Remain with father with a strong safety plan?*
 - vi. *How would you engage the support network?*
 - vii. *What is the permanency goal for the children?*
 - viii. *How would you talk to the parents about concurrent planning and permanency options for the children?*
- ❑ Spend about 5 minutes debriefing the activity by asking trainees what their key takeaways are from the placement activity, particularly:
 - a. What will they take back to the office and start utilizing in their practice?
 - b. What were the key topics of conversation?
 - c. What was challenging to answer?
- ❑ Consider the learning objectives for this training and work to facilitate any additional discussion needed to ensure they have all been considered by trainees by this point. When possible, make connections to the Wilson Case specifically.



Transition to the next segment: Putting it All Together: Personal Learning Plans & Debrief

Segment 6: Putting it All Together: Personal Learning Plans & Debrief

Estimated Segment Time:	15 minutes
Estimated Activity Time:	ACTIVITY 6A: Personal Learning Plans (7.5 minutes) ACTIVITY 6B: Wrap Up / Debrief (7.5 minutes)
Trainee Content:	Trainee's Guide: <i>Personal Learning Plans</i> (page 95)
Materials:	Chart/White board, markers
Slides:	36

Description of Activity:

The trainer instructs the trainees to fill out their Personal Learning Plan on page 95 of the Trainee's Guide.

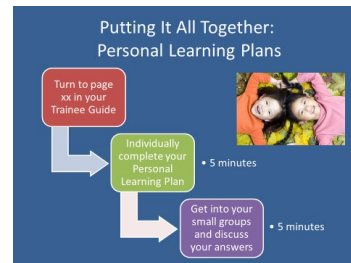
Before the Activity

- ❑ Have a copy of the Personal Learning Plan (see page 95 of the Trainee's Guide)

During the activity

ACTIVITY 6A: *Personal Learning Plans*

- ❑ Direct trainees to page 95 of the Trainee's Guide
- ❑ Instruct trainees to complete their Personal Learning Plans individually.
- ❑ Once trainees have finished, time permitting, instruct trainees to spend a few minutes sharing their answers in their small groups.



Transition to the next activity: ACTIVITY 6B: Wrap Up / Debrief

ACTIVITY 6B: Wrap Up / Debrief

Activity Time:	7.5 minutes
Trainee Content:	N/A
Materials:	Debrief / Evaluations
Slides:	37-38

Description of Activity:

The trainer wraps up the training by thanking the trainees for participating.

Before the Activity

- ❑ Return to the wrap up PowerPoint slides.

During the activity

- ❑ Ask the trainees what they learned from the training today and what they are most excited about implementing when they return to the office. What are they willing to “try on?”
- ❑ What are they worried about upon returning to the office with this new information?
- ❑ Ask trainees what worked well during this training and what could be improved.
- ❑ Thank trainees for attending and participating in the various activities.
- ❑ Have trainees complete the trainee satisfaction survey at the close of the class.

Wrapping UP....What are you excited to do?



What did you learn today that you are most excited about implementing when you get back to the office?



What worries you about returning to the office?

Please complete your Participant Satisfaction Survey

THANK YOU

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Materials Check List

- ❑ Computer/laptop that is linkable to a large (preferably LCD projector) screen
- ❑ Easels with charts/chart paper, preferably with self-adhesive
- ❑ Markers
- ❑ Post-it notes
- ❑ SDM Policy and Procedure Manual (at least one per table)
- ❑ Supplemental Handout (for Trainer)
 - Introduction to Team Based Learning (PDF included separately). Also accessible online at: <https://www.oercommons.org/media/upload/authoring/12157/documents/01%20Team%20Based%20Learning%20Handout.pdf>
- ❑ Team Based Learning Activity Score Cards
 - The Team Based Learning (TBL) activity consists of using score cards. The score cards can be purchased from <http://www.epsteineducation.com/home/order/default.aspx> (Version w/10 questions and 4 answer choices). You will want to make sure that the correct answers on the test answer sheet correspond with the correct answers (stars) on the score cards. To do this, scratch off the score cards with a coin to reveal where the stars are located, then update the answer sheet found on page 59 of the trainers guide.
- ❑ Tape
- ❑ For Trainer:
 - Letter Cards (one set per group) (see appendix)
 - Managing The Plan Team Readiness Assurance Test with Answer Key (see appendix)
 - Role Cards – Wilson Activity (one set per group) (see appendix)
- ❑ Trainee's Guide

