200 Level Monitoring & Adapting Block Knowledge and Skills Reinforcement Lab: Managing Change

Trainer Guide



Table of Contents

Table of Contents	2
Acknowledgements	3
Introduction	4
Tips for Training this Curriculum	7
Evaluation	10
Agenda	11
Learning Objectives	12
Lesson Plan	13
Segment 1: Welcome and Introduction to the Training	16
Segment 2: Review: Monitoring & Adapting the Case Plan	19
Segment 3: Overview of Activities – Polk / Hernandez Vignette	26
Segment 4: Polk/Hernandez Case Study	28
Segment 5: Preparing for the Family Team Meeting	35
Segment 6: Polk/Hernandez Family Team Meeting	44
Segment 7: Putting it All Together: Personal Learning Plans & Debrief	50
References/Bibliography	53
Materials Check List	54
Appendix	55

Acknowledgements

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 questions regarding the curricula, contact CalSWEC at <a href="mailto:calswec-rta-c

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 with in an agency.

TRAINING PREPARATION

It is **recommended** the trainer preview the following eLearning(s) and/or classroom training in preparation for delivery of this training.

- 1. Monitoring and Adapting: Supporting Safety, Permanency and Well-being eLearning
- 2. Placement eLearning
- 3. Managing the Plan: Supporting Safety, Permanency and Well-being classroom

It is *suggested* that you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

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

Contact your Regional Training Academy or University Consortium for Children and Families 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

When training this curriculum, it is important for the trainer to be familiar with the California Child Welfare Core Practice Model (CPM). Additional information about the CPM can be found on the CalSWEC website: https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model

Trainers for this topic *must* have a depth of knowledge related to facilitation skills and child welfare teaming activities. Some examples include (but are not limited to):

- Child and Family Team Meetings
- Family Team Meetings
- Transition Plan Safety Tools
- Team Decision Making Meetings
- Family Group Conferences
- Icebreakers
- Emancipation Conferences

The trainer is **encouraged** to utilize the three questions throughout the training as a way of demonstrating how information can be collected and organized when working with a family:

- What's working well?
- What are we worried about?
- What are the next steps?

The Managing Change: 200 Level Knowledge and Skill Reinforcement Lab 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 trainers familiarize themselves with the content and learning objectives associated with the classes and eLearnings in the Monitoring and Adapting block so that they may gauge trainee's level of familiarity with the content coming in to this course.

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 https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model

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

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. California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

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

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

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

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

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

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

Evaluation

This curriculum uses a knowledge post-test evaluation to both promote learning and provide evaluative feedback on the curriculum. There must be a high level of standardization in both the content and delivery each time that training is delivered in order to utilize data collected to inform curriculum improvement. Trainers must follow the curriculum as it is written and include all activities that lead to the eventual evaluation segment.

To complete the evaluation activity trainers must follow the instructions found in the evaluation segment of this Guide. When conducting the evaluation activity and debrief please follow the instructions found in the evaluation segment and note that all trainer verbal directions are **bolded**.

Answer Sheets

Prior to beginning the testing, make sure that you have enough post-test evaluations and are using an Answer Sheet supported by the TeleForm software utilized to process answer sheets at CalSWEC. In addition, check that you are administering the correct version of the Answer Sheet, i.e., the version noted at the bottom of the front page of this Guide.

If you are not sure whether the test version that you have printed is current, please connect with the Regional Training Academy or University Consortium for Children and Families for which you are training.

If you have administered an old version of the Answer Sheet please make note of this on the cover sheet as a failure to do so could lead to lost testing data, as those answer sheets would have been phased out.

County and Training Site Code Information

Trainees must write their County and Training Site codes on the top of their Answer Sheets. For completion of the County and Training Site codes section of the Answer Sheet, please make sure that you supply the relevant documents to trainees. If you do not have a document with this information it should be made available from the Regional Training Academy or University Consortium for Children and Families.

Please note that evaluation instruments are subject to periodic revision. The relevant evaluation tool posted on the CalSWEC website is the most current version available. For questions regarding evaluation, contact Michael Sumner, mdsumner@berkeley.edu

Agenda

Segment 1: Welcome and Introduction to the Training	9:00 – 9:10 am
Segment 2: Review: Monitoring & Adapting the Case Plan	9:10 – 10:20 am
Segment 3: Overview of Activities – Polk / Hernandez Vignette	10:20 – 10:25 am
Break	(15 minutes)
Segment 4: Polk/Hernandez Case Study	10:40 – 11:40 am
Segment 5: Preparing for the Family Team Meeting	11:40 am – 12:00 pm
Lunch	(60 minutes)
Lunch Segment 5 (continued): Preparing for the Family Team Meeting	(60 minutes) 1:00 – 1:35 pm
	,
Segment 5 (continued): Preparing for the Family Team Meeting	1:00 – 1:35 pm
Segment 5 (continued): Preparing for the Family Team Meeting Segment 6: Polk / Hernandez Family Team Meeting	1:00 – 1:35 pm 1:35 – 2:35 pm

Learning Objectives

Knowledge

- **K1.** The trainee will identify three best practices that impact the following issues with monitoring and adapting case plans, including, but not limited to:
 - a. Caregiver Substance Use
 - b. Behavioral Health Issues
 - c. Intimate Partner Violence
 - d. Educational Issues for Youth

Skill

- **S1.** Using a vignette, the trainee will demonstrate critical thinking skills to learn about and respond to change while facilitating or participating in a process that helps support progress, overcomes challenges, and continues to respond to the needs of the child for safety, permanency, and well-being.
- **S2.** Using the same vignette, the trainee will:
 - a. Demonstrate at least two examples integrating cultural responsiveness and/or trauma informed practice to meet the changing needs of a family.
 - b. Engage the family in conducting the appropriate SDM assessments to evaluate progress and adapt to the changing needs and circumstances of the family.

Values

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

Lesson Plan

Segment	Methodology and Learning Objectives	
10 min 9:00 – 9:10 am Welcome and Introduction to the	Activity 1A (10 min) Welcome the trainees, provide a brief overview of the training Agenda and learning objectives, and review group agreements.	
Training	PowerPoint slides: 1-4	
Segment 2 70 min 9:10 – 10:20 am	Activity 2A (10 min) Provide a brief lecture to review the key phases of case planning as it relates to best practice in monitoring and adapting the case plan.	
Review: Monitoring & Adapting the Case Plan	Activity 2B (50 min) Facilitate a group activity and discussion to review phases of case planning in child welfare and connect best practice to teaming and facilitation.	
	Activity 2C (10 min) Facilitate a brief lecture review and discussion about teaming in child welfare.	
	PowerPoint slides: 5-10 Learning Objectives: K1, V1, V2	
Segment 3 5 min 10:20 am – 10:25 am	Activity 3A (5 min) Introduce the activities for the rest of the day	
Overview of Activities – Polk / Hernandez Vignette	PowerPoint slide: 11 Learning Objectives: V1	
10:25 – 10:40 am 15 minutes		
	BREAK	
Segment 4 60 min 10:40 – 11:40 am	Activity 4A (15 min) Introduce the Polk/Hernandez family vignette.	
Polk/Hernandez Case Study	Activity 4B (20 min) Facilitate an activity allowing trainees to consider the impact of separation on the children and practice developing solution focused questions for the purpose of ongoing assessment.	
	Activity 4C (25 min) Facilitate an activity to cover the importance of fully engaging children/youth in monitoring and adapting their case plans while staying focused on priority needs and strengths and adapting safety networks.	

PowerPoint slides: 12-16

Learning Objectives: K1, S1, S2, V1, V2

Segment 5 (partial) 20 min (of 55 min) 11:40 am – 12:00 pm Activity 5A (20 min)

Provide a lecture about how to prepare for the Family Team Meeting, including an overview of the importance of case consultation between

the social worker and their supervisors prior to the meeting.

Preparing for the Family Team Meeting

12:00 pm – 1:00 pm 60 minutes LUNCH

Segment 5 (concluded) 35 min (of 55 min) 1:00 – 1:35 pm Activity 5B (25 min)

Trainees will engage in a simulated case consultation with their

supervisor in preparation for a Family Team Meeting

Activity 5C (10 min)

Preparing for the Family Team Meeting

Provide a lecture on how to prepare for and conduct the Family Team Meeting utilizing the Family Team Meeting Agenda and Safety Planning

Tool.

PowerPoint slides: 17-29

Learning Objectives: K1, S1, V1, V2

2:30 – 2:45 pm 15 minutes BREAK

Segment 5 (concluded) 35 min (of 55 min) 1:00 – 1:35 pm Activity 5B (25 min.)

Trainees will engage in a simulated case consultation with their supervisor in preparation for a Family Team Meeting

Preparing for the Family Team Meeting

Activity 5C (10 min.)

Provide a lecture on how to prepare for and conduct the Family Team Meeting utilizing the Family Team Meeting Agenda and Safety Planning

Tool.

PowerPoint slides: 17-29

Learning Objectives: K1, S1, V1, V2

Segment 6 60 min

1:35 - 2:35 pm

Activity 6A (10 min)

Provide an overview of the Polk/Hernandez Family Team Meeting activity, review associated materials and assign groups and roles.

Polk/Hernandez Family Team

Activity 6B (50 min)

Meeting

Table groups will participate in a simulated Family Team Meeting activity for the Polk/Hernandez family to discuss the safety plan and next steps

for the family prior to the 387 Petition Hearing.

PowerPoint slides: 30-34

Learning Objectives: K1, S1, S2, V1, V2

Segment 7 Activity 7A (10 min)

10 min Trainees will complete their personal learning plans and discuss their

2:35 – 2:45 pm answers with their table groups.

Putting it all Together: Personal Learning Plans &

Debrief

PowerPoint slides: 35-36

2:45 pm – 3:00 pm 15 minutes BREAK

Segment 8 60 min

3:00 - 4:00 pm

End of Block Evaluation and Debrief

End of Block Exam

Segment 1: Welcome and Introduction to the Training

ACTIVITY 1A: Introduction

Segment Time: 10 minutes

Activity Time: 10 minutes

Trainee Content: Trainee Guide: Agenda

Trainee Guide: Learning Objectives

Materials: Chart pad, markers, and tape

Slides: 1-4

Description of Activity:

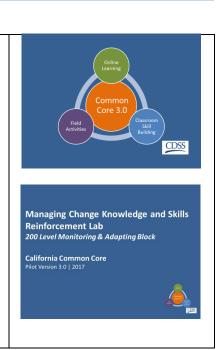
The trainer will welcome the trainees and provide an overview of the training Agenda, briefly examine the learning objectives in this module, and group agreements.

Before the activity

☐ This module requires trainees to work together, as such, group agreements must be established.

During the activity

- 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 and Learning Objectives for the day.
- ☐ Give trainees to read the learning objectives on their own for two minutes. After which, 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.



California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

Overview of the Day

- · Welcome and Review of the Agenda
- Learning Objectives
- Review of key concepts
- Polk/Hernandez Vignette
- Teaming activities
- · Putting it all Together
- End of Block Evaluation
- Briefly go over the group agreements that have been shared in previous trainings.
 - 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.
 - 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	

Transition to the next segment

■ Move on to the next segment, a lecture review of phases of case planning and best practices for monitoring and adapting the case plan.

Segment 2: Review: Monitoring & Adapting the Case Plan

ACTIVITY 2A: Lecture review of monitoring and adapting the case plan

Segment Time: 70 minutes

Activity Time 10 minutes

Trainee Content: Trainee Guide: Monitoring and Adapting the Case Plan Phases of Case Planning

Trainee Guide: Multicultural Guidelines for Communicating Across Differences

Materials: N/A

Slides: 5-6

Description of Activity:

Provide a brief lecture to review the key phases of case planning as it relates to best practice in monitoring and adapting the case plan.

Before the Activity

- It is important for the trainer to become familiar with the content of the Common Core 3.0 Monitoring and Adapting block as a mandatory pre-requisite to this course.
- Have the PowerPoint ready and refer to trainer's guide for notes that correspond with each slide.

During the activity

- 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.
- Remind trainees that this information was covered in the 200 level Case Planning and Service Delivery class and is also applicable to Monitoring and Adapting the case plan. These phases of case planning are important throughout the life of a child welfare case.
- Emphasize that while there are compliance mandates around case planning, the goal is to help the family make sense of what is happening, to sort things out, and to come to a common understanding of what everyone needs to do to make the child/family safer.
- Ask for some volunteers to explain how we can do our part to move the "case plan" forward? In other words, what approaches can we use to remove barriers to a family's progress?
- □ Some answers to look for and insert if necessary: engagement and trust;

Phases of Case Planning

Assess child & family Develop case plan Implement case plan

Prepare for judicial review & services/ progress w/ parents, case plan

Assess w/ case plan

Assess Services/ progress w/ child, parents, case plan

Authority Case Planning Case (Services/ Progress w/ Case plan Case Planning Case (Services/ Progress w/ Case Planning Case (Services/ Pl

use	of self; cultural humility; awareness of bias.	
ass	nsition to the best practices slide by explaining that the key to effective essment is engagement. These practice approaches have been found to vital to engaging with families in a respectful and ethical way.	Best Practices in Child Welfare Best practice approaches for working with children, youth and families in Child Welfare:
	search shows that social work assessments are seventy percent more turate when workers build relationships with families.	- Trauma Informed Practice - Strengths Based Practice, solution-focused approach - Appreciative Inquiry - Cultural Humility
fou	mind trainees that the following best practice approaches have been and to be vital to engaging with families in a respectful and ethical way briefly review each best practice.	- Teaming - Use of SDM; California Child Welfare Core Practice Model
0	Trauma informed practice	
0	A strengths-based approach, solution focused approach	
0	Appreciative inquiry	
0	Cultural humility	
0	 Remind trainees of the Multicultural Guidelines for Communicating Across Differences. Teaming 	
0	Use of SDM and the California Child Welfare Core Practice Model Behaviors (these behaviors are covered extensively throughout Core 3.0 classes and will be briefly reviewed in this class)	
	e full definitions of these best practices can be found on page 12 of the inee Guide	
	will be discussing these best practices in the next activity (move to ivity)	

ACTIVITY 2B: Applying best practice to monitoring and adapting

Segment Time: 70 minutes

Activity Time 50 minutes

Trainee Content: Trainee Guide: *Phases of Case Planning*

Trainee Guide: Multicultural Guidelines for Communicating Across Differences

Trainee Guide: California Child Welfare Core Practice Model Behaviors

Materials: Chart pad, markers, and tape

Slides: 7-8

Description of Activity:

Trainer will facilitate a group activity and discussion to review the phases of case planning in child welfare, and use this activity to transition to a more specific focus on teaming and facilitation.

