MidSOUTH Training Academy

Foundations Unit 2

Participant Manual

UA LITTLE ROCK
COLLEGE OF BUSINESS, HEALTH AND HUMAN SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Professional Development Series | Division of Children and Family Services | Developed and Presented by MidSOUTH

AGENDA

Day 1

I. Section 1 – Welcome, Introduction, and Housekeeping

- **A.** Setup and Rationale: Welcome Logistics and Agenda
- **B.** Group Agreements
- **C.** Activity: The Three Questions and Scaling

II. Section 2 -- Connecting the At One Table Practice Model and Mission

- **A.** Hexagonal Thinking with the Practice Model and Mission

III. Section 3 -- Practice With an Arkansas Practice Model Scenario

- **A.** Sierra and Siblings Scenario
- **B.** Confidentiality
- **C.** DHS Policy 1010: Social Media and Agency Communication

IV. Section 4 -- Introduction to Safety Organized Practice (SOP) and the SDM Framework

- **A.** What is the SDM System?
- **B.** What is SOP?
- **C.** Activity: Three Goals of SOP

V. Section 5 – Overview of the SOP Tools

- **A.** Cheryl's Story
- **B.** SOP Tool: What is C+B+T?
- **C.** SDM/SOP Brainmapping Overview
- **D.** The Three Column Mapping Practice
- **E.** Harm, Worry, and Goal Statements

VI. Section 6 – Ticket Out and Wrap Up

- **A.** Learner-Led Summaries

Day 2

I. Section 1 – Welcome to Essentials of Trauma-Informed Approach to Practice

- **A.** Introductory Quick-Write on Trauma
- **B.** Demographics and Culture

II. Section 2 – Trauma Definitions and Types

- **A.** Acute or Chronic Trauma
- **B.** Activity: Types of Trauma

III. **Section 3 – Impact of Trauma**
- **A.** Trauma and the Brain
- **B.** Trauma Responses and Behavior
- **C.** Traumatic Response Cycle
- **D.** Children From hard Places
- **E.** Long-Term Effects of Childhood Trauma (Epigenetics)
- **F.** Adverse Childhood Experiences (ACE) Study

IV. **Section 4 – Development and Trauma**
- **A.** Activity: Impact of Trauma at Different Developmental Stages
- **B.** Safety, Permanency, and Well-Being

V. **Section 5 – Resilience and Wrap Up**
- **A.** Neuroplasticity
- **B.** Defining Resilience
- **C.** Internal and External Protective Factors
- **D.** Essential Elements of Trauma-Informed Child Welfare System

Day 3

I. **Section 1 – Review and Additional SOP Tools**
- **A.** Additional SOP Tools

II. **Section 2 – Cultural Humility**
- **A.** ICWA
- **B.** Defining Cultural Humility
- **C.** Activity: Just By Looking at Me

III. **Section 3 – Recognizing Differences**
- **A.** Our Intersecting Identities
- **B.** Activity: Who Am I?

IV. **Section 4 – Caring for Culture in Child Welfare Work**
- **A.** Cultural Humility Video
- **B.** Culturally Responsive Child Welfare Practice

V. **Section 5 – Building Bridges Using Cultural Humility**
- **A.** The Danger of a Single Story
- **B.** How to Build Bridges
- **C.** Cold Medicine Scenario

VI. **Section 6 – Wrap Up**
- **A.** Kahoot Review
- **B.** Reflect on Practice
- **C.** Returning to Work

Guidelines for Effective Communication

Try on one another's ideas, feelings, and ways of doing things for the purpose of greater understanding. Keep what you like and let go of the rest at the end of each interaction, discussion, session, or meeting.

It is OK to disagree and NOT OK to blame, shame, or attack ourselves or others because of our differences. One of the necessary ingredients for differences to be expressed and valued is that people let go of the need to be, think, or act the same.

Practice self-focus, and use "I" statements. Begin by talking about your own experience. It is helpful to make "I" statements when speaking about your experience, rather than saying "you," "we," or "someone." When you refer to others, be specific about them by name or group. This invites and creates space for multiple perspectives to be shared, especially those that are different from yours.

It is OK to be uncomfortable. Learning from uncomfortable moments is an important part of this process, so pay attention to your feelings.

Be aware of intent and impact. Your good intentions could have a negative impact. Be open to hearing the impact of your statement.

If you want to "stretch" yourself, seek feedback from the individual before they bring it to your attention.

Practice both/and thinking. Look for ways to fit ideas together; do not set up an "either/or" process or a competition between ideas.

Look for the existence of many truths from the perspectives of the many cultural backgrounds that are involved or that you are serving.

Notice both process and content during work sessions. Content is what we say, while process is how and why we say or do something and how the group reacts.

Notice who is active and who is not, who is interested and who is not, and ask about it.

Confidentiality about personal sharing is important. You can carry the work of the group; your own learning, stories, and perspectives; and the public work from the group. Allow others to tell their own stories.

- Ask first to see if an individual wants to follow up on the initial conversation.
- Do not use any information shared negatively for a progress report or against a supervisor.

This tool was created by VISIONS, Inc., with added info by Amy Cipolla-Stickles. VISIONS, Inc., is a nonprofit training and consulting enterprise providing a variety of services that support organizations, communities, and individuals as they clarify their diversity- related goals and engage in a dynamic process of development. VISIONS, Inc., was established in 1984 as a nonprofit educational organization. Today it is a 501(c)(3) entity with offices in Roxbury, Massachusetts, and Rocky Mount, North Carolina, and is supported by a team of consultants around the United States and abroad. https://www.visions-inc.org/

Personal Learning Questions

What specifically is going well with your job? What are some useful things you've learned so far?	What specifically are you worried about?	What needs to happen in training?

On a scale of 0 through 10, where 0 is "I don't feel like I know how to do my current job at all" and 10 is "I feel confident about all aspects of my current job," where would you put yourself?

What do you think it would take bring this score up by one?

Quick-Write: Your "Why"

Think about your "why." What is important to you about this work? Why do you do it? What are your values as a family service worker? What are the things you need in order to succeed? What advice have you been given, or what are memorable things workers or families have said?

Consider these questions and free-write in the space below. You **do not** have to answer every question – go with what you are most drawn to write about.

Hexagonal Activity Reflection

Directions: After the class has shared their hexagons and talked about the connections they made, answer the following questions.

1. What At One Table value did people most connect with? Why do you think people connected with it?

2. What point from the mission did most people connect with? Why do you think people connected with it?

3. What were some interesting new values that emerged when people wrote their own?

4. What were some interesting connections you saw an individual or group make?

Sierra and Siblings

Sierra and Siblings: Directions

Read the case scenario and then answer the questions on the following pages. This is a group assignment. All members of the group should participate.