Appendix / Handouts

Appendix Contents:

Managing the Plan Team Readiness Assurance Test with ANSWER KEY

Template for Letter Cards

Template for Role cards for Wilson Activity

TBL Resources

Managing the Plan Team Readiness Assurance Test (with Answer Key)

Instructions: Ask trainees to read through each question and select the best answer. The goal is to choose the best option that is **presented**. Let trainees know that it's possible they will agree with any or all of the options. In this event, have them select the **best** of the four options that are listed.

1. Joe and Elita had three children removed (ages 8, 12 and 14) from their care one year ago for chronic neglect. The children were left alone for 3 days while Joe and Elita were on a drug binge. The three children have been in the same resource family home since and are doing well. The resource family is interested in adoption. The social worker wants to reunify Joe and Elita with their children, but thinks that their one bedroom apartment is not appropriate; it is messy, and located in an unsafe neighborhood. Joe and Elita have successfully completed their substance use treatment program and parenting program. Also, during their last Family Team Meeting, a maternal sister and paternal grandmother agreed to support Joe and Elita during a crisis if needed. Both Joe and Elita are unemployed.

What are the appropriate NEXT steps for the child welfare agency?

- a. Work with Housing Agency to obtain larger housing; reunify when housing obtained
- b. Convene a family team meeting to develop a plan to reunify all of the children**
- c. Reunify with younger child, while parents find employment, and work on housing
- d. Continue concurrent planning with the resource family for possible adoption

ANSWER: B

Rationale: This scenario raises core practice issues, e.g., sibling's placement, the protective care function of child welfare, and avoiding reentry and reabuse. There may be some concerns (risks vs. safety) about the 1 bedroom apartment; however, with the progress that the parents have made, a reunification assessment should look at the possibility of returning the children. "Messy" housekeeping and location in an "unsafe neighborhood" are common conditions which the SW will have to assess under the current circumstances of the family and the best interests of the children.

2. Two teenage parents (mother, 15 and father, 16) leave the hospital with their newborn after mother overhears that nurses suspect she was using drugs while pregnant. Social worker is called to the hospital but misses the parents. Due to prior association with the mother's family, the social worker goes to maternal grandma's home where she finds the mother with the baby. Mother agrees to meet with the social worker at her office the following day to discuss their plans for the baby. Maternal grandma tells mother that she does not have to cooperate and says that she will assume responsibility for the baby and that the mother and baby will live in her house until mother graduates from high school. Father is not welcome due to longstanding hostility between the two families. Mother agrees to work with the social worker through a FM plan so that she can get child care when maternal grandma is not available and she is attending school. She agrees to attend a parenting class but denies a substance use problem of any kind and refuses assessment. One month later, maternal grandma calls social worker to admit that mother has been regularly meeting father after school, not coming home, making up excuses for failing to attend parenting

class, and is looking for an apartment with father. Maternal grandma says mother is not committed to baby and she wants her grandchild placed with her and will adopt if necessary; she wants mother to find another place to live, but without the baby.

How does the social worker engage family members in case planning?

- a. Meet with mother privately, discuss how things are going with maternal grandma, and ask her to describe her plans for her family and what support she needs.
- b. Meet with father and arrange visits with his child and discuss how he sees his role as father, his goals and his plans for the family.
- c. Explain to mother the consequences of failing to comply with the terms of the FM agreement and the possibility that the baby could be removed from her care.
- d. Meet with both parents and their families separately to discuss the needs of the young parents and what could help them provide safety for their baby.**

ANSWER: D

Rationale: All other answers are partial and do not contribute to building a support and safety network for the teenage parents and their child. Resources from the paternal side have been unexplored and could offer valuable resources to the parents.

