Module 7:
Family Engagement Standard – Exploration

Florida Department of Children and Families
June 2016
Module 7: Family Engagement Standard – Exploration

Display Slide 7.0.1

Time: 2 ½ days

Module Purpose: This module provides an overview of the Family Engagement Standard, Exploration.

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Agenda:

Unit 7.1: Overview of Exploration
Unit 7.2: Scaling Caregiver Protective Capacities
Unit 7.3: Assessing and Ensuring Child Well-being
Unit 7.4: Danger Statement, Family Change Strategy and Motivation for Change
Unit 7.5: Information Collection/Domains
Materials:
- Trainer’s Guide (TG)
- Participant’s Guide (PG)
- PowerPoint slide deck
- Flip chart paper and markers
- Videos:
  - Russell video on Center’s website: Exploration 1 –Segment 1a (approximately 4 minutes) and Segment 1b (approximately 13 minutes). Exploration 2- Segment #2a (approximately 3 minutes) Segment 2b (approximately 10 minutes).
  - The “Brain Hero” 3- minute video developed by the Center on the Developing Child and University of Southern California depicts how actions by people in the family and community impact child development. http://developingchild.harvard.edu/resources/brain-hero/
- Additional Resource Materials (ARM):
  - ARM: 2, Case Management Flowchart
- Handouts needing printed:
  - Completed Sandler/Braun FFA-Ongoing
  - Completed Domains
- CM M7 Trainer Resource Materials:
  - Educational Advocacy Resource

References:

Links:
- Florida Statute: http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatues.shtml
- Florida Administrative Code: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/FloridaAdminCod e.shtml#
- Operating Procedures/Practice Guidelines: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingPr ocedures.shtml

References:
Unit 7.1
- CFOP 170-9, Chapter 1, Standards for Preparing for Family Engagement

Unit 7.2
- CFOP 170-1, Chapter 2-7, Caregiver Protective Capacities

Unit 7.3
- CFOP 170-9, Chapter 3, Assessing Child Functioning
Unit 7.4
• CFOP 170-9, Chapter 4, Family Engagement Standards for Exploration

Unit 7.5
• CFOP 170-1, Chapter 2-4, Information Domains
• CFOP 170-1, Chapter 2-9, Child Strengths and Needs
• CFOP 170-1, Chapter 2-10, Stages of Change

Activities:

Unit 7.2:
• Activity A: Scaling Caregiver Protective Capacities – TG: 18, PG: 10
• Activity B: Observation of Exploration Stage Interviews – TG: 26, PG: 15

Unit 7.3:
• Activity C: Identifying Indicators of Child’s Needs – TG: 39, PG: 21
• Activity D: Scaling Strengths and Needs – TG: 59, PG: 27

Unit 7.4:
• Activity E: The “What” Questions that Formulate the Danger Statement – TG: 69, PG: 32

Unit 7.5
• Activity F: Domain Information for the Sandler/Braun Family – TG: 78, PG: 36
• Activity G: Scaling Caregiver Protective Capacities for the Sander/Braun Case – TG: 83, Participants use Completed Domains Sander/Braun FFA-Ongoing
• Activity H: Child Strengths and Needs Sander/Braun Children – TG: 85, Participants use Completed Domains Sander/Braun FFA-Ongoing
• Activity I: Formulating the Danger Statement, Family Change Strategy and Determining Motivation for Change – TG: 87, PG: 45

Credits:
Much of the material in this course was adapted from ACTION for Child Protection training materials and articles.
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Unit 7.1: Overview of Exploration

Display Slide 7.1.1

Unit Purpose: The purpose of this unit is to discuss the third step in the Family Engagement Standard, Exploration.

References:  • CFOP 170-9, Chapter 1, Standards for Preparing for Family Engagement

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Learning Objectives

1. Explain the purpose of the Exploration stage and why it is important in the FFA-Ongoing process.
After meeting the family, explaining the purpose and role of case management and developing a working agreement, the stage is set for the Case Manager to initiate deeper conversations with the family. This will require diligent efforts to practice the engagement skills associated with Exploration. Ultimately, the information gathered during Exploration will inform the development of the Case Plan outcomes with the family.

**Trainer Note:** Refer participants to [ARM: 2, Case Management Flowchart](#). Show participants on the flow chart where Exploration falls and what activities (i.e., Caregiver Protective Capacity Assessment, Child Needs Assessment, Danger Statement, Family Goal, and Motivation for Change) will be evaluated and formed during Introduction.

**Display Slide 7.1.3 (PG: 4)**

### Family Engagement Standards

[Diagram showing the flow of Case Management stages: Preparation, Introduction, Exploration, Case Planning, and the flow from Engagement to Case Plan.

- Preparation
- Developing Strategy for Engagement
- Introduction
- Exploration
- Determining What Must Change through Information Collection
- Case Planning
- Developing Strategies for Change: Case Plan Outcomes
- Caregiver Protective Capacity Assessment
- Child Needs
- Danger Statement
- Family Goal
- Motivation for Change
- Complete FTA Ongoing
- Case Plan]
Exploration is the act of exploring information with families and finding out who they are. This includes finding out how they are functioning in relationship to the child needs and caregiver protective capacities, understanding how danger threats or negative family conditions have manifested, exploring the caregivers motivation for change, identifying family strengths, and finding mutuality for continued work. It also provides the Case Manager with information about the stage of change that the family is in which influences the family’s initial family goals, ideas to achieve change and barriers.

During Exploration you will seek to:

- Identify and reach agreement with the parent(s) about diminished caregiver protective capacities and how to enhance them and achieve change.
- Reach agreement with the parent(s) about what must change for children to be safe through discussions about impending danger, child needs, and caregiver protective role and responsibilities.
- Discuss how to enhance diminished protective capacities and achieve change including the role of the parents and the role of others in achieving this change.
- Encourage parents to invest themselves to participate and work toward changes.

Exploration occurs as a result of openness when people enter into the process with no preconceived ideas about what will come out of the work together.
Your interest and approach to Exploration with the family can make all the difference and encourage a desire for Exploration by the caregiver. This engagement standard is about making breakthroughs in understanding and solution seeking, not labeling or fault finding.

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Exploration involves the Case Manager and families interacting in work designed to move everyone closer to agreement about what must be done to restore caregivers to their protective role and responsibilities.

Think of it this way: The FFA-Ongoing is an opportunity for you to identify, with a caregiver, what the caregiver must do in order to resume authority over his or her family and end intervention. You might say that the FFA-Ongoing is concerned with the thinking, feeling, and behavioral characteristics of parents and caregivers that, when enhanced, make it possible for them to be in charge of keeping their children safe by themselves (by the caregivers alone), or with assistance from people other than the agency.

The concept of enhancing diminished protective capacities acknowledges that, generally, most parents and caregivers possess the capacity to be protective. A diminished protective capacity does not necessarily mean that the capacity is absent; it may just be turned down or turned off. Caregivers and their protective capacities may be in a weakened state because of conditions such as stress, substance use, or emotional despair.

The role of the Case Manager is critical during Exploration as the things you do when conducting Exploration enable you and the caregiver to better understand
and address the impending danger, the need for protection, and the role and responsibilities of the caregiver to provide protection. This will also directly influence the permanency, safety, and well-being of the children we serve.

In the next unit we will look at the different components of the FFA-Ongoing that you will be assessing during Exploration. We will begin with the assessment of Caregiver Protective Capacities.
Unit 7.2: Scaling Caregiver Protective Capacities

Unit Overview: The purpose of this unit is to discuss the importance of scaling caregiver protective capacities to determine what Case Plan outcomes will focus on to facilitate change.

References: • CFOP 170-1, Chapter 2-7, Caregiver Protective Capacities

Learning Objectives:
1. Define the concept of scaling caregiver capacities.
2. Demonstrate the ability to scale caregiver protective capacities using a case example.
What is the significance of assessing (scaling) caregiver protective capacities in regards to child safety?

Endorse:
Seek responses that identify information that drives decision-making;
- Understanding the family and the underlying conditions that are associated to the danger threat;
- Identifying the scope of the caregiver protective capacities;
- Confirming danger threats;
- Engagement with families to seek information.
- Enhancing CPC’s to create a safe household environment.

The concept of caregiver protective capacities was introduced in previous modules, including CORE. In this unit you learn how you, as a Case Manager, will assess caregiver protective capacities during Exploration.

The assessment of caregiver protective capacities occurs in ongoing case management along a continuum. This allows you to discern which caregiver protective capacities are enhanced and which are diminished, and to what degree they are diminished.

When developing the FFA-Ongoing the understanding of the assessment of caregiver protective capacities informs your understanding in how to proceed with engaging the family and provides the foundation for intervention. Later the assessment of caregiver protective capacitites provides help you identify needs for Case Plan development and gives you the ability to measure progress.
**Trainer Note:** The next four slides are a review of information learned in CORE. Each slide has a question that precedes the slide. It is recommended that you first ask participants the question and then use information on slide to build on the information participants provided.

**What is the definition of caregiver protective capacities?**

**Use the slide below to endorse:**

- Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one’s young.
- Personal qualities or characteristics that contribute to vigilant child protection.

Display Slide 7.2.4 *(PG: 6)*

In CORE you learned that danger threats and caregiver protective capacities (CPC’s) are connected. When considering the danger threats and CPC’s we should be able to identify the behavior, motive, attitude, emotion, perception, or family circumstance that is out of control. Enhanced or diminished CPC’s are directly correlated with whether a family or individual condition is out-of-control or not.
What three categories are the caregiver protective capacities divided into?

Endorse:
Behavioral, Emotional, and Cognitive.

What is the definition of Behavioral protective capacities?

Endorse:
Specific action, activity, or performance that is consistent with, and results in, protective parenting and protective vigilance. (Use next slide to help with definition as needed).

Trainer Note: For the following 3 slides, review the definition for each CPC: behavioral, cognitive and emotional.

If needed, as a review, ask participants if they have an example of either an assessment or observation of a behavioral, cognitive or emotional caregiver protective capacity.

Display Slide 7.2.5 (PG: 7)

What is the definition of Cognitive protective capacities?

Endorse:
Specific intellect, knowledge, understanding and perception that results in protective parenting and protective vigilance. (Use below slide to help with definition)
What is the definition of Emotional protective capacities?

**Endorse:**
Specific feelings, attitudes, identification with child and motivation that results in protective parenting and protective vigilance.
Scaling or assessing CPC’s is a continual process. As our families move through the stages of change, we should anticipate that their behavior will change, thus affecting their demonstration of behavioral, cognitive, and emotional CPC’s.

If we consider the assessment of CPC’s at case management versus at investigation, we see that the information is more robust to support the absence or presence of caregiver protective capacities. Often during the FFA-Investigation process the family is still in a state of crisis, and while the CPI gathers sufficient information to inform the danger threat and the decision that children are unsafe, the identification of caregiver protective capacities are limited in the context of understanding to what degree CPC’s are either enhanced or diminished. This is why CPI’s answer “Yes” for Enhanced or “No” for diminished instead of scaling the CPC’s.