After reading and answering the questions, choose the top 1- 2 discussion points for each question. If the group does not agree on the answer, that is acceptable. Make a note of that and include that in the information.

Then, each group will elect a spokesperson (or team of 2) to present a brief summary of your table's discussion to the rest of the class. If your table group did not agree on a response, share that with the other tables.

As you listen to other groups report, take notes as your peers highlight their discussions.

Sierra and Siblings: Case Scenario

Mariah's three children were removed from her home and placed in a provisional relative/fictive kin placement following a report from the school that the oldest child, Sierra, age 13, came to school dirty, tired, and hungry. The teacher, who has been concerned about Sierra before due to her violent outbursts followed by silences, was able to get her to explain that she had witnessed a fight between her mother and her mother's boyfriend in her house the night before. Sierra would not say if the police were called or whether there were weapons involved, but she did say that "there had been a birthday party." Sierra explained that she was up all night, trying to comfort her younger siblings, Leon, age 4, and Brianna, age 13 months. This morning she left the house while her mother and mother's boyfriend (Brianna's father) were still asleep. She stopped at a neighbor's to ask if the neighbor had some food that her brother and sister could have for breakfast.

Upon investigation, DCFS workers found a filthy apartment in complete disarray, with chairs turned over, food spilled on the floor and empty beer cans scattered in the kitchen and living room. There was no fresh food in the refrigerator or kitchen cabinets. Sierra's brother and sister both appeared frightened, dirty and hungry. Sierra told the caseworker that Mariah and her boyfriend, Sam, fight and drink all the time.

Mariah (age 30) and Sam (age 28) downplayed the incident. They said there had been a party where others brought in the beer and then left without cleaning up. They adamantly denied that the children were in any danger. Mariah is a high school graduate and attended some college. She is unemployed and Sam works at a local poultry processing plant. Mariah receives SSI survivor's benefits for Sierra.

Evaluation of the children showed no evidence of physical abuse. Sierra has been suspended from school four times this year for behavior issues. She has a pattern of absences and tardies, and is currently failing most of her classes. Despite being in seventh grade, Sierra is well below

Sierra and Siblings: Case Scenario

grade level in reading. Leon is neither enrolled in Head Start nor pre- kindergarten at this time. He has identifiable developmental delays; specifically, he exhibits a speech impediment and struggles with fine motor skills. Brianna struggles to crawl and rarely babbles. Neither Leon nor Brianna have been seen regularly by a pediatrician; both are behind in their immunizations.

Over the past three years, DHS received four reports regarding Mariah, all involving neglect and possible drug use. None were substantiated as the children were not forthcoming with information, the home was adequate, and Mariah provided clean UAs each time. The file indicates that four years ago Mariah successfully completed an outpatient drug treatment program. There is some information that shortly after meeting Sam three years ago, Mariah resumed using drugs. Both Mariah and Sam deny any current drug use and deny that there is any violence in their home.

Sam entered Mariah's life shortly after she graduated from the drug program. Sam is from California and has no local family. The couple moved in together after dating for two months and has now lived together for a little over one year. Sam has been arrested for domestic violence with his previous girlfriend, but the case was later dismissed. Sam reports that the child Sierra "hates me and tells me she doesn't have to do anything I tell her," but that Leon calls him "daddy." He describes Brianna as "my girl" and tells the caseworker that he can take care of both Leon and Brianna. He insists that there is nothing wrong with Brianna and that "kids in my family were always a little behind." Sam is not named as the father on Brianna's birth certificate.

Sierra and Siblings: Questions

1. When you read the scenario, did you begin to form a picture of this family based on the information given?

    a. What racial or ethnic group do you think this family belong to?

    b. What assumptions did you make about Mariah's socioeconomic background and upbringing?

    c. How could these assumptions affect your opinion of Mariah and her ability to parent? What about Sam?

Sierra and Siblings: Questions

2. A copy of the DCFS mission statement appears below:

   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.

   a. Would you say that DCFS adhered to its mission statement? Why or why not?

   b. Did the agency adhere to part of the mission and neglect another part? Which part?

3. How would you respond to a community member, a neighbor, or someone in your church who asks:

   a. "If the mission of DCFS is really to keep children safe and help families and you are supposed to help caregivers successfully care for their children, how does putting these three children in foster care help the family?"

   b. "How have you helped the caregivers?"

4. The mission clearly states that the primary goal of DCFS is to keep children safe.

   a. Is placement in foster care a guarantee that the children are safe?

   b. How do we, as a Division, work to ensure the children's safety while they receive out-of-home services?

5. The mission also clearly states that the focus includes permanency and well-being in addition to safety. How do we, as an agency, help ensure that the focus of our work with these children is toward a lasting solution that enhances their well-being (including minimizing psychological trauma)?

Sierra and Siblings: Questions

6. You were introduced to the Arkansas practice model during online training. Take a few minutes to re-read that model. There is a copy immediately after these questions in this Participant Manual.
    a. Can you identify 1-3 ways in which DCFS has adhered to the model?

    b. Identify 1-3 ways that DCFS may have departed from the model?

    c. Identify 3-5 ways that, moving forward, DCFS can support the practice model when working with this family.

7. The practice model incorporates the principles of family-centered practice. Imagine your group has been assigned to explain the family-centered approach to the other groups. Summarize the family-centered practice approach.
    a.

    b.

    c.

Sierra and Siblings: Questions

8. You share a small office with another worker. Your office is next door to the family time room. While you were discussing the family with your co-worker, the door to your office was open. You and your co-worker used the case name during the discussion. At one point, your co-worker made a comment that was definitely insensitive and unprofessional. The comment made you uncomfortable but you didn't say anything. You end the conversation and get up to go to get a cup of coffee. You didn't realize there was a mother, waiting on her children to arrive, sitting in the family time room with the door open.
    a. What do you need to do in this situation?

    b. What do you need to do in the future?

9. You have visited with Sierra twice and think that you are engaging her. When you checked your Facebook last night, you had a friend request from Sierra. What do you do? Give an explanation for your answer.
    a. Accept
    b. Ignore
    c. Abandon that Facebook account, open another secret account, and tell her you are taking a break from social media
    d. None of the above

10. You have a conversation with Sierra to discuss the Facebook friend request. You plan to let her know that you are interested in her life, in having a positive working relationship, and in getting to know more about her, but you are not comfortable with being friends on Facebook because your relationship is professional. Before you get to the reasons you will not accept her friend request, she asks if you saw the post or pics of her partying with her friends. She says she was "just drunk" and it was "no big deal" and she wants to know if you are going to tell her foster mom.
    a. How do you respond?

    b. Spend time as a group coming up with a list of pros and cons for social media interactions with clients.

