Child Welfare Pre-Service Training

Orientation

Participant Guide

July 2012
The materials for the Child Welfare Pre-Service Training curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

© 2006 State of Florida, Department of Children and Families

The materials for the Child Welfare Pre-Service Training curriculum were formatted and edited by the Child Welfare Training Consortium at the University of South Florida.

© 2012 Child Welfare Training Consortium at the University of South Florida
Table of Contents

Module 1: Introduction to the Child Welfare Pre-Service Training ................. 1
  Total Instructional Time by Program Area .......................................................... 1
  Protective Investigations Track ............................................................................ 2
  Case Management Track ..................................................................................... 3
  Dual Track ............................................................................................................. 4
  In-Services for Child Welfare Pre-service Training ............................................. 5
  Child Protective Services ....................................................................................... 6
  Case Flow Process ................................................................................................ 8
  Florida’s Family-Centered Practice Model .......................................................... 9
  Core Practice Functions for Family-Centered Practice ....................................... 12
  Comparison of Traditional and Family-Centered Child Welfare Practices ....... 15
  Co-Parenting ....................................................................................................... 16

Module 2: Overview of Program Area Responsibilities ..................................... 1
  Program Specific Checklists and Quality of Practice Standards ....................... 1
  Using the PI Quality of Practice Standards (QPS) ..............................................
  Using the CM Quality of Practice Standards (QPS) ............................................

Module 3: Worker Safety ..................................................................................... 1
  Worker’s Safety Plan ............................................................................................ 1
  Assuring Personal Safety ...................................................................................... 3
  Strategies and Techniques for Field and Office Safety ....................................... 5
  Vicarious Trauma and Resilience/Well-Being ...................................................... 8
  Activity - Recognizing Your Resilience ............................................................... 8
  Child Welfare Professionals’ Exposure to Trauma .............................................. 9
  Activity - How Resilient Are You? ..................................................................... 11

Module 4: Child Welfare Certification Process and Requirements .................. 1
  PowerPoint Slides ............................................................................................... 1
## Module 1: Introduction to the Child Welfare Pre-Service Training

### Total Instructional Time by Program Area

| Program Area                  | Core 100 | Core 101 | Core 102 | Core 103 | Core 104 | Core 105 | Core 106 | Core 107 | Core 108 | Core 109 | Core 110 | Core 111 | Core 112 | Core 113 | Core 114 | Core 115 | Core 116 | TOTAL CLASS, FSFN & Online |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------------------------|
| Core                           | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5                        |
| PRE-Service Day CIS            |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| Orientation                   | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5                        |
| Case Management               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| PRE-Final Day CIS             | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5                        |
| Orientation                   | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5      | 0.5                        |
| Case Management               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| Ongoing Assessment            |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| Assessment/Permanency         |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| FSFN                          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| Adoption                      |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                            |
| TOTAL CLASS, FSFN & Online    | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5     | 37.5                        |
Case Management Track

CM Track
Child Welfare Pre-service Training

Pretest .5 day

“Orientation” Core 100 Classroom .5 day
“Orientation” Core 101 FSFN 5 day
“Child Welfare Standards, Values & Practice” Core 102 On-Line .3 day
“Legal I” Core 103 Classroom 1 day
“Court Preparation & Participation” Core 104 On-Line .3 day
“Legal II” Core 105 Classroom 1 day

“Family Preservation” Core 106 Classroom .5 day
“Maltreatments” Core 107 Classroom 4 days
“Safety Planning” Core 108 .5 day
“Effects of Abuse/Neglect on Child Development” Core 109 On line 3 day

“Maltreatments” Core 110 FSFN 1 day
“Human Trafficking” Core 111 On-Line .3 day

Assessment Core 112 Classroom 1.5 days
Assessment Core 113 FSFN .5 day
“Staffings” Core 114 On-Line 3 day
“Introduction to Interviewing” Core 115 Classroom 3 days
“Removal & Placement” Core 118 Classroom 2.5 days
“Removal & Placement” Core 119 FSFN 1 day

“Case Planning” CM 120 Classroom 3 days
“Case Planning” CM 121 FSFN 2 days
“Ongoing Assessment/Permanency” CM 122 Classroom 2 days
“Ongoing Assessment/Permanency” CM 123 FSFN 2.5 days
“Adoptions” CM 124 Classroom .5 day
“Adoptions” CM 125 FSFN .5 day

Post Test .5 day
Dual Track

Child Welfare Pre-service Training

Pretest .8 day

“Orientation” Core 100 Classroom .5 day
“Orientation” Core 101 FSNF .5 day
“Child Welfare Standards, Values & Practice” Core 102 On-Line 3 day
“Legal I” Core 103 Classroom 1 day
“Court Preparation & Participation” Core 104 On-Line .3 day
“Legal II” Core 105 Classroom 1 day

“Family Preservation” Core 106 Classroom .5 day
“Maltreatment” Core 107 Classroom 4 days
“Safety Planning” Core 108 .5 day
“Effects of Abuse/Neglect on Child Development” Core 109 On line 3 day
“Maltreatment” Core 110 FSNF 1 day
“Human Trafficking” Core 111 On-Line .3 day

Assessment Core 112 Classroom 1.5 days
Assessment Core 113 FSNF .5 day
“Staffings” Core 114 On-Line .3 day
“Introduction to Interviewing” Core 115 Classroom 3 days
“Investigative Response” PI 116 Classroom 3 days
“Investigative Response” PI 117 FSNF 4 days

“Removal & Placement” Core 118 Classroom 2.5 days
“Removal & Placement” Core 119 FSNF 1 day
“Case Planning” CM 120 Classroom 3 days
“Case Planning” CM 121 FSNF 2 days
“Ongoing Assessment/Permanency” CM 122 Classroom 2 days
“Ongoing Assessment/Permanency” CM 123 FSNF 2.5 days

“Adoptions” CM 124 Classroom .5 day
“Adoptions” CM 126 FSNF 5 day

Post Test .5 day
In-Services for Child Welfare Pre-service Training

In-Services for Child Welfare Pre-service Training Titles and Recommended Timeframes

Completion of post test

CM 126 – Independent Living .5 Training Day

Core 127 Placement Tasks 2 Hours

PI 128 – Decision-Making .5 Training Day

Can be taken in any order
Color Code:
Yellow= CM Classroom
Tan= Core On-Line
Blue= PI Classroom

Please note that there are also Phase II activities that must be completed by each program area during the Phase II period.
Child Protective Services

The basic philosophical tenets of child protection services include:

- **A safe and permanent home and family is the best place for children to grow up.**
  - Children have a right to adequate care and supervision and to be free from maltreatment.
  - It is the parents’ responsibility to ensure that all of their children’s needs are met.
  - Child protective services must only intervene when parents ask for assistance or fail, by their acts or omissions, to meet their children’s needs and keep them safe.

- **Most parents want to be good parents and, when adequately supported, have the strength and capacity to care for their children and keep them safe.**
  - The focus of child protection services must be on building family strengths and providing parents with needed assistance to keep children safe and families together.

- **Families who need assistance are diverse in terms of structure, culture, race, religion, economic status, beliefs, values and lifestyles.**
  - You must be responsive to and respectful of these differences.
  - Strengths and protective factors within families and communities must be built upon.
  - Accessing services for families often means helping families overcome barriers rooted in poverty or discrimination.

- **CPS agencies are held accountable for achieving outcomes of child safety, permanence, and family well-being.**
  - Families must be engaged in identifying and achieving family-level outcomes that reduce the risk of further maltreatment and ameliorate the effects of maltreatment that has occurred.