Before the Activity

Review the Trainee Guide: Phases of Case Planning (pages 7 - 14); Multicultural Guidelines for Communicating Across Differences (page 15); and California Child Welfare Core Practice Model Behaviors (page 16).

During the activity

- Assign one of the following four phases of case planning to each table group (divide class into four groups):
 - 1. Assess the child and family (page 7-9 in Trainee Guide)
 - 2. Case planning and service delivery (page 11 in Trainee Guide)
 - 3. Supporting children and families / Best practices in child welfare (pages 12-14 in Trainee Guide)
 - For the Cultural Humility group, be sure to call out the Multicultural Guidelines (page 15 of the Trainee Guide).
 - 4. Preparing for Judicial Review (page 14 in Trainee Guide)
- ☐ Instruct the groups to review and discuss their assigned case planning phase in the Trainee Guide and to answer as a group the question featured on the slide:
 - What are the specific behaviors/actions/activities a social worker could do to accomplish this case planning phase during their ongoing work with families?



As per the slide instructions, ask trainees to chart their group answers on flip chart paper and select someone in their group to report out.	
Give trainees 15 minutes to finish this task.	
Once 15 minutes have passed, ask each group to share their favorite social worker behavior/action/activity that they came up with to support the case planning phase they were assigned to.	
Allow 15 minutes for the report out.	
Have the groups post their flip chart papers to the walls for future reference.	
Activity Debrief (10 minutes): Trainer should have the Trainee Guide pages $8-17$ available to assist with debrief of activity. Make sure to cover the main points outlined in the Trainee Guide for each phase of case planning, including:	
Brief review of SDM:	
 Highlight the importance of the SDM assessment tools and conducting a balanced assessment in measuring progress toward child safety and well-being. How does SDM assist us with making decisions? How does SDM help us address bias? 	
 How does SDM help us provide consistency in practice? Remind trainees that SDM is only a toolit does not make a final decision; workers make decisions using their clinical judgements with SDM as a support 	
Have trainees turn to page 16 in their Trainee Guide, California Child Welfare Core Practice Model Practice Behaviors.	
Invite trainees from the groups to connect some of their previous answers/responses to one or more of the practice behaviors. Use the charted responses to make connections if the classroom discussion does not.	
Briefly summarize this activity by reviewing the layered tasks associated with case planning/ case management and the importance of ongoing assessment, engagement and collaboration in the process of moving a family toward reunification.	Ongoing Assessment Questions Has the case plan been implemented?
Briefly review the assessment questions on the slide. Ask trainees why it is important to conduct an ongoing balanced assessment of the family. Ideally, participant's answers will drive the discussion toward several of the key takeaways of this topic.	Is the permanency goal still appropriate? Are case plan objectives (outcomes) being met? Assets he is those four in the price of the
As necessary, be sure to touch on the following key points regarding ongoing assessment:	
 Assessment occurs throughout the life of a case; it begins from the moment a call is received by the child welfare system and continues until 	

the case is closed.

- An ongoing assessment of safety vs. risk is an important part of working with families. Safety is focused on the immediate absence of harm and danger for a child and risk focuses on the family patterns and probability that abuse or neglect may occur in the future.
- Workers should be open to the idea that earlier assessments may have been incorrect or incomplete and be willing to make the necessary changes to case planning based on new information learned from their current assessment.
- Effective case planning is individualized, strength-based, comprehensive and flexible.
- The focus of ongoing assessment should be on family strengths and positive engagement to see what they are doing right – looking for the behavioral change that increases safety.
 - Ask trainees for examples of behavioral changes that indicate safety has replaced danger/risk?
- What happens when our assessment of the child's safety, family's needs change over the course of our involvement with them?
- The case plan needs to change in response.
- Ask trainees what tools do people in your agency use to engage children in assessment and safety planning?
- Ask trainees who is usually listed on a case plan? Are they all the people the child defines as their family?
- Ask trainees how we leverage family strengths to advocate for a child's safety and wellbeing as they define it?
- Ask trainees what else is important to case planning work WITH families?
- Remind trainees that the Minimum Sufficient Level of Care (MSLC) is a standard for assessing safety and change and assists social workers in systematically considering what the standard was for removal and what the expectations are for return of the child. Emphasize that conducting an accurate assessment of children and families in child protection is perhaps the most critical piece of a social worker's job.

ACTIVITY 2C: Teaming and facilitation group activity

Segment Time: 70 minutes

Activity Time 10 minutes

Trainee Content: Trainee Guide: *Phases of Case Planning*

Materials: Flip chart paper, markers

Slides: 9-10

Description of Activity:

Trainer will facilitate a brief discussion and review of teaming

Before the Activity

■ Have the PowerPoint ready; refer to trainer's guide for notes that correspond with each slide.

During the activity

- Briefly review the best practice of teaming.
- Remind trainees that they can find a definition of teaming on page 9 of the Trainee Guide.
- Ask trainees to share how their agency uses teaming in their own social work practice. Connect their answers to their own roles as facilitators.
- Emphasize that social workers are facilitators for all types of meetings, both formal and informal, within the context of their jobs. Facilitation skills are important to develop and are transferrable to all areas of work with families and in the community.
- Ask the larger classroom the question on the slide: How do you know when teaming with a family has been successful?
- The goal is for this question to surface the benefits of teaming organically, but the key takeaways are listed below as a reference:
 - Teaming provides a structured process to gather and organize information to move toward joint understanding and agreement between the family, organization, and within the organization itself.
 - Teaming can be used with the family to guide a conversation, develop goals and can be used in supervision or case consultation.





0	Relationships are the most significant factor in promoting child safety, permanency, and well-being.	
0	The words we use matter—building a series of shared agreements over time to reach larger goal requires that we share some common language.	
0	The more that information is effectively organized among all the key people involved, the more likely it is that effective decisions can be made.	

Transition to the next segment

☐ Thank trainees for their participation and let them know we will take a break shortly.

Segment 3: Overview of Activities - Polk / Hernandez Vignette

ACTIVITY 3A: Overview of activities for the day

Segment Time: 5 minutes

Activity Time: 5 minutes

Trainee Content: N/A

Materials: White board and/or chart paper

Slide: 11

Description of Activity:

The trainer will give an overview of the activities for the day.

Before the Activity

It is important for the trainer to become familiar with the activities in this course in order to provide an overview.

During the activity

- ☐ Give a brief overview of the upcoming activities for the remainder of the day based on the Polk / Hernandez family vignette. These activities include:
 - An overview of assessment strategies
 - Helpful questions to use with families
 - Preparing the family for teaming activities
 - Gathering Information / Preparing for case consultation
 - Case Consultation Practice
 - Preparing for the Family Team Meeting
 - o Family Team Meeting activity
 - o Debrief
- □ Inform trainees that the information we gain and record for each activity will all be used to inform follow up activities, culminating in a simulated teaming activity, so it's important we are gathering and sharing good information that is transferable to future work in monitoring and adapting the case plan.

Briefly review that teaming activities including family team meetings should utilize collaborative practices, a trauma-informed practice approach, cultural

Polk / Hernandez Activities

• Overview of activities for today:

- Assessment Strategies

• SOM Family Strengths and needs assessment and Ecomap

- Helpful questions to use

- Preparing the family

- Gathering Information / Preparing for case consultation

- Case consultation activity

- Preparing for the Family Team Meeting

- Family Team Meeting activity

- Debrief

humility, SDM 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.	

Transition to the next segment

☐ Thank trainees for their participation and let them know they can now take a 15 minute break.

BREAK for 15 MINUTES

Segment 4: Polk/Hernandez Case Study

ACTIVITY 4A: Introduction to the Polk/Hernandez Case Study

Segment Time: 60 minutes

Activity Time: 15 minutes

Trainee Content: Trainee Guide: *Polk/Hernandez Family Vignette*

Materials: N/A

Slides: 12-13

Description of Activity:

The trainer will instruct trainees to read the *Polk/Hernandez family vignette – history up to this point AND updated information* (pages 18-24 of Trainee Guide) in preparation for the upcoming activity.

Before the Activity

- Have the Trainee Guide out and turned to the Polk/Hernandez Family Vignette history up to this point AND updated information.
- Trainers: please see appendix at the back of the trainer guide for a timeline of the Polk/Hernandez vignette across all four 200 level classes AND the full Polk/Hernandez vignette for your historical reference.

During the activity

- ☐ Introduce the Polk/Hernandez Family. Explain the rest of the work of the day will focused on this family. Please note that the Polk/Hernandez family vignette is also used in the 200 level Assessment block and 200 level Case Planning & Service Delivery class, so they may remember some of the details of the family.
- Briefly present/re-introduce the family:
 - o Gloria Hernandez age 33 Mother, Hispanic
 - William Polk age 35 Father, African American
 - Samantha Polk age 15 Daughter, African American/Hispanic
 - William Polk, Jr. age 8 Son, African American/Hispanic
 - Amalia Polk age 2 Daughter, African American/Hispanic
- Notify trainees that they have about 10 minutes to read the supplemental handout: Polk/Hernandez vignette (both the history up to this point AND the updated information on the family at the current point in time,



available on pages 17-22 in Trainee Guide). Once trainees are done reading the Polk/Hernandez vignette, facilitate a Review of Polk / Hernandez Family brief discussion about the history of the family up until now: ■ Ask trainees: What's working well? · Key issues O What's working well? Current and historical trauma

- **Trainer prompts:**
 - - Family support
 - Community support for children
 - Relative placement of children who can provide permanency (Aunt Leann)
 - School stability
 - Children maintain contact with parents despite FR services being terminated
- What are the key issues of the family at this current time?
 - Trainer prompts:
 - Children re-detained due to continued safety issues in the home
 - Family Reunification Services are being terminated
 - Permanency plan needs to be developed
 - Minimizing trauma to children; continuing family, school and community connections
- Current and historical trauma?
 - Trainer prompts:
 - Historical trauma from prior removals to children and family
 - Current trauma of re-detention
- Current worries?
 - Trainer prompts:
 - Ensuring that Aunt Leann can provide permanency
 - Ensuring a visitation plan can be developed with the parents that will ensure safety, permanency and well-being and minimize trauma
 - Ensuring the children's needs are met with their updated case plan
 - Ensuring the updated visitation plan is trauma informed, taking into account the impact of separation on the children
- What are next steps for the family?
 - Trainer prompts:
 - Be transparent with the family in a respectful way
 - Review the SDM Reunification Reassessment with the parents so they understand how the agency's decision was supported by an evidence based assessment tool
 - Updated SDM Family Strengths and Needs assessment with children to identify their updated priority strengths and needs

- the family?



- to prepare for the development of their updated case plans
- Reassess the ecomap and support network to ensure ongoing support of children
- Case consultation with supervisor to prepare for FTM
- Prepare the family for another Family Team Meeting to discuss next steps (Permanency plan and updated case plan for children; visitation plan for maintaining connections for children)
- Support the parents and children and ensure they have support around the stages of grief and loss / trauma due to re-removal

ACTIVITY 4B: Impact of Separation and Use of Solution Focused Questions table activity

Segment Time: 60 minutes

Activity Time: 20 minutes

Trainee Content: Trainee Guide: Helpful Types of Questions for Finding Solutions

Supplemental handout: Impact of Separation and Trauma Chart

Materials: Laminated question cards

Slides: 14-15

Description of Activity:

The trainer will facilitate an activity allowing trainees to consider the impact of separation on the children and practice developing solution focused questions for the purpose of ongoing assessment.

Before the Activity

■ Review the supplemental handout Impact of Separation and Trauma Chart.

Review the handout in the Trainee Guide, Helpful Types of Questions for Finding Solutions, and demonstrate the correct page for trainees.

☐ Use the laminated question cards and be prepared to pass out 2 different question cards to each table group.