Sierra and Siblings: Questions

11. The information in the scenario notes Leon's age as 4 years and Brianna's age as 13 months. What information does the scenario provide about their development?

    a. Based on information widely available about the impact of maltreatment on development and your own knowledge and experience, what worries do you have regarding Leon?
        i. Using a smartphone, tablet, or laptop, one or more members of the group can access information on the internet for supplemental assistance.
        ii. The searcher may consider beginning your search at https://www.childwelfare.gov/topics/can/impact/development/

    b. What worries do you have for Brianna?

    c. Do you have worries about Sierra?

    d. What referrals and services are needed for Leon?

    e. What referrals and services are needed for Brianna?

    f. What about Sierra?

    g. What are the reasons for worries about early and/or ongoing maltreatment, neglect on a child's development?

Arkansas Mission and Practice Model: At One Table

Mission

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.

Vision

Every child has a safe and stable home every single day.

DCFS Priorities

The Arkansas Division of Children and Family Services (DCFS) has collaboratively designed a practice framework to guide the top three priorities of the agency.

1. Safely stabilize and preserve families; and if that is not possible…
2. Safely care for children and quickly reunify children to their families of origin. If children must be removed from the home, relative and fictive kin caregivers will be considered immediately and throughout the entire engagement with the family; and if reunification is not possible…
3. Safely support the permanency, well-being, and development of culturally safe lifelong relationships for children and youth.

DCFS Values

Value 1: Relationships with children, youth, and families are the foundation

Value 2: Collaborative partnerships with resource families

Value 3: Helping children and youth achieve their full potential and develop lifelong relationships

Value 4: Shared responsibility with community partners

Value 5: A strong working relationship with the legal system

Value 6: A workplace culture characterized by reflection, appreciation, and ongoing learning

At One Table Key Expectations

Family-Centered Child Welfare Practice

Conventional Child Welfare	Family-Centered Child Welfare
Engagement	
Efforts are focused on getting the facts and information and not on building relationships.	Families are engaged in ways that are relevant to the situation and sensitive to the values of their culture.
Assessment	
Assessment focuses on the facts related to the reported abuse and neglect—the primary goal is to identify psychopathology in the perpetrator.	Assessment protocols look at families' capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed.
Safety Planning	
The safety plan is developed by child protective services staff, courts, or lawyers—with little input from the family or those who know the child.	Families are involved in designing a safety plan based on information and support of worker/team members.
Service Planning	
The worker prepares the family's plan for services and presents it to the family for signature.	Family members are involved in designing a plan for the services and supports they need to keep children safe, at home, and developing, with support of worker/team members.
Out-of-Home Placement	
Biological, adoptive, and resource families and the agencies that served these groups have little contact with one another.	Partnerships are built between families and resource/adoptive families, or other placement providers. Respectful, non-judgmental and non-blaming approaches are encouraged.
Implementation of Family Case Plan	
Implementation most often consists of determining whether the family has complied with the family case plan, rather than providing services and supports or coordinating with informal and formal resources.	Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so they can maintain themselves as a family.

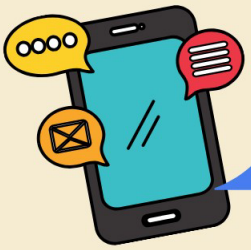
Conventional Child Welfare	Family-Centered Child Welfare
Permanency Planning	
Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.	Families, child welfare workers, community members, and service providers work together in developing alternate forms of permanency concurrently.
Reevaluation of Family Case Plan	
Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Re-evaluation results are not shared with the families.	Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.

Source (adapted): National Child Welfare Resource Center for Organizational Improvement

http://muskie.usm.maine.edu/helpkids/pubstext/partnercurr/Handout2.5.htm

DHS Policy 1010: Social Media and Agency Communication

Handout 2.2.1



WHAT YOU NEED TO KNOW ABOUT DHS SOCIAL MEDIA POLICY

- **NEVER** share, post, or expose confidential information about clients, partners, or other employees.
- **NO** posting to personal social media while on duty. Employees can be held accountable for social media posts made while at work and when off duty.
- No posting comments to social media while off duty if the statements contain information gained through their official capacity and threaten or harass others.
- Do not use your employee email for social media accounts.
- DHS can view information about a current or prospective employee that is publicly available on the internet.
- Supervisors cannot require employees to interact on social media.
- Employees must request access to social media sites at work for specific investigative purposes.
- Internal and external communications and publications will be managed by the DHS Office of Communications and Engagement.
- It is the employee's responsibility to stay informed on agency policies regarding social media and communications.

Revised 08-2023

Ref. DHS Policy 1010—09-2019

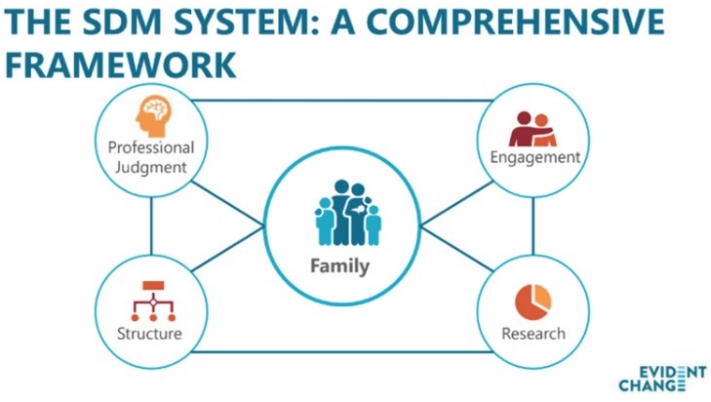
What is the Structured Decision Making System?

What is SDM?

The **SDM SYSTEM** is a decision support system informed by research, policy, and best practices. The SDM model is a comprehensive case management framework for child protection that uses a series of assessments to help FSWs assess families and make critical decisions throughout the life of a child protection case. The assessments themselves are just ***one component*** of the SDM model. The SDM system's assessments and tools integrate and blend together effectively with good child welfare practices to allow the assessment and decision-making processes to occur in partnership with families.

The SDM System focuses on 6 Key Concepts:

- **Decision-** Key clear, concise, and intentional decision points.
- **Support-** Assessments are structured to SUPPORT decision-making, but they do not make the decisions. The FSW makes the most informed decision based on the information gathered.
- **System—**All assessments fit together, each with a different functionality and purpose. It is important to fully understand each assessment to get the best results from it.
- **Research-** It is important to include all emerging research and evidence in the work.
- **Policy-** The SDM tools are tailored to individual states, based on legal and Division considerations.
- **Best Practices-** Assessments Support FSWs in understanding the most effective practices and strategies in the child welfare field.



What is Safety Organized Practice

What is SOP?