The Case Manager is tasked with exploring deeper in the assessment of CPC’s to determine to what degree CPC’s are either enhanced or diminished. This is done through not only engaging families but also through the engagement of others that are familiar with the family and, more importantly, the observation of the family interaction. Scaling criteria is used by case management instead of a simple “Yes” or “No” as this better represents the degrees of functioning that families move through during the case management process.

The assessment of caregiver protective capacities is a continual process and just because the CPI has identified a CPC as a no, it does not automatically equate to a C/D rating. The assessment is based upon the Case Manager’s assessment and also recognizing that families can and do change during this time.
**Trainer Note:** Please share with participants that in the FSFN system, if the CPI has identified a CPC as a No, it will automatically equate to a D rating in the FFA-Ongoing and if they identify the CPC as a Yes, it will automatically equate to a B rating. However, these ratings can be changed as the degree of functioning in the FFA-Ongoing is based upon the Case Manager’s assessment.

The focus on the scaling is two-fold:

- Understanding the scaling levels themselves AND
- How the scaling criteria relates to the safety of the child(ren).

The scaling is built upon four scales, with the “D” rating being the most diminished and “A” being the most enhanced.

**Scaling Criteria:**

- **A:** Parent/Caregiver consistently acts thoughtfully regardless of outside stimulation, avoids whimsical responses, and thinks before they take action. Parent/Caregiver is able to plan in their actions when caring for children and making life choices. CPC is enhanced and is not affecting child safety.

- **B:** Parent/Caregiver regularly acts thoughtfully regardless of their own urges or desires, avoids acting as a result of outside stimulation, avoids whimsical responses, thinks before they take action, and are able to plan when caring for children and making life choices. When parent/caregiver does act on urges/desires, they do not result in negative effects to their children or family. In other words, CPC is enhanced and at times may affect conditions in the home, but not child safety.

- **C:** Parent/Caregiver routinely (weekly/monthly) acts upon their
urges/desires, is influenced by outside stimulation, thinks minimally before they take action, are and not able to plan, resulting in their actions having negative effects on their children and family. CPC is diminished and at times has affected child safety.

- D: Parent/Caregiver frequently (daily) acts upon their urges/desires, is highly influenced by outside stimulation, does not think before taking action, and do not plan. Parent/caregiver’s inability to control their impulses results in negative effects on their children and family. CPC is diminished and at a level that is pervasively affecting child safety.

**Trainer Note:** Refer participants to CFOP 170-1, Chapter 2-7 and review with participants the scaling criteria for each Caregiver Protective Capacity. Emphasize the need to utilize the CFOP definitions as part of our assessment process—both when we are initially developing the Family Functioning Assessment-Ongoing and when we consider progress updates and change with families.

After reviewing scaling participants will utilize the CFOP to complete an activity on Scaling Caregiver Protective Capacities.

**Activity A: Scaling Caregiver Protective Capacities**

*Display Slide 7.2.10 (PG: 10)*

**Time:** 15-20 minutes

**Purpose:** To demonstrate the ability to scale Caregiver Protective Capacities.

**Materials:**
- **PG: 10-11, Caregiver Protective Capacity Scaling Worksheet**
- CFOP 170-1, Chapter 2-7
**Trainer Instructions:**
- This activity can be done individually or in small groups.
- Direct participants to read the five case scenarios and then using the Caregiver Protective Capacity Definitions scale the identified CPC as an A, B, C, or D.
- After participants have completed the activity review the answers for each scenario.

**Activity Instructions:**
1. Working individually, read the scenarios and using your Caregiver Protective Capacity Definitions, scale the capacity as an A, B, C, or D.

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**Scenario 1:**
Two-year-old Angel learns how to undo the latch on her front door and leaves the home unsupervised. Her father was cooking dinner and thought she was in the other room playing with toys. He notices Angel is missing about two minutes after she leaves the home and finds her outside playing in the front yard. He immediately goes to the store and buys a latch for the door and an alarm that will go off when the door is opened to prevent Angel from leaving the home unsupervised again.

**Rating:** A (CPC- Taking action)

**Scenario 2:**
Jane, who is developmentally delayed, just gave birth to her first child. She was not aware that babies do not have neck control and does not know how often her baby needs to eat. When asked if she planned to breastfeed she said she was just planning to feed her baby whatever meal she was eating and was not aware that infants needed breastmilk or formula.

**Rating:** D (CPC-Recognizes the child’s needs, Is intellectually able/capable)

**Scenario 3:**
Eleven-year-old Junior and his mother, Katie, report having a close relationship and Junior says he feels comfortable talking to his mother about whatever is going on in his life. When Junior is bullied in his after school program he immediately tells his mother. Katie does not want Junior to be bullied again so she changes her work schedule so Junior no longer needs to attend the after school program.

**Rating:** A (CPC-Is positively attached, Takes action)

**Scenario 4:**
Carrie is a mother of 6 year old twins, Jason and Jamie. Every other week or so, her friends ask her to go to happy hour because they know she is dealing with a difficult divorce and want to cheer her up. Carrie cannot always afford a babysitter but still wants to drink with her friends to relieve stress. When there is no babysitter, Carrie takes her children with her and leaves them in the car for the 1-2 hours she spends at happy hour. She parks in the shade, leaves the windows part-way down, and provides the children with snacks and drinks. Today, the children were found walking down the street by police because they were scared when it began to get
dark and had no way to contact their mother.

**Rating:** C (CPC-Sets aside her needs in favor of the child’s)

**Scenario 5:**
Justin and Anna are parents of 6- year-old Josh, who was recently diagnosed with severe Autism. Both parents are sometimes frustrated by their son’s special needs, but are able to understand why he acts out. Justin and Anna recognize when they are getting upset and take a “time out” by asking the child’s aunt and uncle to watch him for a few hours. They have started seeing a therapist who works with Josh and also addresses family needs, such as giving Justin and Anna techniques to better understand and manage their son’s behavior. Josh appears to be well-taken care of and the therapist has no concerns for his safety.

**Rating:** B (CPC-Is self-aware)

**Activity STOP**

*Display Slide 7.2.11 (PG: 11)*

To accurately identify diminished caregiver protective capacities, we must first understand the relationship between the information that is collected and documented within the domains and how this information informs the danger threats and protective capacities. For example, in our Adult Functioning domain we will want to gather information that will inform us how the adult’s behavioral, cognitive, and emotional actions protect the child. Thus we will want to assess if the parent is intellectually able, is able to control their impulses, or is resilient as a caregiver, to name a few.
Display Slide 7.2.12 (PG: 12)

**Trainer Note:** Review the Technical Advisory Consultation Training (TACT) tool with participants; guiding them through the relationship of information collection, danger threat and caregiver protective capacities. Use the Tact tool located in the slide above and is PG: 12.

Inquire if there are any questions regarding the relationship of information collection, CPC, and danger threats. Endorse that the information we collect for each domain informs us as to whether the CPC exists or is diminished.
Domains Inform the Caregiver Protective Capacities

MALTREATMENT AND NATURE OF MALTREATMENT
What is the extent of the maltreatment?
What surrounding circumstances accompany the alleged maltreatment?

CHILD FUNCTIONING
How does the child function on a daily basis? Include physical health, development, emotion and temperament, intellectual functioning, behavior, ability to communicate, self-control, educational performance, peer relations, behaviors that seem to promote parent/caregiver readership/behavioral activities with family and others. Include a description of each child’s vulnerability based on threats identified.

ADULT FUNCTIONING
How does the adult function on a daily basis? Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult’s physical health, emotion and temperament, cognitive ability, intellectual functioning, behavior, ability to communicate, self-control, educational and peer relations, employment, etc.

PARENTING
General – What are the overall typical parenting practices used by the parents/legal guardians?
Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Behavioral: controls impulsions, behavioral takes action, cognitive: recognizes threats, emotional: is stable and able to intervene

Impending Danger Threshold Criteria
The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threats is based on a specific description of how negative family conditions meet the danger threshold criteria. The danger threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety. Negative family conditions that rise to the level of the danger threshold and become impending danger threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc., that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

- Observable
- Vulnerable Child
- Out-of-control
- Imminent
- Severe

Technical Advising Consultation Training (TACT) - University of South Florida - Child Welfare Training Consortium
Display Slide 7.2.13 *(PG: 13)*

**Trainer Note:** In the next section you will be reviewing a chart on Exploration. Not all of the activities listed have been covered in-depth yet, but will be by the end of this module.

The following chart *(PG: 14)* provides a synopsis or overview of the essential areas of discussion with caregivers during the Exploration stage.

- **Overview of Exploration:** Progressing from left to right, the conversation with caregivers during the Exploration stage begins with general status, review of activity up to this point, and addressing safety management issues as indicated.

- **Existing Caregiver Protective Capacities:** Once the preliminaries are completed, it is suggested that the conversation focus on caregiver strengths, existing enhanced protective capacities, and what is working. Beginning with the positives will be helpful for engaging the parent(s) and will encourage dialogue.

- **Diminished Caregiver Protective Capacities:** The conversation then proceeds to considering the correlation between impending danger and diminished caregiver protective capacities. Engaging the family in crafting the danger statement occurs at this point. The danger statement should reflect the reason for our involvement.

- **Determining What Must Change:** The Exploration stage concludes with candid observations and discussions about areas of agreement and disagreement, next steps, family willingness and commitment to change.
Family Engagement Standards-Exploration: Explore with Parents what Must Change (Danger Statement) and Establish Family Strategy to Achieve Change

To identify and discuss with caregivers what must change with respect to diminished caregiver protective capacities associated with danger threats and to determine what caregivers are willing to work on at this point.

<table>
<thead>
<tr>
<th>Overview of Exploration</th>
<th>Existing Caregiver Protective Capacities</th>
<th>Diminished Caregiver Protective Capacities</th>
<th>Determining What Must Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Case Status.</td>
<td>□ Discuss areas of effective parenting.</td>
<td>□ Broad discussion of any areas of concern and how parent is meeting needs.</td>
<td></td>
</tr>
<tr>
<td>□ Timeframes established by law</td>
<td>□ Discuss areas of child needs and how parent is meeting needs.</td>
<td>□ Consider relationship between specific diminished caregiver protective capacities and impending danger.</td>
<td></td>
</tr>
<tr>
<td>□ Review and clarify purpose.</td>
<td>□ Consider difference or fluctuation in caregiver performance.</td>
<td>□ Create discrepancies and raise caregiver self-awareness.</td>
<td></td>
</tr>
<tr>
<td>□ Caregiver perception.</td>
<td>□ Consider how existing caregiver protective capacities can be used to promote change.</td>
<td>□ Seek mutuality.</td>
<td></td>
</tr>
<tr>
<td>□ Address safety management issues.</td>
<td></td>
<td>□ Craft Danger Statement with Family.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Identify Family Strategy with Family (Family Goal, Ideas to Achieve Change, Potential Barriers).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Seek willingness to continue participation.</td>
<td></td>
</tr>
</tbody>
</table>
During the next activity you will have the opportunity to observe another interview between Angela Russell and her Case Manager, Brandy. During this interview you will be exploring Ms. Russell’s caregiver protective capacities.