- **CPS efforts are most likely to succeed when clients are involved and actively participate in the process.**
  - You must work in ways that encourage children and families to fully participate in assessment, case planning, and other critical decisions in the intervention process.

- **When parents cannot or will not fulfill their responsibilities to protect their children, CPS has the right and obligation to intervene directly on the children’s behalf.**
  - Laws and best practice maintain that interventions must be designed to help parents protect their children and must be as unobtrusive as possible.
  - You must make reasonable efforts to develop safety plans to keep children with their families when possible; however, court intervention and placement is a must when children cannot be kept safely in their own homes.

- **When children are removed from their homes to ensure their safety, a permanency plan must be developed as soon as possible.**
  - In most cases, the preferred permanency plan is to reunify children with their families.
  - The plan must include frequent visitation between children and their families as well as other efforts to sustain the parent-child relationship.
• Immediate efforts must be made to assist the family in changing the behaviors and conditions that led to the maltreatment and necessitated child removal.

• **To best protect a child’s overall well-being, agencies want to assure that children move to permanency as quickly as possible.**
  
  • Along with the development of plans to support reunification, alternative plans for permanence must be developed as a child enters the system.
  
  • As soon as it is determined that a child cannot be safely reunited with his or her family, an alternative permanency plan must be put in place.
Case Flow Process

Intake received

- Unfounded
  - No Services Necessary
- Not Substantiated
  - Family Preservation Services Initiated
- Verified
  - Child maintained in home with Non-Judicial In-Home Services
  - Child removed from the home

Shelter hearing court determines initial placement

- Court sends child home with no services
- Court orders child removed from home
- Court sends child home with judicial in-home services

- Child's family works on a plan to be reunited with

Adjudicatory & dispositional hearing(s); court determines placement and permanency plan

- Agency works with child's family and also develops an alternate permanency plan

- Court places child in foster family home
- Court places child in group home or residential facility
- Court places child in the home of a relative/non-relative
- Child is placed with parent with judicial in-home services

Court reviews progress every 6 months & holds permanency hearing within 12 months

- Birth family in substantial compliance with case plan and child remains home
- Birth family does not complete reunification plan

- Court terminates parents' rights (possible appeals follow)

Court holds adoption or guardianship hearing

- Child remains in foster care and may receive independent living services

Case Closed: child has permanent home (adoptive, relative, or guardian)

- Child remains in foster care with no permanent home

Case closed: child has “aged out”
Florida’s Family-Centered Practice Model
Chapter 38, s.39.001, F.S., provides authority and rationale for implementing family-centered practice.

Focusing on Family Strengths, Needs, and Community Resources
Family-centered practice is a way of working with families across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities.

• Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes.
• The focus is on the family as a whole, not just the individual child, and the family is seen in the context of their own culture, networks and community. Families are seen as partners in the change process, helping to define problems and identifying solutions through the strengths in their own stories.
• Children and their families are actively engaged and involved in the assessment, planning, delivery and coordination of services when it is safe and in the best interest of the child for his/her family to do so.
• Family-Centered practice does not mean that you leave children in the home when it is unsafe to do so.

Local strategies for practice activities must include advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Cultural Competence
• In family-centered practice, you strive to be understanding of differing cultures and ensure service provision is respectful of, and compatible with, cultural strengths and needs.
• Cultural competence is a skill learned by the individual and the organization, fostered by a commitment to provide services that are culturally appropriate and that make a positive difference for children and families.

Supporting Families through Formal and Informal Services/Resources
• Children and their families must be encouraged and supported to access services. Agencies must develop and implement strategies to promote the utilization of formal and informal services to children and families.
• Strategies and services must support children safely in their homes with their families. The child, when age appropriate and the family must be actively involved as team members in the case planning process.
Core Values, Guiding Principles, and Practice Framework

Core Values

- Children must, first and foremost, be protected from abuse and neglect.
- There is an intrinsic value and human worth in every child and family.
- Children should live with their families, and when that cannot be achieved through supports and services, must live near their home, maintaining family connections, particularly, sibling relationships, while also preserving their cultural heritage.
- A child’s home must be safe, stable, and permanent.
- A child must achieve success in school, and their medical, emotional, behavioral, developmental, and educational needs must be met.
- Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

Guiding Principles

- Child safety must always be promoted while actively assisting the preservation of families and family connections.
- The first and greatest investment of public resources must be made in the care and treatment of children in their own homes and communities.
- Every child deserves to live in a family which provides basic safety, nurturing, and a commitment to permanent caretaking.
- The cultural and ethnic roots of the child/family are a valuable part of its identity. In order to understand and communicate with the child and family, cultural sensitivity must be a primary feature of service delivery.
- Children's need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.
- Our approach to working with children and families must be child-centered and family focused with the needs of the child and family dictating the types and mix of services provided.
- Services to children and families must be individualized based on their unique strengths and needs and must be delivered pursuant to an individualized plan, constructed with the family and their team.
- Services developed through the individualized teaming and planning process must be delivered with sufficient intensity to address presenting and underlying needs and must be well-coordinated.
- Practice must be local: Work must be community based, and the focus of services as well as child welfare system management and decision-making responsibility, must rest at the community level.
- Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the needs of the child.
- Family-centered services offer the best hope of breaking the cycle of hopelessness and helplessness that engulfs many families. Families must be supported and encouraged to access services.
- Intervention into the life of children and families must ideally offer as much service as necessary to achieve intended goals, and no more.
- The rights to privacy and confidentiality must be treated with respect when assisting children and families.
Practice Framework
A practice framework encompasses a range of major aspects and activities of child welfare practice and service delivery.

Core practice functions which promote a family-centered approach include:

- engaging the family to build strengths-based, trusting, and working relationships
- assembling a family’s team - members are actively involved with assessment, planning, service delivery process and provide support to the family before, during, and after agency involvement. (formal supports: CLS, teachers, therapists, GAL, foster parents/caregivers; informal supports: relatives, friends, other community supports)
- helping families assess their strengths, needs, resources within a cultural context
- collaboratively developing and implementing case plans to address the family’s needs and strengths (formal and informal services)
- supporting and collaborating with child, parents, and caregivers during case management
- monitoring and modifying services through contacts/communication with the child, family, caregiver, and service providers
- determining readiness for case closure

Core Practice Functions
The core practice functions are intended to drive the service delivery process to achieve the outcomes of ensuring child safety, strengthening family functioning, achieving permanency for children, and meeting the child’s and family’s well-being needs. The service delivery process begins with the investigation stage and continues until the child achieves permanency.

Use the following link to access additional information on family-centered case management: http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm
Advocating for Families

You must advocate for services for families, help families learn to advocate for themselves, and negotiate with service systems to obtain needed help. You must also empower and advocate for families to become interdependent members of the community.

Family advocacy focuses on the principles of family development, communication skills for workers, and promoting the participation of community residents and families in the design of services.
Family-Centered Engagement
Working with families and youth is at the core of good family-centered practice. To conduct initial assessment, case planning, and case management successfully, you must be skilled in communicating with children, youth, and families to help them strengthen interpersonal, parenting, and problem-solving skills.

The goal of family engagement is to build strengths-based, trusting, and working relationships with children and families. When engaging families you must:

- Listen carefully.
- Demonstrate respect and empathy for family members.
- Develop an understanding of the family's past experiences, current situation, concerns, and strengths.
- Respond to concrete needs quickly.
- Establish the purpose of involvement with the family.
- Be aware of one's own biases and prejudices.
- Validate the participatory role of the family.
- Be consistent, reliable, and honest.