The term *safety-organized practice* (SOP) was first used by Andrew Turnell to describe an approach to daily child welfare casework. What follows is a description of our approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child—caregivers, extended family, child welfare worker, supervisors and managers, lawyers, judges and other court officials, and even the child—keep a clear focus on assessing and enhancing child safety at all points in the case process. This approach integrates a number of innovative methods in child welfare practice—family-centered practice, Signs of Safety, partnership-based collaborative practice, the Structured Decision Making (SDM) system, SOP, and trauma-informed practice—to create a rigorous child welfare practice model.

Overarching Objectives of the Approach

- **Develop good working relationships that lead to a shared focus among stakeholders**. Using a spirit of curiosity, practices of family engagement, and a shared language for important child welfare concepts to help create good working relationships among all the key stakeholders involved with a family. Particular attention ispaid to strategies for working with and across differences in creating these relationships.
- **Use critical thinking and decision-support tools to enhance consistency and validity, in key case decisions.** Helping all stakeholders use the best of theirexperience along with the best of state-of-the-art child welfare research to assess family situations and arrive at clear statements of worries about the children and the goals for a child welfare intervention.
- **Create detailed, collaborative plans for enhancing daily safety of children**. Creating jointlydeveloped, understandable, achievable, behavior-based plans that include all the stakeholders involved and clearly show how enhanced protection of children will be ongoing.

Details of each objective, with the associated practices involved, follow.

Developing Good Working Relationships

Child welfare research consistently shows that the development of good working relationships among all stakeholders involved, both professional and familial, is strongly associated with positive outcomes. This approach moves toward the objective in two main ways.

Rigorous, balanced assessment. Originating with the work of Steve DeShazer and Insoo Kim Berg at the Brief Family Therapy Center in Milwaukee, Wisconsin, solution-focused interviewing

(SFI) is a questioning approach or interviewing practice based on a simple idea with profound ramifications: The areas people pay attention to grow. SFI highlights strategies for child welfare professionals to ask families about their acts of protection and risk in equally rigorous ways, and it provides a series of micro practices (exception questions, relationship questions) to help with this.

Strategies for meaningful child participation. Children are the focus of any child welfare intervention, and most professionals agree that getting children's perspectives is vital for child welfare work; However, consistently accomplishing this is a daunting task, even for seasoned professionals. It is very tempting to make working with children a superficial part of child welfare casework. These enhanced approaches incorporate a series of practices (Three Houses, Safety House) that are effective in helping children, in developmentally appropriate ways, to meaningfully contribute to both assessment and family case planning.

Using Critical Thinking and Decision-Support Tools

Good assessment in child welfare requires workers to look at the data in any given situation along with their personal assumptions and biases in order to reach the greatest clarity possible about what is happening to a child. This is accomplished in the following ways.

Harm, worry, and goal statements. A central focus of the case analysis process for the Division to articulate detailed, short, behavior-based statements in very clear, non-judgmental language that describe:

- **Harm.** What happened to the child that caused the family to be involved with DCFS.
- **Worry.** What we are worried about happening to the child in the future if nothing changes.
- **Goal.** The new behavior that we would need to see to feel confident that the child is safe. These goals should do the following:
  - Address the worry statements.
  - Be collaborative and created with the family members whenever possible.
  - Describe the presence of new, observable behaviors or actions (particularly behaviors with thechildren) rather than simply the absence of old, problematic behavior.

These deceptively simple statements take some time to construct; but once they are made, they can be shared with family members, community partners, court officials, and anyone else working with the children and family.

SDM decision-support tools. Regular, critical, key decisions need to be considered in almost every child welfare case (e.g., opening and closing the case, bringing the child into care, what to

include on a family case plan). Research on child welfare decision making indicates that these key decisions frequently are made inconsistently using inconsistent criteria. The evidence-based SDM assessment system brings the best of child welfare research and aggregate data into tools that caseworkers can use to "check" their intuition at these key decision points, thus ensuring that these important decisions are consistent and congruent with both research and organizational policy.

Collaborative and Assessment Planning (CAP) framework. Based on the consultation and information-sharing framework developed by Sue Lohrbach in 2000 and tested with great success in Olmsted County in Minnesota, this process helps workers organize into key domains all the information known about a child and family at any given time. The framework is designed to be inclusive of the family but also can be helpful when used by a child welfare worker and a supervisor, in case consultations, multidisciplinary teams, etc. Using common language, the framework helps to sort and prioritize ambiguous case information. This allows increased clarity about the hopes, concerns, and purpose for any particular child welfare intervention.

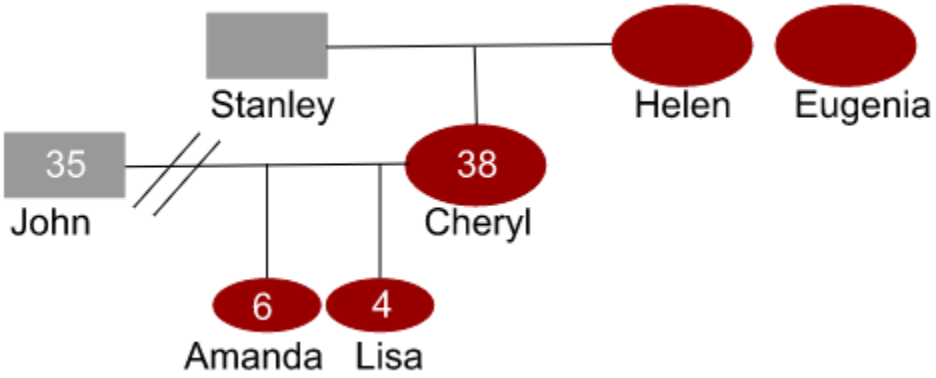
Creating Detailed, Collaborative Plans to Enhance Daily Safety of Children

Division and family goals in child welfare are often *service driven* rather than *safety driven* and *behavior based*. Everyone working with a family in an open child welfare case should be able to articulate and understand what needs to happen for safety to be demonstrated and for the case to close.

Building safety networks. The proverb that "it takes a village to raise a child" strongly applies to child welfare work when a caregiver is found to be a danger to their child. Drawing from family group conferencing and the Team Decision Making (TDM) model, this approach offers strategies for building a network of supportive people around the child, communicating the worry statements to them, and enlisting their help in developing and implementing plans to keep the child safe.

Behavior-based plans. Family Case planning, immediate safety planning, and support planning must be more than "laundry lists" of services in which a family has agreed to participate. Safety and services are not the same thing. Services are a means to an end—that end being actual safety for the child. All planning must include detailed actions that caregivers and extended family members have agreed to take in order to show everyone involved that children will be safe.

Cheryl's Story



Cheryl (38) made a significant suicide attempt by turning on the gas in her oven while both children (Amanda, age 6, and Lisa, age 4) were home. All three passed out, and it was only by a neighbor smelling the gas and breaking down the door that more serious injuries were averted. Her children were placed together in foster care, and Cheryl went to a psychiatric facility and was released 10 days later; she is currently not suicidal and is expressing a lot of regret. A worker met with Cheryl to do a standard assessment, and this is what she learned.

