

## CCC for Direct Service Staff

### Understanding & Applying the Arkansas Practice Model

#### Need for Workshop

This workshop was designed by the Title IV-E Partnership Universities at the request of the Division of Children and Family Services as partial fulfillment of Program Improvement Plan (PIP) deliverable and to satisfy a Governor's Directive for training of field staff.

**Audience:** This training is designed for DCFS front-line staff who have direct contact with families. It is anticipated that this audience will be primarily protective service workers, foster care workers and program assistants.

**Purpose:** The purposes of this workshop are:

- To ensure that all direct field staff have seen and are familiar with the Arkansas Practice Model.
- To ensure direct service staff understand the relationship between the Practice Model and the Division's Program Improvement Plan (PIP).
- To parallel the process of involving families in change by involving field staff in the process of assessing what it would take (individually and organizationally) in order for the Division to improve child welfare practice in Arkansas.
- To collect participants' information, provide it to DCFS for inclusion with other data sources and to *structure a mechanism for providing timely feedback to participants* on the status of the work they produced in this session.
- To provide an opportunity for field staff to apply the principles in the casework process (centered around issues of the initial assessment after the case has been opened and case planning).

**Assumptions:** This session is designed on the assumption that not all DCFS Field Staff (Family Service Workers and Program Assistants) have seen the Practice Model. Those who have seen it may have little knowledge of how or why it was developed. In order for the main work of the session to be possible, participants will need to have a working knowledge of the Practice Model as it exists at this time.

#### Caveats:

- This workshop will be one of a series of steps in accomplishing the purposes set out above. It will not – in and of itself – be sufficient to completely meet these goals.

- There are numerous critical points in the casework process where the goals and principles of the Practice Model come into play. For purposes of this workshop the focus will be on the early assessments which lead to the initial case plan.

## Workshop Personnel Requirements

The first day of this workshop utilizes techniques set out in the Appreciative Inquiry Model. As such, there is a need for a facilitator of the large group process. In addition, these techniques require a facilitator and recorder for each small group.

### Materials List:

#### DAY I

Sign In sheets	Extension cord (2)
Name tents	Power strip (2)
Pre-Session Survey	4 Boxes of crayons
Participant Manuals and Handouts	Selection of Sharpies
Flip chart set up for <u>small group work</u> – flipchart, easel and markers for several small groups	Quilt Squares (one per <u>participant</u> – Facilitator-Recorder Resources section)
Flip chart set up or white board <u>for lead facilitator</u>	Tape or glue stick (one per small group)
PowerPoint Projector (2)	Poster board – to tape quilt squares
Facilitator Guide	DCFS Practice Model Poster (minimum 1 per room – graphic on Partnership Web page for printing)
Facilitator/Recorder Resources	Mountain Poster (1 per small group – graphic on Partnership Web page for printing)

#### DAY II

Sign In sheets	Blank paper for drafting writing samples
Participant Manuals and Handouts	Pens or pencils for each table
Completed Quilts from Day I	Facilitator Guide
Compiled reports from small group work	Facilitator/Recorder Resources
Flip chart sets ups (same as Day I)	
PowerPoint projector, power strips and extension cords (2 each)	

Handouts by Day of Training	
Handout 1 – Initial Survey: Arkansas Practice Model	Handout 2 (Copy for each table)
Handout 2 – Arkansas Practice Model	Handout 4 (extras – 2-3 per table)
Handout 3 – Values List	Handout 5 – Faulty Logic Examples
Handout 4 – Adams Family	Handout 6 – Magic Formula Examples
	Handout 7- Writing Conclusions and Recommendations
	Handout 8-Final Survey

### Organizational Note:

**Blue Font:** Blue font indicates a set up note or other specific instructions to the facilitator.

**Green Font:** Green font is a note to the Recorder.

**Fuschia Font:** There is one place with fuschia font. This is a section with “fall back” questions in case no one in the group is familiar with the CFSR.

**Yellow Highlighter:** Materials are highlighted in yellow – so that if the facilitator is standing back from the materials, they can quickly find a reference to specific material on a page.

The Facilitator/Recorder Resources have been divided into a section for the recorder and a section for the facilitator. However, both Facilitator and Recorder should look over each other's materials and be familiar with them. IT will be necessary for each to “play off the other” as this workshop progresses.

### 3 C's for Direct Service Staff

## Understanding and Applying the Arkansas Practice Model

### SECTION I: Introduction to the Practice Model

**TIME:** 75 Minutes (9:00 – 10:15)

#### Competencies Addressed      PIP Deliverables Addressed

<b>204-5</b>	❖ <b>Primary Strategy 1:</b> Develop and implement a sustainable practice model to ensure consistent and appropriate services are provided to children and families that lead to positive outcomes.
<b>204-7</b>	
<b>206-2</b>	
<b>206-7</b>	

#### Objectives: Participants will

- Complete a survey to establish a baseline of knowledge of the Arkansas Practice Model.
- Understand the purpose of and training objectives of the workshop.
- Read the Arkansas Practice Model
- Know the goals and principles of the Arkansas Practice Model and know how the Practice Model came into being
- Complete an exercise designed to identify the value base reflected in the model and be able to articulate values with which they are comfortable and values that will be more difficult to implement.

#### Materials:

- Initial Survey (Handout 1)
- Practice Model Poster
- Mission Statement Poster
- Participant Manual
- Name tents
- Sign In sheets (Morning and afternoon)
- Handout 2 (Practice Model)
- Beach Ball (optional – see large group exercise in Section B)
- Recorder Templates #1 and #2 (Facilitator/Recorder Resource Section: Recorder Materials)

**Set Up Note:** For this particular session, do not start out with the Practice Model Poster out where participants can see it. Wait to bring it out until after the discussion in B of this section.)

**A. Introductions (Lead Facilitator) – 10 minutes**

Welcome participants to the session. Introduce yourself to participants and cover basic housekeeping issues. These include:

- Time frames for session
- Sign in sheets for attendance
- Direct any questions about travel reimbursement to the supervisor.
- Information about the facility – location of bathrooms, smoking areas, vending machines etc.
- Pager and telephone etiquette:
  - Put pagers and phone on Silent Mode
  - Do not text or return messages during the session. There will be opportunity during breaks to return calls.

Briefly review the agenda. The agenda is on **page 1 in the Participant Manual**. As part of this review, discuss the session format. Essentially the first day of the training will be to view and process the Arkansas Practice Model. The second day of the training will focus on applying the values and beliefs set out in the model to the actual casework practice.

**B. Exploration of the Practice Model and the PIP – 30 minutes**

Before moving any further into content, pass out **Handout 1** (Initial Survey). Ask participants to complete this survey, circling their answers or writing in the space provided. Set the following guidelines:

- Please do not identify yourselves on this survey – responses are anonymous.
- This information will be give to DCFS management staff as part of a larger data set used in decision making.
- Bring your completed form up to the table (or other designated spot) when you are done.

After the group completes this part, direct the participants to **page 2 (Training Objectives)** and quickly review the training objectives for the session and the competencies addressed by the session. Then do a quick poll to see who in your group has heard or seen the Arkansas Practice Model. Ask the group how many have heard of the Practice Model and how many have seen a copy. Pass out **Handout 2 (Arkansas Practice Model)**. Give participants a few minutes to look this over.

**History: Where We've Been and How We Got to the Practice Model.** Lead a brief discussion about how the concept of a practice model evolved including areas identified in the current PIP where practice needs to improve.

This section is designed to be lead by the DCFS facilitator.

**Discussion Format Suggestion:** (This is designed as an energizer as well, to get people up and moving for a minute).

Purpose:

The purpose of this exercise is to set out the history and rationale behind the Practice Model and identify areas in the casework process that need to improve.

**Materials**

This exercise requires a large room with space for two groups (of approximately 20 each) to stand in a circle. There will be a recorder and a facilitator for each group.

**Recorders:** Use **Work Sheet #1** to capture the information from this exercise. (Recording forms are in the Facilitator/Recorder Resource Section: Recorder Materials.)

**Facilitator Set Up Note:** The following exercise splits the large group of 40 participants into two small groups of 20 people. The exercise in Section C below, then subdivides these two groups into two more for 4 small groups of 10. The lead facilitator may elect to divide the large group into the 4 small groups at this point (in the interest of time – in which case it will take 4 beach balls instead of two for this exercise). At whatever point the large group is divided into 4 groups, participants will stay in those groups for the remainder of the training. **The groups (2 or 4) will need to stay in the same room until the DCFS facilitator has completed his or her part of the presentation since there will likely be only 1 DCFS representative at each session. If possible keep the group in the same room through first break.**

**Another note:** Facilitators should not force someone to share if he or she does not appear to be comfortable in this activity. Ask, if the participant has any information but do not force the point.

**Third Note:** There is a chance that no one has heard of the CFSR in your group. If they haven't there is a set of questions in **fuchsia** font that you may want to use instead of the other ones.

### Methodology

1. Divide the large group into two smaller groups and positioning them on opposite sides of the room.
2. Assign a facilitator to each of the smaller groups and assign another person to be the recorder.
3. Ask participants: “Who had heard of the CFSR before today?” Or, “Who knows what CFSR Stands for?”
4. Toss the ball to one participant who had heard of the CFSR and say: “Who did the CFSR?” After that person responds, have them toss the ball back to the facilitator. The facilitator will pass it to another person who had heard of the review. Would that person add anything to the first response? Toss back to the facilitator.
5. Toss the ball to another person who had heard of the review. Facilitator asks: “What was the purpose of the CFSR – What did it do?”
6. Keep this question going for several tosses.
7. Switch the question to “What areas of casework do you think the CFSR identified for improvement (this should include tosses to anyone who has not already had a toss, including those who did not know about the CFSR before).
8. Keep this question going through several more tosses.
9. Lead facilitator stops the exercise.
10. If no one has hear of CFSR, ask if anyone has heard of the PIP? What does PIP stand for?
11. Follow the format above to explore what they know about the PIP. It is possible that folks have not heard of the CFSR but have heard of the PIP.
12. What reasons might the federal folks come in to review casework and casework practice?
13. Where do you think that they found areas for improvement?

### Processing Points

Summarize the exercise with the following information. This information will be presented by the facilitator from DCFS. Just in case, the speaking points have been included in the Facilitator/Recorder Resource section. Acknowledge where the groups were on target during the following summary.

- Every 5 years the Federal Government conducts a Child and Family Services Review to evaluate the safety, well being, and permanency achievement of the child welfare systems of each state.
- Arkansas has participated in two CFSR processes. After each review, the state prepared a Program Improvement Plan (PIP) to address areas that needed improvement.
- Areas for improvement in the latest CFSR included:
  - involving families in case planning,
  - individualizing case plans for families,
  - having appropriate and accessible services,
  - visits with children that were good in content and quality, and frequent to sustain strong relationships,
  - continued contact with children and families through the case,
  - knowledge about local resources,
  - surface assessment in the crisis and not getting to the underlying issue,
  - involving fathers,
  - lack of case activity in protective services cases,
  - placement stability, and
  - permanency time frames.
- Arkansas Children and Family Services mission has been to protect children and whenever possible safely maintain them in their own home. Our practice in the field needs to do a better job of reflecting this mission.
- There is a monetary penalty for state's who do not complete or comply with the PIP they develop. **NOTE:** While it is important that workers know about the penalties, it needs to be couched for them in terms of the resources for children and families that would be lost if the state lost this money.
- The first PIP was very task oriented instead of practice oriented. Tasks were completed and checked off, but there was no systemic change to incorporate these tasks into improved practice.
- The current PIP takes a different approach. DCFS is committed to making behavioral changes in practices at all levels of the child welfare system. When the PIP workgroups met, we determined that we had throughout our policy and plans, family centered statements, best practices related to caseworker, and some isolated best practices around the state, but we need to develop this into a way of doing our work. So, the practice model development is our beginning place.



- The purpose of an effective practice model is to define how the division engages families, youth, and community in developing and delivering a continuously evolving array of services that meets the unique needs served by the division and leads to better outcomes for children and families. The practice model defines standards of practices and defines how the outcomes will be measured both quantitatively and qualitatively. It promotes practice guided by values and principles and increases the likelihood of positive outcomes for children and families.
- This may be the place to interject another of DCFS' articulated priorities – increasing the numbers of abused and neglected children who can remain safely in their own homes, rather than more intrusive interventions.

### C. Exercise – (35 minutes)

#### Purpose

The purpose of this exercise is to identify the values embodied by the practice model and to begin thinking about implementation of those values.

#### Materials

This exercise requires the Participant Manual, and Handout 2 (Arkansas Practice Model). The Recorder will use Work Sheet #2 to record the group's work.

#### Methodology

1. Divide the two groups from the previous exercise into 4 groups of 8-10 people (if this has not already been done). If possible, get a mixture of job positions – PS Workers, Foster Care Workers and PAs – at each table.
2. Tell participants to look at page 3 (Practice Model Values “Fit”) and, individually, answer the questions on this page.
3. Next, ask the group members to share their responses with each other.
4. As the group members talk among themselves, recorders should document recurrent themes and/or areas of similarity. Facilitators should encourage all group members to share. Reinforce that there does not have to be consensus.

#### Reporting Out

Do a brief reporting out. This may consist of just one or two people from each group sharing. Explain that the information from the groups, including trends and themes will

be collected and provided back to all group members sometime during the training. Tell folks that it is break time and ***give them a specific time to be back!***

Tell two of the small groups to reconvene in the other room. They will need to take their “stuff” as they will be in this room for the rest of the day.

At the break, put up the poster on Practice Model.



## **SECTION II: Appreciative Inquiry Introduction**

**TIME: 90 Minutes (10:30 – 11:00)**

**Trainer Note:** There is material in the Facilitator Resource section of this guide related to teaching the Appreciative Inquiry Process. This material was provided by Kim Keith with SAU. This training will follow the model closely but there will be some variation due to the conditions under which this work shop is presented. For example, some of the worksheets would be done in advance in a workshop that adhered closely to the process; however, these worksheets will be completed during the session in our training due to the difficulty in insuring that the audience would be able to complete them in advance of the session.

It is not possible to know at the time of the curriculum writing exactly what the training facilities will look like. The following sections for Day one are written on the assumption that there will be two large breakout rooms. The groups will be split with 20 in one room and 20 in the second room. In each room, the groups will be further divided into two groups of 10. By structuring in this manner, the training can be run with two PowerPoint projectors. The facilitators of the smaller groups need to decide in advance who will function as “lead” when the PowerPoint presentations are presented. It is recommended that the facilitators take turn in the lead function. If there are going to be more than two break out rooms, facilitators will need to find an alternative to PowerPoint to present the material (such as a flipchart or Poster).

### **Objectives: Participants will**

- Understand the rationale for using an appreciative inquiry process.
- Know the steps in the Appreciative Inquiry Process
- Work the first steps in the Appreciative Inquiry Process and identify the team it will take to make the **goals** into reality

### **Materials:**

- Appreciative Inquiry PowerPoint (Facilitator/Recorder Resource: Facilitator section)
- Appreciative Inquiry teaching guide (Facilitator/Recorder Resource: Facilitator section)
- PowerPoint projector, extension cord, power strip
- Recorder Template #3 – Identify the Team (Facilitator/Recorder Resource: Recorder section)

**A. Brief Recap (Lead Facilitator)**

**Briefly** recap the first session. Note if there were themes or commonalities that arose from the morning work. Were there goals/principles that several people thought would be easy for them to implement? Likewise, were there commonalities in goals/principles that group members felt would be more difficult to implement?

**B. Steps in the Appreciative Inquiry Process**

Next, begin the discussion of the Appreciative Inquiry Process. There is a PowerPoint presentation to supplement this discussion. The purposes of this part of the session are to:

- Explain why this process was selected – strengths based, building on what is strong to improve practice even more
- Quickly review the steps of the process
- Begin working some of the early steps in the process

Direct participants to **page 4 (Two Models of Planning Change)**. This is also on **slide 2** in the PPT presentation. The Problem Solving Model ought to look familiar: it is very much like the case plan model that workers already use with families. The Appreciative Inquiry Model shifts the focus. It is more concerned with identifying what is strong and building from that toward desired change. The rationale for picking this approach in training is that it mirrors/parallels what we hope direct service staff will do – encourage families to identify their strengths and envision how to change, then plan how to make the vision happen.

After discussing the rationale for picking this process for looking at the practice model, show the PowerPoint that sets out the steps in the process (**Slide 3 in the PPT**). Do not spend a lot of time explaining the steps. Make sure that participants know what the steps are, and that they will learn more about each step by doing it! Move to the first two steps.

**C. First Steps – Clarify the Purpose and Identify the Team**

**A. Define the Purpose**

Use PowerPoint **Slide #4 (Purpose of the Inquiry)** or write the purpose on the facilitators flipchart. The ***purpose of the inquiry process today is to develop a vision and plan to turn the Arkansas Practice Model into a reality.*** After showing this slide, move directly to the second step – identifying the team. The

purpose is also set out on page 5 of the Participant Manual (Purpose of the Inquiry).