-
3. Lincoln Hills School reported about 4 months ago that Keesha, age 9, had stated multiple times that she repeatedly witnessed her father, Frank, drinking and fighting with her mother Sasha. These fights have included hitting, punching, and throwing things at each other. As a result, a Family Maintenance (FM) case was opened 4 months ago due to the intimate partner violence (IPV). At the initial Child and Family Team (CFT) meeting, it was decided that the safety plan would consist of keeping Keesha in the home as the parents agreed to comply with the safety goals and work with their safety network to keep Keesha safe. Their safety network includes the maternal grandmother and the next door neighbor. At the meeting the Maternal grandmother reported her concerns about the violence Keesha is witnessing and explained that Keesha has expressed fear when hearing/ seeing her parents engage in fights. The agreed upon safety plan was that mother would call the maternal grandmother to pick up Keesha as soon as Frank begins drinking. The parents also agreed that Keesha will go next door to the neighbor's house who agreed to watch Keesha when the parents have physical arguments. About three months into the FM case, the school contacted the social worker to report that for the past two weeks Keesha's grades and attendance at school have dropped significantly. The social worker met with Keesha at school. Keesha disclosed the ongoing IPV and the fact that she sees her father drinking. She described the father's drinking as "he can't get off his chair and sleeps there." She continued, "he'll yell at my mom and say bad words."

What is the NEXT action the social worker should take to address Keesha's safety?

- a. Meet with Frank and Sasha and ask them if there is someone else close who can care for Keesha when the parents are having physical fights as it seems she is not going to the neighbor's apartment for safety
- b. Immediately schedule a family team meeting to reevaluate Keesha's safety and address her dropped attendance at school**
- c. Remove Keesha and see if maternal grandmother can care for her until Frank begins counseling for intimate partner violence and stops drinking
- d. Meet with the maternal grandmother and next door neighbor to confirm Keesha's report that parents are not following the safety plan

ANSWER: B

This scenario includes intimate partner violence, secondary violence, alcoholism, the interaction of safety and learning, and grounds for removal. The existing safety plan depends on Keesha's capacity to get to the neighbor's house when her parents fight and the parents' action to call the Maternal Grandmother (MGM) when the father drinks. Neither of these requirements are automatic but depend on intentional actions by persons who may be involved in an emotional or threatening situation. Answer **B** brings all the necessary parties and providers working the family together to review the efficacy of the plan and the new circumstances, i.e., Keesha's school attendance and failing grades in a familiar and supportive setting. Answers **A** and **C** are irrelevant as a next steps given the weight of Keesha's statement, that IPV continues and the safety plan is not being followed. Removing Keesha right way and placing with grandmother or anyone else, is a decision that can be made during the CFT meeting.

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4. Johnathon, who is a medically fragile African American infant with many medical issues and needs breathing treatments daily, is removed from his birth mother's care and placed with Caucasian non-relative resource parents. The non-relative resource family lives in an upscale neighborhood 70 miles from the birth parents. The resource dad is a nurse with extensive experience working with medically fragile infants. The resource parents bring Jonathon for weekly visits with the birth parents, but the birth mom and dad only show up to the visits about 60% of the time. The social worker finds a non-relative resource family that is 20 miles from the birth family. They are African American and currently have two children in their care (ages 6 years and 13 years). The family has never provided care to a medically fragile infant. There is a maternal aunt living out of state who is interested in caring for the infant. In addition, a paternal grandmother (from whom father had been removed when he was a teenager) has offered her home to Jonathon while the birth parents are in substance use treatment.

Which placement should the social worker choose right now?

- a. Move the infant with the resource family living 20 miles away
- b. Move the infant with the maternal aunt (after ICPC)
- c. **Keep the infant in the current placement**
- d. Move the infant with the paternal grandmother

ANSWER: C

Rationale: The question asks "right now." They should still do ICPC and consider moving to Aunt if FR fails and the Aunt is capable of caring for the child, but for now, the child needs to be in the safest and most stable placement to meet his medical needs. An important part of this discussion should include permanency options.

A

B

C

D

Structured Decision Making

Collateral Information

Visitation Log

Family Interviews

TBL Resources

Introduction to Team-Based Learning

- <https://www.oercommons.org/media/upload/authoring/12157/documents/01%20Team%20Based%20Learning%20Handout.pdf>

Team-Based Learning Collaborative

- <http://www.teambasedlearning.org/>

CALIFORNIA [Answer Key for Instructor]

SDM® Reunification Reassessment

Case Name: Alana Gomez Wilson

Date Completed: 11/05/2015

Case #: 0001234

Household Assessed: Wilson

Is this the removal household? ☒ Yes ☐ No Assessment # (mark): ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

To be completed for each household to which a child may be returned (e.g., father's home, mother's home).