**Activity B: Observation of Exploration Stage Interviews**

*Display Slide 7.2.14 (PG: 15)*

**Time:** 40 minutes

**Purpose:** To give participants an opportunity to observe interviews conducted during the Exploration stage. This exercise will assist participants in conceptualizing how the engagement of parents in the assessment of caregiver protective capacities is a critical component in being able to scale the CPC’s accurately.

**Materials:**
- PG: 16-16, Observation of Exploration Stage Interviews worksheet
- PG: 14, Family Engagement Exploration Chart
- Russell video on Center’s website Exploration 1 – Segment 1a (approximately 4 minutes) and then Segment 1b (approximately 13 minutes).

**Trainer Note:** Clarify to participants that this activity focuses on Exploration versus the last module which focused on the Introduction.

**Trainer Note:**
- Explain to the participants that they are going to watch two videos (segments #3 and #4) of the Russell family.
- During the video encourage participants to take notes and that while watching the videos, they should pay attention to the various skills...
needed to deploy when engaging families including the non-verbal cues that Angela presents.

- If participants are having a difficult time remembering this family allow participants to review **Module 6, Activity D** which is a brief overview of the Russell family and the reason for our involvement with the agency.

- After the video have participants complete **Observation of Exploration Stage Interviews worksheet**. This worksheet can be done individually or in groups.

- When participants are finished with worksheet, review answers and debrief video. During debrief ensure participants understand how Brandy’s approach to the interview and engagement with Ms. Russell enabled her to gather more information. When scaling CPC’s ensure participants know that although we are scaling these based only on information provided by Ms. Russell, this is a training activity and during an actual FFA-Ongoing, information provided by Ms. Russell would need to be validated and reconciled before scaling the CPC’s.

<table>
<thead>
<tr>
<th>Activity Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Watch the two videos of Angela Russell and her interaction with Brandy, the Case Manager.</td>
</tr>
<tr>
<td>2. Take notes of the skills Brandy uses to engage Angela, as well as the information that Brandy obtains from Angela.</td>
</tr>
<tr>
<td>3. Answer questions on <strong>Observation of Exploration Stage Interviews worksheet</strong>.</td>
</tr>
<tr>
<td>4. Be prepared to share your reflections on the skills used and information collection in relation to CPC’s.</td>
</tr>
</tbody>
</table>
Observation of Exploration Stage Interview Worksheet
Trainer Version

What skills did you identify Brandy (Case Manager) utilizing during the interview?

**Endorse:**
- Reflection of information;
- Probing—regarding the reason for being tired;
- Strengths based approach, what was going well/what is different now.

Utilizing the chart “Family Engagement Standards Exploration”, check off which areas Brandy covered during her interview with Ms. Russell.

Which Caregiver Protective Capacities were discussed during the interview?

**Endorse:**
History of protecting—what is different now as opposed to when she was protecting;
Taking Action—Not feeling like getting out of bed, not being able to keep eyes open;
Meeting own needs—going to do what she does on the weekends;
Defer own needs—goes out regardless of what child needs.

How would you Scale these Protective Capacities?

- History of protecting—B
- Taking Action—D
- Meeting own needs—C
- Defer own needs—C

Activity STOP

Next we will be learning to assess children’s strengths and needs. Later in this module, you will be able to further practice assessing CPC’s with the Sandler/Braun family.
Unit 7.3: Assessing and Ensuring Child Well-Being

Display Slide 7.3.1

Unit Purpose: This unit is an overview of the Child Strength and Needs Assessment including the information needed to complete the assessment and how to scale a child’s strengths and needs.

References:
- CFOP 170-1, Chapter 2-9, Child Strengths and Needs
- CFOP 170-9, Chapter 3, Assessment of Child Functioning

Display Slide 7.3.2 (PG: 17)

Learning Objectives

1. Define the different child strengths and needs indicators.
2. Scale the child strengths and needs.

Learning Objectives: 1. Define the different child strengths and needs indicators.
2. Scale the child strengths and needs.
Display Slide 7.3.3 (PG: 17)

What do we mean when we say “Child Strengths and Needs”?

Endorse:
- They are a set of indicators directly related to the child’s well-being and success.
- The rating of each indicator is based on the information gathered and documented in the child functioning domain.
- The ratings provide a way for the Case Manager to identify areas that need attention in the Case Plan and to measure changes over time.

Display Slide 7.3.4 (PG: 17)
As a Case Manager, why is it important to know the strengths and needs of the children you are working with?

**Endorse:**
- Essential for establishing safety, permanency, and well-being for the child.
- Assist with Case Planning.
- Adoption and Safe Families Act (ASFA) requires that states address the needs of children to include medical, dental, mental, developmental, and educational. In order to address what the child’s needs are.

**Trainer Note:** Inform participants that we will explore the 10 indicators for child strengths and needs later in this module. But first, we will get re-acquainted with child development concepts.

Display Slide 7.3.5 *(PG: 18)*

To fully assess a child strengths and needs first you must be familiar with child development. We are going to review some of the child development information we learned in CORE before going deeper into the child strengths and needs assessment.

**Trainer Note:** Ask the class to describe each of the developmental domains. They should recall these from CORE.

**Physical:** Refers to the child’s physiological or actual body growth. Physiological, or physical, development includes such things as the child’s height, weight, body hair, breasts, hips, etc., and development of their body structure, which includes muscles, bones, and organ systems.
**Cognitive Development:** Refers to the development of the child’s thinking, judgment and perception. This includes what a child knows, understands and remembers. Most importantly, cognitive or intellectual development is the domain that deals with the way a child processes information, solves problems, and thinks abstractly.

**Emotional and Social Development (Socio-Economical and Developmental Concerns):** Refers to self-esteem, emotional relations, and appropriate mood and affect for age and the situation. This includes interactions with others, development of relationships, the ability to follow social roles and norms, and the ability to interact within groups.

Display Slide 7.3.6 *(PG: 18)*

Normal is a statistical concept that is derived from analysis of what is typical or expected from the majority of society.

*PG: 18*

In terms of child development, consider what we often hear from pediatricians—“Your child is in the 80 percentile for height and weight.”

It means that your child falls within the range of normal - with him/her being taller and heavier than 80% of other children of the same age. Note: 5 percentile and 95 percentile are the typical extremes of “Normal.”

We might hear of children in the 10 percentile range—that would be 10% on the low end, edging close to the extreme. Considering weight and height – 10 percentile may mean that the child is underweight for his/her height and age. The
same concept is applied when we examine ages and stages for children.

How children develop and achieve milestones, and when they should develop those milestones, are based upon the concept of normal.

**Can you think of any examples of “normal development” in regards to a 2-year-old? What would we expect to see a 2-year-old doing?**

Endorse:
- a. Walking;
- b. Talking;
- c. Potty training;
- d. Testing boundaries;
- e. Running;
- f. Feeding themselves.

In conducting our assessments with families, we have to be aware of the normal development for children, and compare it to what we observe. We also have to consider the underlying reasons if development is not normal. Are the development issues related to abuse and neglect (environment), or is there a hereditary influence, or could there be a combination of both?

*Display Slide 7.3.7 (PG: 19)*

You will remember the four stages of child development, Birth-3, Pre-School, School-age and adolescence from CORE.
Multiple factors influence a child’s development and strengths and needs.

**Environmental factors:**
Environmental factors include the physical environment, support, nurturing and caring we receive. This occurs both in the internal environment such as the home and the external environment such as the community where the child resides.

Examples of how an environment can affect child’s strengths and needs:
- Housing- Providing for basic shelter, sense of security
- Employment of parents: Providing for basic needs such as food
- Community- Isolated versus lots of community support
- Education- Support and guidance form someone within the home to encourage learning and development

A case example of how environmental factors affect child strengths and needs is Genie Wilder. When discovered by social services at the age of 13, she could not walk or talk, and weighed roughly 60 pounds. Genie had been confined to her room since birth, with little to no family interaction or socialization. Genie’s environment played a significant role in the lack of development and her inability to walk or talk.
**Biological factors:**
Biological factors include gender, overall health, and mental health. Everyone inherits a unique combination of genetic code from their biological parents which plays a significant role in their development. An example of a biological factor is Down Syndrome.

Gender is also important as it can influence how we learn. For example research shows boys develop more slowly as readers than girls.

**Interpersonal Relationships:**
Interpersonal relationships includes internal relationships such as ones family of origin and external relationships, such as friends, extended family, and other social networks outside of the family of origin.

Examples of how interpersonal relationships can affect child strengths and needs

- Attachments: Whether or not you are attached to caregivers
- Supports: Whether or not you have others to rely on for support and guidance
- Community: Whether or not you have a connection with a community

**Child Abuse and Neglect:** In CORE you learned how child abuse and neglect can influence child development.

*How do you think this could affect the child’s strengths and needs?*

**Endorse:**
- Birth to 3: Growth retardation, poor muscle tone and motor control, language and speech delays, immobility, listless demeanor, slack of separation anxiety, unresponsiveness, lack of play skills.
- School age (6-12): Suspicious of adult figures, agreeable, manipulative, assuming adult responsibilities, inability to focus, lack of coping skills.
- Adolescence: Lack of preparation for adult living skills, lack of emotional regulation, lack of social skills that may be manifested in such destructive behaviors.
The Child Strengths and Needs assessment is part of both the FFA-Ongoing and Progress Update. It measures the extent of certain desired conditions in a child’s life and includes the scaling of 10 defined child strengths and needs.

Even in cases where the family retains custody of their child since we are providing safety management we have an obligation to ensure that the parent(s) are attending to all of the child’s basic needs. This means monitoring of child needs is paramount. This includes monitoring the child’s medical and mental health care, making sure the parents are getting the child to appointments, and helping the family access medical and mental health resources. If parents cannot meet the child’s needs, the agency must ensure that the child’s needs are met.

When the Department has temporary legal custody of the child and the child is placed out of the home, the Case Manager is responsible for assuring the child’s physical, mental health, developmental, and educational needs are addressed.
We have discussed the focus of assessing child needs - to ensure that children have safety, to establish permanency, and to ensure that their overall well-being is being addressed when involved with ongoing case management.

Similar to how we view Caregiver Protective Capacities, we first have to understand what the child’s need is, and to what degree assistance is needed to address the child’s overall well-being. Each of the child’s strengths and needs are focused on ensuring their physical, cognitive, emotional, and social development is being achieved. This aligns with the domains of child development that we discussed.