## B. Identify the Team

Lead a discussion on who the Team would need to be in order to make the **goals** of the Practice Model into a reality (a set of behaviors instead of a list of values about how the Division conducts its work. The **Recorder should take notes as the discussion progresses using Worksheet #3.**

1. During this discussion, the lead facilitator will need to keep in mind that work sheet the recorder is using and be prepared to float a question or two that will keep the discussion moving.
2. It is anticipated that much of the discussion around team may initially focus on the intra office team or the intra Area team. While this is a good starting place, there also needs to be identification and acknowledgement of who the community team would be.
3. **Sample questions to facilitate dialogue:**
  - Let's look at principle # 7, sustainable success with families is the work of a team. Who do you see being on the team to make **goal 1** a reality?
  - I have heard a lot of good suggestions about teaming in the office. Who else besides just the DCFS office might need to be part of the team for **goal #6**?
  - Who is someone you'd really value having on a team, especially if you were trying to make goal#\_ happen?

### 4. **EXAMPLE** of Recorder sheet:

PM Goal	CORE Team – Who Do We Have to Have to Make It Work?
G1	Parents, extended family, Central Office support, OCC, courts, community understanding – especially doctors, schools mandated reporters who want children removed who could stay at home.

5. Let the team identification go for about 20 minutes max. Do not report out at this time. There will time specified for reporting on the team later. Move into section III after the team identification part is complete.

### SECTION III: Discover/Capturing What is Best

TIME: 50 Minutes (11:00-12:00)

#### Training Objectives: Participants will

- Identify examples of times when things went well in their child welfare practice
- Define common themes in the success stories

#### Materials

- Quilt squares (one per participant)
- Colors –3 to 4 boxes per table
- Glue stick or tape
- Poster board (to glue/tape quilt pieces together)
- Sharpie for value (related to stories)
- Flip chart set up for facilitator – easel pad, markers, easel
- Peak Experience poster – one per small group
- Recorder Template #4 – Facilitator/Recorder Resource: Recorder section
- Handout 3 \_ Values List –one or two per table
- PowerPoint presentation (slide 5 and 6)

**Set Up Note:** The Peak Experience graphic can be printed and glued to a flip chart page or use the poster provided during the TOT. Themes from the Peak Experiences can be written at the top of the mountain peaks. If the facilitator chooses to use this, set the page up prior to the session. Use of this material is optional. The facilitator can also just draw Cartoon Mountains on the flip chart for the same effect. Also, have **Handout 3 (Values List)** on the tables.

**Rationale behind materials:** During this section, anticipate that some folks may have difficulty getting started on the stories. There are several prompting questions on the Peak Experience poster but the facilitator may come up with others. Also, identifying values underlying behaviors can sometimes be difficult. Handout 3 has a list of values that may help to get people started.

#### A. Introducing the Activity

Bring up **PowerPoint slide #5** to start this section (if you are using the PPT presentation as a guide). The purpose of the next activity is to capture the Best of What Is. This audience will naturally have “war stories.” The facilitator will help focus the participants

on the best times (since war stories tend to focus on the worst time. Do a quick verbal review of the Appreciative Inquiry steps.

- The group has established the purpose
- They have begun some work on identifying the Core Team.
- In this session the participants are asked to identify the Best of What Is. We can anticipate that one response to the practice model is, “we already do that.” This exercise provides a mechanism to truly identify where DCFS front line staff are doing well and to energize them for future work.

## **B. Quilting Making:**

1. Pass out the quilt pieces to the group members.
2. Tell the group: “A bee, as used in quilting bee, is an expression to describe a gathering of peers to accomplish a task. At a bee, jobs could be done as a group to allow socialization during an otherwise tedious chore (Wikipedia). “Quilting bees” were times of gossiping and story telling for women and a time when older women taught skills to the younger women in the community or family. So, today, as we color our quilt squares, we will share some very special stories – stories of Peak Experiences.
  - Peak Experiences are those times when you felt good about your work and there was a positive outcome for the family.
3. Use the **Peak Experience (slide 6)** or a flipchart with these questions to jump start the conversation if needed. These are questions designed to get the story started. The group members choose the one they would like to tell about (i.e., each person does not have to address all of these questions).
  - In your work with DCFS, no doubt, there have been high points and low points, struggles, and successes. Recall a high point for you; a time when your efforts helped make a positive impact for children, families, or workers.
  - In your work with DCFS, you probably have seen or experienced a number of examples of leadership or excellence that you admire. Tell a story about something that you have seen or experienced in your work that illustrates the kind of leadership or excellence that you value.
  - Describe a time in your work with DCFS when you were inspired by working with another person or a group where you may not have had the same ideas or opinions as the others, but you really worked together and valued each other.

4. Be ready, if needed, to tell a story from your own experience to get the process started.
5. After each story, ask the storyteller to:
  - What did you value about your contribution and the contributions of others in this story?
  - Ask the storyteller and group to identify:
    - **Themes in the story**  
(Examples: family makes positive changes, family is involved in decision making, permanency is achieved, positive community involvement, support from DCFS Central Office, county supervisor, area director, judge, other)
    - **Behaviors/Circumstances in the story**  
Who did what to contribute to the positive experience? What other circumstances were present that made this a positive experience?
    - **Values in the story**  
What values are illustrated by this story? **Handout 3** has a list of some values if participants need a jump start but be sure they understand they are not limited to values on this list. (Examples: Responsibility, Community Involvement, Growth, Cooperation, Hard Work, Discipline, Integrity, Diversity, Intergenerational, Fun, Perseverance, Courage, Innovation, Common Sense, Safety, Respect, Harmony)

The **Facilitator's Role** as the stories are told is to:

- Assist the group with identifying themes, behaviors, circumstances and values after each story (to help the recorder move at a pace that allows each willing participant to share his or her story).
- The above will have a component of analysis – teasing out the themes and the special circumstances that led to the peak experience being possible.
- Write the themes at the top of the mountains on the Peak Experiences Poster.
- Get as many positive stories out there as possible
- Keep the emphasis on the positive or times when they were proud or satisfied. (The important point is to try to keep the war stories from reverting to the story about the most terrible thing that ever happened.)
- Ensure everyone has a chance to share



- Issue an invitation to people who have not shared a story
- Control the monopolize – every group will have one

The **Recorder's Role** as the stories are told is to:

- Listen closely and reflectively
- Use Work Sheet #4 to capture the themes
- Capture specific examples. **Note:** This does not have to be a verbatim recording; capture the gist of the experience.
- What circumstance led to excellence and achievement – tease these out from the stories in relation to the Practice Model principles. (For example – worker was part of an effective team effort; worker really involved the family, etc)
- Capture the values emerging in the stories.

**EXAMPLE: What Recorder Template #4 might look like to this point**

Themes	Examples(Behaviors)	Circumstances	Values	PM Principles
Family was involved in decision and child could stay home	Went to family home for staffing; Involved extended family in safety planning and case plan	Had time to meet with family several times; small caseload Supportive extended family Community resource to help	Children do better with families Family strength and autonomy	

Before dismissing for lunch, thank the groups for their willingness to share. Set the expectation for the afternoon. When they return they will assemble the quilt and summarize the morning work. From there, they will move to dreaming about what might be. Tell people what time to be back and which room (the same one they are in now) to report to.

**LUNCH**

## SECTION III, Cont.

**TIME: 50 Minutes (1:00-1:50)**

### **C. Recap and Completion**

Use the Mountain Graphic to review the themes, behaviors, and circumstances from the morning stories. Spend plenty of time here to gain agreement on the behaviors and circumstance and to generate additional themes, behaviors and circumstances from the group. If there was not enough time for everyone to tell their story before lunch, they should do so first.

Ask members to write one value on his or her quilt square that was apparent in the success stories and is also a Practice Model value. (Just as the facilitator wrote the themes at the top of the peak, he or she may want to write the values across the bottom of the Mountain graphic to symbolize the foundation that led to the Peak Experience.

Have the group members put their squares on the poster board to make a quilt. As the group is assembling the quilt, reflect back on the morning exercise where the group looked at the values in the practice model. Lead a group discussion to:

- Identify the values
- Look at commonalities between the two groups in the room
- Relate values, behaviors and circumstances to a principle or principles in the Practice Model.
- Ask the participants if there are any connections between the theme of their “peak experiences” and the Practice Model Principles.
- Lead a discussion on the relation between the Practice Model and the Peak Experiences.
- Use positive questions to assist the group.

Examples: “Several people mentioned that they had good practice experiences when they were able to quickly get needed resources to families. What in the practice principles might speak to your ability to supply resources quickly?”

“The practice principles are very broad but practice behaviors are specific, can anyone connect a specific practice behavior from the previous session with a principle?”

**Recorder:** Capture the Practice Model Principle on Recorder Template #4

**EXAMPLE:** What Recorder Template #4 might look like at completion

Themes	Examples(Behaviors)	Circumstances	Values	PM Principles
Family was involved in decision and child could stay home	Went to family home for staffing; Involved extended family in safety planning and case plan; hooked up with community resource	Had time to meet with family several times; small caseload Supportive extended family Community resource to help was available	Children do better with families Family strength and ability to protect	2 3 7

Use the discussion above to set the stage for section IV. Reinforce with the group that there have been positive, peak experiences. There have been unique circumstances and specific behaviors that occurred which permitted or enabled the Peak Experience to happen. And when we look closely, most of the times when a peak experience was occurring, it was an example of a Practice Model Principle “in action.” When the group returns from break, we are going to dream of how this type of experience can become the norm – a dream of what could be. Dismiss for break after *setting the time to be back!*

**BREAK**

**SECTION IV: Dream What Might Be (Facilitator)****Time: 40 min. (2:00 – 2:50)**

In this session the participants are asked to create a vision of what excellent practice might look like. This vision is constructed from the practice principles and the themes that were uncovered in the “Discover what is Best” session. By using questions that focus on the positive characteristics of the uncovered themes and the practice principles, the facilitator assists the participants in articulating and organizing the vision. The facilitator will then guide a discussion describing the vision being realized, focusing on “vision areas” of themselves, community, client families, local office, service array and DCFS as a whole.

**Objectives: Participants will**

- Develop a vision of practice based on the practice principles and “peak experience themes”.
- Develop descriptions of the vision based on the “vision areas”.
- Develop indicators of progress towards the vision articulated in the *Dream What Might Be* session.

**Materials:**

- List of themes (from previous exercise)
- Flip Chart and pens
- Recorder Template #5 and #6
- Facilitator PowerPoint slides (slides #7-#10)

**Setup Overview:**

1. The session should meet in a room or a section of a larger room that will allow for discussion without interference from activities of other groups.
2. There should be tables that allow for each participant to write.
3. A flip chart should be placed so that all participants can see the chart.
4. The practice model’s goals and principles should be available for each participant. There is a PowerPoint slide for goals and principles. Participants can also see them from the posters in the room and from Handout 2.
5. Themes from the “quilting exercise” should be available, preferably flip chart pages taped to the wall for easy reference.

6. If all participants are at a single table then the facilitator should sit at the table. If participants are at multiple tables then the facilitator should stand and move between the tables to facilitate interaction.
7. The recorder should be seated away from the participant group but close enough for easy listening and a clear view of the flip chart.
8. The recorder should be able to write without distracting from the conversation.

## Roles:

### 1. The Facilitator

Lead the discussion using a process of positive questioning to assist the participants in articulating what the best might look like and how it relates to the “peak experiences” and practice model. Direct the discussion to assist participants to develop indicators of progress toward the vision designed in this section (Dream What Might Be). The facilitator will use the PowerPoint to initiate questions. These may also be written on a flip chart depending on the Facilitator's preference. The facilitator will also make group notes on the flip chart as needed to capture key ideas.

### 2. The Recorder

In this session the recorder will focus on two content areas. The first is a description of the vision as it relates to each of the system levels: worker, community, client families, local office, service array and DCFS as a whole. The second is to record the indicators of how progress will be identified.

### 3. The Participants

After reviewing the themes and conditions in the stories shared in your “quilting session” and reviewing the themes and conditions expressed in the practice principles, consider how applying “the best of what is” could change your future accomplishments.

## Session Steps:

- A. **Define the Vision Areas (Facilitator)** As part of the report out on the Dreaming, the themes, conditions and values identified by the groups in the room were presented and were tied back to the Practice Model. Now show **slide #7 of the PowerPoint presentation** (*Dream What Might Be*). Explain the overall purpose of this session. The group was given the task of reviewing the themes from the last session on remembering “peak

experiences” in their career as it relates to client success. Now they will “dream” or develop a vision of what it would look like for themselves, the office, client families, their community (service array), and DCFS as a whole.

**Suggestion:** Write the following words on the flip chart. These are also on **slide #8** for those using the PPT instead of flip chart or poster:

- Ourselves (1)
- Our offices (2)
- Our client families (3)
- Our communities (4)
- DCFS as a whole (5)

These are the “visioning” areas. We are going to dream about how it would look in each of these areas if the peak experiences could happen more often and the Practice Model principles drove our everyday work.

**B. Dream/Vision** – How would our practice experience “look” if these peak experiences were very common experiences? **(Facilitator)** Spend the majority of the section time on this part of the exercise. Ask participants to discuss a vision of what practice would look like if peak experiences were very common? Discuss this topic in each of the following “vision areas”.

- How does our vision practice look with **ourselves**?
- How does our vision practice look with our **offices**?
- How does our vision practice look with **our client families**?
- How does our vision practice look within **our community**?
- How does our vision practice look with **DCFS as a whole (organization)**?

Anticipate that this may be another area where participants have trouble getting started. Some sample questions to get the ball rolling might be **(Slide #9)**:

- What would it look like if your peak experience happened every day? What would you be doing more often? (self)
- If your peak experience was an everyday happening –you felt good about your work and families had good outcomes - what would your office look like?
- What would be happening in your communities? What would be important to people in your communities?

If participants bog down, encourage them to let their imaginations run free – they are **dreaming** about what ideal practice would be. There is time later this afternoon to look at the specifics of what it would take to accomplish the dream.

**(Recorder)** Document the description of the vision the group puts together on **Recorder Template #5**. Relate aspects of the vision to the different “vision areas.”

**Example:**

Vision Area	Description of Vision
Community	The community will be continuously aware of our families’ resource needs and willing to assist with donations of time and other resources.
Our Office	A sense of accomplishment, pride, and ability to effectively manage the caseloads.
Ourselves	Spending time with families; listening closely, know more about who can help

### C. Indicators of the Achieved Vision

Wrap this section up by moving into a discussion of behaviors or attitudes that would show the vision is achieved or closer to being achieved.

- **(Facilitator)** Lead a discussion about the indicators of a future achieved vision. Ask something along the lines of the following questions. For each Vision Area, lead the group to identify the behavioral and environmental indicators of the achieved vision **(Slide #10)**.  
“If you can picture the vision being achieved, what are the circumstances you see? Who is involved in the process? What are different people feeling, doing, or saying? Where does the achieved vision occur?”  
“How will you know that the vision is being realized?”  
“What feedback would you need that informs you that the vision is being accomplished?”  
“Who or where might this feedback come from?”  
“What might the feedback consist of to show the vision was indeed being accomplished?”
- **(Recorder)** Use **Recorder Template #6**. During this discussion the recorder will list the indicators of the vision being accomplished along with where feedback

might come from. The recorder will also list any “vision areas” that might relate to the indicator.

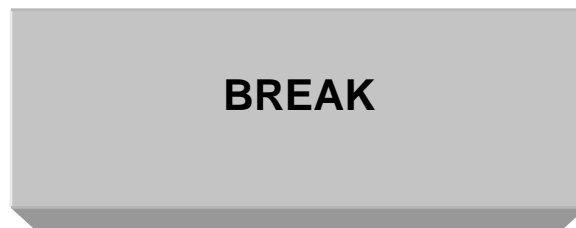
“How will you know that the vision is being realized?”

“What feedback would you need that informs you about the vision is being accomplished?”

“Who or where might this feedback come from?”

“What might the feedback consist of the vision was indeed being accomplished?”

Give a break before moving into the final afternoon session of Day 1. Remember to tell people when to return from break.





## **SECTION V: Design What Will Be**

**TIME: 60 Minutes (3:00-4:00)**

This is the last session of the Appreciative Inquiry small group work. In the previous section the group dreamed the dream and identified the indicators that would show the dream is becoming a reality. Now the group will develop a list of skills and actions that will be needed in each of the “vision areas” required to further the vision.

### **Objectives:**

- Develop a list of critical skills and resources that must exist to realize the vision.
- Identify the relationship between the needed skill and actions and the Practice Model Principles.

### **Materials:**

- Copy of Practice Model Goals for each participant (Handout 2)
- Copy of Practice Principles for each participant (Handout 2)
- List of themes
- Flip Chart and pens
- Recorder Template #7
- Facilitator PowerPoint slides (#11 -

### **Setup Overview:**

- The session should meet in a room or a section of a larger room that will allow for discussion without interference from activities of other groups.
- There should be tables that allow for each participant to write.
- A flip chart should be placed so that all participants can see the chart.
- The practice model's goals and principles should be available for each participant, preferably on a PowerPoint slide.
- Themes from the “quilting exercise” should be available, preferably flip chart pages taped to the wall for easy reference. If the facility does not allow tape on the walls, leave the flip chart opened on the easel to the Mountain graphic where the themes were recorded earlier.