A. REUNIFICATION RISK REASSESSMENT

R1.	Risk level on most recent referral (not reunification risk level or risk reassessment)	Score
	a. Low	0
	b. Moderate	3
	c. High	4
	d. Very high	5
		5
R2.	Has there been a new substantiation since the initial risk assessment or last reunification reassessment?	
	a. No	0
	b. Yes	2
		0
R3.	Caregiver's progress with case plan objectives (as indicated by behavioral change)	
	<i>(Compliance with/attendance of services is not sufficient to indicate behavioral change.)</i>	
	P S	
	<input type="checkbox"/> <input type="checkbox"/> a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives.....	
	-2	
	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives	-1
	<input type="checkbox"/> <input type="checkbox"/> c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan	0
	<input type="checkbox"/> <input type="checkbox"/> d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement	4
	<input type="checkbox"/> No secondary caregiver	
	Total Score	-1

REUNIFICATION RISK LEVEL

Assign the risk level based on the following chart.

Score	Risk Level
-2 to 1	<input type="checkbox"/> Low
2-3	<input type="checkbox"/> Moderate
4-5	<input checked="" type="checkbox"/> High
6+	<input type="checkbox"/> Very High

OVERRIDES

Policy Overrides (*increases risk level to very high*): Indicate whether any of the following are true in the current review period.

- ☐ 1. Sexual abuse; perpetrator has access to child and has not successfully completed treatment.
- ☐ 2. Non-accidental physical injury to an infant, and caregiver has not successfully completed treatment.
- ☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment, and caregiver has not successfully completed treatment.
- ☐ 4. Death of a sibling as a result of abuse or neglect in the household, and caregiver has not successfully completed treatment.

Discretionary Override (*risk level may be adjusted up or down one level*)

Override Risk Level: ☐ Lower ☐ Higher

Reason: _____

FINAL REUNIFICATION RISK LEVEL (mark one):

☐ Low ☐ Moderate ☒ High ☐ Very High

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

B. VISITATION PLANEVALUATION

Evaluate compliance with the planned visitation frequency and the quality of visits, based on the worker's direct observation whenever possible and supplemented by observation of the child, reports by foster parents, etc.

Visitation Frequency Compliance With Visitation Plan	Quality of Face-to-Face Visit	
	Strong/ Adequate	Limited/ Destructive
Total	95%	
Routine		
Sporadic		
Rare or Never		

Shaded cells indicate acceptable visitation.

Overrides

☐ Policy: Visitation is supervised for safety.

☐ Discretionary (reason): _____

IF RISK LEVEL IS LOW OR MODERATE AND CAREGIVER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, CONTINUE TO SECTION C, REUNIFICATION SAFETY ASSESSMENT.

IF RISK LEVEL IS HIGH OR VERY HIGH AND/OR VISITATION IS UNACCEPTABLE, GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES. DO NOT COMPLETE SECTION C.

C. REUNIFICATION SAFETY

ASSESSMENT Safety Threats

1. Are any safety threats identified on the safety assessment that resulted in the child's removal still present?

- ☐ a. No; list the initial safety threats and describe below how the initial safety threat(s) was ameliorated or mitigated after the child's removal.
- ☒ b. Yes; list and describe safety threat(s) as it currently exists below.

Describe: Safety threat #1; Caregiver made a plausible threat to cause serious physical harm to the child

1a. If yes, is there a safety intervention that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were to be reunified at this time.
- ☒ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe: Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place. The parents agree to reach out to their safety network as outlined in their safety plan when they are triggered or frustrated with each other or their children.