The focus on the scaling is two-fold:
  - Understanding the scaling levels themselves, AND
  - The parent/caregivers attention to the need.

*Display Slide 7.3.11 ([PG: 20])*

*Trainer Note: Review scaling points with participants using the next two slides as a reference.*

The scaling is built upon four scales with an A rating being the highest functioning, and the D rating being the most impaired. Child’s Strengths would be characterized as those that receive an A or B rating. These areas will not typically be added into the Case Plan as the areas of development are already addressed and/or functioning.
Child’s Needs would be characterized as those that receive a C or D rating. A child needs rating of C or D must be addressed in the Case Plan, or justified when not addressed, when the child is a dependent child. When the parents retain physical custody, the Case Manager must determine whether the parent is adequately addressing the need.

*Trainer Note:* Refer participants to CFOP 170-1, Chapter 2-9, Child Strengths and Needs. Familiarize participants with the document including the scaling criteria, but do not go over the indicators in-depth as this will be done in the next section. Emphasize the need to utilize the reference guide definitions as part of the assessment process.
Activity C: Identifying Indicators of Child Strengths and Needs

Display Slide 7.3.13 (PG: 21)

Time: 30 minutes

Purpose: To help familiarize participants with the Child Strengths and Needs indicators.

Materials:
- PG: 21, Identifying Indicators of Child Needs worksheet
- CFOP 170-1, Chapter 2-9, Child Strengths and Needs Scaling

Trainer Instructions:
- This activity will be utilized when teaching the rest of the unit. It can be completed in multiple ways.
  - Option A: Write each child strength and need on a piece of flip chart paper and post paper around the room. Next have participants walk around and write at least one behavioral example of how each strength and need may manifest with children they are working with.
  - Option B: Split up class into groups and evenly assign the child strengths and needs out to the groups. Each group is to come up with behavioral examples of how each of their assigned child strengths and needs may manifest with children they are working with.

- During the activity, walk around and listen to the discussions and prompt when needed. Encourage participants to consider their knowledge regarding child development, as well as consider examples they have observed in considering the child needs in practice.

- A debrief of this activity will be completed while teaching the upcoming course material. As participants learn additional information for each child strength and need, use the behavioral examples developed during this activity to help with discussion.
### Activity Instructions:

1. Working within your groups, review the child needs and scaling CFOP as you complete the worksheet.
2. For each child need, identify behavioral examples of how the child need may manifest with children they are working with.
3. Remember, our assessments are to observe both the strengths and needs of children, so please consider both the strengths and needs for children when identifying your examples.

### Instructions for Identifying Indicators of Child Needs

Instructions:

1. Working within your groups, review child needs and scaling in your CFOP as you complete the worksheet.
2. For each child need, identify behavioral examples of how the child need may manifest with children they are working with.
3. Remember, our assessments are to observe both the strengths and needs of children, so please consider both the strengths and needs for children, when identifying your examples.

<table>
<thead>
<tr>
<th>Child Need</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>Emotion/Trauma</td>
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<tr>
<td>Behavior</td>
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<tr>
<td>Child Need</td>
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<td>Academic Status</td>
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<tr>
<td>Positive Peer/Adult</td>
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<td>Relationships</td>
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<td>Family Relationships</td>
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<td>Child Needs</td>
<td>Indicators</td>
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<tr>
<td>Physical Health</td>
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**Activity STOP**

**Trainer Note:** For the following section, when reviewing each of the child strengths and needs, refer participants to CFOP 170-1, Chapter 2-9, Child Strengths and Needs. They can also utilize CFOP 170-1, Appendix A, the Child Development Stages matrix.

Display Slide 7.3.14 (PG: 22)

**Emotion/Trauma:** The degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.

A. Child is able to experience a wide range of emotions and can manage emotions to the best of developmental ability. Child recovers readily from experiences.

B. Child may have occasional brief periods of anger, sadness, worry, etc. that are temporarily disruptive but these periods do not interfere with building friendships with peers or adults in their social, educational or family life. Child may have occasional nightmares, but tolerates these without major disruption.

C. Child’s experience of anger, sadness, worry, etc. are frequent enough to cause some disruption in social, educational, or family life.
OR
Child has some symptoms of trauma such as a startle response, frequent difficulty sleeping or staying awake, bed wetting, overeating or under-eating, and these symptoms are causing some distress for the child.

D. Child experiences out-of-control anger, profound sadness or worry so much that child is unable to maintain friendships, is falling behind academically.

OR
Child has pervasive trauma symptoms such as a startle response that is so severe child cannot tolerate many environments; sleep disruption that is causing severe academic or health problems; bed wetting; eating patterns that are causing significant weight gain or loss; or child is experiencing despair or hopelessness to the point of thinking of self-harm.

**Trainer Note:** Ask participants to provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet.

Assessing this indicator involves exploring the child’s ability to manage emotions and self-regulate. This includes their ability to manage emotions, attention and behavior in ways that are socially acceptable. It also includes their coping skills and ability to respond to stress.

Common physical symptoms of trauma you may see include: lethargy, fatigue, poor concentration, anxiety, panic attacks and difficulty coping in certain circumstances.

*Display Slide 7.3.15 (PG: 22)*
Behavior: The degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.

A. Child manages his/her own behavior above developmental expectations. Child is developing a sense of right and wrong and his/her approach is to seek to do what is right. He/she had an advanced awareness of the impact of behavior on others; keen on empathy for others, and seeks to act in ways that promote the good and well-being of others.
   OR
   Child is not old enough to think about life choices and behaviors. (Children 0-3)

B. Child generally understands right and wrong and primarily seeks to do what is right. Motivation may still be more to please others or avoid punishment. Child will err, but not substantially more than would be expected for developmental level.

C. Child violates rules and expectations in ways that are disruptive to their normal routines or relationships. Child may be old enough to think about behavior; however, has frequent (weekly) struggles with making appropriate life choices. The child’s behaviors are difficult for parent/caregiver to manage. Child may run away on occasion. The child’s behavior may have resulted in child care or school suspension, or involvement with juvenile justice.

D. Child consistently violates rules and expectations so that life around the child cannot be carried on. Child may be old enough to think about their behavior. Child may be frequently running away. Child’s behavior is harmful to self or others including self-injury, extreme risk-taking, persistent violence towards others, sexual violence, cruelty to animals, or fire-setting.

**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Assessing behavior includes looking at a child’s ability to show empathy, knowing right from wrong, knowing impact of behavior on self and others, understanding effect of actions on others, and understanding of societal expectations and norms.
Display Slide 7.3.16 (PG: 22)

Trainer Note: Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A. The next slide will assist with this discussion as it lists educational resources for children 0-6.

Early Learning (applies to children under the age of 6 years): The child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations.

A. Child’s physical and cognitive skills are above age expectations in all domains based upon normal developmental milestones.
   OR
   Child with developmental delays is receiving special interventions and is demonstrating excellent progress.

B. Child’s physical and cognitive skills are at or near age expectations in most of the major domains.
   OR
   Child with developmental delays is receiving special interventions and is beginning to demonstrate some progress.

C. Child’s physical and cognitive skills are mixed, near expectations in some domains but showing significant delays in others.
   OR
   Child with developmental delays is or may be receiving special interventions and is demonstrating very slow gains that are below desired goals.

D. Child’s physical and cognitive skills show significant delays in most domains.
   OR
   Child with developmental delays is or may be receiving special interventions and is showing minimal to no improvement.
**Trainer Note:** Discuss how to move from D to A. The next slide will assist with this discussion as it lists educational resources for children 0-6.

When we look at children’s education we automatically think of the “school years” but it is just as important that we make sure that children from 0-6 are assessed for their educational and developmental needs. Ninety percent of brain development occurs before the age of five.

The growth during this period is greater than any subsequent developmental stage. These developmental years provide the foundation for later abilities and accomplishments.

Children served by child welfare systems are at very high risk for developmental delays; and children with some delays often represent over 50% of the children under age five served through child welfare.

Because this developmental period is critical to the child's future social, emotional, and cognitive development, every attempt should be made to provide these children with early intervention services both within the home and in child care settings.

**Show the Video:** “Brain Hero” to show how brain development affects later abilities and behaviors. The “Brain Hero” video developed by the Center on the Developing Child and University of Southern California, depicts how actions by people in the family and community impact child development. This 3-minute video portrays how actions taken by parents, teachers, policymakers, and others can affect life outcomes for both the child and the surrounding community.

http://developingchild.harvard.edu/resources/brain-hero/
Why would it be so important to have 0-6 year olds assessed for their educational and developmental needs?

Endorse:
- Serious adversity early in life can affect the child’s development.
- Assessments early on will allow for appropriate interventions to be put in place.
- “What happens early, matters for a lifetime.”

Display Slide 7.3.17 (PG: 22)

There are different resources available for pre-school aged children who would benefit from health services, enriched pre-school curriculum and social opportunities. As a Case Manager you will need to know the local protocols for accessing these services for any child.

Display Slide 7.3.18 (PG: 23)
**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet.

**Academic Status (applies to children 6 years of age and older):** The child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program.

- **A.** Child is reading at or well above grade level and is meeting and exceeding all requirements for grade-level promotions.
  - OR
  - Child is exceeding goals set forth in an IEP or Section 504 plan.

- **B.** Child is reading at or close to grade level and is adequately meeting all requirements for grade-level promotions.
  - OR
  - Child is adequately meeting goals set forth in an IEP or Section 504 plan.

- **C.** Child is reading a year below grade level and is meeting some but not all requirements for grade-level promotions.
  - OR
  - Child is only meeting some of the goals set forth in an IEP or Section 504 plan.

- **D.** Child is reading two years below grade level and is not meeting core requirements for grade-level promotions.
  - OR
  - Child is not meeting any of the goals set forth in an IEP or Section 504 plan.

**Trainer Note:** Remind participants that we went over Educational needs in Module 5. Explain to the participants that before we move on to the other indicators, we are now going to discuss information pertaining to the education system including what information can be gathered and how to best work with the school system in order to assess this indicator.
The education system is made up of a group of professionals who will have a large amount of knowledge about the school-aged child you are working with. Your communication skills, along with some basic knowledge about the school system, will contribute to a holistic understanding of child safety and well-being whether a child is in an in-home or Out-of-Home Safety Plan.

**How could a school provide you with information that pertains to child safety?**

**Endorse and elicit:**

- School personnel see the child every day.
- School personnel would know/be concerned about excessive absences.
- School personnel might see signs of abuse or neglect.
- They would know about problematic or unusual behavior.
- May know if child is being bullied.
How could a school provide you with information that relates to child well-being?

**Endorse:**
- Knows how child is doing academically.
- Knows if child needs help at home with academics.
- Knows how child interacts with peers and adults.
- Can identify child’s strengths/interests.
- Would know whether parents show interest in academic performance, etc.
- If child has special needs, may have much evaluation information that pertains to child’s care at home.