- If all participants are at a single table then the facilitator should sit at the table. If participants are at multiple tables then the facilitator should stand and move between the tables to facilitate interaction.
- The recorder should be seated away from the participant group but close enough for easy listening and a clear view of the flip chart.
- The recorder should be able to write without distracting from the conversation.

## Roles:

### The Facilitator

During this section, a list of skills needed and actions needed will be developed. These will then be related to the Practice Model principles.

### The Recorder

The recorder will also develop a list of needed skills and actions required to realize the vision. These will be listed on the *Skills and Actions* template (Template 7).

### The Participants

Participants engage in a guided discussion about the implementation of the vision from the *Dream What Might Be* session.

## Session Steps:

- A. **Report from Previous Section Review** the visions that were articulated in the previous *Dream What Might Be* session. Have the participants look at each “vision area” from the last session and quickly review what the vision would look like. Introduce the objective of this session stating that the group now needs to focus on how to realize the vision. At this point the group may be tired so a positive reminder that this session is the critical step of linking the practice model to practice actions.
- B. **Design What “Will Be” – What Do We Need to Make It Happen?**  
(Facilitator) Bring up Slide #11 (Design What Will Be). Lead a discussion on what skills and actions are critical to the vision being realized. Have the group talk about the skills and actions that might be specific to the different “vision areas”: themselves, the community, client families, local office, service array (community) and DCFS as a whole. When you discuss the actions include the following actions (Slide #12):
  - a. Mobilizing Resources - what resources do we need that we don't have

- b. Forming New Relationships – what relationships do we need to cultivate
- c. Acquiring New Skills – what skills or knowledge will it take to accomplish this action

**(Recorder)** Use Recorder Template #7. Document the skills and actions discussed on the *Required Skills and Actions* template. Record the related Practice Model Principle that is discussed with each skill or action.

**C. Relating the Practice Model to the Skills or Actions in the Achieved Vision**

As the discussion evolves, ask the group to relate at least one practice principle to each skill or action. There may be more than one principle that is applicable to an action step. PPT Slides #13 and #14 have the Practice Model Goals and Principles and Participants also have this on Handout #2. As the group is completing this section remind them that this information is going to be shared with DCFS decision makers. So, be specific about support needed from the organization in order to support individual change.

**(Recorder)** Use Recorder Template #7. Document the skills and actions discussed on the *Required Skills and Actions* template. Record the related Practice Model Principle that is discussed with each skill or action.

**D. Wrap Up**

Thank the group for a hard day's work. Explain that the work they have done today will be shared with decision makers within DCFS. The group will receive some feedback tomorrow on the work of other groups in the session. Today, they have done a lot of work involving the “big picture” of the practice model. And, a lot of their work will be used by others. Tomorrow they will look at the Practice Model in relation to a specific casework process – the process of assessment. Tomorrow it is more about “what’s in it for me?”

**Pass out Handout 4– Adams Family.** Ask the participants to read it over this evening.

Tell the group which room to come to in the morning (all groups will be in one room to start off). Dismiss for the day.

**3 C's for Direct Service Staff****Understanding and Applying the Arkansas Practice Model****Day II**

The second day of the Care, Commit, Connect Training for Direct Service Staff focuses on applying the practice model to a key component in the casework process – family assessment. The focus is on the initial assessment during the first 30 days the case is open. This is not a Family Strengths and Needs Assessment (FSNRA) training per se. Instead it encourages participants to explore what they would do differently and better if they were living the Practice Model principles.

Yesterday, facilitators and recorders were available for 4 smaller groups of 10 people, broken out into two large rooms. Today, IV-E partners who functioned in the recorder role yesterday can facilitate a small group since today's work will not require a recorder. That would enable each of the two large rooms to have several small groups of less than ten people. This may make the work go more quickly since today's work requires writing and then more people in the small group, the longer such writing takes.

Facilitators need to be attuned to opportunities to relate today's content back to the dreaming and value sessions from yesterday. In addition, it is difficult to anticipate how much information may be generated the first day. So the time frames assigned to reporting are tentative at best.

**Competencies Addressed****PIP Strategies Addressed****204-5****204-7****206-2****206-7**

- ❖ **Primary Strategy 1:** Develop and implement a sustainable practice model to ensure consistent and appropriate services are provided to children and families that lead to positive outcomes.
- ❖ **Primary Strategy 2:** Establish a system for effective communication, professional development, and organizational change to build a child welfare system that keeps children safe and helps families; respectfully engages families and youth and uses community based services and supports to assist parents in successfully caring for their children.

## SECTION I: Review and Report

**TIME: 50 Minutes (9:00 – 9:50)**

**Set-Up Note:** Yesterday, much of the reporting/processing was not shared with the entire group (due to time and group size constraints). For the first session of the second day, the whole group needs to meet in one room to start off. The opening segment of the workshop will provide a time for sharing information with the entire group.

### Objectives: Participants will

- Receive and process feedback from yesterday's work on values and themes identified related to the Practice Model and on the plans for implementing the Practice Model.

### Materials

- Quilts from Day I
- PowerPoint Summaries of Day 1 work
- Sign In Sheets (morning and afternoon)
- Tape to hang quilts – or flip chart stand where the quilt can be displayed
- Participant Manuals
- Name tents

### A. Recap

Welcome participants back to the second day. Do a quick recap of yesterday's material.

- Yesterday, we made sure that everyone had seen the written version of the Practice Model and explored the values reflected in the model.
- We began a process of appreciative inquiry to identify:
  - The team we need in order to make the Practice Model a reality
  - The best of what we currently do and the circumstances that existed to let us do it
  - The dream of what best practice might look like and
  - A plan for to move toward the vision of best practice.

This is a good place to direct participants' attention to the Primary PIP Strategy 2 related to developing an effective system of communication. The PIP strategies addressed by this training are set out on **page 6 in the Participant Manual**. Part of effective

communication is providing feedback to people related to their input and participation and about the progress of work that has been initiated. The facilitator may want to articulate that we are modeling good feedback. Explain that two things will happen:

- 1) We will review many of the summary sheets from yesterday as we work through the morning today. This will be done by PowerPoint presentation.
- 2) All the summary sheets will be emailed to participants in the session so that they will have a written record of the training.
- 3) When all the CCC sessions have been completed, participants will be emailed an over-all summary so that they can see not only what they did, but how others across the state identified teams, envisioned best practice and planned how to achieve it.

**Recorder Templates 1 and 2** summaries were “processed” yesterday as part of the large group exercises so, if time is short, do not show them today or give them only a cursory review. Depending on the point where the large group broke into small groups yesterday, decide whether to show the summary slide of **Recorder Template 3**. (If there was already a report out session that involved the whole group, do not review this summary in depth.) Be ready to spend the bulk of the time on the “Quilt,” the vision of excellence and the plan for achieving excellence (Templates 4-7).

## B. Reporting

**Trainer Note:** There are a couple of ways this report out time can be structured. If there was a lead facilitator who was “floating” on Day 1 between the groups, this person may have an idea where certain groups were strong. If so, then the facilitator may elect to have certain groups report out on certain areas rather than the more general reporting set out below (especially as the written summaries will be shown on PowerPoint and distributed later to the class).

**Note:** There is a sheet on **page 7 (Ah HA Moments)**, if participants want a space to jot notes. Begin by having each small group from yesterday present its quilt and speak briefly to the values they identified and the stories they shared about “the Best of What Is.” **Note:** there will not be time to share all the stories so ask each group to pick one or two. After the groups have shared, show the slide that summarizes **Recorder Template #4**. Focus on the themes, values and circumstance that groups identified (rather than the details of the stories). Draw attention to places where the groups were similar and places where they differed. Highlight the value of such diversity.

Then, move to the section of Dreaming/Visioning Best Practice. Again, ask each group to give a brief summary and then follow up with the **PP slide that summarizes Recorder Template # 5**. Encourage discussion of how the dreams of furthering peak experiences tie into the value base of the practice model with regard to each of the visioning areas (self, client families, office, community, DCFS as a whole). From this discussion it is a natural segue into the material on describing the vision of excellence in greater detail (again in relation to the vision areas).

Complete this section with **Recorder Templates #6 and 7**. As the group reports, remember to tell them that this session is also modeling feedback. Feedback does not mean that someone will tell them what all the answers are; feedback means that the Division and other sources will provide information on how the process is going. As the group moves into the material on Recorder Template #7, be sure to point out the parallels in the process. DCFS is doing with you what they want you to do with families:

- Involving you in the process of change
- Seeking your input on what you see as best practice and
- Asking you to help develop the plan for getting there (as opposed to just handing you the plan, asking you to sign it and telling you to make it so if you want to keep your job).
- Yesterday, a lot of the work that you did can be used by DCFS Management staff along with other data for planning purposes. Today, we will spend the rest of the time on you – working toward ways to reflect the Practice Model values in specific parts of the casework process.
- *When you dismiss for break, tell participants what time to return.*



**BREAK**

## **SECTION II: Back to Basics (defining terms and setting expectations)**

**TIME: 30 Minutes (10:00-10:30)**

### **Objectives: Participants will**

- Develop, define and use a common set of terms related to family assessment.
- Develop a basic understanding of how the values in the Practice Model principles may impact the conclusions drawn in the assessment and how these conclusions drive the case planning process.
- Identify times when the workers successfully engaged a family in planning, the circumstances that permitted that to happen and what it would take to recreate that situation more often.

### **Materials:**

- Participant Manuals
- Handouts 2 and 4

### **A. Recap and Caveats**

When the group returns from break, take the opportunity to recap two identified Division priorities. (These are also set out on **page 6 in the Participant Manual**). These are:

1. To increase the number of children who can safely remain in their homes instead of more intrusive protective measures.
2. To increase family involvement in the assessment and planning process in order to have better outcomes for children.

Both of these areas were identified in the CFSR, are addressed in the current PIP and are reflected in the Practice Model. Make the point that it is clear that the State needs to improve the way it does business. Today we will look at one particular point in the casework process and begin identifying ways that the Practice Model values and the peak experiences identified yesterday can be incorporated into this process. It is the process of the initial family assessment. Make a point to clarify this term – the initial assessment here is the first assessment done in the case (not the investigation which is also called an assessment).

Caveats: Be clear that



1. This section of training is not about completing the FSNRA (Family Strengths, Needs and Risk Assessment) per se. It is about looking at ways the values in the Practice Model can shape the conclusions you draw about families.
2. The tools that you have for assessment and case planning are not perfect and have much room for improvement if they are to provide a way for you to do the work you are being asked to do. (Actually as this day progresses, facilitators can anticipate frequent complaints about the recording instruments. When possible, suggestions for work “arounds” will be provided. However, this may be a place where – if it was not already identified – that the facilitator ask whether changing the documentation instruments to fit the expected processes is something that needs to be added to the lists from yesterday in terms of support needed from the organization.

## B. Mini-recreation of Appreciative Inquiry Techniques

**Trainer Note:** The following exercise is set out to get group members to focus on times when they felt they had *successfully engaged a family*. If the work from yesterday contained a scenario that involved a success around family engagement, use that example instead (to save time). If you go that route, just quickly summarize the situation.

At this point, the larger group should still be in one room. Ask the group members to briefly recreate the process from yesterday. Ask them to turn to **page 8 (Best of What We Do – Engaging Families)** in the Participant Manual and quickly answer the questions there. Note, each person does not have to come up with a scenario. If there is one person who has had a successful experience, discuss and make note of it.

Instructions to the participants on this page are:

***Think of a time when you successfully engaged with a family – you felt good and the family had a positive outcome.***

1. Who was your team in this instance?
2. Were there special circumstances that helped this happen and if so, what were they?
3. What were the unique factors that led to success?
4. What would you need in order to make this happen more often?

Keep this section relatively short. Then call time and ask each group to report. As they report out, note similarities to answers on question 4 to answers on Reporter Template #7 from yesterday. Use this opportunity to link successes to places where the values of the Practice Model were actually put into place.

### C. Defining Terms

**Trainer Note:** Please see trainer resource section for information on the process of defining these terms and for an explanation of areas in the existing documentation systems where some of the information today can be captured. Also, in the following section a lot of time will be spent on differentiating needs from services so keep the focus here on the definitions. In the process of assessing the family and engaging the family in a plan for change, a significant amount of information is gathered. A critical skill for child welfare professionals is making conclusions from all this information. Our conclusions are shaped in part by the value base we bring to the table. What we will look at for the rest of the day is some information about a family and how the values of the Practice Model can begin to inform the conclusions you draw about the family. These conclusions will lead naturally to the plan of what needs to change or improve. There are several ways of approaching planning and several sets of terms that people use. Some words are used as if they meant the same thing when in fact, they do not. For purposes of the rest of the session, take the next few minutes to define a set of terms.

These terms are:

- **Safety threats** – observed behaviors and situations that require DCFS intervention to ensure child safety. There is an immediacy to safety threats.
- **Risk factors** – Indicators that are used to determine the level of the safety threat and the likelihood that maltreatment will reoccur. There is a long-term element to risk factors.
- **Protective factors (Strengths)** – Environmental conditions, resources and capacities that are currently available to the client/family and help reduce or balance out risk factors and safety threats to the client. Protective factors can be thought of as the opposite of risk factors. Strengths help the clients accomplish the objectives.
- **Needs** - The resources and capacities that are lacking in the clients life, that if existed at sufficient levels, would allow the client to live free of safety threats without professional/formal services. Needs **are not** services.

- **Barriers/obstacles** - Those aspects of the client's situation which prevent the needs from being met.
- **Objectives** – The behavioral changes that will be apparent in the client's life once the needs have been addressed (what people will be doing differently – behaviorally specific, time limited and ideally, measurable).
- **Tasks** – Planned activities by various people that will occur to help the client overcome barriers or obstacles and meet objectives.
- **Services** – Professional/formal resources used to assist the client in meeting their needs and removing barriers. Services **are not** needs.

The terms are defined on **page 9 (Conclusions, Definitions)** in the Participant Manual. Review these with the class. When the class returns from break, they will begin using the definitions and the Practice Model to form conclusions about the Adams family that they met through their homework assignment.

#### D. Review of Homework

**Using Handout 2:** It is a good idea to have an extra copy of Handout 2 (which is the Practice Model Goals and Principles) for each small group work table. This will take care of the people who did not bring their materials back to class.

**Using Handout 4:** Again, it is a good idea to have some extra copies in case participants did not bring the handout back. Many of the day's exercises will spin off the information in this handout.

Ask the group to discuss what they remember about the Adams family (the homework assignment). If the majority of the small group did not read it, have them read it now. Make a mental note as the group is discussing the family about whether they are focusing exclusively on safety threats, risks and matching those up with services or whether they are focusing in different areas. Consider making brief notes on the flip chart. At this time, do not move into a discussion about what the Adams needs. Keep the focus on making sure that the group members are familiar with the presenting situation.

After the group has discussed the family, tell that that we will take a short break. When they return, they will begin looking at what the Adams family needs. They may want to think about over break.

**TRAINER NOTE:** Break the groups up into smaller groups prior to the break, especially since they may be in two different rooms. After this is done, take a short break and reconvene in the designated rooms.

Depending on the number of facilitators available, the ideal group size would be 6-7 people, but there could be 3 small groups per large room. From this point forward until the large group report outs, the smaller group facilitator takes the lead. (Please note: Another way to structure this is to have one lead trainer per training room who introduces concepts then circulates through the small groups tracking progress.)

*Remind people of the time to return and the place to return to.*



**BRIEF BREAK**

### SECTION III: Tying the Practice Model to Assessment – Identifying Needs

TIME: 50 Minutes (11:00-11:50)

#### Objectives: Participants will

- Review 2 processes to clarify the meaning of “Client Needs.”
- Review examples of needs statements in order to better differentiate a “need” from a “service.”
- Learn a technique or approach to assessing family needs that will facilitate the formulation of appropriate conclusions and recommendations.
- Develop a written document that summarizes the presenting issues, articulates the family need(s), identifies obstacles to achieving the needs, and identifies services to overcome the obstacles, and relates this information back to the Practice Model principles.
- Demonstrate the ability to write within the intent of the Practice Model principles and goals.
- ***These objective remain the same for the rest of the sections, other than the area of focus (such as needs, obstacles, etc) and will not be reiterated at the start of each section.***

#### Materials

- Participant Manuals
- Handouts 2, 4, 5, 6, and 7
- Blank paper for drafts
- Table seating for small groups

#### A. Two Formulas to Assist in Identifying Needs

Do a brief recap of the definitions covered. The participants have reviewed an assessment. This assessment was written in Family Strengths, Needs and Risk Assessment (FSNRA) but without clearly articulating the protective factors or the risk factors. Now the group will begin the process of making conclusions and recommendations from the information they have. By the end of the training they will have written a set of recommendations and conclusions based on a format they will get soon.