During the activity

- ☐ Inform trainees that now that they have had a chance to review the historical and current information for the Polk/Hernandez family, let's briefly review and consider the potential impact of separation on the children in the family.
- ☐ Instruct trainees to pull out the supplemental handout: "Impact of Separation and Trauma chart." Trainees may remember using this chart in other Core classes.
- Remind trainees that:
 - All children are initially traumatized by separation from their parents
 - When developing an updated visitation plan for the children, the PRIMARY purpose of these visits is to meet the child's needs. Always use the child's needs to determine your plan (not the adult's).
 - It is essential to assess the needs of the children and develop a plan that is trauma informed and will help them maintain important family and community connections while also maintaining their safety and



well-being.	
Have trainees briefly review the "Impact of separation and trauma chart" for each child's age group:	
o Toddler (Amalia, age 2)	
 Grade school age (Willy, age 8) 	
o Adolescent (Samantha, age 15)	
Brief table talk (5 minutes): Have trainees discuss at their tables:	
 How will this help you assess the needs of their children as you develop an updated visitation plan? 	
Debrief table talk: Ask table groups to report out	
Next, instruct trainees to turn to page 23 of the Trainee Guide.	Solution Focused Questions
Ask traineesare you familiar with some of these types of questions?	As a table group, review the two types of Solution Focused Questions assigned to your table
 Why do you think it is helpful to use these types of questions with families? 	Develop two Solution Focused Questions you could use with Samantha (age 15) or Willy (age 8) to assess their ongoing needs based on their recent re-detention Chart your questions on flip chart paper
Inform trainees that we will now practice developing some solution focused questions that could be used with Samantha (age 15) or Willy (age 8) to assess their ongoing needs based on their recent re-detention.	Report out to group: - What type of Solution Focused Question you were assigned - How that type of question is helpful - Your examples
Assign each table/group two types of solution focused questions featured in the Trainee Guide. There are 13 types of questions in total, so you can ask one of the groups to volunteer taking a 3rd question.	
As per the instructions on the slide, ask trainees to:	
Work together as a table group	
 Review your two assigned "types" of solution focused questions on the handout 	
 Create one example of each type of solution question assigned to your table to ask Samantha and Willy to assess their ongoing needs 	
o Report out to the group:	
 What was your type of question and how is it helpful? 	
 Provide examples of your solution focused questions Give trainees about 5 minutes to develop their questions 	
For the report out, limit each group about 2 minutes to keep the activities flowing.	

ACTIVITY 4C: SDM and Ecomap activity.

Segment Time: 60 minutes

Activity Time: 25 minutes

Trainee Content: Trainee Guide: *Polk/Hernandez Vignette*

Trainee Guide: Polk/Hernandez SDM and ecomap Activity Worksheet

Trainee Guide: Polk/Hernandez Ecomap (page 31)

Materials: SDM Manual: Family Strengths and Needs Tool

Laminated ecomaps

Ecomap activity role cards

Slides: 16

Description of Activity:

The trainer will facilitate an activity to cover the importance of fully engaging children/youth in monitoring and adapting their case plans and demonstrates the importance of staying focused on priority needs and strengths and adapting safety networks. The trainees will role play an interview with Willy and Samantha, with an observer to offer strengths based feedback.

Before the Activity

- Be familiar with the SDM Family Strengths and Needs tool (child/youth/young adult domain) (pages 90-94 in SDM Manual), and in the Trainee Guide the Polk/Hernandez Vignette, the Polk/Hernandez SDM and Ecomap Activity Worksheet, and the Polk/Hernandez Ecomap.
- Put the laminated ecomap on the tables
- □ Hand out role cards to each table...try to distribute an even amount of role cards for each child/youth (Willy and Samantha) to ensure equal assessment opportunities for each child.

During the activity

- Ask trainees to form into triads.
- ☐ Instruct trainees to bring their Trainee Guides with them if they need to move somewhere else, as this will be used in the activity, but to return to their older groups after this activity.
- ☐ Instruct trainees to turn to "Where we are now" of the Polk/Hernandez Vignette of their Trainee Guide.
- ☐ Inform them that their groups/triads will be using this vignette, as well as the ecomap located on pages 29-31 of the Trainee Guide, and pages 90-94

SDM and Ecomap Activity

- In Triads: each trainee will rotate through three ro
 - Willy or Samantha
 - Observer providing strength based feedback
- Using vignette, ecomap and Solution Focused Questions Interview the youth and complete the Strengths and
- Each trainee will be in the social worker role for 5
 minutes.
- Observer provides 2 minutes of feedback
- Rotate to next social worker repeat for three rounds (pick up role play where each social worker stops don't start over)

	_
Far	the SDM Manual to participate in a skill practice of completing the nily Strengths and Needs Tool (child/youth/young adult domains) ough a simulated conversation with Samantha and Willy.
Exp	lain that in the triads, each trainee will play a different role:
0	The role of the social worker
0	Either Willy or Samantha – the instructor will assign one or the other to each group.
0	An observer who will provide strengths based feedback after the role play is finished
eith stre net	e person playing the social worker will facilitate one conversation with oner Willy or Samantha, gathering information to identify their primary engths and needs and gathering information about their support works through the use of the ecomap located on page 27 of the Trainee de, which they will also work to update based on their conversation.
and in a	trainees that the information they gather using the Family Strengths I Needs tool in their SDM Manuals and the ecomap handout will be used I future activity, so to hold on to the information they gather and ord.
eac	lain that each trainee in the triad be able to try each of the three roles – th trainee will have 5minutes to role-play, and the observer will have 2 nutes to provide strength based feedback, before the roles rotate.
rot	orm trainees that the role-play should not start over when the roles ate. The new "social worker" will just pick up the conversation where it off with the "new" Willy/Samantha.
rot	ep time and inform the triads when 5 minutes are up, and when to ate 2 minutes later, until everyone has taken a turn in each role prox 21 minutes).
gro and	the activity takes place, the trainer should walk around and help each up if they become stuck, provide feedback, or listen for great practice, I be prepared to share their observations of great practice with the ire group during the debrief.
cor det	ce all of the triads have completed their rotation, ask the triads to nplete the SDM activity worksheet (on page 27 of the Trainee Guide) ermining the top 3 areas of need and strength for their assigned youth. orm them that this will be used later in the FTM.
Del	orief the activity with the larger group:
0	What worked well?
0	Does anyone have an excellent example of someone who did an amazing job? If no one does, then use an example you heard.

Segment 5: Preparing for the Family Team Meeting

ACTIVITY 5A: Lecture on preparing for the Family Team Meeting

Estimated Segment Time: 55 minutes

Activity Time: 20 minutes

Trainee Content: Trainee Guide: *Preparing the Family for the Family Team Meeting*

Materials: Flip Chart Paper, Markers

Video: Child and Family Team Meetings

Slides: 17-20

Description of Activity: The trainer will provide a lecture about how to prepare for the Family Team Meeting including an overview of the importance of case consultation between the social worker and their supervisor as well as how to prepare the family for the meeting.

Before the Activity

- Have the PowerPoint ready; refer to trainer's guide for notes that correspond with each slide.
- Review the Trainee Guide handout: Preparing the Family for the FTM.
- Have the video "Child and Family Team Meetings" queued up ahead of time:
 - o Link to video: https://www.youtube.com/watch?v=GEEEdzhel50
 - o Run time: 5 min 55 sec

During the activity

- Refer trainees to page 38 in their Trainee Guides: Preparing the Family for a Family Team Meeting.
- Briefly review the key takeaways of preparing the family using information on the slide.
- Move to next slide
- □ The next step is to review the SDM Reunification Reassessment tool with the family to encourage transparency and a shared understanding about how the worker / agency made the decision to terminate Family Reunification services using guidance from an evidence-based assessment tool.
- Additionally, it is important to address any grief, loss and trauma issues the

Preparing the Family for the FTM



- Meet with the family ahead of time
- Provide information in advance about the purpose of the meeting, agenda, how long it will last, and
- Ask who they want to invite to the meeting
- If safety is a concern, plan separate meetings to family members and use care in explaining the need for separate meetings.

family may be experiencing due to the termination of family reunification services and transition to the concurrent plan. Direct trainees to page 38 in Preparing the family - Table Talk their Trainee Guide: Preparing the family for a Family Team Meeting for a review of the stages of grief that a family may experience during this time Review the SDM Reunification Reassessment tool with the family and next steps (FTM transition and visitation planning, etc.) of change and transition to the concurrent plan. Address grief and loss issues the family may be experiencing due to this change ■ Table talk: Have trainees take 5 minutes to discuss at their tables: What do you think the family would want to know about the family How will you engage the family and address their team meeting ahead of time? How would you prepare them for the meeting? How would you engage the family in a discussion about the SDM Reunification Reassessment? How do you currently do this in your practice? What would you like to try on in the future? How would you address grief and loss issues that the family may be experiencing? Debrief (5 minutes): Ask each table to report out what they discussed ■ Explain to trainees that the purpose of preparing for the meeting in this vignette is to begin working on a visitation plan and to think about what the children's ongoing needs are to inform the case plan update. We will focus primarily on Samantha and Willy, since they are verbal and have been interviewed by a social worker in a previous activity, but we should also consider the needs for the baby, as these may come up during the Family Team Meeting as well. ☐ Video clip: Let trainees know we will now play a brief video clip that "Child and Family Team Meetings" to illustrate an example of a Social Worker Video: Prepping a youth for an FTM preparing a youth for the Family Team Meeting ☐ Link to video: https://www.youtube.com/watch?v=GEEEdzhel50 ■ Run time: 0:00 to 5 min 55 sec ■ Video Debrief; Ask Trainees: What were some things you noticed the Social Worker say to help the youth prepare for the meeting? What were you key takeaways from the video? What did you notice about the youth at the beginning of the video vs. at the end of the conversation with the social worker? Body language? Tone of voice? Comfort level with attending the meeting? Is this similar to how you prepare families in your practice? Is there anything you would add to the conversation? ■ Review the importance of preparing for the Family Team Meeting through case consultation between the social worker and supervisor. ■ Review the main points on the slide which gives an overview of what the major tasks are for the preparing for the FTM:

- o Gathering case information in preparation for the 387 Petition
- Collateral information / support network, family interviews, visitation logs, SDM tools, case plan progress
- Organizing all information into the Safety Planning Tool to present during the case consultation with supervisor
 - Inform trainees that we'll cover this tool in the following segment, but for now it's important to recognize that it helps cover the following important questions:
 - What is the purpose of the meeting? Important that the purpose is about developing a visitation plan and updating objectives for kids for PP case plan
 - What working well?
 - What are you worried about?
 - What is the impact on the child? SDM?
 - What are the next recommended steps?

Preparing for Case Consultation

- Organizing all information into the Safety Planning ToolWhat is the purpose of the meeting?
- What working well?
- What are you worried about?
- What is the impact on the child? SDM?Cultural considerations
- What are the next recommended steps

Transition to the next activity

☐ Thank trainees for their participation and let them know we will engage in a case consultation activity after lunch.

LUNCH for 60 MINUTES

ACTIVITY 5B: Case Consultation Activity

Estimated Segment Time: 55 minutes

Activity Time: 25 minutes

Trainee Content: Trainee Guide: Case Consultation Guidelines

Trainee Guide: Safety Planning Tool: Case Consultation

Materials: N/A

Slides: 22-25

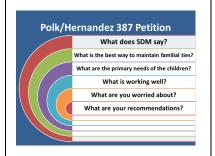
Description of Activity: Trainees will apply their information from the Polk/Hernandez family activities in an activity to practice conducting a case consultation with a supervisor in preparation for the Polk/Hernandez Family Team Meeting.

Before the Activity

Have the PowerPoint ready; refer to trainer's guide for notes that correspond with each slide. Have the trainees guide handy and refer to pages 34-38 for additional information about case consultation guidelines and the Safety Planning Tool (on page 39) we will be using for the case consultation and later for the Family Team Meeting.

During the activity

- Remind trainees of where we left off with the Polk/Hernandez family, and the work they did in triads to complete the SDM tool determining the top three areas of need and strength for their assigned youth.
- Ask some volunteers to share:
 - O What does SDM say?
 - O What is the best way to maintain familial ties?
 - O What are the primary needs of the children?
 - O What is working well?
 - What are you worried about?
 - O What is going to be your initial recommendation for next steps?
- Refer trainees to the Case Consultation Guidelines located on page 32 of the Trainee Guide and Safety Planning Tool located on page 37 of the Trainee Guide.
- ☐ The Case Consultation Guidelines are adapted from the field activity guide associated with the Monitoring and Adapting Block: "Collaborative



Assessment, Planning and Support: Case Plan Update" Safely Planning Tool – Case Consultation These guidelines can be used to prepare both the supervisor and social worker for any meeting or teaming activity with a family. ☐ The Safety Planning tool can be used in a case consultation meeting. It includes the three questions as well as additional questions and considerations to help organize information and guide the conversation in a case consultation, family team meeting, and in a variety of other meetings/settings. ☐ Briefly review each element of the tool located on the slide. It is similar to a three column mapping tool with some additional questions. ☐ Ask trainees to review the Case Consultation Guidelines for ideas and preparation. ☐ Then, have trainees use the Safety Planning Tool in their guides (page 39) to record their notes and observations related to the Polk/Hernandez family up to this point for use during the upcoming case consultation activity. Primarily, remind them to focus on: What safety behaviors are present in the family based on current information? What is working well for the family? What are you worried about with the family? 0 What are your initial recommendations for next steps? Inform trainees they will have about 10 minutes to review all of the information they have gathered about the Polk/Hernandez family and fill out the Safety Planning Tool based on their information. Once 10 minutes have passed, move to next slide: Case Consultation Activity ■ Explain that we will now practice performing a case consultation in Case Consultation Activity preparation for the Family Team Meeting As per the activity instructions on the slide, ask trainees to: 1. Get into pairs at your table groups 2. Determine who will play the role of social worker and supervisor 3. The social worker will use the Safety Planning Tool with notes about the family to guide their discussion with the supervisor ■ To guide their discussion, encourage trainees to use the discussion point suggestions on the slide: What is the purpose of the meeting? Remind trainees that the purpose of this upcoming meeting is to update the case plan objectives for the children as a permanency planning case and to develop a plan for maintaining familial ties for the children (visitation with parents, support network) What's working well for the family?