Display Slide 7.3.20 *(PG: 23)*

Children who have experienced trauma associated with any type of maltreatment are at significant risk of poor achievement in school.

There is a significant correlation between academic success and child stability in the school system. When a student in foster care changes schools, an average of four to six months of educational progress is lost.

Youth who have even one fewer change in living arrangements per year were almost twice as likely to graduate from high school before leaving foster care.

For children in out-of-home care, the likelihood of:
- being absent from school is 2x that of other students
- 17-18 year old foster youth experiencing an out-of-school suspension
rate is 2x that of other students

- 17-18 year old foster youth being expelled is 3x that of other students
- Foster youth receiving special education is 2½ - 3½ x that of other students
- Youth in state care have disabilities at a greater rate than the general population – perhaps as high as 28% or more.

Display Slide 7.3.21 (PG: 24)

For children who are placed in the temporary or permanent custody of the department, the Case Manager is ultimately responsible for ensuring that the child in care is receiving all of the supports necessary to succeed in school. As part of any judicial review, the Case Manager must provide significant information as to the child’s academic success to the dependency court.

Whenever possible, the Case Manager should make active efforts to engage the child’s parents in educational advocacy and decision-making. The Guardian ad Litem or the appointment of a surrogate parent can bring much needed attention and focused advocacy to the educational needs of a child in care.

The Case Manager should welcome such partnerships, and make every effort to engage in teamwork with the GAL and/or surrogate parent to discuss ways to share responsibilities for educational advocacy. Discussions should include who meets with school personnel, who gathers the information specific to the child from school professionals, and how shared consensus and advocacy actions should occur. In addition, this team will prove vital in ensuring that academic progress is assessed appropriately.
Trainer Note: Handout: “Resource Guide for Educational Advocacy” contains a list of the educational information that should be known and used as a basis for discussion, advocacy and coordination with the GAL or educational parent surrogate.

Display Slide 7.3.22 (PG: 24)

For children in care, report cards should be obtained as official documentation of academic progress. Report cards alone however, do not tell the whole story of how a child is doing in school, and the Case Manager should ensure that there is on-going communication with the school personnel.

Trainer Note: Ask the question below prior to sharing the slide.

Display Slide 7.3.23 (PG: 24)
What are some questions you can ask of school personnel to help in your assessment?

**Endorse:**

**Is child:**
- Performing on grade level?
- Passing all subjects?
- Displaying any behavioral issues?

**Does child:**
- Have friends at school?
- Have needs that require a 504 plan or IEP?
- Have parental involvement in school success?

The child’s teacher should know that the child is not currently living at home, and should have contact information for the Case Manager to convey concerns or progress that the child is making. The Case Manager is expected to be proactive to ensure that the child in care is making academic progress.

Now let’s discuss the remaining child strength and need indicators.

**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Display Slide 7.3.24 *(PG: 25)*

**Family Relationships**
- Parent/child relationship
- Sibling relationships
- Dynamic family relationships
- Support and guidance from family
- Sense of family identity
**Family Relationships:** Child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

A. Child experiences his/her family as a safe and supportive place and has a strong sense of belonging. Child does not express any concerns about safety nor shows any symptoms of fear or trauma.

B. Child is generally comfortable in his/her family. Child expresses some concerns or worries about family conflicts that appear to be normal. Child has a basic sense of safety and security.

C. Child has some conflicts with one or more family members that disrupt the child’s feeling of safety or belonging.

D. Child experiences no security or belonging with family; child experiences persistent conflict with one or more family members that makes it extremely uncomfortable to be present in the family.

**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

You have already learned a lot of information regarding family dynamics and relationships. Remember, family relationships include parent/child relationships, sibling relationships, family relationships, support and guidance from family, and sense of family identity.

*Display Slide 7.3.25 (PG: 25)*
Positive Peer/Adult Relationships: The child, according to age and ability, demonstrates adequate positive social relationships.

A. Child interacts with other children and with adults above expectations for developmental level. Child excels in making and keeping friends.
   OR
   Child is not old enough to think about life choices and behaviors. (Children 0-3 would meet this criteria)

B. Child interacts with other children and adults in ways that would be expected for developmental level.

C. Child has some difficulty making or keeping friends and/or has some discomfort relating to adults. However, child has sufficient social interactions outside of the household.

D. Child has extreme difficulty making or maintaining friendships and experiences social isolation, ostracism, or bullying.

Trainer Note: Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Peer and adult relationships include interactions with others, social skills, peer pressure, and life choices. The child’s relationship with others in their life is important to assess. Children’s positive peer relationships aid in the development of communication based social skills, and help children process stress as they express themselves (Raver, 2002; Sebanc, 2003).

Display Slide 7.3.26 (PG: 25)
**Physical Health**: Child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

- A. Child is demonstrating excellent overall health.  
  OR  
  If child has a chronic condition is attaining the best possible health status that can be expected given the health condition.

- B. Child is demonstrating an adequate level of overall physical health status.  OR  
  If child has a chronic condition is responding adequately to medical treatment.

- C. Child is demonstrating an inconsistent or inadequate level of overall physical health. The child’s physical health may be outside normal limits for age, growth and weight range.  
  OR  
  If child has a chronic condition, the symptoms are becoming problematic.

- D. The child is demonstrating a consistently poor level of overall physical health. The child’s physical health is significantly outside normal limits for age, growth and weight range. Any chronic condition is becoming more uncontrolled, possibly with presentation of acute episodes.

*Trainer Note:* Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Physical health includes whether or not the child is receiving basic and appropriate health care, dental care and vision care. It is important to determine if the child has established providers that can meet their physical health needs including current physical symptoms and health concerns.

*Display Slide 7.3.27 (PG: 26)*
Cultural Identity: Important cultural factors such as race, class, ethnicity, religion, LGBTQ, or other forms of culture are appropriately considered in the child’s life. (NOTE: the goal of responding to a C or D would not be to change the cultural identify or belonging, but to resolve the conflict or help the child cope with the conflict).

A. Child identifies with his/her culture, has a sense of cultural awareness, and/or is motivated to explore his/her culture. Child has an identified support network to assist in exploring and/or identifying with his/her culture.
   OR
   Child is of an age where they are not aware of their culture; however they have a support network that will cultivate the child’s sense of cultural identity.

B. Child identifies with his/her culture, has a sense of cultural awareness. Child shows some motivation to explore his/her culture.
   OR
   Child is of an age where they are not aware of their culture; however their support network shows some motivation to cultivate the child’s sense of cultural identity.

C. Child does not identify with his/her culture, but does have a sense of cultural awareness. Child does not have a support network to assist in exploring and/or identifying with his/her culture.
   OR
   Child is of an age where they are not aware of their culture and their support network shows little motivation to cultivate the child’s sense of cultural identity.

D. Child does not identify with his/her culture, lacks a sense of cultural awareness, and expresses no motivation in exploring and/or identifying their culture. Child has minimal supports to assist with motivation, Exploration, and/or identification of culture.
   OR
   Child is of an age where they are not aware of their culture and their support network shows no motivation and/or support for cultivation of the child’s cultural identity.

Trainer Note: Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Cultural identity can include race, class, ethnicity, religion, and gender identity. To assess this child strength and need, it is important to determine the child’s identified cultural identity, sense of cultural identity, and desire for cultural identity.
Substance Awareness: The assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent(s).

A. Child can voice the dangers of alcohol and drugs and the negative effects on daily life choices and makes conscious decisions to refrain from use of drugs and alcohol.  
   OR  
   Child is aware of the effects of drugs and alcohol within the family dynamic, including treatment and recovery for their parent(s), and makes daily life choices to refrain from the use of drugs and alcohol.  
   OR  
   Child is of an age where it is not reasonable to understand any of the family dynamics related to drug and alcohol use with in the family.

B. Child is somewhat aware of alcohol and drugs and their negative effects on daily life choices. Child has refrained from use of alcohol and drugs.  
   OR  
   Child is aware of the effect of drugs and alcohol with the family dynamic, and is aware of some basic information in regards to treatment and recovery for their parent(s).

C. Child is aware of alcohol and drugs. Child chooses to use alcohol on limited occasions. Alcohol use has not resulted in disruption to school and/or relationships.  
   OR  
   Child is partially aware of the effect of alcohol and drugs within the family dynamic, and has no information in regards to treatment and recovery for their parent(s).

D. Child uses drugs and/or alcohol on a regular basis and this has led to decreased school performance, disruption of social network, arrest, injury, or illness.  
   OR
Child is not aware of drugs or alcohol use with in the family, including information regarding treatment and recovery for their parents.

**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

Substance use includes a child’s use of substances and any treatment they are engaging in or have engaged in. It also includes their awareness of others use of substances (such as a family member/friend) and their awareness of effects of substance use when they or others are using.

*Display Slide 7.3.29 ([PG: 26])*

Preparation for Adult Living Skill Development (applies only to children 13 and over). Child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing and other capacities necessary for functioning upon adulthood. Also includes adolescent sexual health and awareness.

A. Child excels with developing long-term life skills, supportive relationships and connections. Child is motivated in their life skill development and recognizes the significance of developing life skills. Child has an identified support network to assist in achieving life skill development. According to age and ability, is developing necessary life skills for adult living.

B. Child is making adequate progress with developing long-term life skills, relationships and connections. Child displays motivation, however requires assistance with maintaining their motivation. Child has a support network in place to assist in achieving life skill development and motivation. According to age and ability has gained adequate skills for adult living.

C. Child is making less than adequate progress with developing life skills, long-term supportive relationships and connections. Child is minimally engaged with life skill
development, despite the level of support present. Child may or may not have a support network in place for life skill development. According to age and ability is beginning to gain life skill capacities that are not yet adequate.

D. Child is making very limited progress with developing life skills, long-term supportive relationships and connections.

OR

Child is not aware of the need for developing life skills, long term supportive relationships, and connections. Child may or may not have a support network in place for life skill development. According to age and ability is not gaining necessary life skill capacities.

**Trainer Note:** Have participants provide examples from their “Identifying Indicators of Child Strengths and Needs” worksheet. Discuss how to move from D to A.

This includes life skill development in regards to a child’s preparation to obtain housing, employment, financial stability, educational growth, family and community support, and planning for the future.

**Activity D: Scaling Strengths and Needs**

*Display Slide 7.3.30 (PG: 27)*

**Instructions:**

1. Working alone, read the scenarios and identify the appropriate category the scenario belongs to and what rating you would give each child.
2. Be prepared to discuss as a class.

**Time:** 15-20 minutes

**Purpose:** For participants to practice scaling strengths and needs.

**Materials:**

- **PG: 27-28, Scaling Strengths and Needs worksheet**

**Trainer Instructions:**

- Ask participants to individually read each scenario and to then identify the appropriate category/indicator the scenario belongs to.
Then ask participants to rate each child.

When finished, as a whole class, review each scenario.

Activity Instructions:
1. Working alone read the scenarios and identify the appropriate category the scenario belongs to and what rating you would give each child.
2. Be prepared to discuss as a class.