- ☐ Cheryl lives in a predominantly Black middle-class neighborhood that was impacted by the crack/cocaine and then meth epidemics and now a heroine resurgence.
- ☐ She regularly attends a Catholic church.
- ☐ Cheryl's father was abusive to her and her mother. He drank and smashed things around the home.
- ☐ Things got so bad that Cheryl went into foster care herself.
- ☐ As she got older, Cheryl engaged in relationships with men who were violent, including the father of the girls.
- ☐ This finally led to Cheryl being diagnosed with depression.
- ☐ More recently, she has gone off her medication.
- ☐ Even more recently, Cheryl lost her job as a clerk at a store, leaving the family dangerously close to poverty without enough food to eat or money to keep the heat on.

Don't read on to the next page until you are instructed to.

Later, the worker went back and met with the family and took a different approach: To learn as much about safety as was discovered about danger. She learned that:

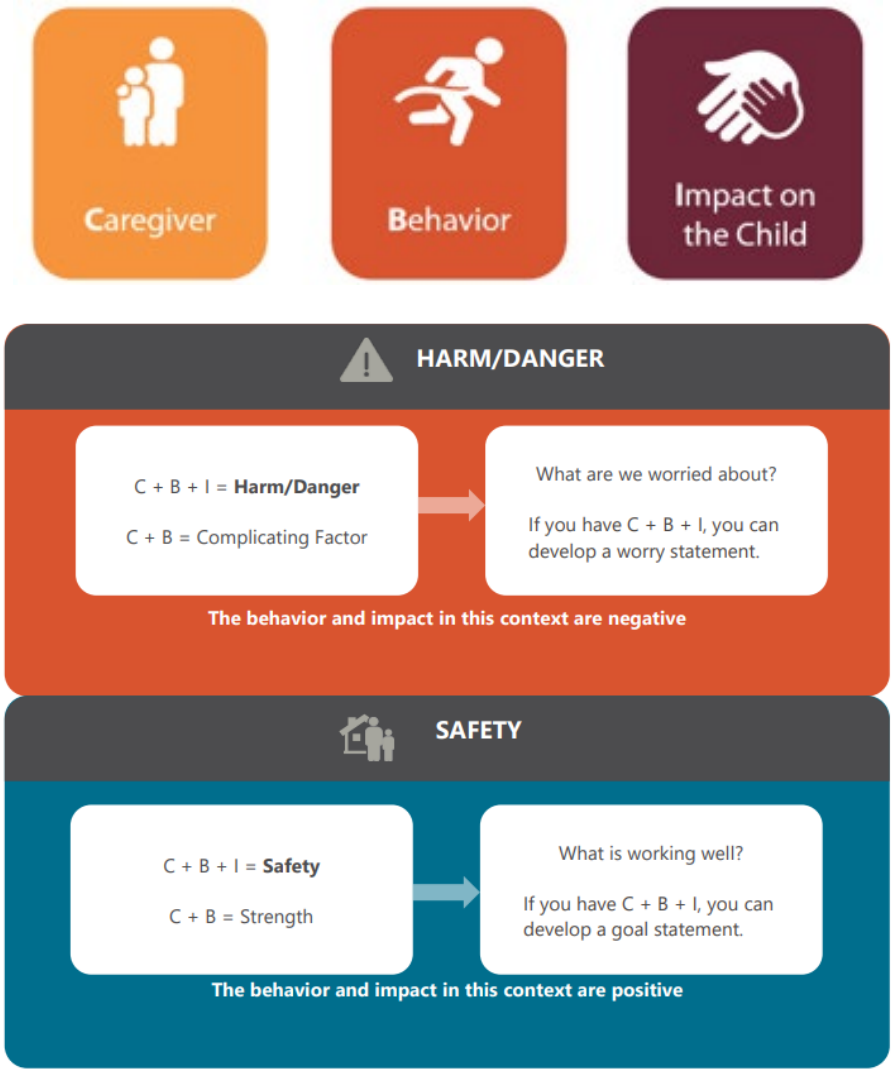
- Before turning on the gas, Cheryl took the girls to the next room and opened a window.
- Cheryl's foster care arrangement was a familial one (Eugenia, aunt).
- Cheryl's mom (Helen) always stayed in her life and worked with her aunt—Cheryl's resource parent—to make sure she got a high school diploma.
- Cheryl reached the point of leaving her husband (John, 35) and took out a restraining order when she saw how violent he could be with the girls watching, saying, "I will not have my girls go through what I did."
- There are many examples of appropriate care (acts of protection) Cheryl has shown the girls. Pediatrician says she has been terrific, and the kids are all up to date; school says kids come to school dressed appropriately, on time, with work done. Both are very surprised about what happened.
- Cheryl knows the foster mother who is taking care of her kids ("we went to high school together"). Cheryl has been getting up at 4:00 a.m. and walking more than two miles from her home to the foster mom's home to get the girls up and off to school every morning since she got out of the psychiatric hospital.

The Three Questions

- What is working well?
- What are we worried about?
- What needs to happen next?

To answer these three questions, we can think in terms of CBI:

Caregiver + Behavior + Impact on the Child



Important note: C+B+I formula = Harm/Danger or Safety

Questions that Help Surface Impact on the Child

- When caregiver is doing X, where is the child? Can you tell me more about that?
- How often does X happen? In what context? Then what happens?
- Where else does the child display the behaviors? Who has seen this happen? Can we talk to them?
- When the caregiver is doing X, is there someone else there to keep the child safe and cared for?
- What does the new caregiver behavior look like? How has the impact on the child changed?
- What makes you feel confident that the protective actions will continue? Who else helps?

Three-Column Map: Practice #1

Three Column Map		
What is working well?	What are we worried about?	What needs to happen next?

0 ⟵		⟶ 10
Unsafe	**Safe**	**Very Safe**
(Child cannot remain at home)		(Close case)

Three-Column Map Practice Practice #2

What's something you're working on at the moment? It could be a hobby, or a goal you have, or being a parent or partner or friend to someone, or even just checking in about this training or your job! Write it down on the line below.

_____

Three Column Map		
What is working well?	**What are we worried about?**	**What needs to happen next?**
0 ← → **10**		
Unsafe	**Safe**	**Very Safe**
(Child cannot remain at home)		(Close case)

Overview of Harm, Worry, and Goal Statements

What are Harm, Worry, and Goal Statements

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and DCFS staff clearly understand what happened in the past, why DCFS is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address. Goal statements are clear, simple statements about what the caregiver will do that will convince everyone the child is safe now and will be safe in the future.