**As a first step**, they will consider two processes for formulating conclusions and recommendations from the assessment information. One process does not explicitly define the client's needs. The second process emphasizes the step of defining specific needs as a critical step in understanding recommendations. Both processes are compared to selected principles in the practice model. Understanding the clients' needs is stressed. *Before they work the entire process though, it is important that they have a clear understanding of the difference between a need and a service.*

As the group discusses the following material, keep the Adams family in mind. Direct participants to [page 10 \(The Typical Formula\)](#) in their manuals. [There is additional material in the Facilitator Resource Section for this exercise including some information related to CHRIS.](#)

Steps:

1. Have participants review Faulty 3 Step Logic Process for Conclusions and Recommendations (Jumping Over the Client's Needs).
2. Pass out [Handout 5](#) that has examples of this "formula" in action.
3. Ask them how many of them think they do this. (Make sure they understand that there is no penalty for being honest here – individual information will not be conveyed outside the group.
4. Have participants review the definitions from the previous exercise. These are on Handout 5. Specifically review the definitions for Needs and Services.
5. Have participants discuss the difference and whether it is easy to get them confused. (Expect that there may discussion that Needs and Services in CHRIS are used as if they meant the same thing.)
6. Now, direct participants to the Principles of the Practice Model. Lead a discussion about how the thinking and valuing in the previous examples is inconsistent with the practice model? ([See Trainer Resource for suggestions](#)).
7. Why is the omission of clearly articulating the family needs inconsistent with the Practice Model principles?
8. Now, move the group onto [page 11 \(The Magic Formula\)](#) in the Participant Manual and cover the 5 step logic process. Use [Handout 6](#) to provide examples. Repeat the process above with the focus now being on how adding Needs and Barriers is consistent with the Practice Model.
9. Conclude this part of the exercise by having participants draft needs statements for the Adams family. Use the scrap paper.

- a. It may be more helpful to ask the group to focus on one or two needs rather than trying to define every need this family has.
  - b. Ask them to focus on the ones they think might be the biggest need(s) for this family. (It will be OK if different groups end up addressing different needs).
  - c. The facilitator will need to keep a close eye on the drafting to be sure the group “get” the difference between need and service.
10. When the group is satisfied with its needs statements, tell them what they will do in the afternoon.
  - When we return from lunch we will look specifically at safety threats, and risk factors.
  - We will address strengths and protective factors
  - We will revisit our needs statements (briefly) to be sure they still fit.
  - We will identify and explain the barriers that prevent the need(s) from being met; and
  - We will identify services that will help remove the barriers and explain why we recommend these services.
  - As we work, we will continually look to the value base of the Practice Model.
  - Remind participants what time to return this afternoon.



**LUNCH**

## **SECTION IV: Safety Threats, Risk Factors**

**TIME: 20 Minutes (1:00-1:20)**

**Set Up Note:** One thing the facilitator needs to be able to do is capture the work for publication later. So, during lunch consider making a flip chart page that lists the 5 paragraphs that workers will complete in the afternoon. After the small groups do the drafting of their paragraphs, be ready to copy the paragraph to the flip chart. The other alternative is to make an extra copy of Handout 7 where the facilitator can copy the work once the group is satisfied with it.

### **A. Safety Threats and Risk of Future Harm**

Welcome participants back for the afternoon. This morning we looked at the work from the day before and identified instances of when things went really well. We then narrowed that down to times that went really well during the initial assessment. We then began the process of using the Practice Model to inform the way we look at client needs and the way we do our practice.

This afternoon, we are going to begin writing up our conclusions and recommendations about the Adams family. We are going to use the format set out on page 12 in the Participant Manual and we are going to write in a manner that reflects the value base of the Practice Model. So, let's turn to page 12 in the Participant Manual and get started.

The first step in the process of drawing conclusions and forming recommendations is assessing the safety threats and risk of future harm. Most FSWs and PAs can do this in their sleep.

### **B. Identifying and Writing Exercise**

Lead a brief exercise to have the group identify safety and risk factors. In essence, what brought this family to the Division's attention and what else was determined when the Division got involved? Questions to ask the group as they work through this scenario:

- a. What do you think various family members would identify as safety threats or risk factors?
- b. Thinking back to the identification of teams done on Day 1, who in the community, office, etc. could help you assess the degree of safety threat or risk?
- c. How would you tap into those people?
- d. Stop here and ask the participants to explicitly connect where identifying safety threats and risk is in line with the Practice Model goals and principles. (The



Practice Model does not advocate ignoring real issues. Rather it establishes a set of values for working toward resolution of those issues.)

After about 5 minutes, have the group members write down what they would put in the first paragraph of their conclusions and recommendations summary of the Adams family. Note: The group can do this as individuals and then share their work or this can be done as a group exercise. A caveat: if this is done as a group, the natural tendency is that one or two people will dominate. Be sure to find a way to try to engage the quieter group members. Move immediately into section V.

## **SECTION V: Identifying Strengths and Protective Factors**

**TME: 30 Minutes (1:20-1:50)**

### **A. Protective Factors – the Forgotten Piece**

Information has been put in the Participant Manual on page 13 that may help group members identify protective factors. Ask them to look over the 6 Practice Elements (Signs of Safety) on this page. As they begin identifying strengths and protective factors, ask them to be attuned to the information that may reflect these 6 areas. Almost everyone in the room will be very comfortable identifying problems, safety threats and risk factors. But without this side of the coin they only have a partial picture of the family.

Give the group a few minutes to identify areas of strength and protective factors from the assessment information. Ideally, time permitting, give them 3-5 minutes to work on their own, then ask them to share within the small group. Please note: We will draft the 2<sup>nd</sup> paragraph after break.

As the group members are talking be sure to highlight these issues if they do not come about in the discussion:

1. This family has functioned much better in the past – even as short a time as the year previously.
2. There have been times when Larry was able to control his impulsive behavior (speaks to capacity)
3. The family (mother, children, grandmother) have mobilized in the past to protect the baby.
4. What are the different family members perception of the problem – who is concerned about who?

5. Who was the team and what strengths did they identify – the school noted that Terry had done better last year, that mother was more involved last year.
6. The family is experiencing stressors now – particularly economic – that were not present when it functioned better.
7. The family is aware of community resources and how to access them, even if utilization is not always consistent.
8. Stop here and ask the participants to explicitly connect where identifying strengths and protective factors is in line with the Practice Model principles.
9. Take a minute here to demonstrate the use of scaling (#5 on the Signs of Safety Practice Elements):
  - Ask each group member to note on a scale of 0 – 10 (where 0 = not at all and 10 = no room for improvement) how he or she would rank how frequently she takes the time to tease out protective factors.
  - Now, ask them to list what they would need in order to improve by 1 point on the scale.
  - Point out that this is what is meant by scaling and that it is a useful technique with families.

Take the time necessary to explore the protective factors. Take a brief break and return to wrap up the writing section. If there is time write up this section before the break; if not break here and write this up when the group returns from break. *Remind the group what time to return to the room.*



**Brief Break**

## **SECTION V, Cont.:**

**TIME: 15 minutes (2:00-2:15)**

### **B. Writing**

When the group returns, ask them to draft paragraph 2. When they are satisfied with their work, add it to the recording sheet (flip chart or **Handout 6**).

## **SECTION VI: IDENTIFYING NEEDS**

**TIME: 10 Minutes (2:15 – 2:25)**

The majority of the work on this section has already been done. Check to see if the group is still comfortable with their needs statements after having articulated the safety threats, risk factors and protective factors. If so, record it on **Handout 6** or the flip chart.

## **SECTION VII: Identifying and Explaining Barriers; Explaining Services**

**TIME: 50 Minutes (2:25 – 3:15)**

### **A. Identifying Barriers**

Some groups will have identified several needs statements and other groups will have only focused on one need (depending on how the facilitator set up the very first exercise. For those situations where the small group may have started by identifying more than one need, ask the to pick one of the needs they identified earlier and use that need to do the work on barriers. (This is suggested in order to save time and in recognition that folks will be tired by this point.)

During this section of the training, put the most emphasis on the barriers. Almost all participants will be fairly skilled at picking services (they do this all the time). During the discussion of barriers, there are likely going to be several opportunities to tie the discussion back to the practice model principles and goals. There must be a valid discussion of barriers in order to make good decisions about the very first goal – keep children safely in their own homes. Other opportunities will present in the discussion in relation to the community role, the previous days' discussion of teams, etc. As the discussion progresses, be sure to have participants articulate how removal of this barrier will enable the family to meet its needs.

Return briefly to the definition of “barrier” provided earlier: Those aspects of the client’s situation which prevent the needs from being met. Ask the group to speculate on what those aspects might be in the Adams situation. Again, there is no right or wrong answer to this question. The barriers may be intra-personal barriers – lack of capacity, substance use, denial of what’s going on in the family. The barriers may be the absence of a specific resource.

Segue from the discussion of barriers into services to remove the barriers. Ask the group members to be specific about how the service will address the barrier and help the family meet the need.

There is one question to prepare for and to hope that a group member asks. That question is, “How come after we went this long way around, we ended up with the same service we would have recommended in the 3 Step process?” This opens the door to a discussion of difference between a jumble of facts (which they had when they started out on Adams) and the conclusions you have now been able to draw about the facts after a planned, structured assessment process. Points of discussion include:

- Being able to make more appropriate referrals and know what you are hoping the referral will accomplish
- Enhancing community perception of your professionalism and expertise
- Better fit between family and service so the results are better
- Identification of service gaps or unexpected community resources

## **B. Write Up**

Spend the remainder of this time slot writing up the explanation of the barrier and the explanations of how the services picked will remove the barrier. At the end of the write up period direct participants to **page 15 (Process Flow) in** the Participant Manual. There is no need to spend very much time here, but it is a good visual of the process and a opportunity to reiterate that the work done here will pay off in case plans that are

pertinent to the family and more likely to succeed than those build on faulty assessment information.

**SECTION VIII: Reporting Out**

**TIME: 20 Minutes (3:30 – 3:50)**

**A. Group Reports**

Convene the large group for the final section of the workshop. Give each of the small groups a few minutes to report on their work. If time is running short, this may be scaled back and have just one group report out then. Make sure that the group knows that the plan is for the worksheets from today to be written up and distributed to all group members via email.

**B. Final Survey**

While the groups are reporting or as they return from break into the large room, give each participant a survey (Handout 8). Ask that they complete this in lieu of a traditional evaluation. Thank everyone for their hard work and dismiss the class.

**CCC for Direct Service Staff  
Understanding & Applying  
the  
Arkansas Practice Model**

**Resources for Facilitators and Recorders**

**Prepared for  
Division of Children and Family Services  
by  
Title IV-E Partnership Universities**

**CCC for Direct Service Staff**  
**Understanding & Applying**  
**the**  
**Arkansas Practice Model**

**RECORDER MATERIALS**

**Templates**



## **Recorder Template # 1**

### **(For use with Exercise B -Beach Ball Exercise - Section 1)**

As participants discuss the Child and Family Service Review and the areas for improvement, make notes about their perceptions/knowledge of the CFSR process and their understanding/knowledge of the areas which were identified for improvement.

## **CFSR**

What was the CFSR:

Who did/participated in the CFSR? (Participant perceptions):

What is the purpose of the CFSR?

## **Areas for Improvement in Casework**

## Recorder Template #2

(For use with Exercise C Section 1)

<b>Practice Model Principles that workers identified as Doable or “Speaking” to Them</b>	<b>Reasons (Values Fit) for Selecting These</b>	
<b>Practice Model Principles that workers think would be difficult</b>	<b>Personal Obstacles</b>	<b>Organizational Obstacles</b>

Recorder Template #3

(For use with exercise B, Section II)

TOPIC OF THE INQUIRY: *The purpose of today's inquiry is to develop a vision and plan to turn the Arkansas Practice Model into a reality.*

PM GOAL	CORE Team – Who Do We Have To Have To Make It Work?

Recorder Template #3 Cont.

PM GOAL	CORE Team – Who Do We Have To Have To Make It Work?

## Recorder Template #4 - Quilt

For Capturing the Best (Section III, B and C )

Themes	Examples (Behaviors)	Circumstances	Values	PM Principle

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Recorder Template #5

Dream/Vision (Section IV-B)

Vision Area	Description of Vision
Self	
Office	

**Client  
Families**

**Community**

Template 5, Cont.



**DCFS as a  
whole (org)**

Template 5, Cont.

Recorder Template #6

Vision Indicators (Section IV, C)

Vision Area	Vision Indicator	Feedback Source
Self		
Office		

Families		
Community		Template #6, Cont.

DCFS (Org)

Template #6, Cont.

Recorder Template #7

Required Skills & Actions (Section V, B)

Vision Area	Skill or Action List	Related Principles
Self		
Office		

Families

Community

DCFS (Org)

Template 7, Cont.

**CCC for Direct Service Staff  
Understanding & Applying  
the  
Arkansas Practice Model**

**FACILITATOR MATERIALS**

**Posters and Materials**

**PowerPoint (Available from Partnership  
Webpage)**

**Practice Model Speaking Points**

**Two Formulas for “Needs”**



# PEAK EXPERIENCES

In your work with DCFS, no doubt, there have been high points and low points, struggles, and successes. Recall a high point for you; a time when your efforts helped make a positive impact for children, families, or workers.

In your work, you probably have seen or experienced a number of examples of leadership or excellence that you admire. Tell a story about something that you have seen or experienced in your work that illustrates the kind of leadership or excellence that you value.

Describe a time in your work with DCFS when you were inspired by working with another person or a group where you may not have had the same ideas or opinions as the others, but you really worked together and valued each other.





*The Arkansas child welfare practice model describes all of our efforts to renew our work with families and aligns us more readily with our division's mission. It reflects our goals, our principles, our casework process, our daily interactions and our decisions. It is not spelled out in any single document. Instead it is increasingly a part of everything we do and is reflected in every document we write and use.*

*The practice model is the way our systems work together to serve children and families.*

### **Practice Model Goals**

Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with our system. The goals of our practice model are:

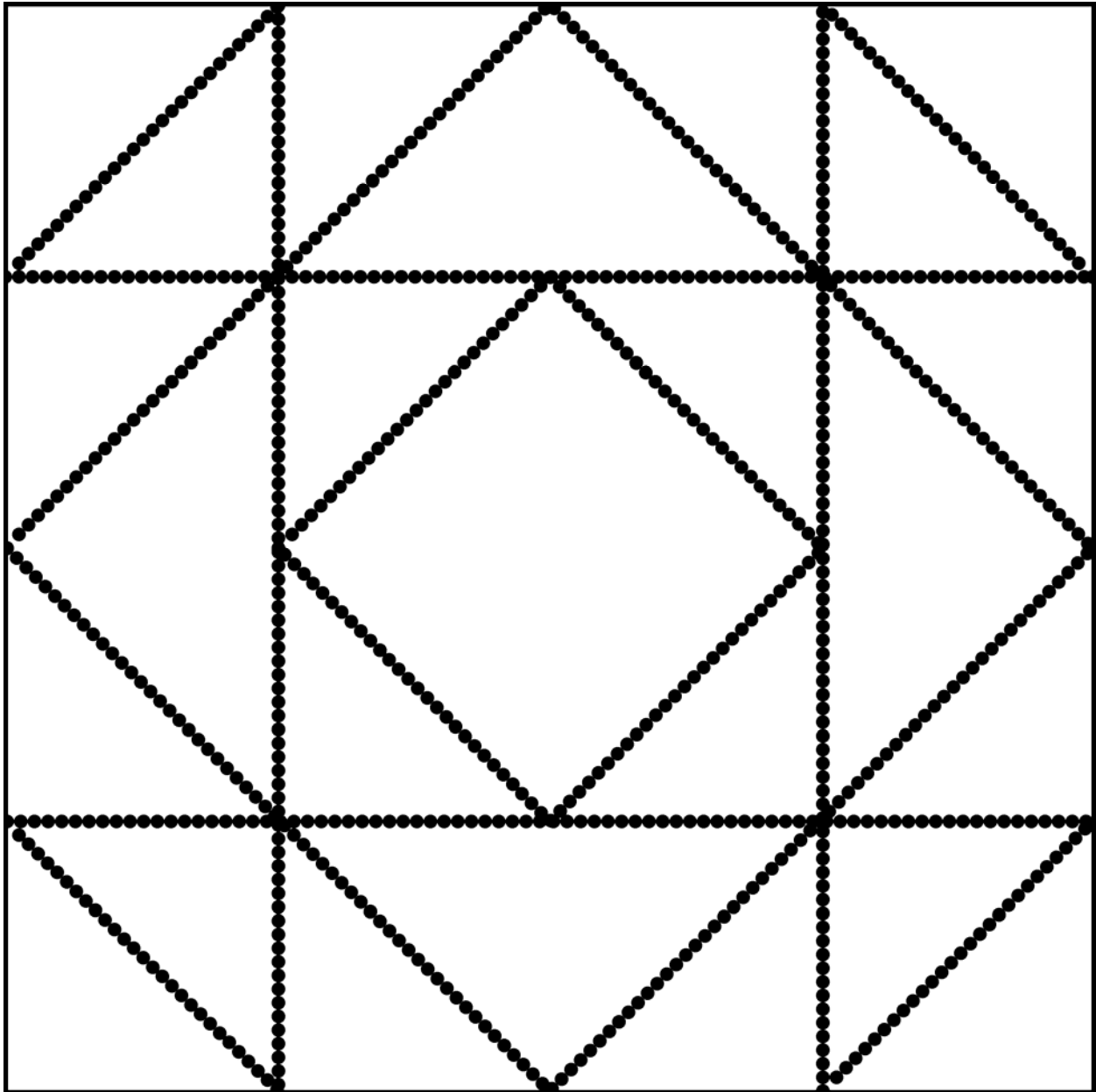
- Safely keep children with their families. **(G1)**
- Enhance well-being in all of our practice with families. **(G2)**
- Ensure foster care and other placements support goals of permanency. **(G3)**
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option). **(G4)**
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong. **(G5)**
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood. **(G6)**

### **Principles to Guide Best Practices**

Along with our goals, we support the practice model by looking for ways to incorporate the following principles into every encounter we have when working on behalf of families.

