Appendix

Trainer Materials
**Activity Training Aid – Toolbox and Tool Labels**

**Quality Practice Toolbox:**
This can be any cardboard box, paper bag, or other container labeled “Quality Practice Toolbox” (see printable template that follows). The container should be large enough to hold the “Tool” labels in the next checklist item.

**Super-Worker and Super-visor “Tool” Labels:**
Make “Tool” labels by photocopying or hand-printing the words on the following pages onto card stock or other stiff paper and cutting into strips.

The “Tool” labels should be small enough for several pieces to be pinned onto one person’s clothing, but large enough and stiff enough to be read with reasonable ease from the back of the room.

Each “Tool” label is marked by a small “w” or “s.” The “w” stands for “super-worker,” and the “s” stands for “supervisor.”
QUALITY PRACTICE TOOLBOX
Engages families
Builds trust
Maintains contact
Insightful investigations & assessments
Negotiates effectively
Finds creative services
Sees big picture

Anticipates problems

Works system

Keeps goal in mind

Works well with people
Models good casework

Develops workers

Shares experience

Shares judgment

★ Productive Supervision Zone
Trainer Background Information – Rethinking Supervision

- Task Supervision teaches how to work with Police, courts, rules, framework of the System. Case supervision teaches them to understand the uniqueness of family, resources available, etc. Clinical Supervision teaches how to create balance between worker and family.

- 20% of staff members are self motivated, the STARS – they need very little of our time. They need acknowledgement and recognition. 10% of staff will not perform and will not be a good fit for the job. Supervisors should get rid of them at the earliest opportunity or they will suck up all their time and energy. The remaining middle 70% can be taught to perform, but are most likely to leave if they are not getting what they need so supervisors should spend most of their time with them.

- The more trust an employee has in their supervisor the less they have to make up.

- Supervisors should strive for transparency – How they explain and share their thinking about what they’re asking their employees to do.

- Supervisors have to teach their employees to think instead of just reacting.

- Supervisors have to help employees to articulate what they are trying to accomplish.

- For brand new caseworkers, supervisors should first teach black and white boundaries – what to do/not do.

- Supervisors should teach assessments by asking questions, “What were you thinking about when…?”

- During Case Consultations supervisors need to teach employees to 1) See the process of their work, 2) Struggle with asking questions, and 3) Connect the dots, how the pieces fit together. 4) Spend 70 – 80% of the time talking about the family.

- The clearer the process, the simpler it is to affect.

Clinical Supervision is about teaching the process; getting the worker to believe they can change what they do. How you SEE it is going to change what you DO.
Supervision is a multilayered process that involves a number of different roles and responsibilities. Clinical supervision focuses on the actions, responses, and decisions of the caseworker in providing services to clients. It does not mean or imply therapy. In this context, clinical is any direct interaction, intervention, or service between caseworkers and families. With that broad definition, all child protective services (CPS) caseworkers have a clinical impact on the children and families they serve.

Supervisors should be concerned with building self-awareness in staff only as it relates to professional activities. Only as the caseworker’s personal behavior, feelings, and attitudes create some difficulty in the performance of tasks do they become the focus of concern in supervision. When developing staff self-awareness, the focus must stay on the supervisee’s work and professional growth rather than their worth and personal growth. The following are areas of focus for building self-awareness:

**Counter transference**
Like all people, caseworkers have a history, issues that are not fully resolved, and unconscious desires or motivations. Traumatic experiences and other personal issues can be triggered through a counter transference of feelings spurred by interactions with certain clients. To help maintain objectivity and strengthen self-awareness, supervisors should educate staff regarding the dynamics of counter transference. Dealing with it requires reflection, discussion, and practice. The supervisory technique of coaching often is effective in dealing with counter transference issues. Supervisors should never become a therapist to the caseworker. They should, however, suggest counseling or employee assistance programs, if necessary. Supervisors also need to be aware of the impact of their own personal experiences and how it may affect their interactions with caseworkers they supervise.

**Personal qualities or characteristics**
Sometimes a caseworker’s personal qualities or characteristics get in the way of working effectively with clients. This requires honest self-appraisal. For example, a caseworker may be very direct and tell clients exactly what he or she thinks, often without diplomacy. After receiving several complaints about this style of interaction, supervisors need to help guide the caseworker into asking himself or herself “What am I doing that is creating these negative reactions?”

**Boundaries**
Caseworkers must take full responsibility for establishing the limits of the relationship with their clients. Some caseworkers, however, establish unclear boundaries with clients. They may create dependency rather than promoting self-sufficiency. For example, a caseworker may jump in quickly and solve the client’s problems or continually give advice rather than helping the client develop his or her own problem-solving abilities. Another example would be a caseworker who uses self-disclosure excessively, causing the focus of the work to shift from the client’s problems to the caseworker’s own situation.
Resilience

- Workers are vulnerable to vicarious traumatization exposure. Negative psychological effects as a result of working with clients? “Secondary trauma.”

- Excessive burnout rates due to stresses of job. Systemic changes in the environment need to occur to create an environment that minimizes burnout.

- Compassion fatigue can result from witnessing someone’s emotional experience and trying to meet it.

- Body posture helps keep or release emotion. We must breathe and stretch to release emotion.

- Workers who have experienced trauma in their lives are more likely to re-experience it when exposed to a client’s trauma. Trauma can become imprinted in the emotional experience of the individual. We need to be aware of our own experiences or our own history comes back into the picture.

- Recognize your own personality. People who have difficulty with flexibility = high risk. People dealing with highly emotional issues in their own lives = high risk.

Self Care

- Create a ritual to let your day go at the end of every day.

- Do not leave the best part of yourself at work.