Scaling Child Strengths/Needs

Trainer Version

Review each scenario below and identify the appropriate category the scenario belongs to and what rating you would give each child.

1. Sixteen-year-old Eric was held back in Kindergarten and Second grade and is now flunking the eighth grade. His teacher says that he is on a fifth grade reading level and is in danger of falling even further behind.
   - Category/Indicator: Academic status
   - Rating: D

2. Six-year-old Susan says her mother loves her and when asked what she would do if anyone ever hurt her she would tell her mom about it.
   - Category/Indicator: Family relationships
   - Rating: A

3. Matt is a type 1 diabetic and is insulin dependent. He sometimes forgets to take insulin and does not follow his diet. His blood sugar is often high, but he has never fainted or been hospitalized.
   - Category/Indicator: Physical health
   - Rating: C

4. Four-year-old Brenna has lots of friends at school. Her teacher describes her as very social and is one of the most popular children in class.
   - Category/Indicator: Positive peer/adult relationships
   - Rating: A

5. Three-year-old Sammy is severely speech-delayed. After three months of speech therapy, he is beginning to show some progress and is only one year behind now.
   - Category/Indicator: Development/early learning
   - Rating: B
6. Fourteen-year-old James was adopted from China and doesn’t feel like he completely fits in with his Caucasian family. He has begun researching Chinese culture on the internet but hasn’t told his adoptive parents yet.
   - Category/Indicator: Cultural identity
   - Rating: C

7. Fifteen-year-old Julie is very aware of her mother’s cocaine use as her mother has been using for the last ten years. She can explain the negative effect this has had on their lives and she states she will never try drugs.
   - Category/Indicator: Substance awareness
   - Rating: A

8. Seventeen-year-old Darren is about to age out of foster care. He has never worked before and has no interest in finishing high school, but believes he is going to get a great paying job and has found an apartment that costs 1000 dollars a month to rent. He says he can’t wait to move out of his foster home and be on his own.
   - Category/Indicator: Preparation for adult living skills development
   - Rating: D

9. Fourteen-year-old Peter is getting expelled from the third school in two years for getting angry and hitting staff. He has been in four foster homes in the last 6 months due to angry outbursts and tantrums that lead him to get violent towards staff and other children.
   - Category/Indicator: Behavior
   - Rating: C

Activity STOP

Display Slide 7.3.31 (PG: 29)
Now that we have reviewed each child strength and need it is important to think about how you are going to address them during your discussions with parents.

For the most part, parents love their children and want to be good parents. Your task is to explore what parents want for their children, what they believe their children need. If you and the parent can come to agreement as to what their children need, and you have set the stage for becoming an ally with the parent in terms of figuring out how to help the parent better meet their child’s needs. That is when the discussion can change focus to discuss the parent’s caregiver protective capacities.

Unless family members genuinely agree with the Case Manager and providers about the child’s needs, they are not likely to achieve change. You may not get agreement about all of a child's needs in the first contact with the family. Over time, as you engage the family and trust develops, you will be able to reach greater agreement about more child needs, which will lead to effective analysis of caregiver protective capacities.

**What are some sample questions that you could ask a caregiver to help them identify what their child’s strengths and needs are?**

**Endorse:**

- Do you have any concerns about your child? What do you think are your child’s challenges? What does he or she struggle with? Are there times it doesn’t happen?
- Tell me about your child’s behaviors that “push your buttons,” escalate you, or cause you to feel angry? Tell me about the times that doesn’t happen.
- Does the child have any current or past developmental challenges? Trouble learning? Trouble behaving in school?
- Does the child have any current or past mental health or behavior diagnoses that affect him today? Describe them for me.
- What are the disciplinary approaches you use? Under what circumstances? Are they working?
- What are some things your child excels in? What do you think are your child strengths? How does s/he exhibit/demonstrate these strengths?
Reaching agreement on children's needs is a strategy that recognizes families as experts and builds alliances with them (instead of focusing on parenting deficits). Genuinely engaging families- instead of imposing Case Plans on them- means appreciating their strengths and reaching agreement with them about their children's needs. The less accused families feel the less defensive they will be.

When discussing child needs and what the parent would like to be different, your goal is to refrain from giving advice. It is imperative for the parent to fully own the problem, and the solution. Use your engagement skills to elicit the solution from the parent.

**What are some sample questions that you could ask a caregiver that would evoke a caregiver’s description of a more desired state (need for change) relative to child needs?**

**Endorse:**
- Looking back:
  What were things like before this (behavior, condition) emerged? What has changed? About your child? Your circumstances? You?
- Looking forward:
  Ask what may happen if things continue as they are (status quo)? How would you like things to be different a year from now? How would things being different affect your child in a positive way?
- Ask the miracle question—If you were 100% successful in making the changes you want, what would be different?

**PG: 29**
Sometimes the parent is unaware of the effects of family behaviors or conditions on the child. They are convinced that the child doesn’t hear the fighting that is occurring, or is unaware of the effects of alcohol or drug use. There are several ways that this information can be imparted to the parent:

- One way is to ask the parent, “IF this (problem) were affecting your child, what could the effect be?”
- A second way is during a time when the Case Manager is with the child and the parent, the Case Manager can ask the child, “Can you tell your mom how you feel when (the problem) is happening?
- A third choice is to share with the parent what the child told you the effect
of the problem was. This can be powerful when it is shared with empathy, not judgment or condemnation. And, the child should know you are going to do this so they don’t feel a trust has been violated.

This concludes the unit on child strengths and needs. Later you will be able to practice scaling child strengths and needs with the Sandler/Braun family.
Unit 7.4:
Danger Statement, Family Change Strategy and Motivation for Change

Display Slide 7.4.1

Unit Overview: The purpose of this unit is to discuss the importance of establishing a danger statement and family goal with the family that will facilitate change.

References: • CFOP 170-9, Chapter 4, Family Engagement Standards for Exploration

Display Slide 7.4.2 (PG: 30)

Learning Objectives
1. Describe what a danger statement is and how to develop one.
2. Describe what a family goal is and how to develop one.
3. Identify how to develop a family change strategy using the danger statement, family goal and motivation for change.

Trainer Note/Commentary: The “Danger Statement” is a concept used in the “Signs of
The next significant consideration during Exploration is the understanding of what is needed to craft the danger statement and identify the family change strategy.

The purpose of the danger statement is to understand what must be different for parents in order for intervention to cease. The danger statement can be crafted to reflect the family’s view, however, the danger statement must be clear as to why the agency is involved.

The purpose of the family goal is to identify and verbalize how the family will be functioning when all the children are safe, including consideration of barriers, supports, and ideas for intervention. The family goal in particular should align with the family’s language and view at this juncture of the development of a change strategy. At this point, it will be most helpful to focus on the child(ren) needs, and what the parent(s) need to be able to do or accomplish to meet the child’s needs.

This requires Exploration that is focused on the “what.”
**Trainer Note:** Discuss with participants the significance of the use of the word “what” versus the word “why” at the point of Exploration with the family.

*What would be different for your child tomorrow, if these problems were resolved tonight while you were sleeping?*

*What would be different about your child? Your partner? You?*

Participants might conclude that the use of “why” is placing blame on parents, finding fault and could decrease the mutuality/rapport with families.

Then, explore with participants the significance of “what.”

Allow for discussion regarding the use of what, seek points of clarification with participants and engage in discussion.

**Endorse:**
- Asking “what” is a neutral question that does not imply judgement is; which in turns helps develop trust.
- Promotes a reporting of events and/or feelings which is vital in trying to promote change.

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**Family Goal and Danger Statement**

*Trainer Note:* Review sections VI and VII of the FFA-Ongoing. Solicit discussion regarding each question to include participant’s perception as to the meaning of each question.

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**VI. REASON FOR ONGOING INVOLVEMENT**

Danger Statement (Develop in collaboration with the family)

*This is the statement of the danger that has resulted in the agency involvement—what is going on in the home, why and how that has resulted in children being unsafe.*

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**VII. FAMILY CHANGE STRATEGY**

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

*This is the goal that the family will be working to achieve. Ultimately this is what the family will be doing and/or accomplish in order for agency involvement to cease.*

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

These are the ideas that are identified as potential aids for achieving the family strategy.
Potential Barriers: Describe things that could get in the way of change from the family’s perspective and/or the family team’s perspective.

These are the barriers that may arise that would challenge the achievement of the family strategy.

The purpose of crafting a danger statement through Exploration is to develop a statement that is straightforward rather than professionalized language that can be readily understood by the family regarding the reason for agency involvement.

The danger statement is similar to the statement that was developed as part of the safety plan—the description of the danger that resulted in the children being unsafe. As much as possible all statements should focus on specific, observable behaviors.

e.g., For danger statements the use of “Mary is not taking prescribed medication or attending appointments with the psychiatrist” is blaming.

Avoid meaning laden, judgment-loaded terms such as: “she is controlling”, “he is in denial”, “she’s an alcoholic”.

Instead you might say, “At this time the lack of managing her medication and mental health appointments appropriately has affected Mary’s ability meet the children’s daily needs. Mary cries a lot in front of the children and lacks energy to care for herself or her children. She has difficulty getting out of bed during the day to feed and supervise the children.”

Identifying the family change strategy is a process that occurs with the family, based on an understanding that the parents and children are the most crucial people to think themselves into and through the situation and that the best chances of change arise when everyone (professionals and family) can readily understand each other.

The first step of the family change strategy is to co-construct the family goal. The family goal describes how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children.

The next step is discussion with the family as to what needs to happen to achieve the family goal, the family’s ideas to achieve change. What are the first steps?
Family change strategies are developed in collaboration with the family. Examples of family change strategies could be that the family will be living together in the same home and that mom and dad will be able to provide for the safety of their children.

Ideas and Barriers are what the family identifies in regards to what it will take or what they are concerned about that may impact their success.

The family change strategy and danger statements are identified and developed based upon the information that is gathered during the Exploration stage of intervention.

**Trainer Note:** Inform the group that as a group we will view two more segments of the Russell case and proceed to craft a danger statement based upon the interviews.

### Activity E: The “What” Questions That Formulate the Danger Statement

*Display Slide 7.4.4 ([PG: 32])*

- **Time:** 60 minutes
- **Purpose:** To give participants an opportunity to watch interviews and take notes to craft a danger statement and family goal. The video refers to this stage as the Discovery Stage, however, this is what Florida calls the Exploration Stage.
- **Materials:** - *PG: 31, Russell video segments worksheet*
Trainer Note:

- Conduct this activity as a whole class.

- Play Russell video- Exploration2- segment #2a (approximately 3 minutes).

- Proceed to play Russell video- Exploration2- segment #2b (approximately 10 minutes).

- Once the videos are completed ask participants to craft a danger statement for the Russell family.