- O What are you worried about?
- O What is the impact on the child? SDM?
- Who will attend the meeting? Support network? Safety issues? Cultural considerations?
- O Who else should be at the meeting?
- O What are the next recommended steps?
- Following the activity, ask for volunteers to share how the activity prepared them for the Family Team Meeting. Specifically:
 - Why is it important to have a structured Case Consultation process with your supervisor prior to a Family Team Meeting?
 - o What are some benefits?
 - o Any challenges?
 - o How do you do this in your personal practice?

Case Consultation Discussion

- Why is it important to have a structured case consultation process with your supervisor prior to a Family Team Meeting?
- What are some of the benefits of the case consultation?
- Any challenges with the case consultation?
- How do you do this in your personal practice?

ACTIVITY 5C: Continued lecture on preparing for the Family Team Meeting

Estimated Segment Time: 55 minutes

Activity Time: 10 minutes

Trainee Content: Trainee Guide: Family Team Meeting Agenda

Trainee Guide: Safety Planning Tool

Materials: Flip Chart Paper, Markers

Slides: 26-29

Description of Activity: The trainer will provide a lecture about how to prepare for and conduct the Family Team Meeting utilizing the Family Team Meeting Agenda and Safety Planning Tool.

Before the Activity

☐ Have the PowerPoint ready; refer to trainer's guide for notes that correspond with each slide. Have the trainees guide handy and refer to pages 40-41 for additional information about how to prepare for and conduct the Family Team Meeting utilizing the Family Team Meeting Agenda and Safety Planning Tool.

During the activity

- Review the slide for main discussion points regarding discussion points for preparing for a Family Team Meeting.
- ☐ The discussion points are examples of what can be discussed during a Family Team Meeting. This will vary depending on the purpose of the meeting. It is essential that the purpose of the meeting is determined and clear to the family and everyone at the meeting. It is the facilitator's job to keep the group on task throughout the meeting.
- Ask groups what purposes were developed in their case consultation with their supervisors – these are the purposes they will start the FTM with for this exercise. It should be visitation planning and ongoing needs of children based on the SDM activity

Preparing for a Family Team Meeting

- Family strengths & protective factors
- Current safety behaviors....have the original safety concerns been mitigated?
- Family support network and safety plan
- Cultural considerations

- Remind trainees that they will be participating in an activity where they will be following this Agenda to update the case plan with the family. Remind trainees of the connection between this activity and the field activity they completed for updating a case plan in a team setting.
 - From everything we have covered so far, how will you demonstrate or use SDM findings, trauma informed practice, respectful use of authority, cultural humility?
- Refer trainees to the *Family Team Meeting Agenda* on page 38 of the Trainee Guide.
 - Explain that this is an excellent tool for facilitators to use as an Agenda for any type of meeting. We will use this tool today as we do the Family Team Meeting activity.
 - Briefly review each element of the Agenda on the slide and encourage trainees to read along in their guides for more information

Introductions and identifying the situation

Introductions/Check-in
Purpose of this meeting
Group Agreements including confidentiality

Assessing the Situation and Developing Ideas

Family Strengths/What is working Family Challenges/Worries

Reach a Decision

Action Planning Next Steps

Feedback/Closing

Plus/Delta and Closing

- Remind that the three questions are embedded into the FTM Agenda and 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 family for what we are looking for. It starts us off on the right foot for collaboration and better helps them prepare to participate.
 - 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

Family Team Meeting Agenda
Introductions and identifying the situation

1. Introductions/Check-in

2. Purpose of this meeting

3. Group Agreements including confidentiality
Assessing the Situation and Developing Ideas

4. Family Strengths/What is working

5. Family Challenges/Norries
Reach a Decision

6. Action Planning

7. Next Steps
Feedback/closing

8. Plus/Delta and Closing



	working and what we are worried about; an ongoing 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 in the Safety Planning Tool, which uses columns of behavioral detail (what's working or who's worried).				
	Remind trainees of the Safety Planning Tool that was used in case consultation; the same tool can be used to facilitate the Family Team Meeting. The tool helps guide a conversation utilizing the three question	Use these columns to sort within the family and ider strengths are directly imp- (keeping the child safe)	the strengths tify which	city Planning Tool Ingilia Use these columns to sort your worries and identify which worries are directly timpecting the child (harming the child)	
_	that were discussed on the previous slide. Be sure to explain to trainees that the tool can apply to both consultation and Family Team Meetings by design rather than by coincidence. This ensures consistency of practice and transparency.	What are some things that are working well in the family? What needs to happen new What does SDM say? Cult.	strengths = Protective Capacities that are currently keeping the child safe? t, and by who?	What are the things that worry you?	Which of these worries have actually impacted/harmed the child as a result of something the caregiver did or didn't do?
	This is the tool we will use during the Family Team Meeting activity	Syrac does 3DM say/ Culto	rai considérations / S	apport Network?	→ 10

Transition to the next segment

☐ Thank trainees for their attention to the important details of preparing for a Family Team Meeting and share your excitement that it's now time to put all of our preparation to work through simulating an actual Family Team Meeting with the Polk/Hernandez family.

Segment 6: Polk/Hernandez Family Team Meeting

ACTIVITY 6A: Overview and preparation for the Polk/Hernandez FTM activity

Segment Time: 60 minutes

Activity Time: 10 minutes

Trainee Content: Supplemental Handout: *Polk/Hernandez Activity Instructions & Roles*

Trainee Guide: Polk/Hernandez Family Vignette

Trainee Guide: Helpful types of questions for finding solutions

Trainee Guide: SDM & ecomap activity worksheet

Trainee Guide: Polk/Hernandez Ecomap

Trainee Guide: Family Team Meeting Agenda

Trainee Guide: Safety Planning Tool – Teaming Activity Notes

Trainee Guide: Family Team Meeting - Observation Worksheet

Trainee Guide: Communication skills for effective facilitation

Materials: Flip chart paper, markers

Slides: 30-32

Description of Activity:

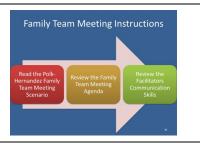
Provide an overview of the Polk/Hernandez Family Team Meeting activity, review associated materials and assign groups and roles.

Before the Activity

- Have the Trainee Guide and "Polk/Hernandez Activity Instructions" supplemental handout available to refer to the associated handouts for this activity.
- Have plenty of chart paper available with the 3 columns written on each flip chart paper for each group.

During the Activity

- Let trainees know it's now time to put everything they've worked on together for this final activity involving a simulated Family Team Meeting.
- Refer trainees to their supplemental handout: Polk/Hernandez Activity Instructions so they can read along with the instructions.



Purpose of activity:

To give trainees a chance to practice new tools and strategies for teaming with families while monitoring and adapting the case plan.

Purpose of meeting:

- 1. Discuss the current needs of the children based on an updated SDM Family Strengths and Needs Assessment to inform the updated case plan with the goal of a permanent plan with resource parent Aunt Leann
- 2. Develop a trauma-informed visitation plan in order to maintain important familial and community connections for the children while ensuring their physical and emotional well-being.

Description of activity:

- Trainees will team with the family during the activity utilizing updated information about the Polk/Hernandez family in preparation for updating the visitation and case plan.
- Each Family Teaming Meeting will include about 8 people (this may vary depending on total number of people in the class).
- Each person will rotate practicing facilitating part of the interaction with the family (as the social worker). When not facilitating, they will play one of the other roles on the team.
- O Briefly review the roles of the Family Team Meeting listed on the slide and have each group determine which person will play the social worker first, second, third, fourth and fifth; and have them identify what role they will play when they are not the social worker and write their role on a name tent.
- Please note that the social worker is always the facilitator of the meeting in this activity and the social work supervisor is the scribe for the meeting.
- While reviewing the social worker/facilitator role, make a note that many counties have specific facilitators that are trained to facilitate Family Team Meetings. Even if your county has a separate facilitator, it is still important for social workers to gain these skills and have practice facilitating informal and formal meetings with families, their support networks and other providers.
 - If trainees are wondering why Willy is not listed as a role, it was
 determined that due to a combination of factors (his young age;
 and the fact that he was recently physically abused by his father),
 the social worker determined that this would not be the right
 place for him to be interacting with his father.
- The social work supervisor / scribe will chart on chart paper using three columns: What's working well? What are we worried about? What needs to happen next? The scribe can also use the Safety Planning Tool to guide the conversation and take notes.
- Ask trainees to review their section of the Agenda in the Activity

Teaming with the Polk-Hernandez Family

Purpose of meeting

In collaboration with the team, develop and discuss the updated case plan for the children, including a visitation plan with the parents and important connections

Family Team Meeting Roles

- Bill, Social Worker (age 23) & Facilitator
- 2. Mary, Social Work Supervisor (age 52
- Gloria, Mother (age 3
- 5. Samantha, Daughter (age 15)
- 6. Aunt Leann, Resource parent
- 7. Uncle Sal, Paternal uncle
- Observer: Voice of Structured Decision Making, Trauma Informed Practice, Cultural humility, Best Practices

	instructions supplemental handout and the Communication Skills for Effective Facilitation in their Trainee Guide (page 41).	
0	After 5 minutes, ask trainees to refer to the following associated handouts for review and preparation of the activity.	
	efly review all of the handouts that will be a part of this activity, as own in the activity instructions supplemental handout.	
0000Add	Polk/Hernandez Vignette (page 18) Polk/Hernandez Activity Instructions and Meeting Roles (supplemental handout): This is where you can review the context of your assigned role within the FTM Family Team Meeting Agenda (page 40): This may be a useful document for facilitators to refer to in order to keep the FTM flowing Safety Planning Tool (page 41) This may be useful for trainees to refer back to just before beginning the official FTM in their respective roles, and should also be a helpful guide for facilitators charting the three questions. Family Team Meeting – Observation Worksheet (page 42): Inform those in the Observer role that they will utilize this worksheet to take notes and give feedback about the process. ditional handouts for reference	
0 0 0	Helpful types of questions for finding solutions (page 25): A helpful resource for everyone in the meeting SDM and ecomap activity worksheet (page 29): To refer to when discussing the needs of the children Polk/Hernandez Ecomap (page 31) Communication skills for effective facilitation (page 43)	
	hase note: there will likely be 4-5 groups having simultaneous meetings, have the groups set up at far ends of the classroom.	
	ve group trainees place their chairs in a U shape (with facilitator in front) make it more inclusive and create a more intimate and safe space.	
Po hai	ce all of the roles have been assigned, refer trainees back to the lk/Hernandez Family Team Meeting – Activity Instructions supplemental ndout, where they can first read the brief FTM scenario, and then move to review their own particular role within the FTM.	

ACTIVITY 6B: Family Team Meeting Activity

Estimated Segment Time: 60 minutes

Estimated Activity Time: 50 minutes

Trainee Content: Supplemental Handout: *Polk/Hernandez Activity Instructions & Roles*

Trainee Guide: Polk/Hernandez Family Vignette (page 17)

Trainee Guide: Helpful types of questions for finding solutions (page 23)

Trainee Guide: SDM & ecomap activity worksheet (page 27)

Trainee Guide: Polk/Hernandez Ecomap (page 29)

Trainee Guide: Family Team Meeting Agenda (page 30-31)

Trainee Guide: Safety Planning Tool – Teaming Activity Notes (page 38)

Trainee Guide: Family Team Meeting - Observation Worksheet (page 39)

Trainee Guide: Communication skills for effective facilitation (page 40-41)

Materials: Flip chart paper, markers

Slides: 33-34

Description of Activity:

Trainees will participate in a mock Family Team Meeting for the Polk/Hernandez family. In collaboration with the team, they will develop and discuss the updated case plan for the children, including a visitation plan with the parents and important connections.

Before the Activity

■ Familiarize yourself with the trainer's notes and all associated handouts for this activity in the Trainee Guide.

During the activity

■ Let the groups know they will have 40 minutes to complete the FTM.

Trainer Instructions:

- ☐ Ask group to follow along with instructions in the supplemental handout.
- ☐ Groups should be of 8 individuals. The roles are:
 - Rotating Social Worker Role
 - Social Worker Supervisor
 - o Gloria, Mother (age 33)



	0	William, Father (age 34)		
	0	Samantha, Daughter (age 15)		
	0	Resource Parent, Aunt Leann		
	0	Uncle Sal		
	0	Observer		
	This activity will be one fluid team meeting that lasts for 50 minutes. The trainer will need to act as a time keeper throughout the meeting, notifying social workers when there is 2 minutes remaining (i.e., hold up a sign) and when the sections have ended.			
<u>Tin</u>	ning	Breakdown for the 50 minutes:		
 Social Worker #1 (10 minutes) Introduction, Agreements, Purpose of Meeting 				
	0	Social Worker #2 (10 minutes) Family Strengths/Safety/What's Working		
	0	Social Worker #3 (10 minutes) Family Challenges/Worries/Danger		
	0	Social Worker #4 (10 minutes) Action/Next Steps		
	0	Social Worker #5 (5 minutes) Debrief and Feedback with the Family		
	0	Group Feedback and Debrief (5 minutes)		
	Let the groups know when there is 5 minutes left so they will know it is time to wrap up the worksheets and tools in preparation for the large group report out.			
	Walk around to each group and "listen-in" for how the groups are doing. Take note of anything exceptional and reflect that back to the teams during the large debrief.			
	As you walk around, remind trainees to consider the following:			
	O What does SDM say?			
	0	What are the cultural considerations?		
	0	Are the underlying needs (trauma, and grief and loss issues of the children and family) being addressed?		
	0	What support does Aunt Leann need? The kids? How can the team help?		
	0	Remind trainees to check for biasare there any personal biases impacting the way they interpret the information presented to them?		
	Coach group to not role play an "extreme" point of view or person. The goal is to practice and have success at building skills in team facilitation.			
	The structure of the interaction should be to focus on gathering information helpful to creating a trauma-informed visitation plan and updated case plan objectives that meet child safety, permanency and wellbeing standards.			
	sta	e last social worker will debrief the interaction with the role players, lying in "character," and then the group will break character and debrief activity as trainees.		