- Don’t hold it in. Allow yourself to feel and express your feelings. Help others around you do the same.

- Exercise—take time for yourself. Use positive self-talk.

Building Resilience on Your Team

- Use group supervision to process group feelings.

- Look for signs of vulnerability in staff: loss of confidence, difficulty feeling empathy, feeling powerless, noticeable irritably.

- Ask: “How did you feel about that?” “How did it affect you?”
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Advanced 4</th>
<th>Competent 3</th>
<th>Needs Improvement 2</th>
<th>Limited 1</th>
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<td><strong>Topic</strong></td>
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<td>▪ Addresses a challenging and unique topic for child welfare supervisors</td>
<td>▪ Addresses a relevant topic for child welfare supervisors</td>
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<td>▪ Does not address a child welfare supervision topic</td>
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<td>▪ Topic is relevant and current</td>
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<td>▪ Non-existent</td>
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<td>▪ Lacks spark</td>
<td></td>
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<td>▪ Appropriate</td>
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<td>▪ Ideas clear and shows in depth understanding</td>
<td>▪ Ideas clear, transitions inconsistent or missing</td>
<td>▪ Disorganized</td>
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<td>▪ Has visuals but inappropriate overall size or content or may have a few spelling errors</td>
<td>▪ Lacks visuals or very poor quality</td>
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<tr>
<td>▪ Documentation style chosen is appropriate for the given project and thoroughly illustrates the progression of the work</td>
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<td>▪ Has visuals but inappropriate overall size or content or may have a few spelling errors</td>
<td>▪ Lacks visuals or very poor quality</td>
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<td>▪ Polished appearance</td>
<td>▪ Lacks neatness</td>
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<td>▪ Used effectively</td>
<td>▪ May not be used effectively</td>
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<td>▪ Research not evident or unrelated to project</td>
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<td>▪ Documentation style chosen is inappropriate for the given project and illustrates most of the progression of the work</td>
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<td><strong>Depth of Knowledge</strong></td>
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<tr>
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<td>▪ Answers questions honestly, thoughtfully and with substance</td>
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<td>▪ Under 10 minutes or over 20</td>
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Date

Dear (Local Leader):

As an instructor in the Supervising for Excellence program, I am pleased to invite you to share your vision and leadership priorities with the current class. These new supervisors are spending nine days learning about themselves as supervisors, their teams, and working in the broader environment.

As part of the program, each participant has to select a culminating project that will give them an opportunity to practice the skills they are learning in class. The project can be as simple as implementing a new way of conducting meetings, or more complex, such as implementing grand round case discussions. Your input about what is important in your local system of care is needed to assist participants in selecting a project that will not only benefit them and their unit, but the larger community.

We ask that you attend the session on DATE from TIME at PLACE. Please contact me at PHONE or EMAIL to confirm your participation.

Sincerely,

Your Name
<table>
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<th>Great Depression</th>
<th>TV in every home</th>
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<tr>
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<td>D-Day</td>
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<td>WW2</td>
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<td>Fireside Chats</td>
<td>Rock ‘n Roll</td>
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<td>Ration Stamps</td>
<td>Moon Landing</td>
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<td>Latchkey kids</td>
<td>“Babies on Board”</td>
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<td>Oklahoma City Bombing</td>
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<td>Watergate</td>
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<td>Big Bands</td>
<td>Moon Landing</td>
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BALANCE

1. “Support me in shifting the balance.”

2. “Help me balance everyone else and find meaning myself.”

3. “Give me balance now, not when I am sixty-five.”

4. “Work isn’t everything; I need flexibility so I can balance all my activities.”
FEEDBACK

1. “No news is good news.”

2. “Feedback once a year, with lots of documentation.”

3. “Sorry to interrupt, but how am I doing?”

4. “Feedback whenever I want it at the push of a button.”
REWARDS

1. “The satisfaction of a job well done.”

2. “Money, title, recognition, the corner office.”

3. “Freedom is the ultimate reward.”

4. “Work that has meaning.”
MANAGEMENT STYLE

1. Chain of Command.

2. Change of Command.


4. Don’t Command – Collaborate.
TRAINING

1. “I learned it the hard way; you can too!”

2. “Train ’em too much and they’ll leave.”

3. “The more they learn, the more they stay.”

4. “Continuous learning is a way of life.”
CAREER GOALS

1. “Build a Legacy.”

2. “Build a stellar career.”

3. “Build a portable career.”

4. “Build parallel careers.”
RETIREMENT

1. Reward

2. Retool

3. Renew

4. Recycle
CHANGING JOBS

1. “Job changing carries a stigma.”

2. “Job changing puts you behind.”

3. “Job changing is necessary.”

4. “Job changing is part of my daily routine.”
Our country has a legacy of courageous men and women who have made what they believed in happen under extremely challenging conditions.

- They saw a need for action, believed in what they were doing, inspired other and in spite of incredible odds changed the world. This is the essence of leadership.
- They sought leadership roles and accepted the responsibilities that were part of those roles
- Doing so- is a leader’s duty- To take what you believe in- something that flows out of your core values, and make it happen!

Effective performance rarely happens by accident. It is result of predictable, planned actions that can be learned and applied by almost anyone. This training topic will help you to learn the basic concepts and to excel in your leadership capabilities

Activity Roleplay Script – No More “My Way or the Highway”

Script:

Supervisor: This adoption home study is not done the way it should be.

Caseworker: I included all the information specified in the MAPP Program and the policy.

Supervisor: Maybe, but this is not the way I want it written.

Caseworker: I don't see what difference it makes, as long as all the information is present.

Supervisor: The format is not consistent with the way we do home studies.