Building the Family's Team
The purpose of the family’s team is to ensure that the skills, abilities, and technical assistance needed to assist the family in achieving its individual goals are in place. The team must be actively involved in the planning and service delivery process.

The family team always begins with the child and family, and the composition of other team members will vary, but is based on the child and family direction and needs.

Teams may also include formal and informal supports. Effective teamwork requires coordination across the family’s team to improve the integration and quality of service provision.

Working with Family Resources
Family-centered practitioners view all family members as important resources and sources of support for the family. They are skilled in engaging informal and formal community resources by involving them, as appropriate, in family assessment and case planning and in providing ongoing support to families before, during, and after services are ended by the formal child welfare agency and other community agencies.

Elements of effective service planning with families include engaging families and youth; providing direct assistance with challenges the family is facing, including counseling, parent coaching and modeling, and continuing to assess with the family their strengths, needs, and progress.
Family-Centered Assessment

Assessment forms the foundation of effective practice with children and families. Family-centered assessment focuses on the whole family, values family participation and experience, and respects the family's culture and ethnicity.

Family-centered assessment helps families identify their strengths, needs, and resources and also helps to develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being.

There are many phases and types of family-centered assessment, including screening and initial assessment, safety and risk assessment, and comprehensive family assessment. Assessment in child welfare is intended to provide a big-picture understanding of the families' strengths and underlying needs and must be across the service team.

Assessment is always ongoing; it begins at first contact with the family and does not end until the case is closed and the child has achieved permanency.

Family-Centered Case Planning

Family-centered case planning ensures the involvement and participation of family and other needed team members in all aspects of case planning, so services are tailored to best address the family's needs and strengths. It includes:

- family members’ recommendations regarding types of services most helpful to them
- timelines for achieving the plan
- expected outcomes for the child and family

Case planning requires frequent updates based on all your assessments of progress toward goals. Case plans must be well thought out, focused on outcomes, and offer logical strategies, that if implemented with adequate intensity, will drive the change process towards achieving successful outcomes for children and families.

Case plans may include formal services and services to assist families with meeting practical needs, such as food, housing, transportation, employment, income support, providing information on child development, and helping build daily living skills.

Family-Centered Case Management: Monitoring and Modifying Service Delivery

Through frequent, planned contact, you assist the family in achieving the goals and objectives of the service plan. This includes helping families access a range of supports and services and creating opportunities for them to learn and practice new skills.

Family-centered case management includes communication and planning with multiple service systems to ensure provision of appropriate services and assessing service effectiveness and individual or family progress.

Families are encouraged to use their skills to access resources, fully participate in services, and evaluate their progress toward desired goals and outcomes.

When interventions are not working, you, working in collaboration with the team, must adjust strategies and services to promote the achievement of the child/family's goals.
## Comparison of Traditional and Family-Centered Child Welfare Practices

<table>
<thead>
<tr>
<th>Traditional Child Welfare</th>
<th>Family-Centered Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Safety is the first concern.</td>
<td>Safety is the first concern.</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Efforts focus on getting the facts and gathering information, and not in the building of the relationships.</td>
<td>Families are engaged in ways relevant to the situation and sensitive to their cultural values.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>The assessment focuses on the facts related to the reported maltreatment; the primary goal is to determine immediate safety risks and emerging dangers, as well as to identify the psychopathology of the “perpetrator”.</td>
<td>The assessment protocols look at families’ capabilities, strengths, and resources throughout the life of the case and these are continuously assessed/discussed. Awareness of strengths supports the development of strategies built on competencies, assets, and resources.</td>
</tr>
<tr>
<td><strong>Safety Planning</strong></td>
<td></td>
</tr>
<tr>
<td>The plan is developed by Child Protective Services, courts, or lawyers without input from the family or those that know the child.</td>
<td>Families are involved in designing a safety plan based on information and support from worker/team members.</td>
</tr>
<tr>
<td><strong>Out-of-Home Placement</strong></td>
<td></td>
</tr>
<tr>
<td>Biological, adoptive, and foster families have little contact with one another.</td>
<td>Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.</td>
</tr>
<tr>
<td><strong>Implementation of Service Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Implementation most often consists of determining if the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.</td>
<td>Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.</td>
</tr>
<tr>
<td><strong>Permanency Planning</strong></td>
<td></td>
</tr>
<tr>
<td>Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.</td>
<td>Families, child welfare worker, community members, and service providers work together in developing alternate forms of permanency.</td>
</tr>
<tr>
<td><strong>Reevaluation of Service Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Few efforts are dedicated to determining the progress of the family in reaching the plan’s outcomes. Re-evaluation results are not shared with the families.</td>
<td>Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.</td>
</tr>
</tbody>
</table>

Use the following link to access additional information on family-centered case management: [http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm](http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm)
Co-Parenting

QPI video/webinar on Co-Parenting (Link to Co-Parenting Webinar: http://centervideo.forest.usf.edu/qpi/coparent/coparent.html). The webinar will explore co-parenting within the child welfare system.

QPI video/webinar on Co-Parenting Slide Show
My granddaughter Alex in the NICU

Children live the positive reality in in each moment. They have much to teach us if we would just listen.

Alex

Linkenbach, 2010
Co-Parenting

What do we mean by that?

By Definition.....Co-Parenting is:

Essentially rooted in definitions of shared parenting responsibilities by biological parents – typically divorced, separated, or never married.

Is generally considered to be a concept rooted in Italian divorce laws, which were some of the first to recognize the child’s right to have a stable relationship with both parents – irrespective of the parents’ relationship with each other.

Has expanded in recent years to include kinship care arrangements.
Can be very useful in situations where you need clear understandings between kin caregivers and birth parents.
We’ve moved it a step further by applying it to foster care situations.
Who is really a Co-Parent when a child is removed?

- Birth parents
- Foster parents
- Case manager
- GAL
- Therapist
- DCF

How it works

- All involved parties (including age appropriate children) are invited to a meeting to develop the agreement.
  - It can be at the foster parents’ or other caregivers’ home, but that is not a requirement.
- The tasks required to care for the child are laid out, discussed and assigned to the participants.
- Additionally, agreements are made in other areas
  - Parents have the opportunity to give their children permission to follow the rules of the foster home
  - Children have the opportunity to see the parents and foster parents as partners rather than opposing forces in their lives
  - Everyone meets as people working for a common cause and labels can be dispelled.
- Agreements are flexible and can be revisited by anyone on the team as circumstances change
Co-Parenting

- It asks bio parents to be more responsible for the care of their children and puts them together in one forum with the other people who are helping care for their children.
- It places willing foster parents and other caregivers in the position of being able to model parenting behaviors for the biological parents.
- It can remove the triangulation that occurs when children feel torn between different parent figures.
- It asks age appropriate children to also be part of the team
- It clarifies roles and expectations at the outset of the placement and can therefore lead to more stability and less frustration by all parties.
- Perhaps most importantly, it forms a team of the parents, the foster parents, the social service workers, along with anyone else who is involved in caring for the child.

Gee....that sounds great!
So why wouldn't everyone just want to do that?