#### ***We believe...***

- Behavior change and the work of change is a part of our daily challenge.
- Safety for children is achieved through positive protective relationships with caring family and community members.
- Meaningful decisions require close family participation in decision making.
- Strengths of families and supporting these strengths contribute to life-long permanent relationships for children.
- Families' success depends on community involvement and shared problem solving.
- Practice with families is interrelated at every step of the casework process.
- Sustainable success with families is the work of a team.
- The entire system must support frontline practice to achieve positive outcomes with families.
- Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism.
- Skill based training and consultation forms the foundation for successful practice with families.
- Quality improvement and accountability guide all of our work.
- How we do the work is as important as the work we do.



## Practice Model Speaking Points

Every 5 years the Federal Government conducts a Child and Family Services Review to evaluate the safety, well being, and permanency achievement of the child welfare systems of each state. Arkansas participated in the first CFSR in 2001 and development a Program Improvement Plan (PIP) that was successfully completed in 2007. Despite successfully completing the PIP, Arkansas had more areas needing improvement and the same issues that we indicated in the 2008 CFSR were the same as indicated in 2001.

the concerns were:

- involving families in case planning,
- individualizing case plans for families,
- having appropriate and accessible services;
- visits with children that were good in content and quality, and frequent to sustain strong relationships,
- continued contact with children and families through the case;
- knowledge about local resources;
- surface assessment in the crisis and not getting to the underlying issue,
- involving fathers,
- lack of case activity in protective services cases,
- placement stability;
- permanency time frames;

Arkansas Children and Family Services mission has been to protect children and whenever possible safely maintain them in their own home. Our practice in the field does not reflect this mission. Our mission statement had many other statement that reflected our value of family, the right to their access to appropriate and quality services etc. But again, our practice did not reflect this.

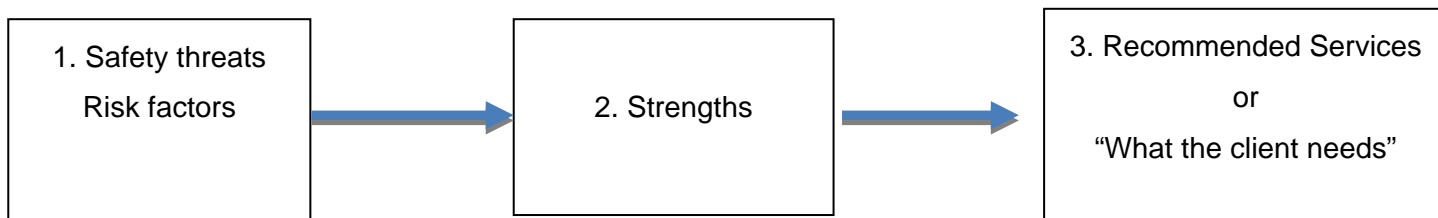
As a result Arkansas had to evaluate the PIP that was achievement and determine where it failed to make systemic changes. We discovered that the previous PIP was very task oriented and not practice oriented. We completed task but then we never integrated them as a part of our system or developed what that task looked like when implemented. We knew that we would have to take a different approach if we wanted to make systemic changes and this meant making behavioral changes in our practices at all levels of our child welfare system. When the PIP workgroups met, we determined that we had throughout our policy and plans, family

centered statements, best practices related to caseworker, and some isolated best practices around the state, but we need to develop this into a way of doing our work. So, the practice model development was our beginning place.

The purpose of an effective practice model is to define how the division engages families, youth, and community in developing and delivering a continuously evolving array of services that meets the unique needs served by the division and leads to better outcomes for children and families. The practice model defines standards of practices and defines how the outcomes will be measured both quantitatively and qualitatively. It promotes practice guided by values and principles and increase the likelihood of positive outcomes for children and families.

As the class moves into the exercise following this one, facilitators can return to this last statement. The Model as it exists today has identified the values and principles. The on-going work will be to define standards of practice and desired outcomes.

### Faulty 3 Step Logic Process for Conclusions and Recommendations (Jumping Over the Client's Needs)



It is easy to assess a problem and then jump to recommendations to solve the problem. The diagram above represents such a thinking process as it might relate to a case plan. It almost always leads to ineffective interventions. The cause of the ineffectiveness is that the needs are never specifically identified. Often the recommended service is stated as the need. "The client needs counseling" or "The client needs instruction". When the need is a service, then the service will be required forever. A need typically never goes away but a service does.

In both of the examples below the recommended services may or may not be a good recommendation. That is not the point. Rather by stating the service as a need, and not specifically stating the "true" need, creating a plan to meet the client's need, quickly becomes confusing. Goals, objectives, tasks and services can become disconnected from what the client needs to sustain their family without formal services.

#### Missing the Need Example 1:

1. Safety Threat = Minimal Age Appropriate Supervision by Parent; parent leaves 3 and 5 year old unsupervised for periods of 6 hours.
2. Strengths = Caring Parent, Motivated to Learn, Has Transportation, Parent is Employed
3. Recommended Services or "The client needs parenting classes."

By reframing the service as a need, we are stating that what is lacking in the client's situation are "classes". When this logic is taken to its logical conclusion, the client must attend parenting classes forever for the need is met.

#### Missing the Need Example 2:

1. Safety Threat = Chronic Substance Abuse; Parent becomes physically abusive when intoxicated.
2. Strengths = Motivated to get help, very caring with her 3 children
3. Recommended Services or "The client needs substance abuse treatment."

**A known Issue:** The pick lists in CHRIS for Needs are almost exclusively services.

**A Known Issue:** We must improve the way we do assessments and plans.

Again by reframing the service as a need, we are stating that what is lacking in the client's situation, is "treatment". Taken to its logical conclusion, the client must remain in treatment forever for the need to be met.

**CHRIS Suggestions:** This is an area that is likely to come up and can totally throw the training off track if allowed to degenerate into a series of complaints about the database. We have already acknowledged that the system has its challenges. But in the Family Strengths, Needs and Risk Assessment instrument (FSNRA) there are a few places where the worker can enter data in spite of the machine.

1. The fields to identify strengths in the FSNRA are text fields as opposed to pick lists. This provides a mechanism for articulating the strength or protective factor in client friendly language.
2. Risks are done via pick lists and many of the "picks" are questionable. There is the ability to pick "Other" though, which opens a mandatory text box. This is another place the worker can write a potential needs statement.
3. Finally, there is a field in the FSNRA titled "Worker perception of the situation. This is the field where the worker can write recommendations and conclusions and can do in a client-friendly tone.
4. Unfortunately, none of these workarounds are possible in the case plan. There is however, in the Tasks sections, enough room to write a behavioral objective related to need articulated in the assessment. With the pick lists though, workers just have to get the closest thing they can find, and then trust in the Task section that they can make it clear.

**Suggestions for the following pieces of the exercise:**

How is the 3rd step in the 3 step process inconsistent with the practice principles values?

- All the thinking is done by the worker (devalues the family's contribution)
- Confuses need with service
- Does not encourage identifying and working to remedy gaps in services and resources (barriers)

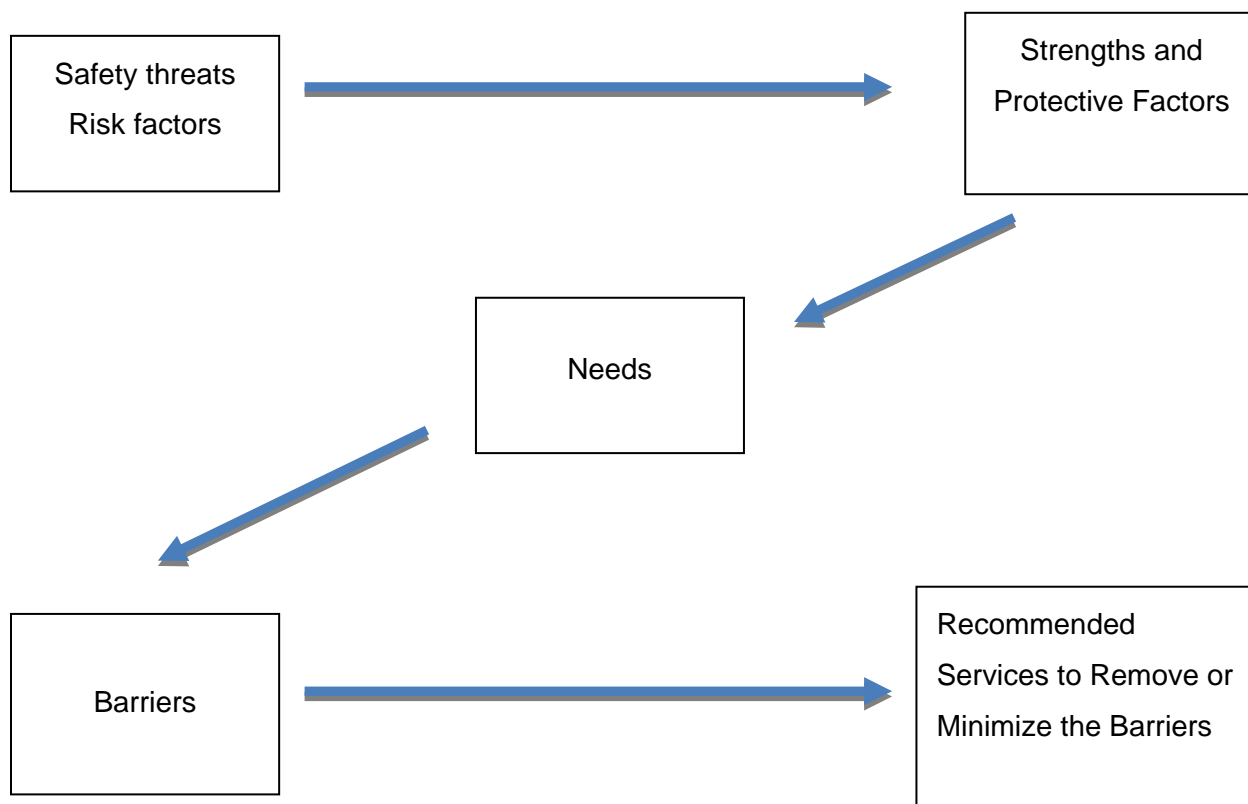
Why is not specifically stating the client's needs inconsistent with practice principles?

- Does not take into consideration barriers and be an approach that encourages blaming

- May be driven by the available services, not an individualized analysis but rather a pick from what is available not what is actually needed



### 5 Step Logic Process for Conclusions and Recommendations (Focus on the Client's Needs)



In the logic process diagramed above two additional steps are included, Needs and Barriers. The purpose is to specifically state what the client needs and what prevents the needs from currently being met. Within this framework services are used to remove barriers so that the needs so clients can meet their needs. Needs are resources and capacities that are lacking in the clients life, that if existed at sufficient levels, would allow the client to live free of safety threats without professional/formal services.

#### Focus on the Need Example 1:

1. Safety Threat = Insufficient Age Appropriate Supervision by Parent; parent leaves 3 and 5 year old unsupervised for periods of 6 hours.
2. Strengths and Protective Factors = Caring Parent, Motivated to Learn, Has Transportation, Parent is Employed, Concerned Involved Neighbor, Strong Parent-Child Bond, Concerned Involved Kindergarten Teacher
3. Need = Flexible access to age appropriate supervision.

4. Barriers = Parent is reluctant to ask for help, is shy and disconnected from the community.
5. Recommended Services = Single Parent support group. Affordable Licensed Day Care, Assertiveness Training

**Focus on the Need Example 2:**

1. Safety Threat = Chronic Substance Abuse; Parent becomes physically abusive when intoxicated.
2. Strengths = Motivated to get help, very caring with her 3 children, concerned Involved grandparents
3. Need = Sobriety
4. Barriers = No affordable treatment services in parent's community with a history of treatment success.
5. Recommended Services = AA sponsor of the same gender with at least 10 years of sobriety. Family lives with grandparents.

Discuss how the concept of removing barriers as a step in meeting needs is linked to the practice model.

**Suggestions for the 5 step process**

- Relates to Goal of involving families
- Looks at the service array, community resources and availability
- Assures better quality – match up in services that are available

# **APPRECIATIVE INQUIRY TEACHING GUIDE**

**Materials in this Section Provided**

**by**

**Kimberly Keith,**

**SAU**

**Used With Permission**

# APPRECIATIVE INQUIRY

**"To a far greater extent than is normally acknowledged, we human beings create our own realities through symbolic and mental processes; because of this, conscious evolution of the future is a human option...the artful creation of positive imagery on a collective basis may be the most prolific activity that individuals and organizations can engage in if their aim is to help bring to fruition a positive and humanly significant future."**

David Cooperrider (1992)

Appreciative inquiry is a methodology developed by David Cooperrider, a professor of Organizational Behavior at Case Western Reserve University. He has been working closely with IMAGINE CHICAGO to promote this inquiry process within the context of Chicago as a living organization.

Appreciative Inquiry (AI) is a method for discovering, understanding and fostering innovations in organizations through the gathering of positive stories and images and the construction of positive interactions. AI seeks out the very best of "what is" to help ignite the collective imagination of "what could be". The aim is to generate new knowledge which expands the "realm of the possible" and helps members of an organization envision a collectively desired future and to carry forth that vision in ways which successfully translates images of possibility into reality and beliefs into practice.

The Appreciative Inquiry process can be a helpful tool in any planning effort that requires strategic vision and an empowering context for innovation and development.

A brief summary of the process and principles behind Appreciative Inquiry follows:

## APPRECIATION:

1. ***You discover*** and value those factors that give life to the community; for example, what do you value most about yourself, your neighbors, the community organizations of which you are a part? What in your view is making a positive difference to the quality of life in your community? What contribution are you making that you are especially proud of?
2. ***You envision what might be.*** When the best of what is has been identified and is valued, the mind begins to search beyond, to imagine new possibilities. Imagining involves "passionate thinking", allowing yourself to be inspired by what you see. It means creating a positive image of a desired future. e.g. what small outreach project would make a big difference on your block?
3. ***You engage in dialogue***, discussing and sharing discoveries and possibilities. Through dialogue, individual vision becomes shared vision.
4. ***You create the future through innovation and action.*** Because ideals are grounded in realities, there is confidence to make things happen.

## **INQUIRY:**

1. **Inquiry into what is possible should begin with appreciation.** The primary task is to describe and explain those exceptional moments which give energy to the organization and activate members' competencies and energies.
2. **Inquiry into what's possible should be applicable.** Study should lead to the creation of knowledge that can be used, applied, and validated in action.
3. **Inquiry into what is possible should be provocative.** An organization is capable of becoming more than it is at any given moment, and learning how to determine its own future.
4. **Inquiry into the human potential in the organization should be collaborative.** This assumes an inseparable relationship between the process of inquiry and its content.

## **Six Aspects of Change and Development of which to be Aware:**

1. Knowledge of the organization is critical to determining its destiny. To be effective change agents, we must understand organizations as living constructions. Understanding the organization is at the center of any movement towards positive change. Thus, the way we know is fateful.
2. The seeds of change are implicit in the first questions we ask. The questions we ask determine what we find, and what we find becomes the material from which the future is conceived and change is made.
3. A critical resource we have for creating positive change in the organization is our imagination, and our capacity to free the imagination and mind of groups.
4. Our imagination and mind are constrained by our bad habits, limited styles of thinking, underlying assumptions and traditional rules of organizing.
5. Our styles of thinking rarely match the increasingly complex worlds in which we work...therefore we need to commit ourselves to the ongoing discovery of more creative and fruitful ways of knowing.
6. Organizations, as living constructions, are largely affirmative and respond to positive thought and positive knowledge.

## Two Contrasting Models of Planning

### Problem Solving

"Felt Need"  
Identification of Problems

Analysis of Causes

Analysis of Possible Solutions

Action Planning (Treatment)

Basic Assumption:  
Organizing Is a Problem to Be Solved

### Appreciative Inquiry

Appreciating  
Valuing the Best of "What Is"

Envisioning  
"What Might Be"

Dialoguing  
"What Should Be"

Innovating  
"What Will Be"

Basic Assumption:  
Organizing Is a Mystery to Be Embraced

## SOME EXAMPLES OF APPRECIATIVE INQUIRY QUESTIONS FOR USE IN A WORK OR COMMUNITY SETTING

1. What things do you like about your work/community?
2. What is important to people in the workplace/community?
3. What do you value most about yourself as a local leader?
4. What do you value most about the community of which you are a part?
5. Describe a positive change that you've been involved with in your work or community.
  - a. What made it possible?
6. What was something you learned about making change?
7. Describe one thing you would like to learn and something you could teach others.
8. What small change in your community might make a big difference?
9. Which people or organizations are making a positive difference?
10. What has made you willing to go the "extra mile" and make a difference?