Caseworker: I've seen home studies done in other districts similar to the way I organized this one.

Supervisor: I don't care. This is not the way I want them done in my unit.

Caseworker: I wish you had told me this earlier. It would have saved me a lot of work.

Supervisor: Well, I’m telling you now!
Positive feedback and recognition are two very important management tools. It is important for the supervisor to remember the purpose of and distinctions between the two. Positive feedback reinforces those specific aspects of performance that the supervisor wants a caseworker to continue doing, whereas recognition is a general appraisal of someone’s efforts or accomplishments. Examples of recognition include: “Great job.” “Keep up the good work.”

“Good assessment.” An example of positive feedback is “When I read your assessment, I got a clear picture of how the family functions and the strengths we can tap into to facilitate behavior change.”

The purpose of recognition is to validate performance, improve self-esteem, help staff feel valued, and improve morale and staff retention. Research has supported that recognition for a job well done is the top motivator of staff performance. Most managers and supervisors do not understand or use the potential power of recognition and rewards. When managers are told of the importance of this, the typical reaction is to insist that employees would appreciate only rewards and forms of recognition that directly translate to their pocketbook—raises, bonuses, or promotions.

Informal recognition (i.e., spontaneous rewards and forms of recognition) can be implemented by any supervisor with minimal planning and effort. Some of the most effective forms of recognition cost nothing or very little. Part of the power of these rewards is that someone took the time to notice the achievement, seek out the employee responsible, and personally deliver the praise in a timely manner. Research has revealed that the type of reward employees most preferred was personalized, spontaneous recognition from their direct supervisors.

REFLECTIVE PRACTICE ACTIVITIES

SELF-ASSESSMENT OF PRACTICE IN A SELECTED CASE

The reflective practice and assistance process focuses on the daily front-line practice of caseworkers using actual cases. The purpose is to strengthen daily practice and improve results via self-assessment, case discussion with supervisors, and specific caseworker assistance, provided when needed. The process brings help and hope to the front-line practitioners, especially with those cases that challenge practice. The process also identifies front-line working conditions that hinder good practice and seeks ways to resolve and improve them.

The practice assistance process begins with a self-assessment of case practice conducted by the caseworker with a current case selected from the worker’s caseload. The self-assessment uses a job aid that requires about 15 minutes to complete. The self-assessment tool explores five core areas of practice-focused questions:

1. Engaging Service Partners: Do you have a trust-based working relationship with the child, family, and any other service partners working with the child and family?

2. Understanding the Situation: Do all involved understand the child and family situation well enough to achieve positive results in their lives (i.e., achieving adequate well-being, improving daily functioning, and reducing risk of harm and poor outcomes)?

3. Planning Responsive Services: Is service planning an ongoing process reflective of the current situation and helping to achieve desired results for the child and family?

4. Implementing Supports and Services: Is implementation of planning supports and services timely, competent, and of sufficient fidelity, intensity, and continuity to achieve desired results for the child and family?

5. Getting and Using Results: Are intervention efforts leading to positive results for the child and family? Is the knowledge gained through experience being used the refine strategies, solve problems, and achieve appropriate conditions for successful case closure?

For each of the five questions, a set of three to six probes is provided to help the caseworker think through important aspects of practice in this case. Using this reflective practice tool, the caseworker identifies particular strengths and needs in this case related to case practice. The worker notes any barriers that thwart efforts and results. Requests for specific assistance for the caseworker are identified with support arrangements made by the supervisor.
Trainer Background Information, cont.: Reflective Practice

BARRIERS ENCOUNTERED IN THE CASE

As part of the self-assessment process, the caseworker identifies barriers, problems, service system gaps, or breakdowns that have been or are now adversely affecting good casework practice or limiting service efforts in the selected case. The worker is asked to suggest ways to overcome the barriers or to request assistance in countering the effects of any such barriers. The purpose is to find ways to overcome barriers in the case so that good work can be done and good results achieved.

ASSISTANCE NEEDED BY THE CASEWORKER WITH THE CASE

Providing the caseworker with any assistance needed to succeed, case by case, is a key goal of the self-assessment process. Based on the worker's assessment of practice strengths and needs in the case, as well as the identification of any barriers that are thwarting practice and results, the worker may request case-specific assistance. The areas in which assistance may be requested include:

- **Mentoring assistance** when special craft knowledge or skills may be required with a case, especially for a caseworker who is a novice or advanced beginner in the art of practice.

- **Supervisor assistance** in addressing case situations where complexity conflict or other factors combine to impede and complicate routine practice.

- **Specialty consultation** to add expert knowledge that may be required in successfully serving children or caregivers having special needs or unusual life circumstances.

- **Multi-agency relations and coordination support** required when a child or caregiver is receiving services via multiple agencies, funding sources, and providers.

- **Training to acquire special or skills** required to serve a child or family with a particular need or profile. This may be necessary to serve a particular target population.

- **Other assistance** that may be necessary to do good practice and get good results in a case.
Trainer Background Information, cont.: Reflective Practice

ASSISTANCE TO CASEWORKERS AND FAMILIES

The worker presents the case assessment results to the supervisor who uses a parallel tool designed for supervisors. In a 20-minute conference, results are discussed, next steps are agreed upon, and specific assistance is planned. The supervisor assures that necessary assistance is planned.

FINDING WHAT'S WORKING

The Quality Service Review (QSR) is based on an in-depth case review method. It uses a performance appraisal process to find out how children and their families are benefiting from services received and how well local services are working for those children and families. Each child served is a unique "test" of the service system. Small representative groups of children are reviewed to determine child/family status and related system performance results.