- Foster Parents:
  - Scary birth parents
  - Life cycle interruptions by birth parents
  - Parenting interruptions by birth parents
  - Confusion as to their role in the case
    - Not previously involved in the case planning process
    - Feeling left out of the case by the case manager
  - Do some have their own ideas about whether or not the child should be reunified?
    - What might be driving that and what can we do about it?
  - What else might deter a foster parent from doing this?
I’m furious! The case manager has told us now that Jeff will spend Christmas with his birth mother. We’ve had him as a foster child since he was one, coming to us all dirty and hungry. At the last visit, it was obvious the mom had been drinking. Why does the Department think that woman has cleaned up her act?
   — Foster parent

Gee….that sounds great!
So why wouldn’t everyone just want to do that?

• Birth Parents:
  • Initial Trauma from the removal
    • Shock
    • Disbelief
    • Anger
    • Bargaining
    • Grief and Loss reactions
  • Mistrust
    • They see us all as “The System” or “DCF”. They’ve never been asked to be a partner before
I go see my kid at their house. It’s a much nicer place than mine. I know they think I’m a bad person and they’re judging everything I do because I made some mistakes. It hurts. I want to see my kids but these visits are painful. The guilt is overwhelming.
— Birth parent

Gee….that sounds great!
So why wouldn’t everyone just want to do that?

• Case Managers:
  • Just one more thing to do on a case
  • Time to coordinate, convince and prepare the parties for the initial meeting
  • They are likely to end up with some of the Co-Parenting tasks and have to own that responsibility outright.
  • Surrendering their position of authority in the case in order to assume an even-handed partnership with the foster and birth parents.
• What about you? What would be your misgivings regarding joining a Co-Parenting team?
I have so many visits to supervise in my caseload. And I get so mad when the birth mom doesn’t show up, or worse, she shows up and the foster mom is rude to her. I see how happy the kids are to see their moms, and I realize this is the point.
But it’s hard.
—Case manager
“Culture eats best practice for breakfast”
Seiban, 2008

What is the culture in one of our staffings?

- Who sits in these seats?
  - 8 seats – how many of them would generally be filled by family members?
  - Whose culture dominates the meeting?
Em POWER ment

Power as a variable sum idea

- If we view power as a fixed sum then we tend to think that giving power to another person takes it away from us
- If we view power as a variable sum then we understand that we can allow others to take power over their situation without disempowering ourselves

Gee....that sounds awful!

So why would anyone want to do that?

- Foster parents
  - More help from the other members of the parenting team with taking care of the kids.
  - Less friction between the foster parents and the birth parents
  - Better understandings between foster parents, case managers, GALs, and everyone else who is helping with the parenting duties.
I worked with a mom who seemed really scary. She was tall, overpowering looking. I wasn’t sure she was ready to have the child back. But she would come from Miami Beach to see the child. She brought appropriate toys. She would call and ask me how to make a turkey, and she came on Christmas day. I started this relationship with the notes. Then I would meet her at court. I had to take a class to see her at her drug treatment program. If you step out to bridge that gap, you may have a lifetime relationship with the child. It is hard to teach the value of this in a class. You have to have mentors. When I started I had panic attacks. I turned to an older foster parent who could tell me how to handle things.
Foster Parent

Gee....that sounds awful!
So why would anyone want to do that?

• Birth Parents
  • An opportunity to see strong parenting models in practice with their own children
  • Puts a human face on the “system”
  • Allows them to have input on their children’s needs, wants, preferences
  • Allows them to feel like a partner and supports a family centered practice model
Gee....that sounds awful!
So why would anyone want to do that?

- Case Managers
  - Foster parents and birth parents can learn to work together to coordinate medical, school, extracurricular and other appointments — takes away the case manager’s need to do this.
  - Strong possibility that the triangulation that often occurs between birth parents and foster parents is eliminated or very rare.
  - Clearly defines who is responsible for what. No guessing anymore — no missed appointments or visitations due to confusion about who was supposed to transport.
  - Parents who have mentors and role models make better progress and have fewer setbacks.
  - Foster parents who remain as mentors after reunification can help to noticeably increase the probability that the family will stay together.
  - What are some possible good outcomes that you see for Case Managers?

There is a Father

- Co-Parenting is not just about a Mom. Dad is a birth parent too.
- Fathers are a powerful influence on a child’s development, whether they are present or not.
- Physician Kyle Pruett from the Yale Child Study Center describes this influence:
  
  Children whose fathers are not in their daily lives start looking for their fathers as soon as it becomes clear to them that kids have moms and dads... I have seen the search Countless times. Children who can’t find their fathers make one up. In a young child who has not been some form of masculine nurture, the hunger for a paternal substitute can be insatiable.

- Family researchers have documented that fathers interact differently with their children than mothers do and have an important role in children’s socialization and ability to regulate emotions. Fathers tend to play more actively than mothers, and help children work through physical and intellectual challenges even in the face of frustration.

- It may take some special efforts to bring a birth father into the picture, but it is important not to write off the possibilities. It is impossible for a man to feel like a father and connect to a child without visitation. And it is important to remember that it may have been the birth mother herself who initially banned the father.

- But if the birth father cannot be involved, finding a male “co-parent” for a young child is still important, whether it is a foster parent, other family member, or a committed volunteer.
Ideas for Supporting Co-Parenting for Case Managers and Foster Parents

First and foremost.....just start communicating. Everything else tends to fall in place after that.
HOW’S THAT WORKIN’ FOR YOU?

• HOW MANY OF OUR FAMILIES CAN ACTUALLY DO THIS?
• ACCORDING TO THE INTERNATIONAL META-STUDIES – ABOUT 90%

Questions?
Comments?
Co-Parenting Webinar (QPI) Discussion Questions

As You View the Webinar Consider These Questions:

1. What is co-parenting?

2. Within child welfare, who are the potential co-parents?

3. What are the key components of successful co-parenting?

4. What are the barriers to successful co-parenting?

5. How does co-parenting potentially impact each of the individuals involved (bio-parent, foster parent, case manager, child, etc.)?

6. What can a case manager do to ensure successful co-parenting?
Module 2: Overview of Program Area Responsibilities

Program Specific Checklists and Quality of Practice Standards

Job Aids

Program Specific Checklists
The checklists are a resource to quickly check tasks for the specific program area, locate the relevant statutes/law, and review the Quality of Practice Standards that promote quality case work practice.

Purpose/Use by Supervisors
- Conduct case reviews for a case file or for a specific performance topic.
- Provide feedback.
- Use with QPS Tool to provide specific feedback to Investigators/Case Managers.

Use by Investigators/Case Managers
- Provides guidance for investigations and case management and documentation expectations.
- Conveys supervisor feedback for tasks.
- Provides F.S. and F.A.C. references.
- Provides references to the QPS tool and job aid standards and topics including:
  - additional FL Statutes and F.A.C. references
  - Federal compliance requirements
  - tasks for quality case management and documentation

Organization
- The checklists are organized into 3 program areas:
  - Investigations
  - Case Management
  - Adoption
- Checklist items are clustered by topics and are not necessarily sequential.
Columns

- **Cites** column: F.S., F.A.C., QPS standards and topic #’s.
- **Tasks** column: case review items: i.e. Investigator/Case Manager tasks, documents, hearings, documentation
  - Some bullets have several items with check boxes in front
  - The boxes are marked if the tasks are “yes.”
  - The box is left blank if the tasks are “no” or partially done.
- **Yes, No columns:**
  - Mark “yes” if the bullet and all check boxes are yes.
  - Mark “no” if a bullet is “no” or there are any blank boxes.
- **Follow-up Tasks column:** Used to record Investigator/Case Manager:
  - follow-up tasks for “no’s” or
  - comments if “yes” items were not completed on time or need more thorough documentation

Quality of Practice Standards (QPS) Job Aids

- Job aids associated with the Quality of Practice Standards developed by DCF are included in the appendix of the program specific Overviews.
- These job aids provide a description of the required standards, as well as the required activities for the worker to implement quality practice.
- Florida Statute and Florida Administrative Code cites are included, so that requirements can be cross-referenced to quality practice.