## Discovering Personal Interest in the Community: Three Positive Questions

1. Tell of an experience in a community project that was a personal highpoint—an experience where you said to yourself, “People really can make a difference. I’m glad I got involved.”
2. Why did this experience mean so much to you?
3. If you were asked for three good reasons to get involved in the community, what would you say?

## Guidelines for Good Questions:

- 1. State the question in a positive way.** E.g. What is something that you value about your neighborhood?
- 2. Ask for what you hope for, not what you're afraid of.** E.g. What would you like to do for community safety (instead of what crimes are you concerned about)
- 3. Ask open-ended questions which encourage storytelling.**
- 4. Credit people for their positive qualities.** E.g. What is the best thing you have done for someone else this week?
- 5. Help people remember experiences worth appreciating and valuing.**
- 6. Get at people's most important, most meaningful concerns.** E.g. What was a highpoint, an experience that was especially meaningful to you as a volunteer. Why did that mean so much?

Using the above guidelines, design a question that:

a) helps you discover what your team members care about

b) identify positive things happening in the community

c) find out about projects your team would like to do



*This document is a copy of the outline used at a training of the IV-E Partnership, July, 2009. It is included as reference material. There are some modifications to this outline in the CCC for Direct Service Staff so the Facilitator Guide does not follow this outline exactly. However, since many of the facilitators will have been present for this session, the material has been included for reference. Participants in the CCCC for Direct Service Staff will complete a similar process to the one set out below.*

## **An Introduction to Appreciative Inquiry**

**Adapted from a presentation to the IV-E Academic Partnership for Public Child Welfare**

**July 30, 2009**

### **Objectives**

- I. Learn the steps in an Appreciative Inquiry model of collaborative assessment and action planning for quality improvement in child welfare leadership and community action.**
- II. Experience an Appreciative Inquiry process applied to IV-E university work.**
  - A. Identify circumstances, themes, and values in stories of excellence, leadership, and peak experience in IV-E work.
  - B. Develop goal statements and first steps for achieving your aspirations for IV-E work.
  - C. Plan how, when, and where to assess your progress and move forward to achieve your aspirations for IV-E work.
- III. Evaluate the application of the Appreciative Inquiry model to IV-E work as a training process for DCFS, Interdisciplinary Team, or Community groups.**

## **I. Steps in Appreciative Inquiry (Or, what to do BEFORE the Action Plan) – 15 minutes**

### **A. Define the Intent**

1. Identify Core Team
  - a) *Core Team – Entire IV-E Partnership*
    - (1) IV-E University/DCFS Area Small Groups
2. Clarify Topic of Inquiry
  - a) *Assessment of IV-E Universities' Work Activities and Goals for the Future*
    - (1) Under what conditions does your work give you the most satisfaction?
    - (2) What is working?
    - (3) What would “even better” look like?
    - (4) How do we get there?
    - (5) What are the first steps we can each take?
    - (6) What can we do now to get started?
3. Develop Interview Protocol
  - a) *Discover Survey for Appreciative Inquiry*
  - b) *Appreciative Inquiry Handout – Guidelines for Good Questions*

### **B. Discover the best of what is**

1. Conduct Appreciative Interviews
  - a) *Written surveys, personal interviews, small group discussions*
2. Capture and Share Stories, Experiences, and Opportunities
  - a) *Build Empathy*
  - b) *Identify themes in the stories*
  - c) *Identify the circumstances that gave rise to the excellence and achievement*

d) *Analyze the unique factors that contributed to the peak experiences*

**C. Dream what might be**

1. Use stories as basis to envision and design future goal statements related to vision, mission, purpose

**D. Design co-construct what will be**

1. Channel rediscovered energies
2. Document and prioritize goals
3. Build action plans that match the goals that have been set

**E. Deliver the dreamed reality**

1. Mobilize resources
2. Form new relationships
3. Acquire new skills
4. Implement action plans

*A Positive Revolution in Change: Appreciative Inquiry* by David L. Cooperrider and Diana Whitney

**II. Small Group Process: Quilt Making - 30 minutes**

**A. Discover the Best of What Is**

1. While you color your quilt pieces, **share the stories** about Peak Experiences, Leadership, Collaboration, and Excellence described in the group's personal surveys. **Brainstorm additional stories.**
2. Identify **themes** in the stories.
3. Identify the **circumstances** that gave rise to the **excellence and achievement.**
4. Identify the **values** in the stories.
  - a) *Write one value on each quilt piece.*

**III. Break – 15 minutes**

#### IV. The IV-E Partnership Quilt – 10 minutes

#### V. Small Group Process – 50 minutes

##### A. Dream What Might Be

1. Discuss the questions,
  - a) *“When we come together a year from now, what would we like to see that we have accomplished this year?”*
  - b) *“What are our longer-term aspirations for our university’s IV-E work and our DCFS area?”*

##### B. Design What Will Be

1. Use the Dream Discussion as well as the themes, circumstances, and values identified in your groups’ stories as the basis to envision and design **action plans** related to your aspirations for your group.
2. Identify and prioritize **goals**, keeping in mind these questions:
  - a) *Does it build on positive things happening in the area?*
  - b) *Will it involve different people from the area and build leadership?*
  - c) *Will the goal help your area continue to innovate, connect, and act?*
  - d) *Will you be able to see the difference you have made in the welfare and safety of children in your area?*
3. Identify **obstacles**.
4. Identify **first steps** for overcoming obstacles and moving forward to achieve your group’s aspirations.
  - a) *Identify **who will be responsible** for the first steps in the action plans.*
5. Plan for **Stepping Stones** to keep your momentum for action. When and where can your group stop and meet to **assess progress** and **move forward**?

## **VI. Preparing to Deliver – Large Group Wrap-Up (15 minutes)**

**A. Share one of your high-priority goals for your group and the first steps you have identified.**

**B. Using Appreciative Inquiry in Your DCFS Area –Stepping Stones to Design an Appreciative Inquiry with a DCFS, Interdisciplinary, or Community Team.** The Introduction to Appreciative Inquiry is presented as a model of assessment and collaborative action planning for quality improvement in child welfare leadership and community action. If, upon evaluation of the model you decide to use it in DCFS or community work, the following timeframe is recommended.

**1. August-October, 2009 Define the Intent**

a) *Think about collaborative needs in your DCFS area, examples of agency and community excellence, and potential uses of an Appreciative Inquiry process in your work. This might be an excellent opportunity to “Discover” the stories of excellence among your interdisciplinary team members!*

b) *If a DCFS or community group requests training in Appreciative Inquiry, you should give Debra Hurd the information on the request.*

c) *Results of the process evaluation and recommendations will be compiled by the IV-E Partnership Training Group. The group, in consultation with DCFS, will present recommendations for training during 2009-2010.*

d) *\*Note: University teams should continue their own Deliver stage with first steps identified today. Place a stepping stone on your calendar to bring your small group back together before the fall IV-E meeting.*

**2. October - November, 2009 IV-E Partnership Meeting**

a) *The fall IV-E Partnership meeting agenda will include a discussion of questions and recommendations for training in Appreciative Inquiry.*

**3. November, 2009-March, 2010 Discover, Dream, Design**

a) *The materials from this training may be modified and used to conduct appreciative-inquiry based trainings with DCFS, interdisciplinary, or community groups.*

**CCC for Direct Service Staff  
Understanding & Applying  
The  
Arkansas Practice Model**

**Participant Manual**

**Prepared for  
Division of Children and Family Services  
by  
Title IV-E Partnership Universities**

**CCC for Direct Service Staff**  
**Understanding & Applying the Arkansas Practice Model**

**Agenda**

**Day I**

- I. Introduction
  - A. Purpose and training objectives
  - B. Exploration of the Arkansas Practice Model
  - C. Exercise
- II. Appreciative Inquiry (Arkansas Practice Model)
  - A. Identification of initial themes
  - B. Steps in Appreciative Inquiry
- III. Beginning the Steps – Identifying Your Team
- IV. Capturing Your Stories
- V. Dream the Dream
- VI. Design and Construct What Will Be

**Day 2**

- I. Back to Basics
  - A. Recap and caveats
  - B. “Capturing the Best” – engaging families
  - C. Defining terms
- II. Using the Practice Model in Assessments
  - A. Differentiating needs from services
  - B. Working the 5 step formula
  - C. Writing conclusions and recommendations
- IV. Wrap up and Next Steps

## Training Objectives

- To ensure that all direct field staff have seen and are familiar with the Arkansas Practice Model.
- To ensure direct service staff understands the relationship between the Practice Model and the Division's Program Improvement Plan (PIP).
- To parallel the process of involving families in change by involving field staff in the process of assessing what it would take (individually and organizationally) in order for the Division to improve child welfare practice in Arkansas.
- To collect participants' information, provide it to DCFS for inclusion with other data sources and to *structure a mechanism for providing timely feedback to participants* on the status of the work they produced in this session.
- To provide an opportunity for field staff to apply the principles in the casework process (centered around issues of initial assessment and case planning).

## Competencies Addressed

- 204- 5 The worker can use casework methods at the intake level to begin to establish a supportive casework relationship, to involve families in a joint assessment of the need for services, and to empower families to collaborate to develop service interventions that best meet their needs.
- 204-7 The worker knows how to identify and involve naturally occurring, community and neighborhood based supports and resources that can strengthen the family's ability to care for their children, or that can provide temporary care for the child within the extended family or neighborhood.
- 206-2 The worker understands the values that underlie a family-centered approach to child welfare, including keeping children in a safe and stable environment, building on family and individual strengths, promoting growth and change, and respecting each family's uniqueness and individuality.
- 206-7 The worker understands the purpose and operations of multi-disciplinary service and knows how to access and coordinate services for a family from a variety of service providers.

This training will not address the nuts and bolts of assessment; instead, it will address using the values endorsed in the Practice Model to form recommendations and conclusions in the assessment and planning process.



## **Practice Model Values “Fit”**

- 1. Look over the goals and principles of the Arkansas Practice Model. Which one or two would be easiest to implement or really speak to you?**

**List your reasons why.**

- 2. Which goal or principle would be the most difficult for you to implement or endorse?**

**List your reasons why.**

## Two Models of Planning Change

### Problem Solving

“Felt Need”  
Identification of Problems

Analysis of Causes

Analysis of Possible Solutions

Action Planning (Treatment)

Basic Assumption:  
Family Is a Problem to Be Solved

### Appreciative Inquiry

Discover  
Valuing the Best of “What Is”

Dream  
“What Might Be”

Design  
“What Could Be”

Deliver  
“What Will Be”

Basic Assumption:  
Family Has a Solution Waiting to be  
Discovered

## **Purpose of the Inquiry**

***The purpose of the inquiry process today is to develop a vision and plan to turn the Arkansas Practice Model into a reality.***

### **Identify the Team**

(G1) Safely keep children with their own families.

(G2) Enhance well-being in all of our practice with families.

(G3) Ensure foster care and other placements support permanency.

(G4) Use permanent placement with relatives or other adults who have a close relationship to the child when reunification is not possible (preferred permanency option).

(G5) Ensure adoptions, when the best permanency option, are timely, well-supported and lifelong.

(G6) Ensure Youth have access to an array of resources to help achieve successful transition to adulthood.

Never doubt that a small group of thoughtful committed people can change the world; indeed, it is the only thing that ever has.

Margaret Meade

## DAY II

### Applying the Practice Model to Casework Processes

#### PIP Strategies Addressed

- ❖ **Primary Strategy 1:** Develop and implement a sustainable practice model to ensure consistent and appropriate services are provided to children and families that lead to positive outcomes.
- ❖ **Primary Strategy 2:** Establish a system for effective communication, professional development, and organizational change to build a child welfare system that keeps children safe and helps families; respectfully engages families and youth and uses community based services and supports to assist parents in successfully caring for their children.

#### DCFS Priorities

- ❖ To increase the number of children who can safely remain in their homes instead of more intrusive protective measures.
- ❖ To increase family involvement in the assessment and planning process in order to have better outcomes for children.

[illegible]

## BEST OF WHAT WE DO – ENGAGING FAMILIES

### Practice Model Principle #1:

Behavior change and the work of change is part of our daily challenge.

### Practice Model Principle #12

How we do the work we do is as important as the work we do.

***Think of a time when you successfully engaged with a family – you felt good and the family had a positive outcome.***

1. Who was your team in this instance? Were there any community members on this team?
2. What were the special circumstances that helped this happen?
3. What other unique factors led to the successful outcome?
4. What would you need in order to make this happen more often?

## CONCLUSIONS and DEFINITIONS

In the process of assessing the family and engaging the family in a plan for change, a significant amount of information is gathered. A critical skill for child welfare professionals is forming conclusions from all this information. Our conclusions are shaped in part by the **value base** we bring to the table. What we will look at for the rest of the day is some information about a family and how the values of the Practice Model can begin to form the conclusions you draw about the family. These conclusions will lead naturally to the plan of what needs to change.

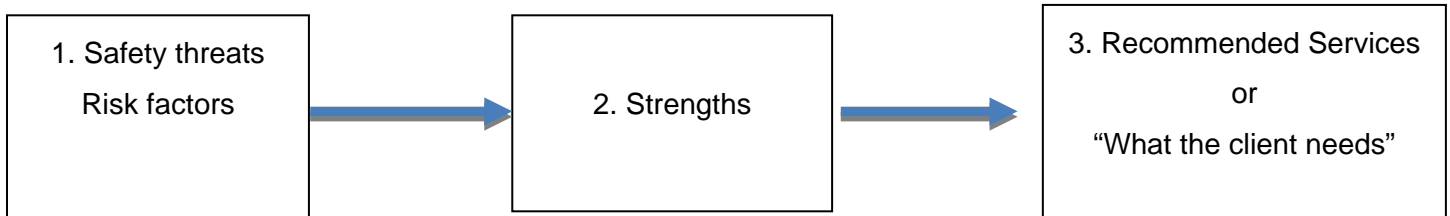
What do we mean by:

- Safety threats: Observed behaviors and situations that require DCFS intervention to ensure child safety.
- Risk factors: Indicators that are used to determine the level of the safety threat and the likelihood that maltreatment will reoccur.
- Protective factors (Strengths):  
Environmental conditions, resources, capacities and that reduce risk factors and safety threats to the client that are available to the client/family and help reduce or balance out risks and safety threats.
- **Needs:** The resources and capacities that are lacking in the clients life, that if existed at sufficient levels, would allow the client to live free of safety threats without professional/formal services. Needs **are not** services..
- Barriers: Those aspects of the client's situation which prevent the needs from being met.
- Objectives: The behavioral changes that will be apparent in the client's life once the needs have been addressed (what will people do differently - behaviorally specific, time limited and ideally measurable)
- Tasks: Planned activities by various people that will occur to help the client overcome barriers or obstacles
- **Services:** Professional/formal resources used to assist the client in meeting their needs and removing barriers. Services **are not** needs.

## THE TYPICAL FORMULA

Let's start with the *not so magic formula*. For many reasons, time being one of them, we often use the following approach when dealing with families:

### Faulty 3 Step Logic Process for Conclusions and Recommendations (Jumping Over the Client's Needs)



It is easy to look at a problem and then jump to recommendations to solve the problem. The diagram above represents such a thinking process as it might relate to an assessment and case plan. It almost always leads to ineffective interventions. The cause of the ineffectiveness is that the needs are never specifically identified. Often the recommended service is stated as the need. "The client needs counseling" or "The client needs instruction". When the need is a service, then the service will be required forever. A need typically never goes away but a service does.

Remember the definition of **Need**: resources and capacities that are lacking that, if these existed in sufficient quantity, would allow the client to live free of safety threats without professional interventions.

Remember the definition of a **Service**: Professional/formal resources used to assist the client in meeting their needs and removing barriers.