QUESTIONS ABOUT HOW CHILDREN AND FAMILIES ARE DOING INCLUDE:

- Is the child safe from manageable risk of harm caused by others or by him/herself? Are others safe from the child?
- Are the child's basic physical and health needs met?
- Is the child learning, making school progress and becoming more responsible?
- Is the child doing well emotionally and behaviorally?
- Are the parents/caregivers able and willing to assist, support, and supervise the child reliability?
- Is the family making progress toward independence? Is there timely progress toward permanency?

Positive answers to these questions show that children and families served by local staff and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen front-line practices and working conditions.
QUESTIONS ABOUT HOW WELL THE SERVICE SYSTEM IS WORKING INCLUDE:

- Do the child's parents, caseworker, teacher and service providers share a "big picture" understanding of the child and family situation and their strengths and needs so that sensible supports and services can be planned?
- Do these "practice partners" share a long-term view of how services will enable the child and family to function successfully in their daily settings (e.g., home and school)?
- Does the child and family have a sensible service plan that organizes all supports, service, and interventions to be provided and that spans all involved service providers?
- Are needed supports and services provided in a timely, competent, and adequate manner?
- Are the focal and key underlying issues being addressed?
- Are the child's caregivers getting the training and support necessary for them to be effective parents while keeping the home safe and stable?
- Are the child's and family's services being coordinated effectively across settings, providers, and agencies?
- Are the supports and services provided reducing risk and improving safety and family functioning without causing harm or unreasonable hardship to the child or family?
- Are services and results monitored frequently with the plan and services modified as necessary to reflect changing needs and life circumstances?

The QSR provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.
Trainer Background Information, cont.: Reflective Practice

**ENHANCING PRACTICE AND RESULTS**

QSR results can be used by local front-line staff, supervisors, managers, and service providers (i.e., local practice partners) to:

- Understand what is working now for local children and families, what is not working, and why.
- Review and understand important aspects of practice in real cases to guide practice development plans and activities. Plan efforts to improve practices, working conditions, and results.
- Identify and share exemplary pieces of practice found in actual cases reviewed. Recognize successful practitioners.
- Troubleshoot vexing problems that adversely affect practice.
- Find new ways of sharing information and resources waste caused by duplication of effort or burden shifting strategies.
- Track system practices and progress made.
- Achieve results that parents, practitioners, and citizens expect.
A whole group role play can be a valuable training tool because it incorporates all the training participants into the role play in a non-threatening manner, tends to keep role plays more realistic, presents a variety of approaches that can be used in a situation, and corrects errors quickly.

The core idea is that the role players at the front of the room are merely the mouthpieces for the whole group. The trainer’s role is to moderate the role play so many people are involved and to help evaluate what is being said to reinforce good things and correct errors.

There are a variety of ways to structure the role play in terms of role players.

First, the trainer can play the roles of the supervisor and investigator/case manager along with the moderator role. While this may seem complicated, it does give the trainer control over the dialogue and that may help to keep the role play on track and conduct it in the allotted time. Also, the investigator/case manager doesn’t have to “get up to speed” in terms of preparing to play his/her role. In this option, the trainer should move to a different side of the table to connote what role he/she is speaking from, or change hats or name tags, etc.

Second, the trainer can play the supervisor. However, if the trainer knows that a knowledgeable and qualitative discussion/mentoring supervisor is in the participants, he/she may encourage that supervisor to play the supervisor and the trainer fulfill only the moderator role. If training participants are going to role play, it’s best to have them read the Example Discussion (see below). You may want to take a break to give them time to read the example discussion and to talk over how to do the role play with you. Or, ideally, you will identify the “investigator” prior to the training and have him/her prepare for the role before the training program.

The trainer fulfills the moderator role primarily by asking questions of the observers and role play participants. Following are the basic types of questions that can be asked; a trainer can certainly add to this list.
Training Tips, cont.: Whole Group Role Play

Description/Guidance

Prompting

- I want to find out more about X (what the investigator just said), how should I ask about that? What should I say?
- I just told the investigator X. How could I have improved the way I responded to him? What should I have said?
- I want to move to the next topic of discussion. How should I do that? What should I ask next?
- I’m stuck here. I don’t know whether to ask more questions about this or move on. What do you think I should do?
- I want to ask something about X, but I’m not sure how to phrase the question. Who can give me some ideas?

Follow-up

- He said X. Should I ask a follow-up question or move on? If so, what should the next question be?
- He just said something that seems incorrect to me. How should I respond in a mentoring way?
- I want to find out why the investigator thinks that way. How can I probe deeper into how he came to that conclusion?

Feelings

- Based on what I just said to the investigator, what do you think he is feeling now?
- John (investigator), how did what I just said make you feel?

For all of these questions, the trainer can ask more than one person to respond. As a matter of fact, that is a good thing to do. Getting more than one observer to respond keeps all participants “on their toes,” gives a variety of ways to ask a question, and makes it easier to correct a question that may not be stated well or even be the appropriate question. After getting one response, the trainer merely says something like, “OK. Jane (a different observer), how would you ask the question?” Or, “Carl, could you ask that question in a different way?” As you get a good question, you can compliment that participant and point out why it is better than the previously suggested questions.

When you are done seeking the advice/suggestions of the participants, you can either ask the question to the “investigator” yourself (or have whoever is playing the supervisor to ask the question) or have the participant ask the investigator the question directly. The investigator responds and the role play continues.

Continue the role play until the needed information is obtained or allotted time for the interview expires.

Note: Example whole group role plays are presented on the following pages. These are indeed examples. They include just the key questions, not the whole group involvement questions as presented above. In training, your role plays may be very different. Do not have the “investigator” or “case manager” try to learn or read the lines as presented in the examples.
CPI: Example Qualitative Discussion (Based on Discussion Guide
Questions)

Focus Question 1 and 2.