Once the small groups have had a chance to debrief on their own, you will then lead the large group report-out of their experiences. Once time is up, have the large groups report out the following: What were some next steps you developed with the family? **Large Group Report Outs** What worked well? Any challenges or upgrades? What were your key takeaways or reflections about this activity? How is this similar or different to your current teaming practices (in your agency or in your personal practice)? O Where do you see opportunities for improvement or development? ■ To debrief, ask trainees: O Was this a meaningful activity? O What did you learn? What are you willing to try back at work? Acknowledge group for their willingness to take risks in skill building in front of peers. Connect this part of the activity to how families are asked to be vulnerable in participating in family teaming as well.

Transition to the next segment

Thank the trainees for all of their hard work throughout the Family Team Meeting process and let them know we'll know move to start wrapping things up before we begin the End of Block Exam.

Segment 7: Putting it All Together: Personal Learning Plans & Debrief

ACTIVITY 7A: Personal Learning Plans

Estimated Segment Time: 10 minutes

Estimated Activity Time: 10 minutes

Trainee Content: Trainee Guide: *Personal Learning Plan* (page 45)

Materials: N/A

Slides: 36-37

Description of Activity:

The trainer instructs the trainees to fill out their *Personal Learning Plan* on page 42 of the Trainee Guide.

Before the Activity

☐ Have a copy of the *Personal Learning Plan* (see page 38 of the Trainee Guide)

During the activity

- □ Direct trainees to page 42 of the Trainee Guide containing their *Personal Learning Plan*.
- ☐ Instruct trainees to complete their Personal Learning Plans individually. Allow them 5 minutes.
- Once trainees have finished, instruct trainees to spend about 5 minutes sharing their answers in their small groups.
- Debrief the day and wrap-up:
 - What did you learn today that you are most excited about implementing when you get back to the office?
 - O What worries you about returning to the office?
- Thank trainees for attending.
- ☐ Transition to 15-minute break prior to ending the day with the End of Block Exam.





Segment 8: End of Block Evaluation and Debrief

Segment Time: 60 minutes

Materials End of Block Evaluation Materials

Participant Satisfaction Survey

Slide: 37

Description of Activity

The trainer will proxy the end of block evaluation with trainees.

Before the activity

Ensure that there are enough copies for all trainees of the respective materials noted below. The documents and all upto-date evaluation materials are located in the CalSWEC website under the password protected link, "RTA Evaluation – Training Evaluation Materials for Common Core". **Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.** The materials are subject to change, so check in frequently.

During the activity

■ End-of-Block post-evaluation instructions FOR TRAINERS

To complete the end-of-block post-evaluation activity you should have the following materials:

- Informed Consent Document
- Document with County and Training Site Codes
- Answer Sheet(s)
- End-of-Block Post-Evaluation Tool(s)

Hand out the Informed Consent form, County and Training Site Codes document, and Answer Sheet to Trainees.

Disclaimer: Trainees who do not wish to participate in the research study do not have to submit their test forms (electronic or paper) and there is no penalty for non-participation. To avoid disruption during the evaluation activity for those trainees who wish to participate, the end-of-block post-evaluation can be administered to non-participants as a paper-based learning activity that does not need to be submitted.

Begin Verbal Directions -

We are preparing to initiate the end-of-block post-evaluation. This evaluation is not used to assess your performance, but rather to inform our continued improvement of the curriculum. Please take a few minutes to review the Informed Consent form and to complete your Answer Sheet. If



	you do not have an Informed Consent form, County and Training Site Codes document, or Answer Sheet, or if you have questions, please raise your hand.	
0	45 minutes for exam – Taking the end-of-block evaluation provides data on how the curriculum can be improved.	
	When trainees have completed their Answer Sheets, provide them with the end-of-block evaluation.	
	<u>Verbal Directions (Continued) –</u> We are now ready to begin the end-of-block evaluation. The purpose of this end-of-block post-evaluation is to help us identify areas within the curriculum that can be improved. The end-of-block evaluation is composed of 45 knowledge items which will cover content from eLearning, 100-level and today's 200-level classroom.	
	When answering a question please make sure you completely fill in the circle with heavy, dark marks. Any stray marks can affect processing. Are there any questions? If there are no (additional) questions, please begin.	
	NOTE TO TRAINERS: If you have trainees present who you think qualify for ESL accommodations, please be attentive to their progression throughout the evaluation activity so to provide any assistance that they may need.	
	 □ At the end of 45 minutes (or when all trainees appear to have completed the evaluation), walk around and collect the Answer Sheets and end-of-block post-evaluations. Check trainees' Answer Sheets to make sure that they were completed correctly. □ Place the Answer Sheets in the provided envelope and complete the Cover Sheet provided for submission to CalSWEC. □ Move on to the debrief activity. 	
_	15 minutes for debrief - Taking an end-of-block post-evaluation is a learning opportunity. Now that trainees have completed the end-of-block evaluation the debrief activity should be initiated to provide an opportunity for trainee reflection. For the debrief activity, please refer to the Knowledge Post-Evaluation Debrief Protocol document, at this time.	
_	Chart responses from the debrief activity and share feedback (i.e., notes, pictures of chart pads, etc.) via our Web-Form: (https://app.smartsheet.com/b/form?EQBCT=9552be804ddd480ea8458a8f63d6a0f7). This information will be used to track themes in concerns, issues, or topics raised for future evaluation and curriculum improvement.	
	Have trainees complete the participant satisfaction survey before leaving.	

References/Bibliography

- Academy for Professional Excellence. (2015). *Child Family Team Meetings*. Retrieved from https://www.youtube.com/watch?v=GEEdzhel50
- Berg, I.K., & Kelly, S. (2000). Building Solutions in Child Protective Services. New York: Norton.
- Berg, I.K., & De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391
- Berg, I.K., & Saleebey, D. (Ed.). (1992). The strengths perspective in social work practice. NY: Longman.
- Berg, I.K., & de Shazer, S. (1985). Keys to solution in brief therapy. NY: Norton.
- California Social Work Education Center. (2017). Managing the Plan: Supporting Safety, Permanency, and Well-Being. Training Version 3.1. Berkeley, CA: Regents of the University of California.
- California Social Work Education Center. (2017). Teaming, Collaboration and Transparency. Training Version 3.1.

 Berkeley, CA: Regents of the University of California.
- Florida's Center for Child Welfare. (2012). Ongoing Assessment and Permanency. Florida Department of Children and Families. Retrieved April 2016 from: http://centerforchildwelfare.fmhi.usf.edu/preservice/FLTrainingCurr.shtml
- Mouch, M., & Rideout, Pat. (2011). Skill and Awareness Development for TDM Facilitation. (Rev. April 2011 by Biehle, K., and Johnson, S.N.). Annie E. Casey Foundation. Retrieved May 2017 from https://humanservices.ucdavis.edu/sites/default/files/TDM%20for%20Facilitators%20Training%20Handouts%20 April%202011.doc
- The Therapist Aid. (2017). Five Stages of Grief: The Kubler-Ross Model. *Grief Psychoeducation*. Retrieved May 2017 from http://www.therapistaid.com/therapy-guide/grief-psychoeducation-guide/grief/none#kubler-ross
- Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved 9(2), 117-125. The Johns Hopkins University Press.

Materials Check List

Trainer Guide Trainee Guide Power Point Computer/laptop that is:		
 Linkable to a large (preferably LCD projector) screen Connected to LCD Speakers Connected to the internet 		
Easels, chart paper (preferably with self-adhesive), markers, Post-its, Blue Tape Colored Paper Standardized Handout: SDM Policy and Procedure Manual (at least one per table) Laminated Solution focused question cards (for Solution Focused Questions activity) Laminated ecomap and role cards for each table (SDM and Eco-map activity) Participant Satisfaction Surveys		

Appendix

Contents	Page
Question card template for Solution Focused Questions table activity	57
Role card template for SDM / ecomap activity	64
Polk/Hernandez ecomap (laminate for activity)	66
Polk/Hernandez timeline across all four 200 level class	67
Polk/Hernandez – full historical vignette for reference	70

Open-ended questions

Who, what, when, where and how questions

Coping Questions

Relationship questions

Exceptionseeking questions

Scaling questions

Miracle questions

How is that helpful?

How do you

know he/she can do this?

What else?

Then what did

you do?

What have you thought about doing?

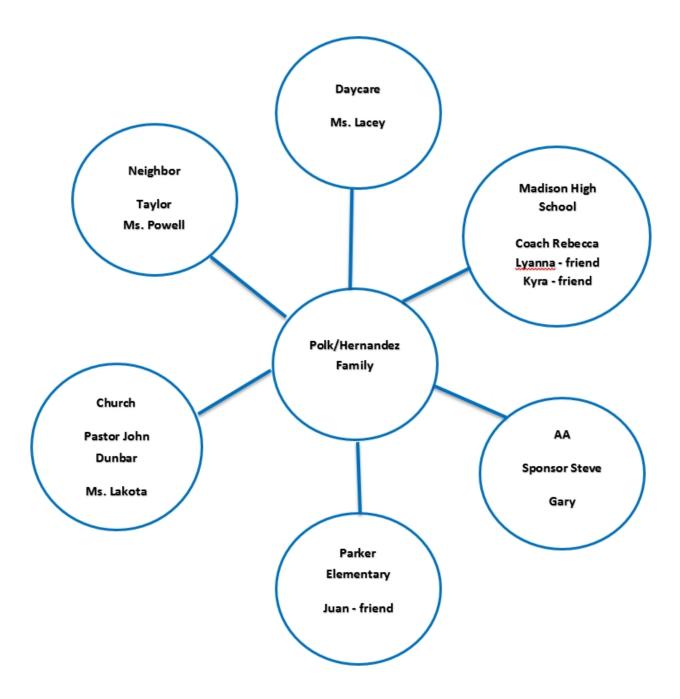
Suppose....?

Social Worker

Willy, age 8

Samantha, age 15

Observer



Polk/Hernandez Family Team Meeting Roles

Bill, Social Worker, Age 23, Caucasian

You are the family reunification worker; you have an established relationship with the family and will continue to support them in this transition. You know that the family members are all distraught over what has happened. You are also feeling overwhelmed, questioning your decision making, and dealing with your own reactions to the family not being able to successfully reunify. You have consulted with your supervisor ahead of time and feel prepared to facilitate the Family Team Meeting. The purpose of the meeting is to develop a visitation plan for the parents and to assess and discuss the need to adapt the children's case plan goals and objectives based on the SDM Strengths and Needs Tool and the Ecomap you developed with Willy and Samantha.

You have several questions for the family and their network, such as:

- 1. What support system does the family have in place and how will they support the family to ensure the children's safety?
- 2. How can we continue to honor you as parents as we move forward in recommending the children be placed permanently with Aunt Leann?
- 3. How can the team best support the children in this transition?

Mary, Social Work Supervisor, Age 52, Hispanic

You are the supervisor of Bill, the family reunification worker. Bill has shared many details with you about this family and he uses a strengths based approach with the families he works with. You have a positive working relationship with Bill and trust his judgments. You both discussed his own personal reactions to this change in direction in the case and his disappointment in the father for once again abusing the children in this way.

William Polk, Father, Age 35, African American

The father of Samantha, Willy, and Amalia, you work several odd jobs such as auto repair with your uncle and a driver for Uber. You were doing well during family reunification, parent class and substance abuse treatment. Shortly after the case went to Family Maintenance you began drinking again — only a beer or two at first, but during the last incident you had begun drinking whiskey again. The stress of not being able to provide for your family, dealing with conflicting feelings about how to raise your children, and your strong belief that kids must obey their parents or they won't make it in society led to the drinking and increased drinking. You are angry about the fact that the county wants to take your children away permanently. You feel guilty for your out of control behavior with Willy.

Gloria Hernandez, Mother, Age 33, Hispanic

The mother of Samantha, Willy, and Amalia, you are a hard worker and a loving mother, but you have past substance abuse issues and you have had issues in the past protecting Amalia from her father when he became angry with Amalia for not listening. You did well in services and were happy to see William, the father, open up to looking at his angry and dangerous reactions to the children, especially Amalia, who is very strong willed, when he drinks. You knew that William had started drinking beer again and that he was beginning to yell at the children more. You wanted to ask for help from your social worker, Bill, as you believe he supports your family, but you didn't want to make the situation worse for

William. You were hoping you could talk to him and to Uncle Sal and that he would get back on track. He had been doing so well. You appreciated Aunt Leann for caring for your children but you know that they need you now more than ever.

Samantha, Age 15

You wish you could be at home with your parents, but if you can't then Aunt Leann is where you want to be. You are happy that you are staying in the same school, as Coach Rebecca continues to be a mentor. You are mad at your mother and feel that your mother is at fault for all of this because if your mother had stayed home from work like she agreed to none of this would have happened. You are also upset that you have not been allowed to watch your siblings. You are tired of having to move and have begun to withdraw more from your friends. You have just been focusing on dance and stay in your room most of the time when you're home.