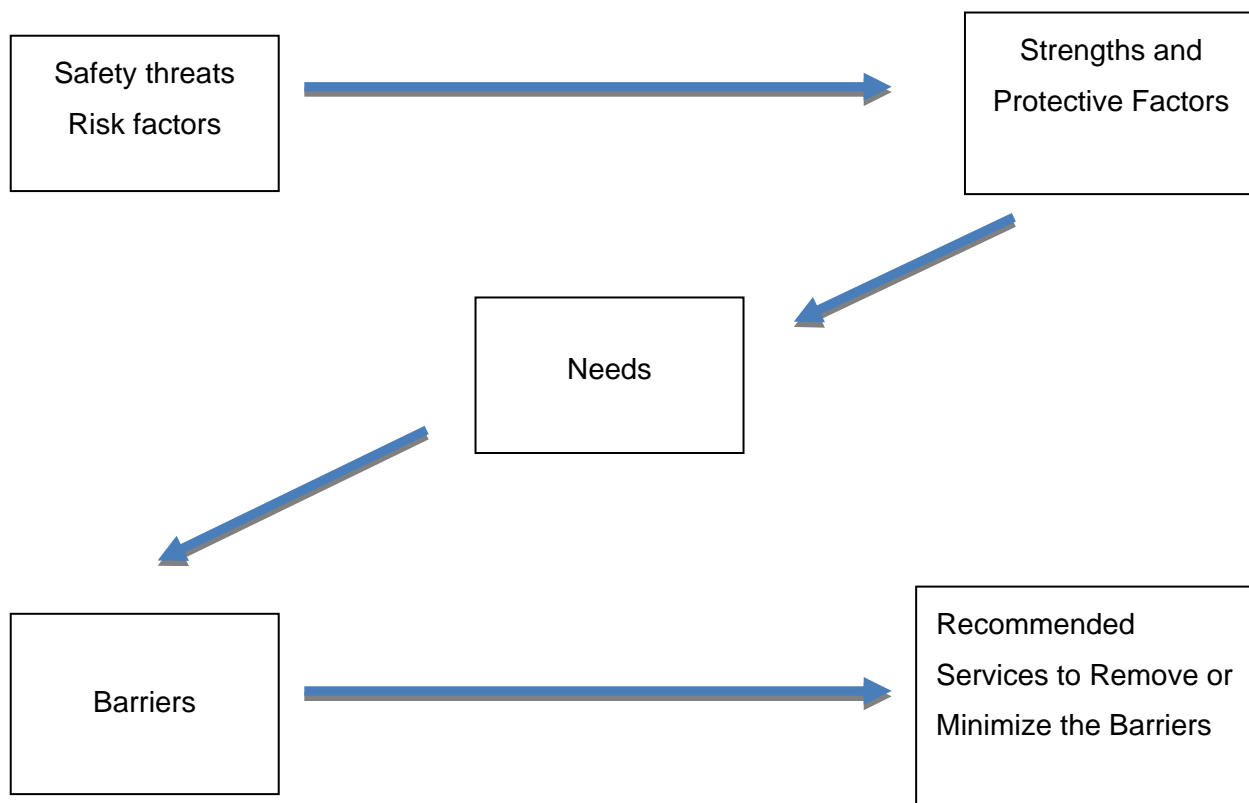


## THE MAGIC FORMULA

### 5 Step Logic Process for Conclusions and Recommendations

#### (Focus on the Client's Needs)

Let's look at a "magic" formula that helps us shift the way we think about identifying the family's needs. It is magic in the sense that if the process is followed, the conclusions drawn from the assessment information and the interventions designed will likely be more appropriate and result in the desired change.



In the logic process diagramed above two additional steps are included, Needs and Barriers. The purpose is to specifically state what the client needs and what prevents the needs from currently being met. Within this framework services are used to remove barriers so clients can meet their needs. Needs are resources and capacities that are lacking in the clients life, that if existed at sufficient levels, would allow the client to live free of safety threats without professional/formal services.

## **WRITING CONCLUSIONS AND RECOMMENDATIONS**

This afternoon you will write conclusions and recommendations based on assessment information from the Adams Family handout and will write the conclusions and recommendations using the guidelines below. The first four paragraphs can be thought of as the conclusions. The fifth paragraph can be thought of as the recommendations. The Entire conclusion and recommendation cannot be more than a page in length. This is an example of the format. There will notepaper and a handout for the finished product.

### **Paragraph 1**

Write a brief overview of the safety threats and risk factors.

### **Paragraph 2**

Write a brief overview of the strengths/protective factors.

### **Paragraph 3**

Write an overview of the clients needs. (Good news – you already did this work in the morning.)

### **Paragraph 4**

Explain the barriers that prevent the need from being met.

### **Paragraph 5**

Explain the services that will be offered or recommended and the role each service plays in removing the barriers.

**SAFETY vs. RISK ASSESSMENTS**

Safety and risk are not synonymous. Safety assessments and plans are concerned with the immediate situation. The focus is on identifying current conditions that may harm or endanger children and conditions that may help ensure safety for children. The focus of the safety assessment and plan is rather narrow. Safety assessments and plans are designed to get the family through a short period of time until a more thorough assessment and plan for change can be developed.

Risk assessments are much more comprehensive. They focus on identifying factors that are predictive of maltreatment and on identifying other protective factors (strengths) that might reduce risk of future harm. Risk assessments take the safety assessment to the next level and are the foundation for planning for future change. Good risk assessments identify not only the factors and conditions that might make it likely that maltreatment will reoccur but also on factors and conditions that are protective and can be the cornerstones of the case plan.

<b>Safety</b>	<b>Risk</b>
<b>Concerned with current conditions that may harm or endanger child now.</b>	<b>Concerned with factors that are predictive of child abuse and neglect in the future.</b>
<b>Requires immediate assessment and intervention to protect child from current threats of harm.</b>	<b>Requires planned interventions, usually delivered through services that are designed to decrease risk of harm.</b>
<b>Assessment is provided by the Family Service Worker and is based primarily on observation and/or interview with child and parents or care givers.</b>	<b>Requires a comprehensive assessment of factors provided by the Family Service Worker/Division staff with input from parents, caregivers, children, service providers and extended family members.</b>

## SIGNS OF SAFETY-THE OTHER SIDE OF THE SAFETY COIN\*



This information is developed from Signs of Safety: A solution and safety oriented approach to child protection casework\*.



### ***PRINCIPLES THAT BUILD PARTNERSIPS***

1. Respect service recipients as people worth doing business with.
2. Cooperate with the person, not the abuse.
3. Recognize that cooperation is possible even where coercion is required.
4. Recognize all families have signs of safety.
5. Maintain a focus on safety.
6. Learn what the service recipient wants.
7. Always search for detail – for both negative and positive aspects of the situation.
8. Focus on creating small change.
9. Don't confuse case details with judgments.
10. Offer choices.
11. Treat the interview as a forum for change.
12. Treat these principles as aspirations, not assumptions.

### ***6 PRACTICE ELEMENTS***

1. Understand the position of each family member regarding the problem, its solution and DCFS.
2. Find exceptions to the maltreatment – when children are not being maltreated, what is the family doing differently?
3. Ask about family strengths and resources.
4. Focus on goals – even in the initial maltreatment assessment.
5. Scale safety and progress.
6. Assess willingness, confidence and capacity – what is the family's buy-in and do they have the capacity to work the plan?

Signs of Safety: A solution and safety oriented approach to child protection casework. Turnell, A. and Edwards, S.; W.W. Norton & Co.; New York; 1999.

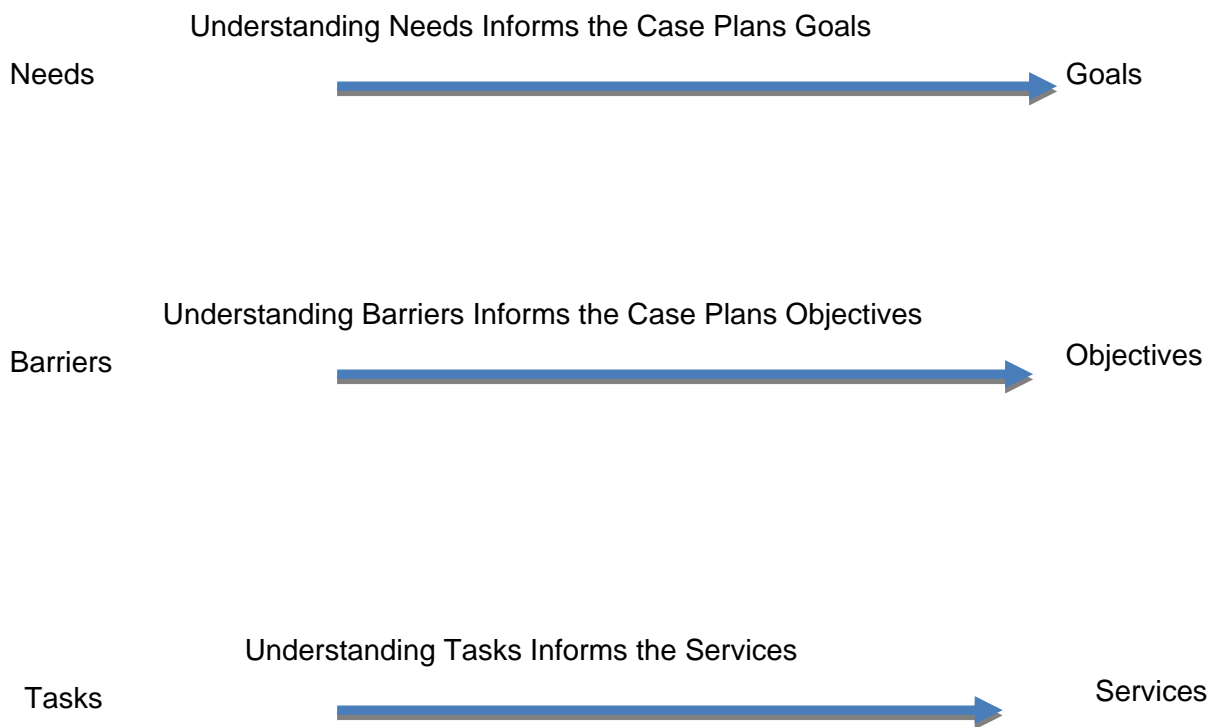
## Process Flow

Now that you have written the conclusions and recommendations for the Adams Family assessment consider the following:

The assessment's conclusion and recommendations are the foundation for the case plan. There is a direct linkage between the concepts we have investigated in the conclusions and recommendations and the concepts of the case plan. If conclusions and recommendations, drawn from the assessment information, reflect the principles in the practice model then the foundation is laid for a case plan that reflects the practice model. How define the clients' needs is critical.

### ASSESSMENT

### CASE PLAN



**But that is a training for another day!**

**Handout 1****Initial Survey: Arkansas Practice Model**

Please answer the questions below pertaining to the Arkansas Practice Model. Circle your answer or write in the space provided.

**1. What is your knowledge of the Arkansas Practice Model?**

None	Heard of	Seen Written Copy	Seen and Discussed	Thoroughly Understand
1.	2.	3.	4.	5.

---

*If you answered 1, please skip to Question # 4*

**2. How familiar are you with the process used to develop the Arkansas Practice Model?**

	Somewhat			Thoroughly
Not At All	Familiar	Familiar	Very Familiar	Understand
1.	2.	3.	4.	5.

---

**3. List one goal or principle of the Arkansas Practice Model that you remember:**

---

**4. The goals/principles of the Arkansas Practice Model influence the way I do family assessment and case planning.**

Never	Seldom	Often	Very Often	Always
1.	2.	3.	4.	5.

---

**5. I am satisfied with the quality of my family assessments.**

Never	Seldom	Often	Very Often	Always
1.	2.	3.	4.	5.

---

**6. One thing that would help me improve my assessments is:**

---

**7. I have worked for DCFS (circle one):**

0-2 Years	3-5yYears	6 – 10 Years	11 – 20 Years	21 or More (Forever)
1.	2.	3.	4.	5.

---

## Handout 2

### Arkansas Practice Model A Framework for First Steps and Next Steps Work in Progress – Current 10-14-2009

#### ***Division of Children and Family Services (DCFS) Mission Statement:***

*Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.*

The Arkansas child welfare practice model describes all of our efforts to renew our work with families and aligns us more readily with our division's mission. It reflects our goals, our principles, our casework process, our daily interactions and our decisions. It is not spelled out in any single document. Increasingly, it is increasingly a part of everything we do and is reflected in every document we write and use.

The Practice model is the way our systems work together to serve children and families.

#### **Practice Model Goals:**

Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with the system. The goals of our practice model are:

- Safely keep children with their families (G1)
- Enhance well-being in all of our practice with families (G2)
- Ensure foster care and other placements support goals of permanency (G3)
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option) (G4)
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong (G5)
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood (G6)

## Principles to guide casework

Along with our goals, we support the practice model by looking for ways to incorporate the following principles into every encounter we have when working on behalf of families.

1. Belief in behavior change and the work of change is a part of our daily challenge
2. Safety for children is achieved through positive protective relationships with caring family members
3. Meaningful decisions require close family participation in decision making
4. Supporting the strengths of families contributes to life-long permanent relationships for children
5. Families' success depends on community involvement and shared problem solving
6. Practice with families is interrelated at every step of the casework process
7. Sustainable success with families is the work of a team
8. The entire system supports frontline practice to achieve the right outcomes with families
9. Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism
10. Skill based training and consultation forms the foundation for successful practice with families
11. Quality improvement and accountability guide all of our work
12. How we do the work we do is as important as the work we do



## Handout 3

## Handout 4

### Adams Family

#### Investigation Summary

The Adams family came to the Division's attention this time after the school made a report of cuts, welts and bruises on 9 y/o Terry Adams. The school was aware of Terry's 8 y/o brother Anton and her 6 y/o sister Jeanette. During the child maltreatment assessment it was determined that Terry also had three half siblings. The following maltreatment was found to be present in the home situation:

- **Cuts, welts and bruises** on Terry. Terry had 7 belt marks extending across her back, shoulders and arms. This punishment was an impulsive response to Terry leaving the children alone to try to find food for her infant sister.
- **Insufficient food.** Terry's punishment occurred because she left the house to try to get formula for the 2 m/o baby. The baby had been without formula for 24 hours. On the first home visit during the investigation, there was food and formula, but it had just been brought to the home by the maternal grandmother.
- **Inadequate supervision** – the six children had been left alone from Friday night until Sunday, late afternoon. Nine year old Terry was responsible for feeding her siblings during that time. The parents assumed the maternal grandmother would help out but she was not at home that weekend and they did not make formal arrangements for child care.
- There is a concern of possible Failure to Thrive with the baby but this diagnosis is waiting on medical evaluation.
- There is also an incident noted in the investigation where Mr. Jones shook the baby and threw her down in the crib. This behavior led to a large family confrontation (which included the grandmother) and since then, all family members agree that he has not repeated this behavior with the infant.

A protection plan was put in place and the children did not come into care. You have inherited the case. Here is the assessment information gathered up to this point.

#### Assessment Information

##### Protection (Safety) Plan

Immediate Safety Issues: Terry had multiple bruises from physical punishment; Monique needs to be fed regularly to assure adequate nutrition; all the children need appropriate supervision.

Ms. Adams (Antoinette) has agreed to:

- Make sure Monique is available so that DCFS can see her every day (until the case plan is developed)
- Make sure no one uses physical punishment on the children.
- Take the children to her mother's house if Larry is violent and/or threatens physical punishment on the children
- Call 911 if Larry becomes physically violent
- Take Monique to the doctor (within 3 days of the safety plan date) for a full health assessment and will sign permission for DCFS to see the results
- Will sign a release for the school to talk to DCFS so that they can check on the children's physical condition
- Will make formal child care arrangement with her mother or other responsible adult if she and Larry are going to be gone longer than an hour

Mr. Jones:

- Will leave the house temporarily if the baby's crying gets on his nerves (he is already doing this and will continue the behavior)
- Will not use physical punishment on the children
- Understands that Antoinette will call 911 if there is physical violence

Ms. Adams (Clare) has agreed to:

- Help the family with food and formula
- Allow Antoinette to bring the children to her house if Larry is threatening physical punishment or for child care
- Call DCFS immediately if she becomes aware that the parents are not adhering to their agreements

The school will:

- Report any new injuries or unexcused absences (if DCFS gets signed permission from the family)

DCFS will:

- See this family daily for the first 72 hours and then re-evaluate frequency of contacts
- Will contact the school at least weekly to check on the safety of Jeanette, Anton and Terry
- Will help get Monique to the doctor if needed and will follow up on the physician's recommendations.

### **Household Composition:**

The family consists of the following members:

Antoinette Adams (age 27), mother

Larry Jones (age 28) father to Martin, Monique and Marilyn; functions in the role of stepfather to Terry, Anton and Jeanette

Terry Adams (age 9 y/o), 4<sup>th</sup> grade

Anton Adams (Age 8 y/o) 2<sup>nd</sup> grade – is repeating the grade

Jeanette Adams (age 6 y/o) 1<sup>st</sup> grade

Marilyn Jones (age 3 y/o),

Martin Jones (age 18 months)

Monique Jones (age 2 months)

No other people live in the home.

The home address is 2575 Old Wagon Road, Anytown, AR, 72400. There is no home phone

### **Cultural Factors:**

The Adams family is African American. They do not claim native American heritage. There are no language barriers. In addition to the immediate family, there are extended family members who are closely involved in the family's life.

### **Participants Present/Assessment Location**

This family assessment took place over several visits. All members of the household were present. In addition, the maternal grandmother of the children took place in the assessment and in the initial protection plan. The assessment contacts took place at the family home and at the home of Clare Adams, maternal grandmother. Additional assessment information was obtained from the children's teachers (see educational information section).

### **Family's Perception of DCFS**

Both Ms. Adams and Mr. Jones initially minimized the injuries that Terry received, minimized the danger in leaving six young children alone for 72 hours and minimized the lack of formula for the baby. They saw DCFS as over reacting to their home situation. Now Ms. Adams states she is willing to work with DCFS to ensure safe discipline of the children, adequate supervision and enough of the right types of food. Mr. Jones is less inclined to think he needs to change his behaviors in regard to physical punishment but did acknowledge that he had been "too rough" with the baby and that he needed to "do better."

**Family Fears**

All family members – Ms. Adams, Mr. Jones, grandmother Clare Adams, 9 y/o Terry, 8 y/o Anton and 6 y/o Jeanette – fear that DCFS will take the children away. Terry is further afraid that they will be split up and she will not be able to be sure the baby is OK.