**Supervisor:** Having just closed the case regarding Jaime, I’m rather familiar with this family now, but give me your perspective on the family . . . what are they like? What did you see as the critical abuse dynamics?

**Investigator:** It’s a complex situation. On the one hand, Kizza has taken care of her sons rather well. They are neatly dressed, polite, attend school, and don’t express a fear of being around their mother. None of the physical abuse accusations have ever involved the boys.

On the other hand, both girls have suffered a similar history. Kizza took them in when their mother couldn’t care for them due to her drug problems. As Rebecca matured, she apparently became more difficult for Kizza to handle. Rather than dealing with the problem, Kizza turned discipline over to a friend of hers, Melonia, and Melonia would whip Rebecca with coat hangers and verbally abuse her. There appear to be some mental health problems with Rebecca, so it is possible she was a difficult child to raise, but Kizza didn’t get help with that. Rebecca was removed from the home and placed in foster care.

As Jaime grew older, the pattern re-appeared despite a court order for Kizza not to allow Melonia to have contact with Jaime. Kizza certainly knew of the abuse of Jaime and may have participated in it at Melonia’s house. There is some evidence that Jaime had mental health problems, like Rebecca, and, again, Kizza doesn’t appear to know how to or want to deal with them.

So, the abuse dynamic appears to be that something in what might be considered the “mother-daughter” interaction sets Kizza off. She argues with the offending daughter usually over something like stealing candy and lying about it, and at some point, she sends her to Melonia’s house for disciplining. Melonia then abuses the girl, as Kizza knows she will. Kizza fails to protect the girl.
**Activity Answer Key, cont.: CPI: Example Qualitative Discussion (Based on Discussion Guide Questions)**

**Supervisor:** What supports do they have?

**Investigator:** As far as supports go, Kizza’s parents are strong supports. They are ready to take the children in when necessary. They adore the kids. The kids go there often on weekends or when Kizza needs more time to complete her school work. Kizza is a student at the community college. The boys’ fathers are out of the picture. Both boys attend a Christian school, but I don’t know if there are supports within the church community for Kizza.

**Supervisor:** How would you see the current level of risk?

**Investigator:** Since the boys are placed with the grandparents, I see the current level of risk as low. I don’t believe we need to do anything immediately to safeguard the children. The grandparents understand that Kizza is not to have contact with the kids other than in the form of a supervised visit.

**Focus Question 3.**

**Supervisor:** How would you describe Kizza’s interactions with the boys?

**Investigator:** Through the investigation focused on Jaime, I did talk with the boys, of course. Jeffrey expresses a love for his mother. He says that his mother has a variety of punishments – taking away the TV, not allowing him to go outside or to have friends over, or spanking him when he’s really bad. But, he seemed nervous and he may have been just telling me what he thought I wanted to hear.

When I tried to talk with Wesley, I wasn’t particularly successful. I think he could sense something was wrong, I was a stranger, and the other kids were playing and he wanted to join them.

At the shelter hearing, when Kizza heard her boys were going to be removed from her custody due to threatened harm, she began to cry and threw up. She seemed truly upset.
Focus Question 4.

**Supervisor:** Have you visited with the family enough to thoroughly address the allegations of threatened harm and to assess the family’s strengths and needs?

**Investigator:** Well, the pattern and history is pretty frightening to me, so I think so. Kizza has shown twice that she will turn the discipline of children in her care over to another person – and not be bothered if that person abuses them. If she’s done it before, she could do it again. She flaunted the law when she violated a court order in turning Jaime over to Melonia.

To me, the family’s main strength is the grandparents. We need to get them the services they need to take care of their concerns about Jeffrey. The home study indicated this was a very good environment for the boys.

**Trainer Note:** This would be a particularly good place for the supervisor to play “devil’s advocate” and present another view. Could get some suggestions from the group as to how to proceed . . . what questions to ask.

**Supervisor:** You’ve raised some valid concerns for the children’s safety. We do know from family systems that when a target child is removed, another child may become the target child. If we were going with a strict interpretation of the law, we could certainly take your line of reasoning in court and petition to continue placement with the grandparents. And maybe we will . . . but first, let’s take a deeper look and see if that’s the way we want to go . . . will that be the best placement for this family? We know any placement has its risks, so let’s be thoughtful here.

**Sample Questions:**
You’ve mentioned some of the problems with Kizza. Do you see any strengths in her?

**Investigator:**
- Attends community college
- Holds a job
- Keeps house clean, free of safety hazards, and food available
- Has kids in school
Supervisor: Has she done anything in the past that would be oriented to keeping the boys safe?

Investigator: She does take the boys to her parents for weekends when she knows she'll be out partying or when she needs to get school work done.

Supervisor: Would you consider that a strength?

Investigator: Well, I never looked at it that way. But, I guess she is thinking ahead and taking care of the boys that way.

Supervisor: I agree. How about discipline . . . do we have any indicators that she has alternatives to severe corporal punishment, either by her or by a friend?

Investigator: Earlier investigation revealed that Jeffrey reported that mother had a variety of options regarding punishment and that she seemed to match the punishment to the “offense.”

Supervisor: Do you have any ideas regarding why the girls were physically abused and not the boys in the family?

Investigator: The girls were not Kizza’s natural children and they may have had some mental health-related behavioral problems that the boy’s don’t have. I guess the girls and Kizza could have had different patterns of interaction that got Kizza more upset with them than the boys.

Supervisor: I see that the reporter claimed that Kizza was on crack. Have you seen any evidence of drug involvement?