Constructing harm, worry, and goal statements first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why DCFS is involved, what DCFS is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

Harm Statements

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible, to share), what exactly happened, and the impact on the child. While it is never a guarantee, *a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future*.

Who says (or it was reported)

What caregiver actions/inaction

Impact on the child

Example: Sam reported to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

Worry Statements

One of the most crucial parts of this work is creating detailed statements about the resulting concerns DCFS and others have. Worry statements answer two questions.

- ☐ What are we worried will happen to the children if nothing else changes?
- ☐ In what situations or context are we worried this could happen?

Sharing worry statements with the family, DCFS, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent "case drift."

Worry statements are composed of the following.

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

Goal Statements

Goal statements are short, simple, behavior-based statements used to help family members, DCFS staff, and other professionals clearly understand what actions caregivers need to take to show that the child will be safe. Goal statements lay the groundwork for the family to successfully complete their family case plan. They describe what the family can do to create safety for their child.

As much as possible, try to use the family's own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

Goal statements should respond to the worry statements in about three or four sentences. The objectives for the family case plan should come almost directly from the goal statements.

Goal statements are composed of the following:

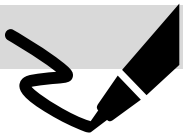
Example: Sam will be cared for by adults who solve their disagreements and problems in loving and caring ways, treat each other respectfully, and ask for help when they need it.

Consider the connections between these statements. We can think of the reason for referral as condensing what we know about what has already happened that brought the child to the Division's attention. It looks to the past. Nobody really knows what the future holds, but we sort the future statements into a risk statement (which is what we worry will happen if nothing changes) and the goal statement (which is, in essence, the opposite of the worry statement).

Another aspect of these statements is what we do about them.

- The reason for referral (past harm) explains why we got involved.
- Worry statements explain why we *stay* involved. Sometimes we respond to a report and see the family once, then close the case. We do not always stay involved. What causes the Division to stay involved is a worry that the child will be harmed in the future. The worry statement describes what we worry will happen if DCFS goes away.
- Goal statements create a vision of what it will look like when DCFS can go away. It gives a picture for the family to work toward.

Quick-Write: Trauma



Why do you think it's important for us to understand and learn more about trauma as family service workers? Free-write in the space below with your thoughts.

Types of Trauma

(Matching Terms to Definitions)

Impact of Bias	Intergenerational Trauma	Historical Trauma
Complex Trauma	Traumatic Separation	Childhood Bereavement

	Refers to children's experiences of multiple traumatic events that occurwithin the primary caregiving system
	Results from prolonged events or experiences that have an impact across generations within a group or community
	Results from subtle and sometimes obvious ways someone may be treated unfairly based on perceived differences.
	Results from events or experiences that affect one family across two or more generations and are transmittedthrough family norms, beliefs, habits, and genetics
	Refers to when someone important to the child dies
	Refers to the loss of a caregiver for varying lengths of time due to circumstances other than death

Directions: Come up with an example of what each trauma response may look like in children or families. Feel free to draw from responses you've witnessed first-hand.