**Parenting**

All adults in the family, including the grandmother, view physical punishment as acceptable and necessary in order to make children mind. Ms. Adams and her mother have both been concerned that M. Jones has been too rough and punished too severely at time. Clare Adams says spankings are OK, but there is no need to use a belt, especially on Terry because she minds so well. Ms. Adams has acknowledged that the whipping with the belt that Terry received (see investigation) was too severe and that it was not warranted because Terry left her sibling unattended in order to try to get food for the baby. Mr. Jones did acknowledge that he had been too rough with the baby. In response to her crying he picked her up, shook her and threw her in the crib. All adults and Terry state this behavior has not re-occurred after Ms. Adams and her mother confronted his behavior (Clare Adams threatened to call DCFS herself if she ever heard of him doing something like that again). Ms. Adams and her mother both agree that the physical punishment seems to have gotten worse since Mr. Jones injured his back and lost his job. It is like he has a “mean streak that gets away from him.”

With regard to sufficient food, Ms. Adams has WIC for the younger children but has gotten frustrated at the wait and left several times before getting the formula for the baby. Ms. Adams relies heavily on Terry to help with the children and with household chores. Both Ms. Adams and her mother think it is appropriate for a daughter to help around the house. The grandmother is teaching Terry to cook and has taught her how to fix the formula. The grandmother says that Ms. Adams has done a better job parenting in the past but she fears that her daughter’s alcohol use is becoming problematic and affecting her ability to care for the children. She says that both her daughter and Mr. Jones will do “OK “ for awhile and then it is like they snap, go party, spend all their money and the children suffer.

Ms. Adams and Mr. Jones acknowledge that the children were left alone too long (although they rationalize that they thought the grandmother was going to be around to look in on them). Ms. Adams relies on Terry to help her with the younger children and has kept her home from school following weekends when she “parties” because she is unable to get up and take care of them.

**Marriage History**

Ms. Adams was married to Anthony Adams when she was 18 years old and he was 28 years old. She began dating Larry Jones shortly after her husband was sent to prison. She and Mr. Adams were never divorced. She and Mr. Jones have never married. They have been together about 4 years. Mr. Jones has never been married. He has two older children by two different mothers. He does not have contact with these families. Mr. Jones and Ms. Adams have had difficult times in their relationship. Mr. Jones says Ms. Adams youngest child is not his. Despite their difficulties they say they are committed to each other.

### **Family Resources/Strengths/Connections**

Ms. Adams had difficulty identifying her own strengths but had a very positive opinion of Terry's strengths. She feels that her daughter is smart and capable. Mr. Jones also views Terry as smart and capable. He said of his own strengths that he had always been able to provide for his family without "doing anything illegal."

The Adams/Jones family has the support of extended family in Ms. Adams' mother and siblings. They are members of a church and see this connection as a strength in their lives. The adults are aware of and accessing/attempting to access community resources such as WIC, Food Stamps and Social Security.

### **Grief and Loss Issues:**

Anthony Adams, father to Terry, Anton, and Jeanette, was killed in prison by another inmate last September. He was serving time for armed robbery. These know that their "real" daddy is dead. Anton's behavior problems coincide with his father's death. (Terry was 5 and Anton was 4 when their father went to prison.)

### **Court Involvement**

No member of the immediate family is involved with a court or in a legal proceeding.

### **Mental Health (Parents)**

Neither Ms. Adams or Mr. Jones report any mental health issues.

### **Substance Abuse**

Both parents deny that they have a substance abuse problem. On all visits to the home they have appeared to be sober. Both do drink alcohol. Ms. Adams says that she doesn't drink often but when she does "party" she "parties hard." Mr. Jones did say that in hindsight, he might not have punished Terry if he hadn't been drinking. Ms. Adams says that she does not think her

drinking had anything to do with her getting fired from her latest job for chronic absenteeism, even though she did say that she had been partying/drinking on the weekends prior to missing work. Ms. Clare Adams is concerned that her daughter's drinking is becoming a problem that affects her ability to take care of her children. She also says that both parents will go for several weeks managing their finances and then go on a "binge" and "blow everything."

### **Educational History/Employment**

Mr. Jones has an 11<sup>th</sup> grade education. He has worked in the past at manual labor jobs. He has a past record of steady employment. Due to an injury, he is unable to work these types of jobs. He has applied for disability but there has been no determination on his claim yet.

Ms. Adams is a high school graduate. She is currently unemployed. She was fired from her job for chronic absenteeism. Mr. Jones has encouraged her to apply for Social Security Disability benefits for the older 3 children but she has not started the process.

### **Financial**

(See also information in the Education section of this assessment). The family receives Food Stamps, and TEA benefits on the three older children. As noted, the family is attempting to access Social Security Funds. The older three children have Medicaid and the younger ones have ARKIDs. The family receives WIC Benefits. Mr. Jones receives unemployment benefits.

### **Housing**

The family rents a three bedroom house. The parents have one bedroom, the girls share one bedroom and the boys have the third bedroom. The house is in good repair – there are no hazards. Housekeeping standards observed in the home were acceptable. There is clutter but no trash. Terry has the primary responsibility for housekeeping and for laundry. She does laundry at her grandmother's house (3 blocks away) as the family does not own a washer or dryer.

### **Medical/Dental (Adults)**

The parents do not report any medical or dental problems.

### **Domestic Violence**

Ms. Adams and Mr. Jones report being physically violent with one another. The police have responded to a 911 call that Terry made when she became frightened that her mother would be hurt. No arrests were made. The parents say that Terry "knows better now than to get strangers

involved in our stuff.” According to all immediate and extended family members, the physical violence between the adults is a relatively recent development in their relationship and has become worse since Mr. Jones lost his job.

## **CHILD INFORMATION**

### **TERRY INFORMATION:**

#### **General Information**

Terry received 7 belt marks across the back, arms and shoulders. These were inflicted by Larry Jones because Terry left her younger siblings alone while she walked to her grandmother’s house to try to get formula for the baby. Terry had been babysitting for her younger siblings for close to 72 hours. She had been out of formula for over 24 hours. Terry did not see the punishment she received as being out of the ordinary. The most severe injury she has sustained – several months before – was a black eye when she got between Larry and her mother to try to break up a fight.

Terry takes a major parenting role in this family. She knows how to mix the baby’s formula and is usually the one who feeds the baby. She gets her brothers and sisters up in the morning and helps them dress. She supervises bath times. She is learning to cook and clean (her grandmother is teaching her) and is proud of her ability to help her mother and take care of her siblings.

**Educational** Terry is in the 4<sup>th</sup> grade. She is a “C” and occasional “B” student. Last year she made mostly “As” with the occasional “B.” She has had numerous absences that usually occur on Mondays. Lately she has not been finishing her homework, which is a change according to her teacher. She is in danger of having to repeat the grade due to too many absences.

Terry’s mother has not attended parent-teacher conferences this year. Again, this is a change as she did attend last year.

**Mental Health:** Terry has few friends this year and tends to be quiet and withdrawn. She has witnessed domestic violence between her mother and mother’s significant other. She has lost a parent in the last year.

**Medical:** Terry appears to be in good health and appears to be within normal limits for height and weight.



## **ANTON INFORMATION:**

### **General Information**

Anton did not have physical injuries. He was left in his sister's care for 72 hours. He has gone hungry in the past because there was little or no food in the house. Anton is resentful of his older sister's bossiness and has hit her on occasion to "make her mind."

### **Educational Information:**

Anton is repeating the 2<sup>nd</sup> grade. He made failing grades last year and was retained in 2<sup>nd</sup> grade. He has many absences but not as many as Terry. His teacher and school counselor are concerned that he may have a learning disability. He has not been tested and the school has not spoken to his mother about their concerns. Anton has behavior problems at school. He fights with other children frequently. His fighting began early in the previous school year. In the first grade, he had academic problems but did not have behavior problems.

### **Mental Health Issues**

The parents do not think Anton has any mental health issues. They view his aggressive behavior as normal for boys. This is an area that may require further assessment.

### **Medical**

Anton has no obvious health problems.

## **JEANETTE INFORMATION**

### **General Information**

Jeanette did not have physical injuries. She appears to be within normal limits for height and weight. She has also been left in the care of her older sister for as long as 72 hours. Jeanette looks up to her sister and wants to be able to help with housework and child care like Terry does.

### **Education**

Jeanette is an average student. She has had several absences, but not as many as Terry. She is friendly and outgoing and has many friends at school.

### **Mental Health Issues**

The family does not report any mental health issues with Jeanette.

## **Medical**

Jeanette appears to be within normal limits for height and weight and does not have any obvious health issues.

## **MARILYN INFORMATION**

### **General Information**

Marilyn did not have any physical injuries. Like her siblings, she has been left for extended period of time in the care of her older sister. When asked during the investigation “Point to Mommy” Marilyn pointed to Terry. Marilyn engages easily with adults.

### **Mental Health**

No mental health issues have been identified.

## **Medical**

Marilyn’s speech is somewhat difficult to understand. Otherwise, there are no apparent medical issues. She appears to be within normal limits for height and weight.

## **MARTIN INFORMATION**

### **General Information**

Martin is 18 months old. He had no injuries. Martin has no words yet (although he does babble) and is not walking. He interacts primarily with Terry. He will smile when workers try to engage him and will maintain eye contact. Ms. Adams expressed some concern that he is not walking or talking but feels that some children are just slower. She has a brother who has always been “slow.”

### **Mental Health**

No mental health issues have been noted. His attachment to his mother and father may need further assessment as right now it seems to be primarily on his sister.

## **Medical**

See concerns listed above.

## **MONIQUE INFORMATION**

### **General Information**

Monique is 2 months old. She had no bruises or marks. However, she appears very thin for a baby her age and very short. Monique has little reaction to adults – she does not seek eye

contact and when picked up tends to stiffen up. When Terry picks her up she does “snuggle” into Terry. On visits to the home, worker has observed that it is Terry who feeds, changes and responds to Monique’s cries. Neither her mother or father tend to respond to cries, although Larry leaves the house for a little while if the crying is prolonged. As noted, Terry is skilled at making the formula and said that her Granny taught her so that she could help with the baby. Ms. Adams says she usually waits until Terry gets home from school to feed the baby rather than feed her herself because “Terry does a better job.”

### **Mental Health**

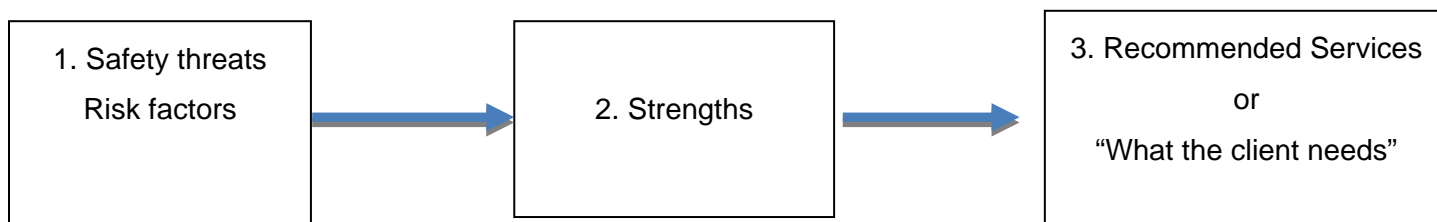
There is concern about whether this infant has any attachment to mother or father.

### **Medical**

There is concern that this infant is severely underweight and that immediate medical evaluation is needed.

## Handout 5

### Faulty 3 Step Logic Process for Conclusions and Recommendations (Jumping Over the Client's Needs)



#### Missing the Need Example 1:

1. Safety Threat = Minimal Age Appropriate Supervision by Parent; parent leaves 3 and 5 year old unsupervised for periods of 6 hours.
2. Strengths = Caring Parent, Motivated to Learn, Has Transportation, Parent is Employed
3. Recommended Services or "The client needs parenting classes."

By reframing the service as a need, we are stating that what is lacking in the client's situation are "classes". When this logic is taken to its logical conclusion, the client must attend parenting classes forever for the need is met.

#### Missing the Need Example 2:

1. Safety Threat = Chronic Substance Abuse; Parent becomes physically abusive when intoxicated.
2. Strengths = Motivated to get help, very caring with her 3 children
3. Recommended Services or "The client needs substance abuse treatment."

Again by reframing the service as a need, we are stating that what is lacking in the client's situation, is "treatment". Taken to its logical conclusion, the client must remain in treatment forever for the need to be met.

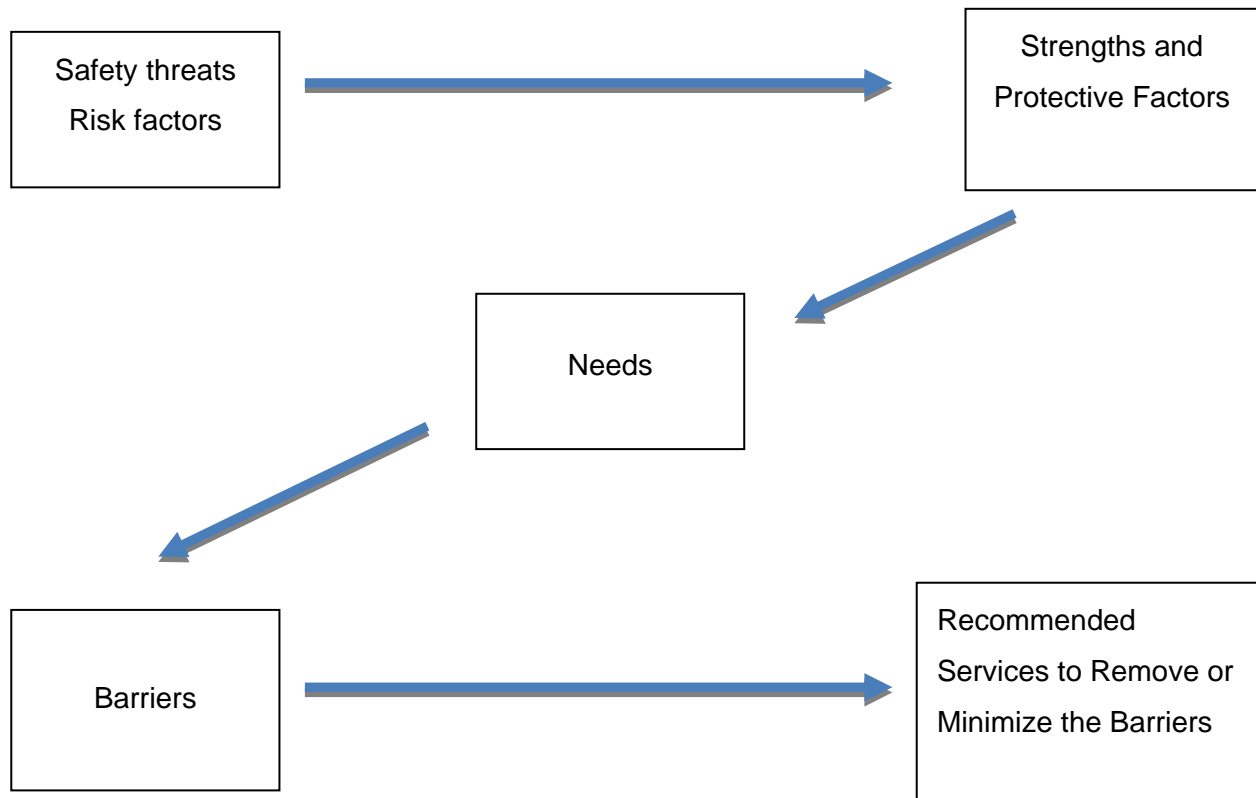
**A known Issue:** The pick lists in CHRIS for Needs are almost exclusively services.

**A Known Issue:** We must improve the way we do assessments and plans.

Handout 6

THE "MAGIC" FORMULA

5 Step Logic Process for Conclusions and Recommendations  
(Focus on the Client's Needs)



**Focus on the Need Example 1:**

1. Safety Threat = Insufficient Age Appropriate Supervision by Parent; parent leaves 3 and 5 year old unsupervised for periods of 6 hours.
2. Strengths and Protective Factors = Caring Parent, Motivated to Learn, Has transportation, Parent is Employed, Concerned Involved Neighbor, Strong Parent-Child Bond, Concerned Involved Kindergarten Teacher
3. Need = Flexible access to age appropriate supervision.
4. Barriers = Parent is reluctant to ask for help, is shy and disconnected from the community.
5. Recommended Services = Single Parent support group. Affordable Licensed Day Care, Assertiveness Training

**Focus on the Need Example 2:**

1. Safety Threat = Chronic Substance Abuse; Parent becomes physically abusive when intoxicated.
2. Strengths = Motivated to get help, very caring with her 3 children, concerned Involved grandparents
3. Need = Sobriety
4. Barriers = No affordable treatment services in parent's community with a history of treatment success.
5. Recommended Services = AA sponsor of the same gender with at least 10 years of sobriety. Family lives with grandparents.

Discuss how the concept of removing barriers as a step in meeting needs is linked to the practice model.

Handout 7

## WRITING CONCLUSIONS AND RECOMMENDATIONS

<u>Overview of safety threats and risk of future harm</u>
<u>Overview of strengths/protective factors</u>
<u>Overview of client needs</u>
<u>Explanation of barriers</u>
<u>Explanation of services and how they will remove barriers</u>