Investigator: There have been no indications of Kizza being on crack or exposing her children to any drugs.
Supervisor: What do you think the impact would be on the boys and on Kizza if we keep the boys with grandparents?

Investigator: The boys love their grandparents and seem to enjoy their weekends with them – and the grandparents love the kids. I must admit, I don’t know what to make of the grandfather’s fear of being reported by Jeffrey. The boys do love their mother, though I haven’t been able to focus on that relationship as we worked Jaime’s case. The boys would need to change schools if they stay with the grandparents.

My sense in watching Kizza is that she would truly be devastated . . . that may be too strong, but she wants her kids with her.

Supervisor: OK. Those are my questions. What is your sense of the case now regarding the boys’ placement?

Investigator: I’m still concerned about Kizza and whether she would harm the boys, but I can see that she has treated her boys much better than she did the girls. She does have some strengths that argue for keeping the boys with her. I’m concerned about the grandfather’s issue about Jeffrey. I certainly don’t want to see that relationship become a problem.

Supervisor: It’s certainly true that Kizza is not a perfect parent. Despite her history, I think we need to look into her family situation more before we can make a recommendation regarding the boys’ permanent placement. Let’s talk some about next steps. What would you suggest as next steps?

Investigator: As we’ve talked, I can see that I need to do more interviews with the family and to observe how they interact.

Supervisor: OK. That’s good. What kinds of things would you be asking them about?

Investigator:
Suggestions:
Who gets punished for what? What are the punishments?
What things do they do together as a family?
Who does what around the house? What jobs or chores do they do?
Are there any neighbors you talk to on a regular basis?
Jeffrey – How do you feel about being at your grandparents’ house?
Grandfather – Why do you feel Jeffrey may report you for child abuse?
Kizza – You have a history of abuse with Rebecca and Jaime. How would we know the boys will be safe with you?
Activity Answer Key, cont.: CPI: Example Qualitative Discussion (Based on Discussion Guide Questions)

**Supervisor:** OK. So you will set up some interviews with Kizza and the boys. Now, how about observations of family interactions? How will you do that?

**Investigator:** According to the court order, Kizza can have supervised visits with the boys. I'll check with the boys on things they like to do as a family and see if we can set that up as an opportunity to see them interact.

**Supervisor:** Good. Anything else we need to do?

**Investigator:** No . . . other than writing up my reports . . .

**Supervisor:** I think it would be good to check on more collaterals. Who do you think would be relevant collaterals for the case?

**Investigator:** I could check with the boys' schools to see if a teacher has observed or heard anything out of the ordinary from the boys . . . and there may be a neighbor who can talk to how the family gets along together.

**Supervisor:** Fine. If Kizza has a strong faith, you may want to see if she is a member of a particular church and, if so, if the pastor can help with any observations of how the family interacts or programs they may have that would be beneficial for the family.

Any other concerns or questions?

**Investigator:** No. I got it.

**Supervisor:** OK. Let me summarize our review. We didn’t talk about Jaime and her case, but you did a fine job there. You’ve got this case with the boys going well. You understand the family abuse dynamics and you did a good job getting the home study of the grandparents done. Currently, with the boys at the grandparents, their current risk is low and no immediate action is necessary for their safety.

As we’ve discussed before, you are a little too quick to push for getting children out a bad situation. In this case, the boys definitely need to be placed with the grandparents temporarily . . . the question is for how long and what might we be able to do to support Kizza and so keep the family together?
Focus Question 1 and 2: Case update, family characteristics, risk levels . . .

**Supervisor:** I’m rather familiar with Michael as we’ve reviewed this case before and I’ve just taken a look at the case notes, but give me your perspective on the last few months . . . have there been any significant developments or changes? Any change in risk levels?

**Case Manager:** There have not been any major changes. Michael continues to do well in the group home. His group home parents say he’s a good kid to have around, he helps out, and he participates in the activities. Michael likes the group home parents and the other boys. He has been going to his counseling sessions, doing well in school, and joining in clubs and sports. His father is still in prison, as you know. Michael’s mother has no interest in parenting him. Michael still expresses a strong interest in returning to live with his father when he’s out of prison and his father feels the same way.

The risk level is low given Michael’s placement in the group home.

**Supervisor:** What risks would you anticipate if Michael and the father were reunified?

Well, the original abuse report was physical abuse as Michael’s father injured him while paddling him for disobedience. It’s hard for me to judge the risk if they were to be reunited. Michael is older so the father may not turn to harsh physical punishment like paddling. They’ve been apart for a few years and the father has had time to see what it’s like not to have Michael living with him. Michael and the father have exchanged letters for a number of years now, so I think the bond is strong. And, there’s the 3 months when Michael and his father lived together after the father took him from the group home – there was no abuse during that time. I certainly wouldn’t say the risk is high.

Focus Question 3: Services

**Supervisor:** Have we been able to provide any services that could help?

**Case Manager:** Yes. I think the best service, actually, has been the group home. Michael has been able to get good support from the group home parents. I think the stability of the group home has helped him at school and in getting on with his life. He also likes his mental health counselor and sees her twice a month. He seems to be doing well coping with his Adjustment Disorder. The main issue actually seems to be his resistance to adoption.
Activity Answer Key, cont.: Case Management: Example Qualitative Discussion (Based on Discussion Guide Questions)

Focus Question 4 & 5: Goal and Progress

**Supervisor:** And that brings us to the case plan goal. Michael has been in foster care for close to 2.5 years. Once his father was placed in prison, the goal changed to adoption. The father will be incarcerated until August, 2009. I know you’ve expressed some concern about adoption as the goal. What do you see as our options here?

Case Manager: I feel we should keep Michael where he is now and plan for reunification when the father is released. I know we can’t reunify as soon as the father is out, but we should be doing what we can to reunify as quickly as possible.