Activity Instructions:

1. Watch the Russell video segments.

2. Based on the information in the video segments and what you have learned about danger statements, write a danger statement for the Russell family.

Trainer Version

VI. REASON FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

Ms. Russell’s substance use during the weekends has affected her ability to provide adequate supervision and care for Angel. Ms. Russell has difficulty getting up in the morning to feed and get Angel ready for school. Ms. Russell lacks energy to care for Angel and herself.

Display Slide 7.4.5

Trainer Note: Following the completion of crafting the Danger Statement, Inform the participants that we will continue with the Russell family and will now focus on developing the Family Goal, Ideas to achieve, and potential barriers to achieve.
VII. FAMILY CHANGE STRATEGY

**Family Goal:** Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

Ms. Russell will be able to spend more time with Angel and want to spend more time with Angel. Ms. Russell will be able to meet her own needs as well.

**Ideas:** Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

Ms. Russell will work on finding ways to cope with her sadness that does not involve the use of illicit drugs. She will also engage in services to help her find ways to accomplish this.

**Potential Barriers:** Describe things that could get in the way of change from the family’s perspective and/or the family team’s perspective.

Ms. Russell feels as though her substance abuse on the weekends is separate from her parenting responsibility during the week. She does not feel that one affects the other.

(Activity STOP)

This concludes Unit 7.4, “Danger Statement, Family Change Strategy and Motivation for Change” are there any questions?

We will now conclude module 7 by discussing Information Collection/Domains.
Unit 7.5:
Information Collection/Domains

Display Slide 7.5.1

Unit Overview: The purpose of this unit is to discuss the importance of gathering sufficient information along the domains to inform the FFA-Ongoing.

References:
- CFOP 170-1, Chapter 2-4, Information Domains
- CFOP 170-1, Chapter 2-9, Child Strengths and Needs
- CFOP 170-1, Chapter 2-10, Stages of Change

Display Slide 7.5.2 (PG: 33)

Learning Objectives:
1. Explain how the five worker competencies affect information collection.
2. Demonstrate documentation of the FFA-Ongoing domains.

Trainer Note: Explain to participants that they have previously learned about the domains in CORE, this unit will be a refresher of those concepts and with focus on the documentation of domains during the FFA-Ongoing process.
It is crucial that you understand that sufficient information collection is the most essential ingredient for effective decision making.

The ability to make effective decisions is directly dependent on the extent of information that is available for workers to analyze.

In the past, information collection for determining whether a child is unsafe in child protective investigations seemed to be isolated on content related to incidences of maltreatment (did something happen, was it abuse/neglect by a caregiver responsible, who did it, when did they do it)?

Typically there was far less attention given to the day-to-day functioning of children and caregivers in a family, the “why” of maltreatment, the underlying conditions contributing to maltreatment without which true and sustainable
change is not possible.

That approach results in a very narrow or limited understanding of the family; it is limited to the incident of maltreatment.

The FFA-Ongoing is a family system assessment.

In the FFA-Ongoing, it is necessary to move beyond the maltreatment that is symptomatic of family problems and issues that may often be insidious and not so readily apparent.

The completion of the FFA-Ongoing requires workers to obtain sufficient information about child functioning, adult functioning, and caregiver performance in order to be able to understand what is occurring in the family day in and day out and to effectively assess child safety.

This requires Case Managers to have five essential competencies associated with information collection.

*Display Slide 7.5.4 and 7.5.5 (PG: 34)*

1. Information Collection is a professional behavior. It is a competency and perhaps the most critical competency of the Hotline Counselor, CPI, and Case Manager. This competency has five components:

   a. I know what I must learn about a family. I know what information I must collect on each case I am assigned.
      
      This is concerned with how the Case Manager proceeds in gathering
information and their awareness of the information collection standards and protocol. Consider that knowledge is different than action, therefore consideration when assessing a Case Manager’s competency regarding what they must learn may or may not be reflective of their application. This is covered under the third competency.

b. I understand the purposes or reason for needing to know this information.
   − This is concerned with the Case Manager’s understanding of the significance of information collection in decision making.

c. I demonstrate the ability to gather the information.
   − This is concerned with the Case Manager’s ability to utilize the information collection protocol and information standards to gather sufficient information along the domains. This competency is concerned with engagement of families in the assessment process and the diligence that the worker demonstrates to gather information.

d. I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.
   − This is concerned with the Case manager’s self-awareness. How they conduct themselves before, during, and at the conclusion of information collection and the relationship between their actions or inactions on the effectiveness of information collection.

e. I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.
   − This is concerned with the Case Manager’s ability to illustrate their conclusions regarding information collection and safety decision making. This is demonstrated through their ability to generate an assessment that justifies their decision making. In addition, they are able to explain their decision making, while justifying their decision making verbally. Skills associated with this competency include the worker’s ability to analyze information and develop conclusions.

2. The information domains are first gathered and critically analyzed by the Hotline Counselor, then the CPI.

3. In cases where at the conclusion of the assessment it is determined that the child is unsafe and requires ongoing case management, the Case Manager as part of the FFA-Ongoing will continue to build on the information domains as
the foundational step to further defining the parent’s and child’s current status, the parent’s protective capacities or diminished capacities, all of which form the basis for the Case Plan development upon which we are evaluating parent progress.

4. Case Plans are built on behaviorally based outcomes that are specific to enhancing diminished caregiver protective capacities that are related to managing any manifested danger threats.

**Documenting the Six Information Domains**

*Display Slide 7.5.6 (PG: 35)*

*Trainer Note: Refer participants to CFOP 170-1, Chapter 2-4.*

*With the whole class, briefly review the domains again. Ask the participants to provide what each area is and what information is contained in each domain.*

*Ask the participants how they would approach documenting the domains?*
  a. Where would they start?
  b. What format would they use?
  c. Would all the areas be combined into one or separated out?

When documenting the domain, it is important that the documentation reflect a professional judgment regarding what Case Managers believe to be an accurate reflection of what is occurring and how family members are functioning both positively and negatively.

Documentation should be objective and neutral based on what Case Managers experienced when conducting interviews and reviewing other information.
The documentation should provide worker analysis regarding the information that was collected from family members, collaterals, and professional evaluations.

Documentation should not simply be regurgitation of what family members stated (unless it is concluded that the statements from family members provide an accurate picture of family functioning). This is not to suggest that workers should not rely on specific references and quotes that are made by family members in order to qualify their impressions, observations, and conclusions.

It is important to emphasize that documentation is intended to support an “on the record” Case Manager conclusion of how families, children, and caregivers are doing routinely. The documentation should support Case Managers’ conclusions in order to justify decision making.

Information that is documented should be analytical but must be based on specific describable information and not open speculation.

All information should be validated and reconciled.

All significant information should be validated by either direct, personal observation or corroborated through multiple collateral sources. Corroboration is defined as credible and reliable information obtained through multiple sources. For example, if a child says he/she is “doing great” in school, has that been validated by the parent, school personnel and/or review of report card?

Reconciliation ensures that relevant information is presented consistently (no unexplained discrepant statements in assessment and/or rationale is provided to explain why more weight or credibility is given to one statement over another).

In the next group of activities you will complete an FFA-Ongoing on the Sandler/Braun Family. These activities will help you apply the skills and knowledge learned in this module.
Activity F: Domain Information for the Sandler/Braun Family

Display Slide 7.5.7 (PG: 36)

Time: 1.5 hours

Purpose: Provide participants with an opportunity to practice recording and analyzing domain information in an FFA-Ongoing.

Materials:
- **PG: 36-38, Case Notes – Family Engagement Standards for Exploration**
- **PG: 39-42, Sandler/Braun FFA-Ongoing Domain Information worksheet**
- **Handout: Completed Domains Sandler/Braun FFA-Ongoing (Trainer to hand out AFTER domain activity)** (This hand out is used for CM M7 Activities F, G, H and I)

Trainer Instructions:
- Inform participants that in this activity they will begin completing an FFA-Ongoing on the Sandler/Braun family. By the end of this module they will have completed the full assessment.

- Individually or in small groups have participants read the Exploration Notes for Sandler/Braun Family.

- Participants will now practice writing Domain information for the Sandler/Braun case. Instruct participants to synthesis all of the information they know about the Sandler/Braun family and write a summary in each domain on their FFA-Ongoing. This includes the following domains:
  - Child Functioning
  - Adult Functioning
  - General Parenting/Discipline or Behavior Management
- After participants are finished with activity review each domain section by calling on different individuals or groups to read information they included. Not every group/individual has to read every section. Include in the discussion any information the group/individual thinks is missing and needs to be gathered before completing the rest of the tools, including the CPC assessment and Child Strengths and Needs assessment.

- When the discussion is completed provide participants with handout “Sandler/Braun FFA-Ongoing Completed Domains”. Please note some information has been added from interviews with other sources to this handout. Instruct participants to use domain information from this handout when completing the rest of their FFA-Ongoing.

### Activity Instructions:

1. Read Family Engagement Standards for Exploration Sandler/Braun Notes.
2. Based on this information and information you already know about the family complete domain information for the Sandler/Braun FFA-Ongoing. This includes the following domains:
   - Child Functioning
   - Adult Functioning
   - General Parenting/Discipline or Behavior Management

### NOTES FOR CASE MANAGEMENT
Family Engagement Standards for Exploration Sandler/Braun Notes

02.24.2014, 04:15
Worker Creating Note: Reid, Spencer
Category: Case Management
Announced HV
Address: 209 Kettinger Ct Florida City, FL

Goal: Introduction and prep for Family Team Meeting
Explained CM role: safety management, family assessment, co-construct case plan, on-going case plan monitoring and modification. Provided information about what the family could expect from CM to include announced and unannounced visits to the home; service provider contact; collateral interviews; ongoing communication as to what family feels is working or not working; service provider referrals and assessment of progress.

CM met with family in living room; Byron was watching T.V. and Shane was in a walker. James was in his room playing video games. CM explained that CM agency uses family team meetings to develop and monitor case plans and that CM will discuss more about that w/family. Melanie said
both grandmothers are their family’s primary source of support.

Melanie stated that James is very disrespectful and knows how to push Bruce’s buttons. Bruce was helping James with homework and was going slow, making smart comments, Bruce blew up, went after James and ended up chasing him upstairs. This is what made police and child Protection come. Bruce agreed that he had probably had too much to drink that day and might have been short-tempered.

Melanie stated that the report in 2012 happened when James became argumentative and told Bruce that he didn’t have to listen to him and that he would do what he wanted to do then turned to leave and go back inside. Bruce reached for James to continue talking to him and James yelled that he hated Bruce. Bruce then struck James on the cheek with an open hand. During discussion on this date, neither parent believes alcohol was an issue or contributing factor on that occasion.

Parents acknowledged that while Bruce does not “usually” strike James in the face, he does regularly use physical discipline and does spank him on the buttocks w/ an open hand or a belt. Parents agree that the mother experiences discomfort with any discord in the family; she is described as a rescuer and pleaser; she is uncomfortable redirecting James or Byron and often allows their tantrums. Both are seeing the younger sibling Byron emulating James’ behavior and the mother not correcting, intervening or redirecting.