1. **Fight response**

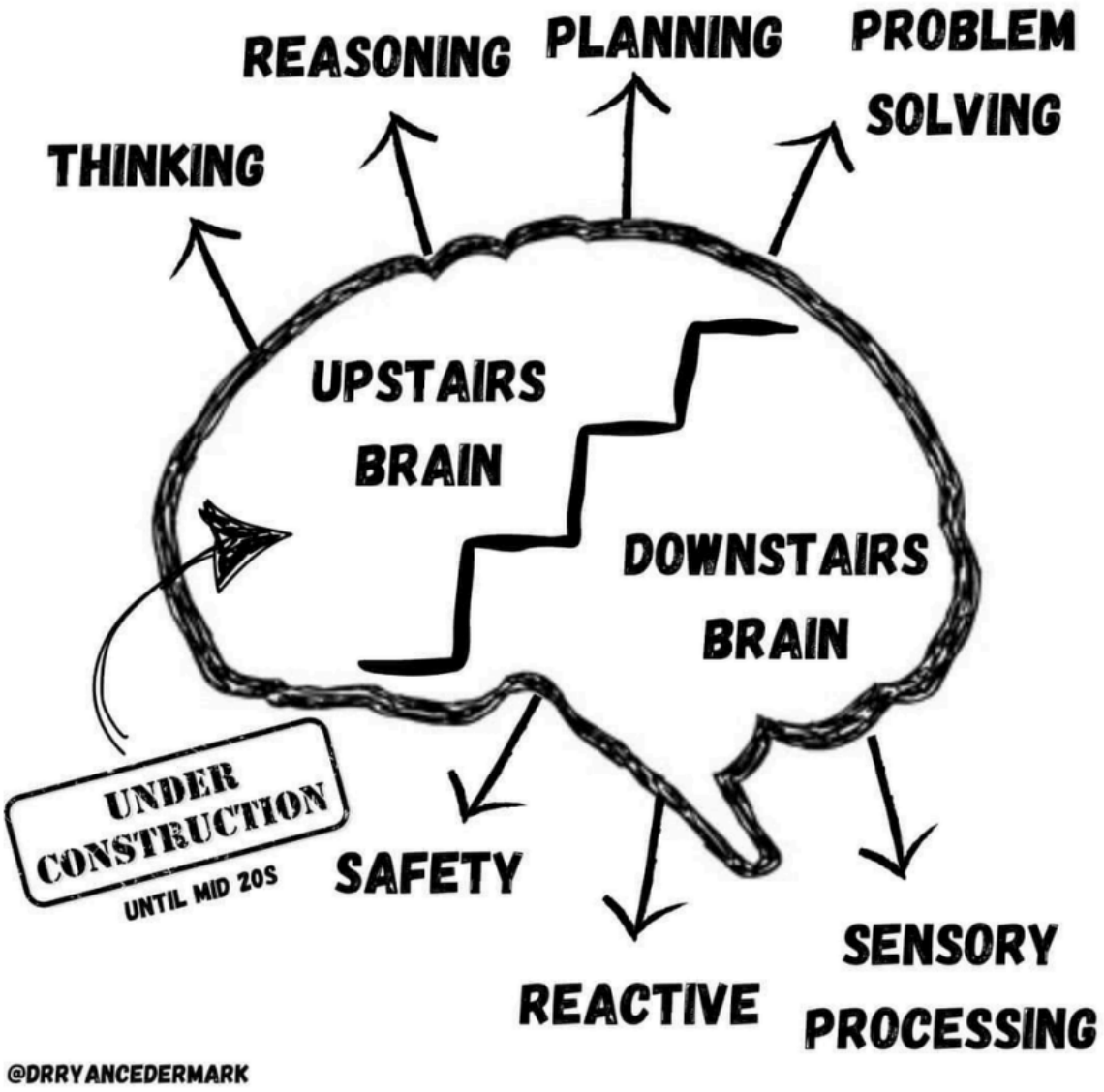
2. **Flight response**

3. **Freeze response**

4. **Fawn response**

5. **Flop response**

Upstairs and Downstairs Brain Video Visual Aid



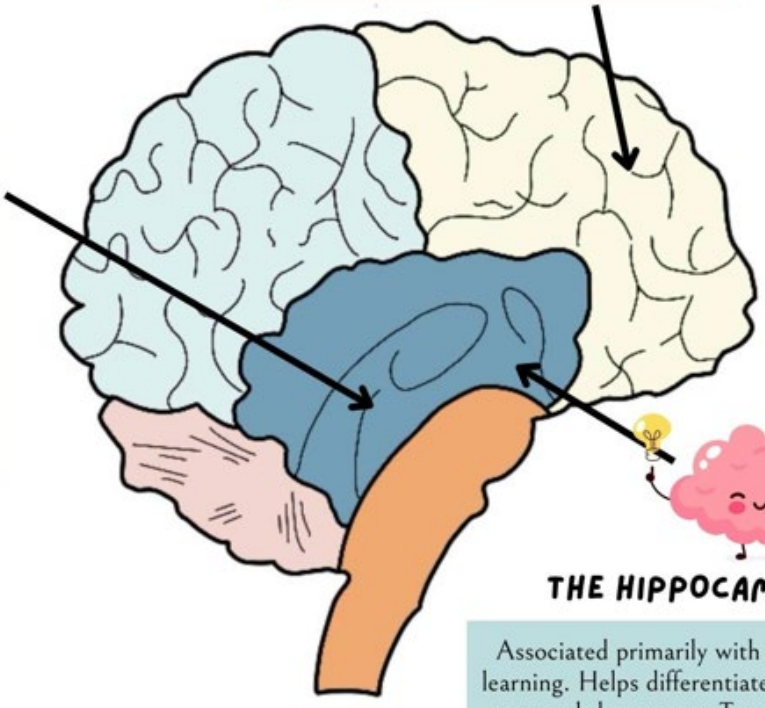
HOW TRAUMA AFFECTS THE BRAIN

THE PREFRONTAL CORTEX

Responsible for 'Rational Thinking', executive functioning, higher-level thinking and reasoning. Trauma can decrease the prefrontal cortex function.

THE AMYGDALA

The 'emotional response' center of the brain. Helps perceive and control emotions. Trauma increases the Amygdala activation causing greater fear responses.



THE HIPPOCAMPUS

Associated primarily with memory and learning. Helps differentiate between the past and the present. Trauma causes a decrease in the Hippocampus functioning.

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …

   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household
   often …Push, grab, slap, or throw
   something at you?

   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…

   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …

   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other? Yes No If yes enter 1 _____

5. Did you **often** feel that …

   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?

   Yes No If yes enter 1 _____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No If yes enter 1 _____

10. Did a household member go to prison?

Yes No If yes enter 1 _____

Now add up your "Yes" answers:_____This is your ACE Score

Reflection

Why do you think it's important to be aware of your own trauma as a family service worker?

Developmental Milestones

This handout lists the skills children develop at different ages as part of typical child development. Each skill is a developmental milestone. For each milestone, there is a typical age range when most children master that skill. For example, a child will typically begin walking between the ages of 9 and 15 months. *Please remember, however, every child is an individual and may develop a skill before or after the typical age range.*

Each of the following tables reviews developmental milestones in different areas of development such as motor skills and communication skills. For example, running and jumping are motor skills, and pointing and using words are communication skills. These areas of development are called developmental domains. Each table lists five developmental domains: motor skills, communication, cognitive skills, social and emotional development, and adaptive skills. There are tables for six age ranges or developmental stages: infants, toddlers, pre-school age children, school-age children, early adolescents and late adolescents. *

Infant Developmental Stage (ages birth to 1 year)

Domain	
Motor	• Develops head control, rolls, sits independently, crawls on all fours, pulls to stand and then walks by 1 year of age. • Reaches out and grasps a toy with either hand, begins to pick up small objects with the thumb and first finger, puts toys in and takes out of containers, begins to build a stack of blocks by 1 year.
Communication	• Makes to-and-fro vocalizations, imitates non-speech sounds, babbles da-da and ma-ma, says a few words by 1 year. • Imitates simple gestures, reaches to be picked up, plays pat-a-cake and begins to point to indicate wants. • Responds to familiar voices, turns head when name is called, understands simple commands, looks to find a toy when asked.
Cognitive	• Shakes and bangs toys in play, bangs 2 toys together, tries to find a toy that is hidden.
Social and Emotional	• Has warm joyful expressions, follows parent's gaze, plays peek-a-boo, waves bye-bye, shows stranger anxiety. • Is able to accept soothing from attachment figures.
Adaptive Skills	• Holds a bottle, finger feeds, drinks from a cup, lifts legs to help with dressing.

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Child Development - *Developmental Milestones*

Toddler Developmental Stage (ages 1 to 3 years)

Domain	
Motor	• Walks, runs, walks up stairs, kicks a ball, does a broad jump, rides a tricycle. • Stacks blocks, uses a spoon and fork, holds a crayon with fingers, begins to use scissors.
Communication	• Points to indicate wants, uses a variety of gestures, does hand gestures for familiar songs. • Uses single words by 1 year and phrases by 2 years, speaks clearly in sentences by 3 years. • Points to body parts, understands short directions, fills in words in songs.
Cognitive	• Has developed object permanency, finds a hidden toy. • Copies simple shapes, such as a circle and a cross. • Imitates care giving, pretend and imaginative play.
Social and Emotional	• Has developed trust and secure attachment to his/her caregiver(s). • Is interested in other children, engages in parallel play, and then learns to take turns in play. • Shows independence, tries to control the environment. • May have difficulty regulating emotions when frustrated.
Adaptive Skills	• Feeds self with spoon, fork and cup without spilling. • Puts on a hat, takes off all clothes. • Uses the toilet independently.

FosterParentCollege.com®
Child Development - *Developmental Milestones*

Pre-School Developmental Stage (ages 3 to 5 years)

Domain	
Motor	• Begins to participate in sports. • Throws a ball overhand, catches a bounced ball. • Does a broad jump, stands on one foot and learns to hop.
Communication	• Speaks clearly in complex sentences, tells stories. • Gives age, full name and address.
Cognitive	• Names colors, understands counting, and can count 10 or more objects. • Recognizes letters, understands concepts like same and different. • By 5 years, begins to understand another person's perspective.
Social and Emotional	• Engages in magical thinking and fantasy play. • Increasingly independent, expands social relationships outside the family. • Talks about friends and begins to be part of a peer group.
Adaptive Skills	• Feeds self with a spoon and fork and learns to spread with a knife. • Dresses self independently except for shoe laces.