Used by Investigators/Case Managers/Supervisors

- Guides PI’s/CMs/Supervisors in Investigations, Case Management and documentation expectations.
- Provides F.S., F.A.C., and other best practice references.
- Highlights specific standards and necessary actions/tasks to be completed to assure the child’s safety, well-being and permanence.
Organization

- Each program has a specific QPS Job Aid referencing its specific job tasks:
  - Investigations
  - Case Management
- Items on the job aid follow DCF’s Quality of Practice Standards, which are used by quality assurance units to review case files for quality practice to meet federal and state guidelines.

Contents

- Table of Contents with organizational topics and QPS topic #s
- Quality of Practice Standards
- Cites for F.S., F.A.C., and Federal/State Outcomes: Safety, Well-Being, Permanence
- Requirements to meet quality practice standards: documentation requirements, timeframes, and case specific activities
Using the PI Quality of Practice Standards (QPS)

Directions: Use the QPS Job Aid to answer the following questions:

1. Background checks were completed on all _______ _________ and report subjects age ___ and older. QPS #1

2. You must document the ______, ______ and ______ _________ discussed with CPT at the time of initial referral. QPS #14

3. _______ _________ were made at least ______ when a child victim was not seen immediately or within 24 hours of intake receipt. QPS #2

4. On-site visits and face-to-face interviews with all children in the home and family must be ______________. QPS #3

5. Assessment of child safety must include face-to-face interviews with the _________ and _____ ________ in the household. QPS #5

6. _________ collateral contacts were completed during the course of the investigation. QPS #9

7. A Children’s Legal Services staffing is required when an investigation is assessed to be __________. QPS #12

8. CPT assessment findings and recommendations _______ ___ ____ ______ _____ were followed, or a rationale for not following the assessment/recommendations was documented. QPS #15

9. You must document specific and relevant observations of all children. This documentation must address these five areas. QPS #6
10. The incident date refers to the most recent date the specific _______ _______ __________. QPS #17

11. What are the three different findings that you will use to address whether or not maltreatment occurred? QPS #18

12. If documentation reflects the need for immediate services and/or ongoing services, the file must contain evidence the _______ ___ _________. QPS #22

13. The _______ ___________ documented in FSFN is the appropriate choice based on the information obtained during the investigation. QPS #28

14. You must complete the __________ _______ __________ and document the family’s response to be in compliance with Indian Child Welfare Act. QPS #30

15. Once the decision is made to remove the child, placement priority was given to ______________________ / __________ rather than licensed care. QPS #31

16. You must complete an __________ ______ __________ for each child taken into custody to identify any current medical information/needs. QPS #35
Using the CM Quality of Practice Standards (QPS)

Directions: Use the QPS Job Aid to answer the following questions:

1. In order to assess for re-abuse/re-neglect the Case Manager must make unannounced visits to the child’s current residence at least ______ ______ ______ ______.  
   QPS #1; 2

2. A thorough ______________ ______________ ______________ was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks.  
   QPS #5

3. __________ __________ were made at least ______ when a child victim was not seen immediately or within 24 hours of intake receipt.  
   QPS #2

4. On-site visits and face-to-face interviews with all children in the home and family must be ______________.  
   QPS #3

5. An initial family assessment must be completed within ______________ ______ ______ following the Case Transfer Staffing.  
   QPS # 5

6. The __________ __________ ______________ must be focused on the immediate and prospective safety of the child, as well as any changes and implications in the family’s situation related to emerging danger and service needs.  
   QPS #7

7. (QPS #9) Placement of a child in an unlicensed out-of-home care setting or reunification must be preceded by:

   A. Hhhh
   B. Jjjjj
   C. Kkkkk
   D. Kkkkk
8. ______ - _______ ________ / ___________ for placement planning must be conducted before each placement to ensure the placement or move was unavoidable. QPS #12

9. You must conduct an __________ with every child age 5 and older who leaves a licensed out-of-home care placement if the child has resided in that placement for 30 days or more. QPS #17

10. The court must be updated regarding the ________, _______ and __________ for changes in placement. QPS #19

11. Supervisory reviews are to be completed ______ on all active cases. QPS #20

12. For Non-judicial In-Home cases, a case plan must be finalized within __ ______ of the case being accepted for services. QPS #21

13. For cases in which an out-of-state placement is made, a complete __________ __________ ___________ packet requesting a non-priority home study must be completed. QPS #38

14. A TPR petition must be filed within ______ of any child being in out-of-home care for 12 of the most recent __ ______. QPS #40

15. The _________ and ________ of Case Manager’s visits with case participants was sufficient to address issues pertaining to the child’s safety, permanency goals and well-being. QPS #56 and 57

16. _______ _______ was obtained for the use of psychotropic medications when necessary to address the child’s mental/behavioral health needs. QPS #67
Module 3: Worker Safety

Worker’s Safety Plan
Adapted from Domestic Violence Protocol, Massachusetts Department of Social Services
Learning to identify dangerous behavior that elicits the need for safety planning is crucial when working in many situations, especially domestic violence.

Listed below are some general indicators of an abusive personality. You must use extreme caution when intervening in a family.

Remember, your involvement may threaten the batterer’s control of the situation and may increase the risk to the family and to you.

Indicators of an Abusive Personality
- blaming everyone but self
- obsessive behavior - jealous, accusatory
- threatening suicide, violence, kidnapping, harming those who try to help
- stalking
- presenting as if he/she is the victim
- vengeful - may file for an injunction against the victim or sue for custody of the children
- powerful - may report having friends in positions of power (i.e., police, organized crime, wealthy individuals)
- paranoid/hypersensitive
- criminal record of violent offenses - check FDLE for offenses like assault/battery on police
- belligerent toward authority figures - including representatives of the agency
- current alcohol and drug abuse
- access to weapons or training in martial arts or boxing

Safety Guidelines
If the person exhibits the characteristics listed above, do not go to the home until you have carefully considered the following:
- Consult your supervisor and domestic violence specialist (if available) and discuss your concerns. Begin safety planning.
- Consider taking a co-worker or police officer to the home.
- Never meet with a person who is under the influence.
• When conducting an assessment or interviews with the family, always be aware of triggers which may cause this individual to respond in a violent way:
  • Mom is preparing to leave - i.e., shelter, injunction, separation, or divorce.
  • Children are going to be removed - before, during, or after a hearing.
  • Batterer has just been released from jail or is facing serious criminal charges or possible incarceration.
  • Allegations have been made directly about him regarding child maltreatment or domestic violence (or both).
  • He is asking for information about the family’s location if there has been a separation.
  • Permanency plan goal changes to adoption.

When Working in High Risk Situations

• Never meet with the batterer alone. If possible, plan the visit at the local office, or take a colleague with you.
• Exercise caution when leaving the office or the visit. Park in a safe place.
• Contact law enforcement if FDLE shows a criminal record of violent offenses.
• Notify colleagues that a potentially dangerous client is coming in to meet with you. Tell them when and where you will meet.
• Whenever possible, use a meeting room with multiple exits, in case you need to leave quickly.
• If possible, have security nearby.
• Know the procedures used in your unit for emergencies.