Parents feel that James is routinely disrespectful, mainly with his mother Melanie and Step Father Bruce. James’ negative attention seeking behavior, outbursts and attitude transfers outside the home (grandmother had to send him home after visiting due to behavior, grandparents cut visit short due to disruptive behavior).

The parents felt parenting services provided in 2012 was somewhat helpful, pointed out the value of providing positive reinforcement for good behavior. Melanie felt the provider did not know enough about parenting a child with ADHD and did not appreciate how hard it can be. The provider was not able to change James’ behavior.

Bruce said alcohol probably had a little to do with it the most recent report. “I had a bad day at work and was under a lot of stress and maybe had too much to drink. I know I was wrong and I brought all this on the family.” Melanie observed to be silent and looking down when Bruce said “one time event.”

CM told mother that Florida City Elementary school had list of volunteer afterschool tutors that would come to the home up to four times a week to help James after school with homework. She will call school and work out details.

Bruce said safety plan could be quite a burden on the grandmothers and he hates to drag his friend into it too; will be happy when no longer necessary. CM said that family can choose to let James have overnights with his MG. Bruce okay with Ed Barth and agreed to allow him to check in with Bruce every day at 6 PM to see how things are going.
Discussed next steps re: working with parents on their goals for the family and case plan. Parents agreed that both grandmothers should be invited the family meeting to develop case plan. Family signed updated safety plan that CM brought; CM left a copy for family.

CM met with James privately; explained that CM role was to help the family. Said that his stepfather’s behavior towards him was a problem that would be worked on; that while parents are responsible for establishing rules and expectations; that kind of violence was not okay. CM asked James how the current safety plan was working; did he feel safe. James said he thought that his stepfather was mad at him but that he hadn’t said anything about it to James. He feels safe at home with grandmother around. CM said that CM wanted to have future talks with him to help figure out what would make things better for his family. CM asked Bruce if he would be willing to help CM with that. James agreed. Explained that CM wanted to work with James on how to protect himself in the future should his stepfather be drinking and getting violent. Told James that CM hoped we could build a good relationship and that he would feel free to be truthful with CM.

Sandler-Braun FFA-Ongoing: Domain Information
Instructions: Read exploration notes for the Sandler/Braun family. Next synthesize this information and the information you already know about the family and complete the information collection domains in the FFA-Ongoing: Child Functioning, Adult Functioning, Adult Functioning, General Parenting, and Discipline/Behavior Management.

III. CHILD FUNCTIONING
How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child’s vulnerability based on threats identified.

SANDLER, JAMES

BRAUN, BYRON

BRAUN, SHANE
IV. ADULT FUNCTIONING
How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult’s physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

BRAUN, MELANIE

BRAUN, BRUCE

V. PARENTING
General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

BRAUN, MELANIE

Bruce Braun:

Activity STOP
Activity G: Scaling Caregiver Protective Capacities for the Sandler/Braun Case

Display Slide 7.5.8

Time: 1 Hour

Purpose: To demonstrate the ability to scale Caregiver Protective Capacities.

Materials:
- **Handout: Completed Domains Sandler/Braun FFA-Ongoing**
- **CFOP 170-1, Chapter 2-9**

Trainer Instructions:
- *This activity can be completed individually or in groups. Inform participants to use the “Completed Domains Sandler/Braun FFA-Ongoing” to scale the Caregiver Protective Capacities for Bruce and Melanie Braun in Section X of their FFA-Ongoing.*

- Remind Participants to review each definition and scaling criteria prior to determining how they will rate each protective capacity.

- *After participants complete the activity come together as a large group to review scaling criteria for each CPC. As a class determine which diminished CPC’s should be added to the Case Plan.

Activity Instructions:
1. Review the domain information on the FFA-Ongoing.
2. Rate each protective capacity for Melanie and Bruce, using Sander/Braun FFA-Ongoing.
### Trainer Version:

**X. PROTECTIVE CAPACITIES**

<table>
<thead>
<tr>
<th>Capacity Categories and Types</th>
<th>Behavioral</th>
<th>Cognitive</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls Impulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sets aside own needs for child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates adequate skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive as a Parent/Legal Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Protecting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is self-aware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is intellectually able</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes threats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes child’s needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands protective role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans and articulates plans for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets own emotional needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is resilient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is tolerant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is stable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expresses love, empathy, sensitivity to the child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is positively attached with child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is aligned and supports the child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Braun, Melanie Sandler       | B          | B         | B         | B         | B         | B         | C         | B         | B         | C         | B         | B         | C         | A         | A         | A         |
| Braun, Bruce                 | C          | B         | B         | B         | B         | B         | B         | C         | C         | C         | B         | B         | B         | B         | B         | B         | B         | B         |
Activity H: Child Strengths and Needs: Sandler/Braun Children

Display Slide 7.5.9

Time: 45 minutes

Purpose: Practice scaling child strengths and needs using the Sandler/Braun Case

Materials:
- Handout: Completed Domains Sandler/Braun FFA-Ongoing
- Chapter 170-1, Chapter 2-9

Trainer Note:
- This activity can be done individually or in groups.
- Using the information you know about the Sandler/Braun family to scale each of the Child Strengths and Needs for the Sandler/Braun children in section “VIII Child Needs Indicators” on your FFA-Ongoing.
- After participants complete this activity debrief as a class, going through each indicator for James, Byron, and Shane. As a class decide if any of the child strengths and needs will be added to the Case Plan. (These will include all ratings of C or D if the parent is not meeting their needs.)

Activity Instructions:

2. If there are any Child Strengths and Needs you need more information on in order to scale them please indicate the additional information you need and where you can obtain this information.
## Trainer Version:

### VIII. CHILD NEED INDICATORS

<table>
<thead>
<tr>
<th>Children</th>
<th>Emotional/ Trauma</th>
<th>Behavioral (e.g. risk taking behavior, runaway, etc)</th>
<th>Development</th>
<th>Education</th>
<th>Physical Health/ Disability</th>
<th>Family Relationships</th>
<th>Peer/ Adult Relationships</th>
<th>Cultural Identity</th>
<th>Substance Awareness</th>
<th>Life Skills Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandler, James</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>N/A</td>
</tr>
<tr>
<td>Braun, Byron</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>N/A</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>N/A</td>
</tr>
<tr>
<td>Braun, Shane</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>N/A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Activity STOP**
Activity I: Formulating the Danger Statement, Family Change Strategy, and Determining Motivation for Change

Display Slide 7.5.10 *(PG: 43)*

Time:

Purpose: To apply knowledge learned regarding danger statement, change strategy, and motivation to change.

Materials:

- **Handout:** Completed Domains Sandler/Braun FFA-Ongoing
- **PG: 43, Activity I worksheet and Chapter 170-1, Chapter 2-10**

Trainer Instructions:

- In small groups or individually have participants complete the following sections of their Sandler/Braun FFA-Ongoing:
  - VI. Reasons for Ongoing Involvement Danger Statement
  - VII. Family Change Strategy
  - XII. Motivation for Change
  - XIV. Current Safety Plan Assessment for Sufficiency

- Remind participants that they would normally be developing the danger statement in close collaboration with the family.

- After participants complete the activity debrief as large group by choosing individuals/participants to share what they have written.

Activity Instructions:

1. Complete the following sections of your Sandler/Braun FFA-Ongoing:
   - VI. Reasons for Ongoing Involvement Danger Statement
   - VII. Family Change Strategy
   - XII. Motivation for Change
   - XIV. Current Safety Plan Assessment for Sufficiency

2. Be prepared to discuss.
VI. REASONS FOR ONGOING INVOLVEMENT
Danger Statement (Develop in collaboration with the family)

VII. FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

The family will be able to reside together in the home. Bruce and Melanie will be able to co-parent and consistently discipline their children. Bruce will find other outlets for his stress and will learn appropriate ways to approach the children’s negative behaviors. Bruce and Melanie will agree on appropriate forms of discipline. Bruce will recognize that his alcohol use has been problematic at times and will seek assistance with enhancing his coping mechanisms.

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

Bruce has agreed to complete a substance abuse assessment. Both grandmothers are a support system and both agree to be more involved with the family and to provide respite care for the children. Melanie has agreed to seek counseling.
Following the debrief of the class’ examples provide them with the following example:

**VI. REASONS FOR ONGOING INVOLVEMENT**

**Danger Statement (Develop in collaboration with the family)**

At times Bruce drinks too much alcohol and does not remember what occurred the night before. Bruce is often more impatient when he drinks, which leads him to screaming and yelling. This has also led to Bruce throw objects in the home.

**Potential Barriers: Describe things that could get in the way of change from the family’s perspective and/or the family team’s perspective.**

Stress of being out of the home as well as other stressors may lead to Bruce experiencing an alcohol relapse. Bruce continues to minimize the effects of his alcohol use on his family and the danger it presents to Melanie and the children. Melanie will continue to not maintain parent/child boundaries which will lead to inconsistent discipline of the children.

**XII. MOTIVATION FOR CHANGE**

<table>
<thead>
<tr>
<th>Adult</th>
<th>Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braun, Melanie Sandler</td>
<td>Contemplation</td>
</tr>
<tr>
<td>Braun, Bruce</td>
<td>Pre-Contemplation</td>
</tr>
</tbody>
</table>

You learned about the safety planning related portions of the FFA-Ongoing in Module 3. Since there is an in-home safety plan in place with the Sandler/Braun family Section XIII, In-Home Safety Analysis and Planning will not populate on their FFA-Ongoing. This section only populates in out-of-home cases. When needing to make an in-home safety plan more intrusive you still must use the safety analysis and planning criteria.

**Trainer Note:** As a class complete “Section XIV. Current Safety Plan Assessment for Sufficiency” on the Sandler/Braun FFA-Ongoing. This will complete the FFA-Ongoing and complete the module. Let participants know in the next module they will be learning about Case Planning. See below for trainer guide answers for Section XIV.
### XIV. CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

- [x] Safety plan is sufficient, no need for changes to the plan at this time.
- [ ] Safety plan is not sufficient, not controlling for child safety or no longer applicable; change in safety plan is needed.
- [ ] Safety plan is no longer needed.

Based on the determination selected above, describe the assessment process to reach this conclusion.

Bruce is currently not residing in the home and his contact with his children is supervised and monitored by extended family acting as safety service providers. The children are in the care of their mother Melanie in the family home. The home environment is currently calm and consistent enough to implement and in home safety plan.

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**Activity STOP**

**Trainer Note:** Hand out Completed FFA-Ongoing Sandler/Braun. Review sections of this completed FFA-Ongoing as needed.

This is the end of Module 7. In Module 8 we will be using the information learned on the Family Engagement Standard of Exploration to learn how to build a Case Plan.