Beverly, Paternal Grandmother, Age 63

You want your son William Polk to come back and live with you. You are disappointed in what happened but also very worried about William's emotional well-being; he may give up on everything now that the kids have been taken away again. You agree that Leann should have the children because you aren't sure Gloria can handle them alone. You believe part of the problem is that William felt the need to over discipline because Gloria was too lenient with the kids. You are the pillar of your family. Everyone comes to you for advice, but you are not pushy and tend to let people make mistakes rather than force your agenda. However, you are very worried about your grandkids, your son and also Gloria. You understand the impact of trauma because you have lived through it with your own children. You don't want to see your grandchildren repeat the cycle of abuse and alcoholism you have seen with your own husband and son William.

Uncle Sal, Paternal Uncle, Age 32

As the brother of William Polk, you have been his primary support. William really looks up to you even though you're his younger brother. You have been in recovery for eight years. Although you're devastated by the children being removed again and about William's relapse, you believe strongly that families need to stay together and you know that William can continue to improve. You do support the children being taken out of the home and placed with your sister Leann, but you don't think they should be adopted.

Leann, Paternal Aunt and resource parent, Age 38

You are William Polk's sister. Following the original Juris/Dispo hearing, Willy and Amalia were placed with you. You are more than willing to have the kids with you and will provide permanency for them if that is what you have to do to keep them from being in the "system." You are angry with your brother and can't believe he did the same thing again knowing what would happen. You support the children's mother Gloria and would like to see the kids be able to be with her, but you think Gloria needs some time to decide if she is willing to leave William. Most importantly, you will do whatever the department wants you to do to keep the kids safe and with family.

Observer

You will observe the team meeting and serve as the voice of:

- Structured Decision Making
- Trauma Informed Practice
- Cultural humility
- Best Practices

You will document your observations of the meeting on the "Family Team Meeting – Observation Worksheet" in the trainee guide.

Willy, Age 8: (will not be at the FTM; SW will present voice of Willy)

After his parents move, Willy had a best friend, Mitchell, who lived next door to them. Mitchell and he played baseball together, and Mitchell's dad, Jim was the coach. Willy had become very close to Jim. Willy had spent the night at their home on several occasions. Willy likes spending time with Mitchell and his family and he is worried that since his Aunt Leann lives on the other side of town he will not see them anymore. Willy loves living with his Aunt Leann. He is happy that he is going back to his old school. He misses his dad and mom a lot, but sees them sometimes. Willy thinks that if he had not gotten hit with the belt no one would have ever known and he would still be living with his parents. He feels guilty for his family not being together, but happy he helped Amalia. He is also feeling angry and has gotten into trouble at school for fighting. He is refusing to see his father at this time.

The following team members will NOT be present at the team meeting. Social worker interviewed them prior to the meeting and can represent their voice / perspective during the meeting:

Ms. Lacey, Day Care Provider

As Amalia and William's daycare provider, you can continue to provide daily childcare for Amalia until 5:30pm and for Willy after school until 5:30pm, Monday through Friday. You have seen a lot of strengths in the children and are invested in their well-being because you have been a part of their life for quite some time.

Mr. Hopkins, Education Liaison from School District

The educational liaison for the school district, you have been working with the social worker during the life of this case. The children have already changed schools once and you are concerned about their ongoing educational needs. Willy has been acting out at school recently and got in a fight last week. You want to be sure the kids can stay in their current schools and you can offer transportation assistance.

Ms. Lakota

A church friend of Ms. Hernandez, Ms. Lakota is very proud of Ms. Hernandez. They swap recipes and have learned together to make delicious pupusas. Ms. Lakota used to be a drug and alcohol counselor and is open to helping the community. She does not believe in physical discipline and does not support Mr. Polk. She believes Ms. Hernandez needs to leave him. She is willing to support her.

Ms. Rebecca, Samantha's Dance Coach

Samantha's dance coach, Ms. Rebecca will work with the school to help Samantha to continue to get a scholarship for dancing. She thinks Samantha is good enough to attend State trials this year and perhaps get a scholarship for Juilliard. Ms. Rebecca is a retired Olympian and sees promising talent in her student.

Ms. Powell, neighbor

You have always been close with Samantha and are willing to help with all three kids and would like to maintain a relationship with them.

Pastor John and church support

You are very busy with a large congregation, but there is a large support group at church that is committed to supporting Ms. Hernandez whenever she needs it.

COMMON CORE 3.0 FOR SOCIAL WORKERS - 200 LEVEL CLASSES

POLK / HERNANDEZ VIGNETTE – TIMELINE

For Trainers of 200 level classes that utilize the Polk/Hernandez family vignette: This is an overview of what occurs with the family across all four 200 level classes that utilize this vignette

Class Name	Summary of Polk/Hernandez Vignette covered in the class	
Overview of the family and support network	d Gloria Hernandez – age 32 – Mother, Hispanic	
Support network	William Polk – age 34 – Father, African American	
	Samantha Polk – age 14 – Daughter, African American/Hispanic	
	William Polk, Jr. – age 7 – Son, African American/Hispanic	
	Amalia Polk – age 1 – Daughter, African American/Hispanic	
	Support Network & Eco-map:	
	 Family is very connected to Mr. Polk's side of the family, having several aunts, 	
	an uncle, and the paternal grandmother living close by.	
	No Native American heritage	
	Family connected to church and pastor	
	 Samantha close to best friend's family (lives next door) 	
	Ms. Lacey, Amalia's daycare provider	
	Neighbors Taylor and Ms. Powell	
	Madison High School: Coach Rebecca, Lyanna friend, Kyra friend	
	AA Sponsor Steve, Gary	
	Parker Elementary, Juan friend	
	Church, Pastor John Dunbar, Ms. Laub	
Assessment	This class covers the following information and phases of the Polk/Hernandez Case:	
	> Initial referral	
	Initial investigation, including:	
	o CWS History	
	o Criminal History	
	 Support Network & Eco-map 	
	o Initial Danger Statements	
	o Initial Safety Goal	
	o Initial Safety Plan	
	Reoccurrence of physical abuse 2 weeks post-safety plan	
	implementation	
	 SDM Risk Assessment decision: substantiated for physical abuse for Amalia and substantiated as general neglect for Willy and Amalia 	
	➤ Referral promoted to a case	

- ➤ Detention hearing: judge ordered that Willy and Amalia remain out of the home with Pastor John and his family and that the Agency continue to assess the Aunt Leann for possible placement.
- Team Decision Making (TDM) Meeting held with the family a few days after the detention hearing
 - In attendance: Ms. Hernandez, Mr. Polk, Pastor John, Leann, Uncle Sal, Grandma Beverly and Coach Rebecca
- Initial case plan developed
- Jurisdictional / Dispositional hearing held
 - Reunification services offered to both parents
 - o Social Worker recommended placement of children with Aunt Leann
- Children placed with Aunt Leann
- Six-month review hearing
 - Social Worker recommended the children be returned to Ms.
 Hernandez and that Ms. Hernandez be permitted to supervise visits with Mr. Polk.
 - Court authorized the children to return to the home of Ms.
 Hernandez, unsupervised visits with the father, and, contingent upon successful visits with the father, is authorized to return to the home.
- Family Team Meeting is held to discuss the safety plan before returning the children home to Ms. Hernandez, to develop a visitation plan for the father, and ensure there is a transition plan that will support the safety, permanency and well-being of the children.
 - o In attendance: Ms. Hernandez, Mr. Polk, Aunt Leann, Ms. Lacey, Grandma Beverly, Uncle Sal, Pastor John, Coach Rebecca, Ms. Powell
- After 9 months, a second reunification reassessment is completed and Mr. Polk is allowed to move back into the home after successful unsupervised visits with the children.
- Another Family Team Meeting (FTM) is held to update the safety plan
 - In attendance: Ms. Hernandez, Mr. Polk, Pastor John, Ms. Powell, Ms. Lacey, Aunt Leann, Uncle Sal, Grandma Beverly, Ms. Powell, Ms. Laub, Coach Rebecca, and Mr. Polk's sponsor, Steve, and Mr. Polk's friend from meeting, Gary
- Twelve-month review hearing
 - The family is currently doing well and the parents are demonstrating that they can utilize their safety network

	END OF VIGNETTE
Case Planning & Service Delivery	This class covers the following information and phases of the Polk/Hernandez Case:
·	All of the information covered in the Assessment class through the Family Team Meeting that occurs after the Six-month review hearing.
	 This class focuses on various teaming activities with the goals of: Developing a safety plan before returning the children home to Ms. Hernandez Developing a visitation plan for the father Ensuring there is a transition plan that will reduce trauma and will support the safety, permanency and well-being of the children.
Managing Change	This class covers the following information and phases of the Polk/Hernandez Case:
	 All of the information covered in the Assessment class with a shift in the vignette from a successful reunification to a subsequent removal that results in a 387 petition being filed, and change of permanency goal from reunification to the concurrent plan. Summary: Within a month of returning to the home, Mr. Polk relapsed and started to drink again. Ms. Hernandez was aware that Mr. Polk was drinking and his anger was out of control. While the mother was at work, Mr. Polk had been drinking and spanked Amalia with a belt. Willy tried to intervene and Mr. Polk hit Willy several times with the belt on his arms and face. The children were removed from Ms. Hernandez and Mr. Polk with a 387 Petition. The children were returned to the home of Aunt Leann No services will be recommended for the parents and the department is recommending a permanency plan with Aunt Leann This class focuses on various teaming activities with the goals of: Preparation of an updated case plan for the children with the goal of a permanent plan with Aunt Leann Development of a visitation plan with the parents in order to maintain important familial and community connections Ensuring there is a transition plan that will reduce trauma and loss to support the safety, permanency and well-being of the children.
Managing Transitions	This class covers the following information and phases of the Polk/Hernandez Case:
	 This class focuses on having discussions with the children and family regarding permanency following the 387 petition and termination of reunification services for the parents (covered in the Managing Change class). This includes talking to each child about why child welfare services were terminated, what it means to them, what permanency means, and what permanency options are available such as adoption and legal guardianship while utilizing a culturally humble and trauma informed approach.

COMMON CORE 3.0 FOR SOCIAL WORKERS

POLK / HERNANDEZ VIGNETTE (Full history of case up to Managing Change class)

Information	Summary of Polk/Hernandez family information
category	
Overview of the family and their	Gloria Hernandez – age 32 – Mother, Hispanic
support network	William Polk – age 34 – Father, African American
,,	Samantha Polk – age 14 – Daughter, African American/Hispanic
	William Polk, Jr. – age 7 – Son, African American/Hispanic
	Amalia Polk – age 1 – Daughter, African American/Hispanic
	Support Network & Eco-map:
	Family is very connected to Mr. Polk's side of the family, having several aunts, an uncle,
	and the paternal grandmother living close by.
	No Native American heritage
	Family connected to church and pastor Somewhard loss to best friend/o femily (lives next door)
	 Samantha close to best friend's family (lives next door) Ms. Lacey, Amalia's daycare provider
	Neighbors Taylor and Ms. Powell
	Madison High School: Coach Rebecca, Lyanna friend, Kyra friend
	AA Sponsor Steve, Gary
	Parker Elementary, Juan friend
	Church, Pastor John Dunbar, Ms. Lakota
Initial referral	Received on Thursday @ 1:45pm The Child Abuse Hotline received a report that Amalia had suspicious bruises on her buttocks and
	back at daycare today. The daycare provider, Michelle Lacey, reported that Amalia seemed fussier than usual today. When they changed Amalia's diaper, they noticed that she had bruising
	on her back and buttocks. They did not notice any bruises yesterday. The daycare provider asked
	the mother, Gloria Hernandez, about the bruises and she could not explain how they happened.
	The daycare provider was concerned that Amalia may have been physically abused.
	> SDM Hotline Tool completed
	 Screening criteria: Physical Abuse – Non-accidental or suspicious injury (Other
	injury)
CWS History	Response priority: 24 hour response
Civarinatory	Three prior referrals and one prior case from when Samantha was little
	> Two for general neglect and one was substantiated for physical abuse of Samantha
	Ms. Hernandez was abusing prescription drugs and Mr. Polk was drinking alcohol to
	excess
	> Family had two intimate partner violence incidents that were reported and allegations
	that Samantha was not being supervised or fed

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

During one of the intimate partner violence incidents, when Samantha was two years old, Ms. Hernandez was holding Samantha and Mr. Polk struck Samantha in the face while he was swinging at Ms. Hernandez. Samantha was removed from their custody. Both parents completed their substance abuse treatment and intimate partner violence treatment and reunified with Samantha after 9 months. Since that time the family has not had any additional referrals. **Criminal History** Mr. Polk has one arrest for a DUI when he was 20 and another arrest for Battery for the incident in which Samantha was hit. Mr. Polk served 3 days in jail and then was released on probation. Ms. Hernandez does not have any criminal history. Initial The worker called the reporting party. Ms. Lacey, the daycare provider, reported that she has **Investigation:** known the family since William, Jr. (aka Willy) was a baby. She was his daycare provider as well. **Reporting Party** She has not ever had any concerns as long as she has known the family. Ms. Lacey said that she does know both parents had a substance abuse history when Samantha was little but they have not had any problems that she knows of for many years. Ms. Lacey says that the mother is usually the one to drop off and pick up Amalia, although the father will pick her up on occasion. Ms. Lacey said that Amalia appears comfortable with her mom and always runs to her mom at the end of the day when she is picked up. Ms. Lacey knows that both parents work very hard but struggle to make ends meet. Mr. Polk is often working multiple jobs, picking up odds and ends when he can. Ms. Hernandez cleans houses for a living. Ms. Lacey says that Ms. Hernandez usually picks Amalia up around 5:30pm. Initial Samantha: investigation: Freshman high school student, dancer, has friends, helps with Amalia and Willy School interviews Genogram and eco map completed with Samantha: Family is very connected to Mr. Polk's side of the family, having several aunts, an uncle, and the paternal grandmother living close by. No Native American heritage Family connected to church and pastor Samantha close to best friend's family (lives next door) Samantha's report on the family functioning: Willy and Amalia are never home without her or her parents to watch them Dad works a couple of different jobs Denied that her parents fight in front of them or that they use alcohol or drugs to excess. She said her dad has a few beers sometimes but that nothing changes about him when he drinks. Mom does not drink very often and has never seen drugs in her house Always food in the house and the kids do not go hungry Discipline: IPhone taken away or gets grounded. Willy gets spanked but mostly gets toys taken away, parents just, parents tell Amalia no or will smack her on the hand Denied any sexual abuse for herself or her siblings or bruises/injuries Medical care is received at community clinic

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

Second grader in elementary school, loves basketball, he added best friend and parents to the

Willy:

Eco map/genogram Samantha created

3 Houses tool:

House of Worries:House of Good Things:House of Dreams:Parents working a lotPlaying basketball with dadDad does not drinkBeing left home with sisterLikes when dad is not workingParents don't work so muchDad's drinkingMom's cookingAmalia would listen betterDad hurting AmaliaLikes when everyone gets along

Amalia:

Age 1, is cared for by her daycare provider, Ms. Lacey while her parents are working.