If You Find Yourself in a Violent Situation

• Trust your instincts. If you feel afraid, you are probably unsafe!
• Stay calm. The batterer will try to test your limits. It is important not to engage in a confrontation.
• If you feel anger directed at you, try to calm him. Explain that his anger is misplaced and you are there to help. End the visit.
• When you are aware of escalation in his anger, always notify the adult victim of the risk to her and the children!
Assuring Personal Safety

- Request LE assistance if you believe that it is necessary.
- Remain calm; introduce yourself and explain your presence in a supportive, matter-of-fact manner.
- Reassure the family that your purpose is to help them and to protect the child(ren).
  - Tell the family that you are interested in working collaboratively with them.
  - Try to establish rapport and engage the family members using supportive and open-ended interviewing methods.
- Use strategies to involve family members in a joint process:
  - Problem analysis
  - Identification of strengths and resources
  - Planning for solutions
- Use “talk down” strategies during interviews to defuse hostility and resistance.
  - Acknowledge expressions of anger or fear, and provide reassurance.
  - Do not challenge family members or make accusatory statements.
- Recognize a person’s body language that might indicate that the person is potentially volatile.
  - Recognize signs of escalation.
  - If “talk down” does not help to defuse a person’s anger, and hostility appears to escalate, take steps to leave.
- Interview the family members in a room that is near an exit.
  - Always be aware of accessible exits to enable you to leave the premises if you must.
  - Try to stay between the client and an exit to prevent being blocked inside.
- Disband groups of people.
  - Take the primary interviewee to your car, to the yard, to the porch.
  - Ask to speak to people alone to maintain their privacy.
  - Do not conduct family interviews if you think the family might be potentially dangerous as a group.
- Do not behave defensively or be threatening in your tone of voice or actions.
  - Regardless of the threat, always retain a calm and matter-of-fact demeanor.
  - Maintain a supportive demeanor.
- Be aware of the child’s home environment and surroundings for potentially dangerous situations including the following:
  - Groups “hanging out”
  - Parking areas that could be blocked
Entering Properties with Dogs

- Whenever possible:
  - Advise the dog owners of your visit, and ask them to tie up any dogs.
  - Make your entrance in a vehicle (this is the way most dogs see their owners and friends arrive).
  - Before walking onto the property, check for signs that a dog may live there, such as bones, a dog kennel, chewed up articles or dog droppings.

- When entering a property:
  - Rattle the gate or make a noise calling or whistling the dog, etc.
  - If the dog comes, greet him as a long lost friend, and if he responds to you and you are confident, enter the property.
  - The gate should be closed, but not latched until it is known where the dog is and whether it is friendly or not.
  - If there is barking, but it does not get any closer after a reasonable time, you might assume the dog is tied up or behind a back fence.
  - Walk in confident manner, dogs do not smell fear, but they are very good at reading body language, (jerky nervous movements etc).
  - If a dog approaches you, try and understand his posture. If he is alert but not aggressive, greet him (perhaps turning side on to present a less imposing figure), let him sniff you, but don't stop; just carry on walking, perhaps avoiding excessive eye contact. Remember to keep a wary eye behind you.
  - If you come across a sleeping dog, back off and try to waken him at a safe distance and begin the greeting procedure.
  - Avoid walking close to the walls of the house, as you may surprise a sleeping dog.
  - If a dog appears to be chained up, do not assume that the chain is attached, or it may be longer than you think or even break. Remember, dogs are more aggressive when tied up.
  - If a dog is hiding or lying on a doorstep, give him room to escape. Beware!
  - If the owners are about, ask them to tie the dog up. Beware of the statement, "It's alright; he won't hurt you." All dogs will bite given the right circumstances.
  - When knocking at a door, stand well back; if there is a dog inside, the owner may not be quick enough to prevent the dog from biting you.
  - Never assume that because a dog's tail is wagging he won't bite; it can mean indecision on the dog's part, and they seldom hurt you with that end.
  - When leaving the property, be careful; this is when most attacks occur, preferably back off and put something between you and the dog.
  - Never run unless you can beat the dog to a safe haven, this is a sure way to incite an attack.
Strategies and Techniques for Field and Office Safety

At the time of intake/case, try to find answers to the following questions:

- Does anyone in the family have a history of violent behavior?
- Does anyone in the family possess and use weapons to threaten others?
- What is the caller’s assessment of the safety of this situation?
- Is there another person in the household who might become upset and violent, such as a boyfriend?
- Does the family possess a pet which could become vicious?
- Is there known use of drugs and alcohol in the family?

You should be concerned when you receive the following types of intakes:

- Safety issues raised in questions for #1 are unknowns.
- The family lives in a high-crime area.
- The report involves violent behavior.

Home Visits

- Always let a co-worker in the office know where you are going and when you plan to return.
- Note exits and stay near one of them. Do not let any adult family members come between you and the door.
- When meeting alone and violent behavior seems a possibility, if the individual leaves the room, go outside rather than follow the person into another room, or wait for the person to return.
- Face a hostile family member at all times. Do not turn your back on this person.
- Never touch an adult family member unless adequate rapport and a sound relationship has been developed between you and this person.

Office Safety Facilities/Environment

- Examine the physical arrangement of each office, i.e. location of doors, windows, offices, furniture, and other objects to determine how to make the environment as safe as possible.
- Consideration should be given to the following:
  - Can a barrier be placed between the receptionist and entering individuals?
  - Can individuals be observed BEFORE they enter the office through windows or doors?
  - Are there two or more exits from the reception and office area?
Home Visits (continued):

- If you feel in danger, leave immediately and seek assistance.
- Take a co-worker along if you have reason to believe that going alone may be dangerous and you believe that another worker will give you more command influence.
- With a co-worker, establish a code system to signal each other if danger seems possible and you need to leave immediately.
- Take a co-worker with you when
  - The visit is after hours, especially when the family is unknown
  - Drugs and alcohol are involved
  - The location of the family is rural and isolated and rapport with the family has not yet been established
  - The family is part of a sub-cultural group
  - A child has just been removed
- If you believe that official influence is required to ensure your safety, request that a police officer accompany you. Below are guidelines for deciding when to request official assurance:
  - Someone in the family is mentally ill.
  - Weapons are known to be present.
  - There is a history of violence and reason to believe that this individual is hostile or resistant at the present time.
  - Your supervisor believes that immediate removal is highly possible.
  - You intuitively feel your safety is at risk.

Office Safety Facilities/Environment (continued):

- Are the conference or interview rooms clear of any small moveable objects that could be used as weapons?
- Is there a special room that could be used when you believe an individual might become combative? It should have only two or three chairs and maybe a table and two exits.
- Is there lighting adequate in the parking area, corridors, etc., if you must leave the office at night?
- Are family members prevented from having easy access to employee break rooms?