On the other hand, it is asking Michael to wait a long time to live in a “family.” The group home is nice, but it’s not a family. Michael really has a lot of potential and I can see that he may be adopted rather easily, if he is prepared for it and becomes open to it. He’s not open to it now.

**Supervisor:** You’ve summarized the options well. You seem pretty sure that reunification ought to be our goal. Why do you have such a strong feeling for that?

Case Manager: The main thing that drives my thinking is the correspondence between Michael and his father. Each does that voluntarily and it has kept up for over a year once we got the kinks worked out. They write to each other at least every two weeks – and that’s better contact than many of my foster kids have with their parents. Plus, Michael has always expressed that he wants to be with his father and vice versa.

The father can’t do all the things on his case plan, but he’s done what he can and more while in prison. He’s gone to an anger management class and even a Narcotics Anonymous group even though he’s not had a drug or alcohol problem.
Activity Answer Key, cont.: Case Management: Example Qualitative Discussion (Based on Discussion Guide Questions)

**Supervisor:** Have you been able to talk with the father at all?

Case Manager: No. It seems they can only call out from the prison, we can’t call in. Plus, they can only make collect calls out. We tried to set it up so the father could call Michael, but the group home can’t accept collect calls.

**Supervisor:** Well, maybe we should arrange for him to call here. I think we could get it set up to accept a collect call. I think it would be good for you to talk to the father to have your impression of him and his level of interest in reunifying with Michael.

Case Manager: I hadn’t thought of that.

**Focus Question 12: Mental health issues**

**Supervisor:** You said Michael is attending his counseling?

Case Manager: Yes. He likes his counselor and they seem to be doing well with his Adjustment Disorder with Depressed Mood diagnosis. As I said, Michael is doing well in school, has joined scouts and a sports team, and participates in activities at the group home and church. The group home awards privileges based on behavioral points and for the last quarter at least Michael has been in the high point group so he gets to play his computer games and have other privileges. The only thing he doesn’t seem to be improving in is his willingness for adoption.

**Supervisor:** It’s clear Michael isn’t prepared for adoption, if we go that way. What have we done to give Michael a good understanding of adoption and what it means . . . and doesn’t mean? When I say “doesn’t mean,” I wonder if he feels that adoption would be abandoning his father, who he obviously loves. What could we do to give Michael a better understanding of adoption so he could better evaluate it?

Case Manager: Well, I’ve never sat down and talked about adoption in detail with him. Or, for that matter, had anyone from the adoptions unit talk with him. I could set that up.

**Supervisor:** I think that would be worthwhile. You can tell Michael that talking to the adoptions worker doesn’t mean he’s being placed for adoption . . . the idea is for him to understand what’s involved and what his options are. Plus, you could arrange for him to attend a Teen Talk session . . . you know, the teen group of adopted kids and kids waiting to be adopted?

Case Manager: OK. That sounds good.

**Supervisor:** I wonder if we can get his counselor to probe deeper as to his feelings about adoption.

Case Manager: I can talk to her about that.
Summary

**Supervisor:** OK. How would you summarize where we are on the case now?

Case Manager: Michael’s a pretty well adjusted 12 year old that’s been in a group home for a little over two years. His current risk level is low and no immediate safety actions are indicated. The only relative that could care for him is his father, but he is in prison for the next year or so. Time-wise, we’re at a point where it would be best to have Michael adopted or reunified with his father. However, Michael resists adoption, as does his father, but it’s at least another year before his father is released. Then, it would take some additional time to see if they could be reunified safely.

**Supervisor:** That’s about got it. Very good. Now, I don’t know the best answer yet. I’m still leaning toward adoption, though Michael and his father’s correspondence impresses me too. What are our next steps to see if we can get our dilemma resolved?

Case Manager: Based on what we’ve discussed, I’m going to try to get a few things moving. First, you were going to see if we can arrange for a collect call here at the office. If so, I’ll get Michael here and the time set with his father. I’ll also arrange for an adoption worker to talk with Michael about adoption and see if he should attend a Teen Talk meeting. Finally, I’ll talk with Michael’s counselor to see if she can get a better sense of the basis for Michael’s opposition to adoption.

**Supervisor:** That sounds good to me. Let me know how those things turn out. If we’re going to file a petition for TPR, we need to get on with it for Michael’s sake. I appreciate the work you’ve done on this case. I do think you are pushing a little too much for reunification based on Michael being such a nice and successful child and the effort his father has made through letters. Let’s see if we can get a better sense of the father by talking with him. He may be writing the letters and attending anger management classes as he has plenty of time on his hands. You’ve done good work, but let’s make sure we’ve done our homework before we take the test on this one. OK?

Case Manager: Yes.
1. **Is the Judicial Finding of Contrary to the Welfare:**
   **Timely?** Technically, Yes. The first court order is the dispositional order if no Temporary Physical Custody (Shelter) Order is generated. However, the intent of ASFA is that this judicial review and finding occur as close to the removal as possible, recognizing the severity of removing a child, even temporarily, from the home.

   Sufficient? No. Although the court order does include the words “contrary to the welfare,” it does not include detailed child-specific information as the basis for the finding. If a more detailed finding was made in the hearing, but was not documented on the court order, then the only documentation that is sufficient is a transcript.

2. **Is the judicial finding of reasonable efforts to prevent removal:**
   **Timely?** No. The finding must be made no later than 60 days from removal with no exceptions. In this scenario, the removal was on May 30th, the finding was due on July 29th, but the actual finding wasn’t made until August 25th. A common mistake is to simply count two months from date of removal (May 30th). In that instance, the finding would be late by one day.