- Comfortable with Ms. Lacey, the daycare provider, wanting to stay with her and wanting to be held.
- Ms. Lacey changed Amalia's diaper and showed the worker the bruises she had noticed. The worker was able to take pictures of the bruises. Amalia just kept saying "no, no" when Ms. Lacey was pointing at her bruises.
- Ms. Lacey said that Amalia is always clean and she likes the family.
- Worry that Amalia is a little bit behind in her language skills. Ms. Lacey has tried to address this with Ms. Hernandez but says that Ms. Hernandez shrugs it off saying Amalia is only behind because she is learning both English and Spanish.
- Amalia gets breakfast and lunch while at daycare. Ms. Hernandez arrived to pick up
 Amalia while the worker was there. The worker explained that they had received a
 referral regarding bruises on Amalia and would like to speak to Ms. Hernandez about it.
 Ms. Lacey allowed them to go into a back room to conduct the interview.

Ms. Hernandez

Perspective of family functioning:

- Distressed about possibility of having her babies taken away again
- She said that they learned so much when Samantha was taken away and have not had any fights since then. The worker helped calm Ms. Hernandez down.
- She said she was diagnosed with depression in the past but has not experienced any bouts recently. She grew up in single mother household and lived not knowing if there was going to be enough food for dinner; Spanish speaking.
- Very involved with their church. Their pastor helps them whenever they are having problems. Gloria sees the church as a support system and looks forward to attending weekly.
- She and Mr. Polk do not fight anymore and they learned better ways to communicate with one another.
- She said that she stopped drinking or using. Ms. Hernandez said Mr. Polk was sober for a long time but then about 3 years ago started drinking a few beers on the weekend. Mr. Polk has started to drink during the week also.
- Very stressed about money. Ms. Hernandez said that they are both working a lot. Ms. Hernandez said that Mr. Polk works in his brother's auto repair shop and then drives for Uber to try to make some extra money. Ms. Hernandez cleans houses. Amalia was not

planned and they have struggled to make ends meet.

- Samantha sometimes stays home with Willy and Amalia while they are at work late but it is dance season at the high school and she is busy with that. When needed, little Willy is left in charge. Mr. Hernandez reported that they have phone numbers for emergencies and sometimes they don't eat until she is home and they seem hungry. Ms. Hernandez denied that any of her children have been sexually abused.
- Amalia fell down and hit her bottom on the stairs was the reason for bruising. The worker told Ms. Hernandez that does not seem like a possible way for Amalia to get the bruises. Ms. Hernandez started crying again and admitted that last night Mr. Polk had drank a few beers. Amalia went into the TV stand and started pulling all the DVDs out onto the floor while Mr. Polk was watching TV. Mr. Polk got very upset at Amalia, grabbed a wooden spoon, pulled Amalia's diaper down and started smacking Amalia on the bottom with the wooden spoon. Ms. Hernandez said she yelled at him to stop but she was afraid he would hit her if she tried to intervene. Ms. Hernandez said that after Mr. Polk stopped she took Amalia and put some cream on her legs and put her to bed. She said that Willy was very upset at what had happened. Samantha was at her friend, Taylor's, house and did not know about what happened. The worker explained to Ms. Hernandez that this was very serious.

Initial Investigation: Home Visit

Mr. Polk:

Perspective on Family Functioning:

- Distressed CPS is at the house and immediately denies allegations when asked
- Parents do not fight anymore. They haven't fought since Samantha was taken away.
- Denied any mental health issues.
- Occasionally have a few beers but doesn't see it as a problem.
- His father used to burn him with cigarettes as a child and was also an alcoholic.
- When asked about the bruises on Amalia's back and buttocks, denied knowing what the
 worker was talking about. The worker showed him the pictures and he said Amalia must
 have fallen.
- Angered by Willy Jr's house of worries
- Admitted that he used the wooden spoon on Amalia. He said he had a long day at work and has told Amalia a hundred times not to play with the DVDs. She didn't listen and he got mad and hit her probably too hard. Mr. Polk said he had only had a couple of beers last night. The worker explained that they would need to develop a safety plan with people who are willing to help out, otherwise Amalia will need to come into custody.
- Agreed to have his sister, Ms. Powell, and the pastor involved in the safety plan.

Investigation summary & SDM Safety Assessment

SDM Safety Assessment

- Child Vulnerabilities: age 0-5
- Safety threats: physical abuse, lack of supervision and prior history
- o Complicating factors: Dad's substance use
- Supporting Strengths: Caregiver problem solving, Caregiver support network, Child problem solving, Child support network
- Protective Actions: Caregiver problem solving, Caregiver support network

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

- Safety Decision: Safe with a plan (Use of family, neighbors, or other individuals in the community as safety resources, Have the alleged perpetrator leave the home, either voluntarily or in response to legal action)
- After the Safety Assessment was completed and a consultation with the supervisor, it was determined a safety plan would be needed.

Safety Planning Meeting

The worker met with the family and the following safety network members and developed danger statements, a safety goal and safety plan:

- Pastor John
- Paternal Aunt Leann
- Ms. Powell

Danger Statements

- The worker, Ms. Hernandez, Pastor John, Aunt Leann, and Ms. Powell are worried that Mr. Polk will drink too many beers, become frustrated with Amalia, and hit Amalia with an object or his hands, leaving marks and bruises or hurting Amalia even worse.
- > The worker, Ms. Hernandez, Mr. Polk, Pastor John, Aunt Leann, and Ms. Powell are worried that Willy and Amalia will be left home alone while Ms. Hernandez and Mr. Polk are working and Willy and Amalia will not be well supervised and could get hurt.

Safety Goal

• Ms. Hernandez and Mr. Polk agree to work with child welfare services and their network that includes Aunt Leann, Pastor John and Mrs. Powell to develop a plan that shows everyone that the children will always be cared for by a safe and sober caretaker who knows how to set limits for Willy and Amanda in physically safe ways. They will also show everyone that they always have a safe adult to care for Willy and Amalia. Child welfare needs to see this plan in place and working continuously for 30 days to determine the outcome of the investigation.

Safety Plan

- 1. Mr. Polk will live with Leann and will not be alone with Amalia during this time.
- 2. Ms. Hernandez agree to call on Leann or Ms. Powell to watch Willy and Amalia if she has to be at work.
- 3. Mr. Polk and Ms. Hernandez agree to tell two other people they consider to be part of their support network about the problems they are facing and ask them to participate in the safety plan. They agree to report back to their social worker within two weeks so that the safety plan may be updated with the new roles for these new team members.
- 4. Aunt Leann and Pastor John will supervise any contacts or family time between Mr. Polk and Amalia. Mr. Polk agrees that Aunt Leann and Pastor John can intervene if Mr. Polk gets frustrated or tries to use physical discipline during his time with Amalia and that they will call someone for help if needed.

Additional follow-up support

	1. Pastor John agrees to help the family apply for some financial assistance for daycare and
	to help talk to school about ways to cover the cost of Samantha's dance expenses.
	2. The worker will refer the family to PG&E program to lower their gas and electric bill.
	3. Mr. Polk agrees to call his previous sponsor again and start attending at least 3 AA
	meetings per week.
	4. Ms. Hernandez agrees to attend at least 2 Al-Anon meetings per week.
Further	Two weeks after the safety plan was initiated:
investigation:	, , , , , , , , , , , , , , , , , , ,
Recurrence of	After two weeks, Ms. Hernandez, needed to go to work, and she could not reach Ms.
Maltreatment	Powell or Pastor John to watch Amalia and Willy, so she called Mr. Polk.
	Mr. Polk agreed to come and watch the children.
	Ms. Hernandez smelled beer on Mr. Polk, but had to leave for work. She could not get
	ahold of anyone to watch the children other than Mr. Polk, so she left.
	While Ms. Hernandez was gone, Amalia was not listening to Mr. Polk. Willy stated that
	Mr. Polk then took off his belt and started to hit Amalia. Samantha came home from her
	school event and walked in when Mr. Polk was hitting Amalia. Samantha tried to
	intervene and Mr. Polk hit her on the face with the belt.
	Samantha called Pastor John, and he came to their house. Mr. Polk left the house and
	went back to Aunt Leann's house where he was staying.
	When Ms. Hernandez arrived home, Pastor John explained to her what had happened,
	and he took all three children to his house. In the morning Pastor John called the social
	worker.
	After speaking with Pastor John, the children, Ms. Hernandez, and Mr. Polk, and sensulting with the social work supervisor, it was determined that the children would be
	consulting with the social work supervisor, it was determined that the children would be
	placed into protective custody. After speaking with Aunt Leann, there were concerns
	that she could not identify when the father, Mr. Polk, was drinking, and Mr. Polk was living with her, therefore the children could not be immediately placed with her.
	Pastor John and his wife agreed to keep the children for a few days, while Aunt Leann is
	being assessed.
	The social worker stated that she would schedule a team meeting after the Detention
	hearing.
Assessments	Updated SDM Safety Assessment
completed during	o Child Vulnerabilities: age 0-5
further	Safety threats: physical abuse, lack of supervision and prior history
investigation	Complicating factors: Dad's substance use
	Supporting Strengths: Caregiver problem solving, Caregiver support network, Child and blank addition. Child and art activates.
	Child problem solving, Child support network
	 Protective Actions: Caregiver problem solving, Caregiver support network Safety Decision: Unsafe (Child placed in protective custody because interventions)
	 Safety Decision: Unsafe (Child placed in protective custody because interventions 1-10 do not adequately ensure the child's safety)
	1-10 do not adequately ensure the child's sajety)
	➤ SDM Risk Assessment
	Risk level: Very High Risk
	 Recommended decision: Promote to a case
Detention &	
Family Team	Family Team Meeting held with the family a few days after the detention hearing
Meeting	(In attendance: Ms. Hernandez, Mr. Polk, Pastor John, Leann, Uncle Sal, Grandma
	anaging Change Knowledge and Skills Reinforcement Lah December 31, 2018 Trainer Guide

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

Beverly and Coach Rebecca)

- During the meeting, the family talked about the problems they had been having financially and all of the stress of caring for three children. Mr. Polk was honest about struggling to work two jobs and the impact of Samantha's dance costs on the family.
- Mr. Polk admitted that he is having a hard time staying sober and that he did have a few beers after the Detention hearing.
- Ms. Hernandez shared that there have been a lot more struggles in their family. She was upset that none of her family members were there and said that her family has never liked Mr. Polk. They were very angry with him when Ms. Hernandez first became pregnant with Samantha when they were young. Ms. Hernandez's mother was angry that Ms. Hernandez had thrown away her chance to go to college because of Mr. Polk. Ms. Hernandez said that after Samantha was removed, her family told her to leave Mr. Polk and was upset when they got back together. Ms. Hernandez wished they had support from her family.
- ➤ SDM Family Strengths and Needs Assessment: The worker talked with the family about the need to develop a case plan and that the first step was to complete a formal assessment tool called the areas the Family Strengths and Needs Assessment. The worker and the family completed the tool together and came to agreement on the following:
 - o Priority Needs (Parents):
 - Parenting Practices (both parents)
 - Social Supports (mom)
 - Household and Family Relationships (dad)
 - Substance use (dad)
 - Priority Needs (children)):
 - Education (Willy) IEP
 - Emotional / Behavioral Health (Willy)
 - Family Relationships (Samantha, Willy, Amalia)
 - Child Development (Amalia) Speech delay
- Placement: Aunt Leann asked about being a placement for the children. Mr. Polk had moved out of her house, and she agreed not to supervise the visits between Mr. Polk and the children. Uncle Sal volunteered to supervise the visits between the father and the children.
- The social worker and the supervisor agreed that the mother could have unsupervised visits with the children on Tuesdays and Thursdays, and that the father, Mr. Polk was not to be present at the visits. Ms. Hernandez and Mr. Polk agreed to the visitation arrangements. If Ms. Hernandez had to work on Tuesday or Thursday she would work with Aunt Leann to schedule another night for the visit to occur.