2. Have any new safety threats been identified since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?

- ☒ a. No
- ☐ b. Yes

Describe: _____

2a. If yes, is there a safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe: _____

Safety Decision

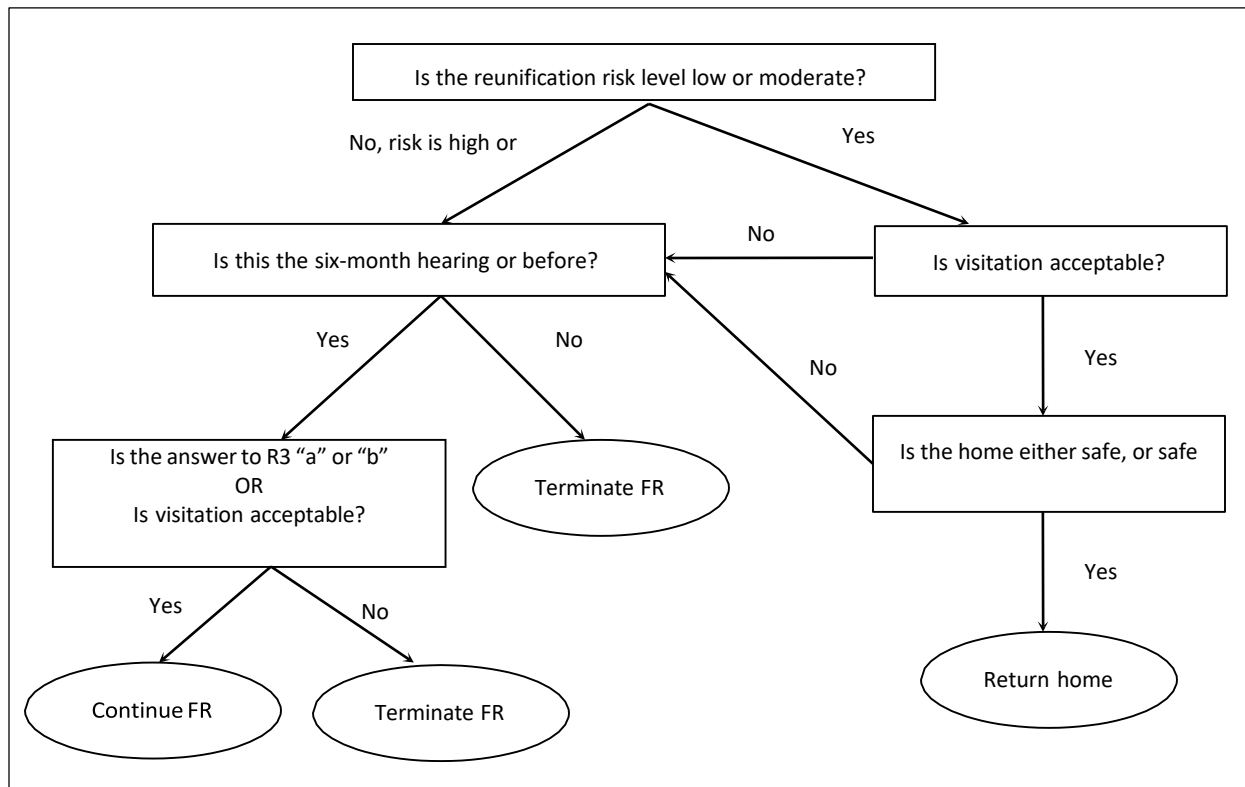
Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Mark one line only.

- ☒ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Safe with plan. One or more safety threats are present, and protective safety interventions have been planned or taken. Based on safety interventions, the child would be safe with a safety plan in place upon his/her return home. SAFETY PLAN REQUIRED.
- ☐ 3. Unsafe. One or more safety threats are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete one of the following trees for each child receiving family reunification services (FR), depending on whether he/she is over or under age 3, and enter the results in Section E. Consult with supervisor and appropriate statutes and regulations.

Children Under Age 3 at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

- ☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").
- ☐ The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").
- ☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").
- Specify: _____