   **Sufficient?** Yes. The finding provides detail about the efforts and activities of the agency specific to each child and the family to prevent removal. The more detail provided for all judicial findings the better. The intent is for the court to provide an important procedural safeguard against inappropriate agency action by providing individualized oversight, not “rubber-stamping.” This requires that the worker provide detailed information to the court to serve as the basis for any finding of fact. The importance of communication with the court, child welfare legal attorney, and/or other counsel about the ASFA timeline, the content of judicial findings, and the administrative impact of needing to have more information in court orders.

3. **Is the judicial finding of reasonable efforts to carryout the provisions of the Permanency Plan:**
   **Timely?** No. The finding is required no later than 12 months from the date of removal and every 12 months thereafter. The removal date is May 30, 2005; the finding is due no later than May 30, 2006, but it was made late on June 5, 2006.

   **Sufficient?** Probably yes. If the court report has a discrete section that provides a detailed description of the agency’s efforts to carry out the provisions of the permanency plan, then a reference to the attached court report is sufficient. If the court report does not specifically address the actions of the agency to support this particular judicial finding, then the finding is not sufficient.
The Child and Family Services Reviews are designed to promote the following practice principles, which are believed to support improved outcomes for children and families.

**Family-Centered Practice, which is designed to:**
- Strengthen, enable, and empower families to protect and nurture their children
- Safely preserve family relationships and connections when appropriate
- Recognize the strong influence that social systems have on individual behavior
- Enhance family autonomy
- Respect the rights, values, and cultures of families
- Focus on an entire family rather than select individuals within a family

**Community-Based Practice, which is designed to:**
- Support the needs of children within the context of their families and communities
- Emphasize prevention-oriented services and supports
- Provide local communities a role in identifying, designing, implementing, and overseeing services within the community

**Individualizing Services, which is designed to:**
- Tailor interventions to meet the specific needs of children and families served
- Recognize that children and families are affected by both individual and environmental factors
- Recognize that children and families and the environments in which they operate are unique
- Offer children and families opportunities to provide input in the identification of their strengths, needs, and goals and the means to achieve those goals

**Strengthening Parental Capacity, which is designed to:**
- Enhance services and support for both parents and recognize the value of involving parents in the care of their children
- Promote parents’ strengths and self-esteem by emphasizing partnership with service providers
- Balance parental need for autonomy in decision-making with the need for ongoing support
The Professional Review Action Group demonstration project (PRAG) report is based on a review of 62 cases of foster care reentry. These cases involved families with children found to be neglected, and/or physically abused, and/or sexually abused. Parents' problems included violence between adults in the household, alcohol/drug abuse, health and mental health problems, extreme ambivalence about parenting, and poverty.

In 90% of the cases, reviewers found that the most frequent contributor to placement reentry was that the parents' behaviors/problems that precipitated placement had not been resolved at reunification.

“Insufficient casework time combined with caseworker inexperience created a situation in which caseworkers met minimal compliance with federal guidelines regarding case planning and limited face-to-face contact with family members and community professionals serving families.”

Due to turnover, for weeks or months at a time a number of cases had been fully uncovered and/or covered by an overloaded supervisor, leaving children, families and foster families with no or limited agency services for lengthy periods.

In 57% of the 62 cases, these gaps in agency services were found to directly contribute to foster care reentry. In other cases, repeated caseworker/supervisor turnover contributed to inadequate transfer and interpretation of critical case information.

“Throughout the District, in forty-seven percent of the sixty-two cases reviewed, the decision to reunify the family was made by a worker who had six months experience or less when they were assigned the case. Caseworker inexperience and insufficient training seriously affected the caseworkers' ability to accurately assess family problems and needs and to engage family members in appropriate services, a problem repeatedly illustrated in the children's case plans.”

Generic case plans were routinely developed that required parents to participate in individual counseling (40% of the cases); parenting classes (39%); and home-based counseling (39%) with insufficient case management activities to support family follow through with services and reunification efforts.

In the majority of cases, the children’s initial case plan was not revised over time.

Lack of clarity, insufficient and/or inappropriate expectations in case plans, court orders, or contractual agreements were found to directly contribute to reentry in almost sixty percent of the 62 cases reviewed.
Date

Dear (Leadership Person):

As an instructor in the Supervising for Excellence program, I am pleased to invite you to share your own leadership experiences with the current class. These new supervisors are spending nine days learning about themselves as supervisors, their teams, and working in the broader environment.

Specifically, I would like for you to give a brief presentation as a part of our Leadership Panel which will be held on the final day of class as a culminating activity for the curriculum. Your vision, advice and insight will be of great value to our supervisors and potential future leadership of the Department.

Please consider the following questions when preparing your presentation:

- Did you choose your career path, or did your path choose you?
- If you had done something different in your career, what would it have been?
- What about your work makes you want to jump out of bed in the morning?
- What about your work makes you feel like hiding under your covers in the morning?
- Tell me about a time when your values were in conflict with your work?
- What is the best piece of career advice that you have gotten…and what did you do about it?
- How has a mentor made a difference in your career?
- If you had a mentor earlier in your career, what may have been different?
- What is something you learned along the way that has helped you the most?
- What is the one thing you wish someone would have whispered in your ear along the way (that would have helped you)?
- How have you learned to work with different systems?
- How do you currently work together within the system of care environment to be collaborative and get things done?
- What is your leadership style?

We ask that you attend the session on DATE from TIME at PLACE. Please contact me at PHONE or EMAIL to confirm your participation.

Sincerely,

Your Name
### Supervising for Excellence Attendance Form

**Trainer:**

**Date:**

**Location:**

**Training Day (1-9):**

### Participant Sign-In

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