Personnel

- You should alert the receptionist to the possibility of individuals coming in who may be or become hostile.
- An office safety system should be established. This should be a signaling system for indicating the presence of a hostile individual and/or a worker in need of assistance. Such a system would allow a receptionist to forewarn you, and also allow you to summon assistance as required.
- Such a signaling system can consist of using colors, e.g., you have a hostile client in your office and call another worker or the receptionist, saying: “Mr. Blaugh is here, and we need to see the blue folder.” The blue folder could indicate that another worker should immediately come into the room to help defuse the hostility.
**Actions for Safety:**

- Maintain professional, competent manner.
  - Wear simple business attire (do not “over dress”).
  - Wear comfortable shoes.
  - Use respectful communication with family.
  - Use open body language.
  - Use a clear, pleasant speaking voice.
- Explain clearly to the family:
  - Who you are
  - Where you are from
  - Why you are visiting them
- Maintain self-control
  - Do not become defensive or angry.
  - Calmly try to understand the situation.
  - Leave the situation if you feel you need (or the client needs) “time-out” to calm down.
Vicarious Trauma and Resilience/Well-Being

In this section we will:
- Define vicarious trauma
- Discuss the personal and professional risk factors for experiencing vicarious trauma
- Explore how exposure to trauma in the lives of families that we serve affects our own well-being.
- Define Resilience
- Discuss strategies that can be used to help us strengthen our own resilience when repeatedly exposed to trauma experienced by others

Activity - Recognizing Your Resilience

Directions:

We've all demonstrated resilience in our lives. Take a few moments to recall a challenging time in your life (professionally or personally) in which you were able to demonstrate each of the characteristics below and describe that time.

I stayed positive when:

__________________________________________________________________________

__________________________________________________________________________

I stayed focused when:

__________________________________________________________________________

__________________________________________________________________________

I stayed flexible when:

__________________________________________________________________________

__________________________________________________________________________

I stayed organized when:

__________________________________________________________________________

__________________________________________________________________________

I stayed proactive when:

__________________________________________________________________________

__________________________________________________________________________
Child Welfare Professionals' Exposure to Trauma

“Social work trauma can occur when a caseload event or series of events is beyond the capacity of the social worker to manage. This does not mean that any challenge at work will result in workplace trauma. Professionals grow by encountering workplace challenges that are beyond their grasp and developing new skills necessary to manage new situations. Trauma effects, however, can develop when a social worker is confronted with an event or series of events that cannot be readily managed, either emotionally, or practically, and in which there is an element of danger. These events may be directed at the worker or they may be directed at the client and have an indirect effect on the social worker. In either scenario the impact of the event will be in part determined by the personal vulnerabilities of the particular worker.” (Horowitz, 1998)

Direct and Indirect Worker Trauma

Direct Trauma
- Assault and vandalism
- Verbal abuse; threat of assault
- Public sources of harassment, ridicule, criticism and disrespect, including the media
- Organizational demands, such as high caseloads and lack of resources for families resulting in limited hope for success

Indirect Trauma
- Exposure to repeated stories of the dismal and destructive events in clients’ lives
- Repeated exposure to client affect including extreme anger and sadness—emotional contagions
- A sense of responsibility for the conditions leading to a difficult event
- A sense of similarity with a client due to a situation or personal characteristic (“It could have been me, or my child.”)

Effects
The effects of exposure to trauma are defined by the degree to which workers are directly exposed to ongoing client trauma events, and to which workers have responsibility for the conditions in a client’s life.

What Effects Can Look Like
- Constant awareness of pain surrounding work
- Intrusive thoughts about clients and their circumstances
- Hyper-vigilance
- Depression
- Lack of competence in decision-making
- Work spillover into personal life
Mild  |  Trauma Continuum  |  Severe
--- | --- | ---
Middle |  |  
- Providing services in a contained office environment for a set period of time.  
- Affected by the stories they hear.  
- These stories are at times related to ongoing events, but often these stories describe events in the past from which the client is currently safe.  
- Exposed to on-going trauma events directly related to clients.  
- Working with the client in the office and in the client’s home.  
- Perceive themselves as having a degree of responsibility for determining conditions under which the trauma events may occur.  
- Providing home-based services.  
- Spending many hours in the client’s home and witnessing traumatizing conditions and events on a continual basis.

**Personal Vulnerability Factors**
- Past experiences in the worker’s life (i.e., worker’s own experience with abuse)  
- Worker’s coping style  
- Current life situation (i.e., divorce, death of a parent, birth of a child)

**Professional Vulnerability Factors**
- Caseload size  
- Organizational structure and policies  
- Resources for clients  
- Public opinion

**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?”
Activity - How Resilient Are You?

Rate yourself on the following statements:
1=strongly disagree  5= strongly agree

1. I’m very resilient. I adapt quickly. I’m good at bouncing back from difficulties.
   1  2  3  4  5

2. I’m optimistic, see difficulties as temporary, expect to overcome them and have things turn out well.
   1  2  3  4  5

3. In a crisis, I calm myself and focus on taking useful actions.
   1  2  3  4  5

4. I’m good at solving problems logically.
   1  2  3  4  5

5. I can think of creative solutions to challenges.
   1  2  3  4  5

6. I trust my intuition.
   1  2  3  4  5

7. I’m curious. I ask questions and want to know how things work. I experiment.
   1  2  3  4  5

8. I learn from my experiences and the experiences of others.
   1  2  3  4  5

9. I’m very flexible. I feel comfortable with inner complexity (trusting and cautious, unselfish and selfish, optimistic and pessimistic, etc…).
   1  2  3  4  5
### Activity, cont.: How Resilient Are You?

*1=strongly disagree* → *5= strongly agree*

10. I anticipate problems to avoid and expect the unexpected.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

11. I’m able to tolerate ambiguity and uncertainty in situations.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

12. I feel self-confident, enjoy healthy self-esteem, and have an attitude of professionalism about work.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

13. I’m a good listener and have a lot of empathy for people. I can “read” people well.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

14. I can adapt to various personality types (even difficult people). I’m non-judgmental.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

15. I’m able to recover emotionally from losses and setbacks.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

16. I’m very durable and keep going through tough times. I have an independent spirit.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

1. I have been made stronger and better by difficult experiences.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

2. I can convert misfortune into good fortune and discover unexpected benefits in almost any situation.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

3. I can express feelings to others, let go of anger, overcome discouragement, and ask for help.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>


The information and activities on building resilience to vicarious trauma have been adapted from the “Supervising For Excellence” curriculum (Day 2). Revised December, 2011 [http://centerforchildwelfare.fmhi.usf.edu/kb/SupervisingForExcellenceCurriculum](http://centerforchildwelfare.fmhi.usf.edu/kb/SupervisingForExcellenceCurriculum)
## Module 4: Child Welfare Certification Process and Requirements

### Child Welfare Certification Program Requirements, Timelines and Fees

<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Timeline/Fee</th>
<th>All Child Welfare Certifications</th>
</tr>
</thead>
</table>
| Register with the FCB as a Child Welfare Certification Applicant | - Within 10 days of hire  
- $150 fee for independent Applicants  
- No fee for all other applicants | - Complete and submit the Child Welfare Certification Registration Form  
- Registration provides the FCB with the applicant's demographic information, places the applicant under the FCB Code of Ethics, and documents the applicant's agreement to follow the FCB policies and procedures. |
| Demonstrate completion of education and training requirements | - Timeline varies based on background of applicant  
- No fee | - Pre-service training programs must meet FCB identified and DCF approved core competencies.  
- DCF must approve each employer's pre-service curricula.  
- Employers verify and attest that the applicant has (1) completed required training before hire, or (2) completed agency pre-service training, or (3) completed an adequate combination of pre-hire and post-hire training.  
| Pass the written competency exam                          | - Employer registers employee for exam when education and training requirements are met  
- No fee until July 1, 2012  
- Beginning July 1, 2012, there is a $50 fee per test attempt | - The FCB administers discipline-specific Written Competency Exams.  
- Exams measure knowledge and understanding of published core competencies.  
- Exams are multiple choice.  
- The FCB does not limit the number of test attempts; however, the employer may limit the number of test attempts before removing the employee from a position requiring certification. |
| Apply for Child Welfare Provisional Certification (CWPC)   | - After passing the written competency exam  
- $100 fee  
- Requires a minimum of 520 hours of experience in direct child welfare services | - Complete and submit the Child Welfare Provisional Certification Application Form and documentation of required experience with the $100 certification fee.  
- Upon receipt of the application and application fee, the FCB will verify a passing score on the competency exam and issue provisional certification, which is valid for 12 months from the date of passing the Written Competency Exam. |
| Hold Child Welfare Provisional Certification (CWPC)        | - Valid for 12 months from date of passing the written competency exam.  
- No fee | - A time-limited, scope-limited credential is held while employees gain the supervision and experience necessary to fulfill certification requirements.  
- During this time employees are expected to seek and respond to close supervision. |
# Child Welfare Certification Program Requirements, Timelines and Fees