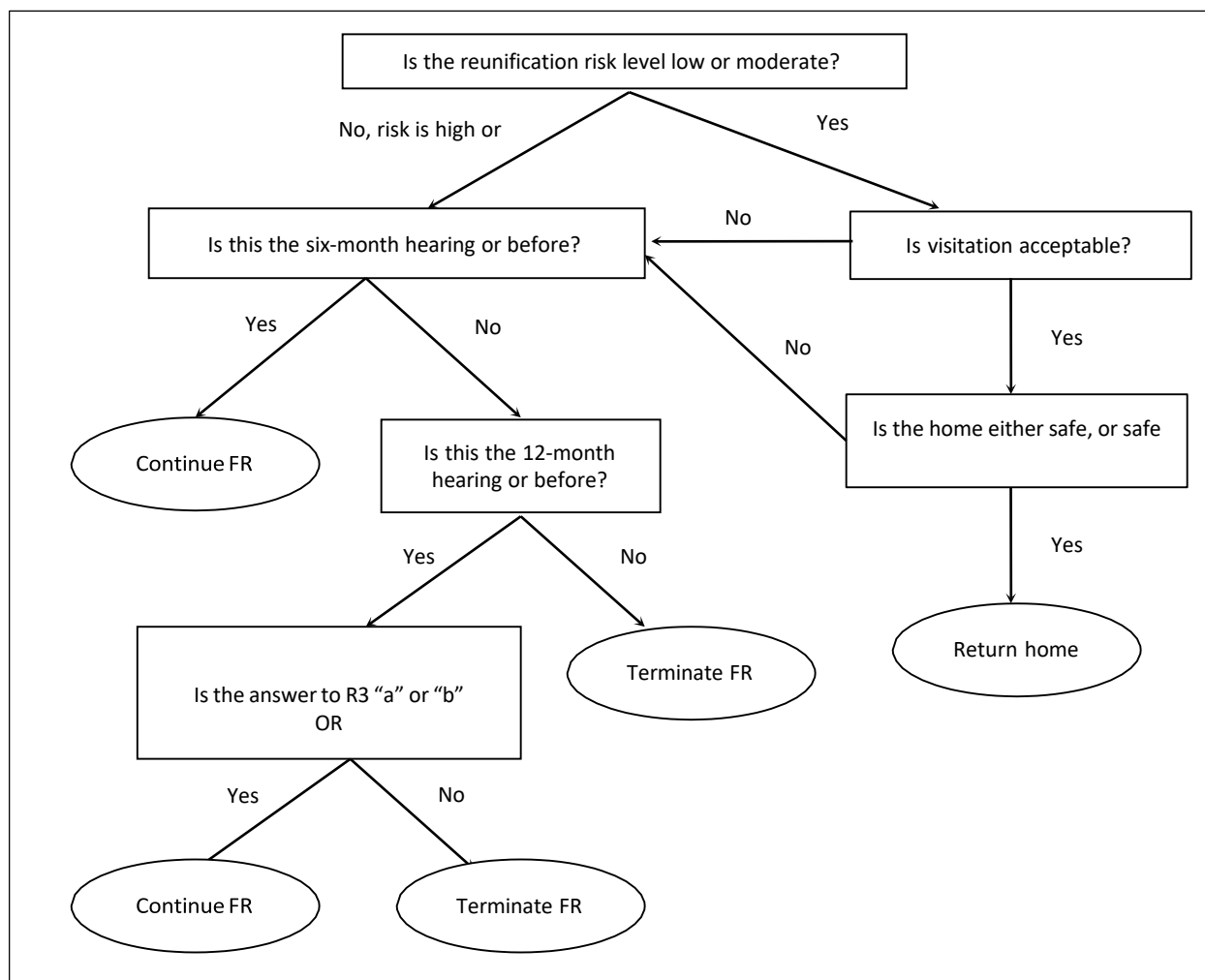
Discretionary Override

☐ Change recommendation to:

☐ Return Home ☐ Continue FR ☐ Terminate FR

Specify: _____

Children Age 3 or Older at Time of Removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy Override

☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").

☐ The tree leads to "Terminate FR" and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").

☒ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change recommendation to "Terminate FR").

Specify: _____

Discretionary Override

☐ Change recommendation to:

☒ Return Home ☐ Continue FR ☐ Terminate FR

Specify: One or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place. The parents agree to reach out to their safety network as outlined in their safety plan when they are triggered or frustrated with each other or their children.

E. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter “all” under “Child #” and complete row 1 only.

Child #	Recommendation		
	Return Home	Continue Family Reunification Services	Terminate Family Reunification Services; Implement Permanent Alternative
1. Omar	X		
2.			
3.			
4.			

F.SIBLING GROUP

If at least one child under the age of 3 at the time of removal has a recommendation of “terminate family reunification services” and at least one other child has any other recommendation, will all children be considered a sibling group when making the final permanency plan recommendation?

- ☐ No
- ☐ Yes. The recommendation for all children will be “terminate family reunification services.”

If the decision is to return any children home, complete a safety assessment to document the plan for any children for whom safety threats were identified.