Safety goal:

The team developed the following updated safety goal:

Mr. Polk and Ms. Hernandez will work with CWS, Pastor John, Aunt Leann, Uncle Sal, Grandma Beverly, and Coach Rebecca to develop a plan and show everyone that Mr. Polk can remain sober around his children and that the children will not be left home alone and will always be cared for by a safe and sober caretaker who knows how to set limits for Willy and Amanda in physically safe ways. Ms. Hernandez will be able to protect the children from Mr. Polk if he has been drinking or if he is getting angry with the children. The social worker needs to see this plan in place and working continuously for 6 months to consider returning the children home.

Initial Case Plan

Gloria Hernandez

Objectives:

- 1. Develop positive support systems with family and friends.
 - a. Ms. Hernandez will identify two new people that she is willing to trust and tell what is happening with her family and invite them to participate in the next family meeting.
 - b. Ms. Hernandez will identify two additional people that she can use as childcare for the children.
- 2. Show that you will not permit others to physically abuse your children.
 - a. Ms. Hernandez will identify and list three things that she will do to stop Mr. Polk from threatening or abusing Willy and Amalia.
 - b. Ms. Hernandez will demonstrate during visits that she is able to stop Mr. Polk from threatening or abusing Willy or Amalia.
- 3. Be willing and able to arrange appropriate childcare and supervision when you are away from home.
 - a. Ms. Hernandez will identify two additional people that she can use as childcare for the children.
 - b. Ms. Hernandez will write out her childcare plan for the worker in case she has to work after the children get home from school.
 - c. Ms. Hernandez will demonstrate that she utilizes her safety network to provide childcare for the children, rather than relying on Samantha or Mr. Polk.

William Polk

Objectives:

- 1. Develop positive support systems with family and friends.
 - a. Mr. Polk will identify two new people that he is willing to trust and tell what is happening with his family and invite them to participate in the next family meeting.
 - b. Mr. Polk will identify one person that he can use as a mentor for learning how to better parent Amalia.
 - c. Mr. Polk will identify at least two people he can call when he feels like drinking who will help him maintain his sobriety.
- 2. Interact with your child without physical abuse or harm.
 - a. Mr. Polk will list five ways he can discipline Amalia without using physical discipline.
 - b. Mr. Polk will demonstrate during visits that he can discipline Amalia without using physical discipline.
- 3. Stay free from alcohol and show your ability to live free from alcohol dependency.

a. Mr. Polk will participate in outpatient drug treatment program. b. Mr. Polk will have all negative drug tests. c. Mr. Polk will participate in regular 12 step meetings and demonstrate progress in completing his 12 steps. Samantha Polk Objectives: 1. CWS Social worker will refer Samantha to counseling services to be assessed for treatment. a. Samantha will participate in counseling services as assessed. b. Samantha agreed to talk to her therapist, social worker, or Aunt Leann if she does not feel safe during visits with her mother and father. 2. Samantha agrees to receive age-appropriate services. a. Samantha will receive medical/dental care in accordance with CHDP requirements. Willy Polk Objectives: 1. CWS Social Worker will work with Willy, his school, and his caregiver to resolve challenges that Willy can maintain problem-free school behavior. a. Willy will continue to participate in his IEP services for school counseling to help him resolve conflicts at school. b. Willy will talk to his school counselor, his social worker, or Aunt Leann if he is not feeling safe at school and feels like he is going to get into a fight. 2. Willy agrees to receive age-appropriate services. a. Willy will receive medical/dental care in accordance with CHDP requirements. b. Willy will continue to receive updates to his IEP in accordance with legal standards. **Amalia Polk Objectives:** 1. Amalia will receive age-appropriate services. a. Aunt Leann will ensure Amalia's developmental evaluation and follow- up referrals for services are completed. b. Aunt Leann will attend all speech therapy appointments for Amalia. c. Amalia will receive medical/dental care in accordance with CHDP requirements. Jurisdictional / > Reunification services offered to both parents Dispositional Social Worker recommended placement of children with Aunt Leann hearing Children subsequently placed with Aunt Leann **Preparation for** SDM Reunification Reassessment completed six-month case o Recommendation: Return children to mom. Mom will supervise visits with dad. plan update and SDM Family Strengths and Needs Assessment review hearing Priority Needs (Parents): Parenting Practices (both parents) Social Supports (mom) Household and Family Relationships (dad)

California C.C. 3.0 | Managing Change Knowledge and Skills Reinforcement Lab | December 31, 2018 | Trainer Guide

Substance use (dad)

- Priority Needs (children)):
 - Education (Willy) IEP
 - Emotional / Behavioral Health (Willy)
 - Family Relationships (Samantha, Willy, Amalia)
 - Child Development (Amalia) Speech delay

Family strengths:

- ➤ Gloria joined Women's Support Group at the church, which is geared toward helping wives of alcoholics and drug addicts. She has made several friends whom she is starting to trust. She's also been taking her Nurturing Parenting Program parenting class
- Current unsupervised visits with Gloria on Tuesdays, Thursdays, and Saturday have been going very well
- Mr. Polk went for his substance abuse assessment and enrolled in outpatient treatment.
- Coach Rebecca was able to get all of Samantha's fees waived for her dance competitions so all they have to pay for is her uniforms
- Mr. Polk enjoys visiting with his kids although dealing with Amalia can be challenging at time. He is participating in the Incredible Years parenting class and is learning a lot of about child development and why Amalia acts the way she does.
- > The developmental assessment of Amalia did show that she has a speech delay. She was referred for speech therapy and Ms. Hernandez has been participating in her speech therapy appointments.
- ➤ Willy remained in his school of origin and is doing well in school. His IEP continues to be appropriate.
- After 4 months, Ms. Hernandez is allowed to have overnight visits. For the first 3 weeks, Willy and Amalia spend the night from Friday to Saturday. After the 3 weeks, the overnight visits are expanded to the full weekend. Mr. Polk is not allowed to be at the house during the overnight visits.
- After 5 months, Ms. Hernandez is allowed to be at Mr. Polk's visits with Uncle Sal still present. During these visits, Ms. Hernandez and Mr. Polk agree to demonstrate that Ms. Hernandez is able to protect the children from Mr. Polk. Uncle Sal agrees to intervene if Ms. Hernandez is not able to be protective, and he hasn't had to intervene.
- Safety behaviors demonstrated over time
 - Ms. Hernandez and Mr. Polk decided on some things that Ms. Hernandez can do if she notices Mr. Polk starting to get angry with Amalia. Ms. Hernandez said that they agreed that she would point out to Mr. Polk that he is getting angry, then ask him if he would like her to intervene. Mr. Polk said that he agreed that she can stop him if Ms. Hernandez notices he is getting angry with Amalia. If that doesn't work, she will pick up Amalia and take her to another room if Mr. Polk is not able to calm down.
 - The most recent visits have reportedly been going very well and the parents are demonstrating improved communication skills and a co-parenting plan that will increase safety for the children. Uncle Sal is helping Mr. Polk learn how to use his new skills during family time with Amalia.
 - Ms. Hernandez has demonstrated that she is able and willing to ask for help from her support network when she is struggling. She is communicating with her support network on a regular basis. One of her friends from church volunteered to help watch the children. Grandma Beverly and Aunt Leann said they can continue to stay more involved with the family and help with childcare. Ms.

Powell, the neighbor, said that all the kids are welcome to go over to her house as well.

 Mr. Polk reports he is going to treatment every day and is building a support system. He reconnected with his sponsor and started working his steps.

Family challenges / complicating factors:

- Financial stress: caring for three children. Mr. Polk (Willy) struggling to work two jobs and the impact of Samantha's dance costs on the family.
- Mr. Polk (Willy) having a hard time staying sober and admitted that about 1 month after going into treatment he did have one more relapse.
- ➤ Gloria's family isolation: family never liked Willy. They were very angry with him when she first became pregnant with Samantha when they were young. Gloria's mother was angry that she had thrown away her chance to go to college because of Willy. Gloria said that after Samantha was removed, her family told her to leave Willy and was upset when they got back together. Gloria wished they had support from her family.
- Samantha said that it has been really hard having her brother and sister out of the home.

Support Network update:

- ➤ Aunt Leann: Willy and Amalia's placement
- Uncle Sal: helps Willy understand Amalia's behavior and offers role-modeling. He also knows when Mr. Polk is drinking. Volunteered to supervise all of the visits with Willy so that Aunt Leann could have placement without worrying about Willy being around.
- Grandma Beverly: Willy lived with her for the time being so that Leann would have a better chance of the kids being placed with her.
- Coach Rebecca: ask about getting a scholarship for Samantha's dance costs.
- Pastor John: supported visitation in the past
- Ms. Powell: the neighbor, said that all the kids are welcome to go over to her house, not just Samantha.
- Ms. Lacey: provides childcare for Amalia while Aunt Leann works part-time. This has also helped Amalia's development since she is remaining in the same environment.

After completing the Reunification Reassessment, assessing the current progress, strengths and needs of the family and consulting with the supervisor, the social worker will recommend to the court that the children be returned to the care of Ms. Hernandez with unsupervised visits granted to Mr. Polk.

Six-month review hearing

- Social Worker recommended the children be returned to Ms. Hernandez and that Ms. Hernandez be permitted to supervise visits with Mr. Polk.
- Court authorized the children to return to the home of Ms. Hernandez, unsupervised visits with the father, and, contingent upon successful visits with the father, is authorized to return to the home.

Social Worker tasks / Teaming activities

Social Worker tasks to prepare for transition of the children back into the home of Ms. Hernandez:

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

- Developing a safety plan before returning the children home to Ms. Hernandez
- > Developing a visitation plan for the father
- Ensuring there is a transition plan that will reduce trauma and support the safety,

permanency and well-being of the children.

Members of the team: Bill (social worker), Mary (supervisor), Ms. Hernandez (mom), Mr. Polk (dad), Aunt Leann, Ms. Lacey, Grandma Beverly, Uncle Sal, Pastor John, Ms. Lakota, Coach Rebecca, Ms. Powell

Perspective of each team member:

Ms. Hernandez: Since the children were removed, Ms. Hernandez moved to a new house; unfortunately, it is across town and in a new school district. She is not sure if the children can stay in the same school district or not. She is able to continue to attend the same church, so the children will be in the same youth groups. Mr. Polk and Ms. Hernandez made the decision to move so that they can reduce their number of jobs and just work during the day. This will allow them to stay home at night, and not rely on Samantha to take care of the children. Ms. Hernandez admits she has never been a great advocate for herself. She finds it difficult to speak up and prefers peace in the family, yet she knows she needs to be more assertive. She has been working on being assertive in her support group and at church. She strongly believes that all family members need to help within the family, and although she wants Samantha to be able to be a normal teen, she believes that her helping her family is key in developing a strong character and family connectedness.

Mr. Polk: Continues to work two jobs, and remains out of the home. He is sober, and realizes that it is alcohol that impacts his ability to calm his anger. He is building parenting skills in Incredible Years and has learned skills to walk away when he is frustrated. He has taken the primary role of decision maker in the family in the past, but really wants to work on parenting with Ms. Hernandez. He says he knows that in order to return home he needs to develop a plan so the children feel safe. He also feels strongly that everyone in the family needs to pitch in to make the family work. When he was growing up he helped to care for his brother and sisters, clean the house, and chip in as needed. He feels strongly that this should be an expectation in the family.

Aunt Leann – Has placement of all three children. She is committed to helping the family stay together and be successful. She loves her brother, Mr. Polk, and is now more aware of the depth of his alcohol problems.

Ms. Lacey – Will continue to provide childcare for Amalia while Aunt Leann works part-time. This will help Amalia's development and ease the transition since she is remaining in the same environment.

Uncle Sal – Has supervised the visits with the father, Mr. Polk, and sees how much Mr. Polk is learning. Uncle Sal enjoys the time he is able to spend with Mr. Polk and the kids. He has also enjoyed being a role model for Mr. Polk, they have developed a close relationship.

Pastor John – Is very busy with a large congregation, but has a support group that is committed to the mother, Ms. Hernandez. As a result Ms. Hernandez has a larger circle of support who is willing to help her whenever she needs it. Pastor John is willing to help as he can.

Ms. Lakota – Is a friend of Ms. Hernandez from church. She continues to provide her with

support and someone to talk to. She is also available to help care for the children when needed.

Coach Rebecca – Continues to provide support to Samantha and see's Samantha's potential. Coach Rebecca is concerned about Samantha changing schools and slipping back, and is willing to work with the school district to help Samantha remain in the same school. She believes that in these type of cases the school district can make an exception. She has heard of a Law called AB 490 which is about the children's educational rights.

Grandma Beverly and Ms. Powell are supportive, but cannot help a lot due to the family moving and not being close to them.

Voice of the children (via interviews with Samantha and Willy prior to the meeting):

Samantha's House:

House of Worries: House of Good Things: House of Dreams:

Caring for siblings Can't wait to be home Living with mom and dad Change schools Mom's cooking Staying in the same school New neighborhood Mom does not work as much Spending time with friends

Not seeing best friend Being a cheerleader

Not seeing Aunt Leann
Mom not keeping Amalia safe

Willy's House:

House of Worries:House of Good Things:House of Dreams:Dad drinkingMoving home with momDad does not drinkDad hurting AmaliaLoves visiting with dadMom not working as much

Changing schools Mom's cooking Playing with dad

Being a family

The family team successfully developed a plan for the children to transition home to the mother, and an unsupervised visitation plan for the father.