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirements</th>
<th>Note</th>
</tr>
</thead>
</table>
| Complete supervision and experience requirements | • Maximum of 12 months from the date of passing the written competency exam  
• No fee                                    | • Candidates in all categories must complete and submit verification of a minimum of 2,040 hours in direct child welfare services AND 52 hours of individual and/or group supervision.  
• See complete requirements for [Child Welfare Certification Program: Experience and Supervision](#). |                                                                      |
| Apply for full certification       | • Credential awarded upon receipt of documentation verifying completion of experience and supervision requirements  
• No fee                                    | • Complete and submit the [Child Welfare Certification Application Form](#), which includes documentation of completion of supervision and experience requirements. |                                                                      |
| Hold full certification            | • Credentials are valid for two years from date of award  
• No fee                                    | • Certified Child Welfare Protective Investigator (CWP) credential awarded.  
• Certified Child Welfare Case Manager (CWCM) credential awarded.  
• Certified Child Welfare Licensing Counselor (CWLC) credential awarded. |                                                                      |
| Maintain and renew credential      | • Two years from date of award  
• $200 renewal fee                          | • Each 12-month period, certified professionals must earn a minimum of 20 Continuing Education Units (CEUs), for a total of 40 CEUs due at renewal time.  
• The FCB accepts a broad range of CEUs from a wide range of Approved CEU providers. See [Child Welfare Certification Program: Renewal and Continuing Education](#). |                                                                      |

Effective date: 3-5-2012
Child Welfare Certification Program

Certification Program Standards: Employer-Sponsored Applicant

DRAFT for FCB Child Welfare Advisory Board Approval

<table>
<thead>
<tr>
<th>Revised as of 5-14-12</th>
</tr>
</thead>
</table>

### Degree
- Minimum of a Bachelor's Degree from an Accredited College or University
  - Protective Investigator: Bachelor's Degree; field not specified.
  - Case Management/Licensing: Bachelor's Degree in a related field.

### Training Requirements
- Two options to demonstrate compliance with training requirements. Each option requires employer verification and submission of an FCB Training Verification form on behalf of the certification applicant.
  - **Option 1:** Submit employer documentation verifying completion of an employer sponsored training program that meets the core competencies. Employers are responsible for (1) assuring that adequate training was completed and (2) maintaining documentation of completed training.
  - **Option 2:** Submit employer documentation verifying completion of (1) pre-employment training or (2) a combination of pre-employment training and employer training that meets the core competencies. Employers are responsible for (1) assuring that adequate training was completed and (2) maintaining documentation of completed training.

### Written Exam
- Multiple choice exam of core competency. Exams are scheduled and administered at the FCB approved employer testing site after the employer has verified training requirements. Provisional Certification is awarded after the exam is passed.

### Experience
- Document a minimum of 1,040 hours of experience in a child welfare direct services position (approximately 6 months of full-time employment). Employer-sponsored applicants may include time spent in pre-service training, mentoring, and professional development activities in the calculation of on-the-job experience hours.

### Supervision
- Document a minimum of direct supervision as follows. Supervision can be provided by the employee's immediate supervisor, other agency supervisors, trainers, mentors, quality assurance staff, and other agency management or leadership staff assigned to provide supervision to employees seeking certification.

<table>
<thead>
<tr>
<th>Type of Supervision</th>
<th>Minimum Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Supervision</td>
<td>6 field observations and case consultations. Qualified supervisor must observe applicant interacting with children and/or families on 6 separate occasions. A maximum of 2 of the 6 observations can be in professional, office-based settings. The supervisor and applicant must meet after the observation for a case consultation.</td>
</tr>
<tr>
<td>Individual Supervision</td>
<td>20 hours of supervision. One-on-one supervision. Must be in minimum of 15-minute increments.</td>
</tr>
<tr>
<td>Group Supervision</td>
<td>20 hours of supervision. Supervision with two or more staff at the same time. Staff refers to certified or uncertified persons.</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>Document a minimum of 20 hours each 12 months the credential is held. Total of 40 hours of Continuing Education is due with bi-annual renewal.</td>
</tr>
<tr>
<td>Renewal</td>
<td>Renewal is every 2 years. Renewal fee is $200.</td>
</tr>
</tbody>
</table>
Child Welfare Certification Program
Certification Program Standards: Employer-Sponsored Applicant
DRAFT for FCB Child Welfare Advisory Board Approval

1. Submit CW Certification Registration Form to the FCB within 16 days of hire.
   - The registration form includes demographic information, formal education history, acknowledgment of the FCB Code of Ethics, Criminal Background Policy, and Assurance and Release. This form must be completed and on file with the FCB before Provisional Certification will be awarded.

2. Complete employer-provided training requirements.
   - The employer is responsible for determining, providing, and documenting completion of training needs. Employer verification of compliance with training requirements is documented in the Provisional Certification Application.

3. Take Written Exam
   - Employers register and administer the written exam after training requirements have been met.

4. Submit CW Provisional Certification Application to the FCB.
   - The provisional certification application includes employer verification of completion of training and exam requirements and applicant's understanding of the scope of the provisional credential. Upon receipt of the application, the FCB verifies the exam score and awards provisional certification.

5. Hold Provisional Certification (valid for a maximum 12 months)
   - Provisional certification is valid for a maximum of 12 months to allow for completion of supervision and experience requirements.

6. Complete field, individual, and group supervision requirements.
   - Supervision standards are based on national best practice recommendations.

7. Complete minimum experience requirements.

8. Submit CW Certification Application to the FCB.

9. Hold CW Certification (valid for a maximum 34 months)

10. Complete annual continuing education requirements (20 hours)

11. Renew credential bi-annually (October 31st of alternate calendar years)

Module 4: Child Welfare Certification Process and Requirements
Module 1: Introduction to the Child Welfare Pre-Service Training

OBJECTIVES:

• Identify Child Welfare Pre-Service Training Components.
• Recognize the child protection case flow process as it relates to the court system.
• Describe Florida’s “Family-Centered Practice Model” for child protection and child welfare services.
Co-Parenting

Objectives:
• Identify the various parenting arrangements that exist.
• Learn the importance of Co-Parenting.

QPI video/webinar on Co-Parenting

http://centervideo.forest.usf.edu/qpi/coparent/coparent.html

Module 2: Overview of Program Area Responsibilities

OBJECTIVES
• Summarize major job responsibilities of the program area.
• Identify how your job tasks interact with the case flow process & other ongoing agency services.
Slide 10

Module 3: Worker Safety

OBJECTIVE:
• Describe strategies & techniques for field and office safety.
• Describe strategies for personal well-being

Slide 11

Module 4: Child Welfare Certification Process and Requirements

OBJECTIVE:
• Explain Florida’s Child Welfare Certification Requirements