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Child Development - *Developmental Milestones*

School-Age Developmental Stage (ages 5 to 11 years)

Domain	
Motor	• Masters complex gross and fine motor skills and perceptual motor skills. • Participates in organized sports, plays a musical instrument. • Drawings are much more sophisticated.
Communication	• Improving use of grammar and syntax. • Describes experiences in detail. • Talks about thoughts and feelings.
Cognitive	• Develops more logical and rational thinking. • Develops the ability to understand another's perspective. • Sustains attention to finish a task. • Is able to plan and organize school work.
Social and Emotional	• Strengthens relationships outside the family. • Increased importance of friends, often same sex peers. • Participates in peer groups, adopts age-appropriate social roles. • Is confident and goal-directed, has special interests. • Self-esteem is based on child's view of his own abilities.
Adaptive Skills	• Understands the function of money. • Uses a phone and develops computer skills.

FosterParentCollege.com®
Child Development - *Developmental Milestones*

Early Adolescent Developmental Stage (ages 11 to 14 years)

Domain	
Motor	• Highly developed gross and fine motor skills. • Special talents with specific sports or musical instruments emerge. • Adept with computer keyboard.
Communication	• Talks about experiences in detail. • Uses the proper tense of verbs. • Tells basic parts of the plot of story, movie, or TV show.
Cognitive	• Explains ideas in more than one way, greater ability for complex thought. • Describes a short-term goal and what he or she needs to do to reach it. • Writes reports or essays at least 1 page long. • The early adolescent begins to question authority and society standards. • Strong sense of right and wrong. • Recognizes the likes and dislikes of others.
Social and Emotional	• Concerned about body image, looks, and the clothes she or he wears. • Acceptance by peers is critical to his or her self-esteem. • Periods of moodiness, may feel sad. • Anxiety related to challenging schoolwork. • Increasing modesty and desire for privacy. • May argue with parents. • Beginning to experiment with different adult roles and identities
Adaptive Skills	• Independent in self-care. • Has basic cooking skills. • Goes to the store, selects and purchases items, and gets correct change.

Middle and Late Adolescent Developmental Stages (14 to 18 years and 18 to 21 years)

Domain	
Motor	• Physically mature. • Participates in sports, musical groups, leisure activities based on individual choice.
Communication	• Gives complex directions, e.g., to a location, for a recipe. • Has detailed conversations on a variety of topics. • Sets a long-term goal, plans and completes the work to achieve it.
Cognitive	• Continues to develop own identity, considers different possibilities. • Thinks about global concepts such as justice, politics, and government. • Is idealistic, may be intolerant of opposing views. • Starts to think about career decisions, adult roles.
Social and Emotional	• Understands subtle social cues in a conversation. • Cooperates with peers in planning and participating in a project. • Talks with others in detail about shared interests. • Goes out with friends without adult supervision. • Shares concerns individually with health care provider. • Goes out on dates. • Develops sexual identity and orientation.
Adaptive Skills	• Decides menu and prepares the main meal of the day. • Uses the computer for complex tasks including research on the Internet, word processing. • Earns money at a part-time or full-time job. • Tries to improve work performance after receiving constructive criticism.

** The information provided in these tables was adapted in part from the Vineland Adaptive Behavior Scales Second Edition Bright Futures for Families (www.brightfuturesforfamilies.org), How Kids Develop, and the website of the Center for Disease Control and Prevention National Center on Birth Defects and Developmental Disability (www.cdc.gov/ncbddd/actearly/milestones).*

The Impact of Trauma at Different Developmental Stages

Instructions: Review the examples of expected developmental milestones in your assigned age group. Then, answer the questions below with your group. Be ready to share with the class.

Your Group's Assigned Developmental Stage: _____

1. How might these milestones be impacted by a traumatic event if it occurs at that stage?

2. How might these milestones be impacted by a trauma event(s) that occurred at an earlier stage? (N/A if you are assigned to the Infant Development Stage)

3. What might be some variables that impact the effects of trauma at this stage?

4. What types of emotional or behavioral responses to trauma might you see at this stage?

Notes for Resilience Videos

Directions: As you watch the videos, make note of the points you find most useful or interesting.

How can this information be helpful to you as a family service worker?

neuroplasticity

is the brain's ability to adapt to new ways of thinking, feeling, and doing. Over time and with repetition, neural pathways can be forged or refined, and long lasting changes in the brain can occur. In other words, brains aren't "set in stone" as once believed—they can learn and adapt!

Each time we learn a new dance step, it reflects a change in our physical brains: new "wires" (neural pathways) give instructions to our bodies on how to perform the step. Each time we forget someone's name, it also reflects brain change – "wires" that once connected to the memory have been degraded, or even severed.
– Dr. Michael Merzenich

so what is resilience?

a **dynamic developmental process** resulting in healthy adaptation despite adversity. Because of neuroplasticity, we know that enhancing resilience is possible when people are provided with support.

"Healthy adaptation" is viewed as positive behaviors (such as academic achievement), the absence of undesirable behaviors (such as remaining clear of criminal activity), and good internal and external adaptation (such as the ability to cope with stress and to develop healthy relationships with peers).

resilience is NOT...

Social scientists have explored the phenomena of resilience for nearly 50 years and with a variety of populations, including refugees, cancer patients, and even Fortune 500 companies. You can imagine how different resilience might look for Microsoft than it would for a child or youth in foster care. While the term "resilience" has come to mean a lot of things, research clearly shows that **it is not**:

- Dichotomous (have/don't have)
- A single strength, characteristic, or attribute
- An outcome
- Fixed or static across the lifespan
- "Bouncing back" after a traumatic experience or event

what can the child welfare workforce do to enhance resilience?

While there is no one-size-fits-all approach to enhancing resilience, there are several general strategies that can be adapted for children, youth, and families who've experienced trauma.

Focus on strengths: Everyone has a unique set of strengths from which to build. Explore opportunities to draw out strengths, like mentoring, educational advancement, community involvement, and recreational activities.

Build assets: Internal assets are individual qualities that guide positive choices and provide a sense of identity, passion, and purpose. Building internal assets may look like increasing self-regulation, developing a positive outlook, and strengthening social skills. External assets are those in an individual's community and environment that support positive experiences. Similarly,external assets are those found in an individual's life, like nurturing schools, cultural and spiritual connections, and social role models.

TIPs Center
Center for Child Welfare Trauma-Informed Policies, Programs, & Practices

APRIL 2020

Source: Walsh, C., Pauter, S., & Hendricks, A. (2020). Child Welfare Trauma Training Toolkit (3rd ed.). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

How Can the Child Welfare Workforce Influence Resilience?

Directions: Your group will choose three strategies below. Brainstorm as a group what each strategy could look like in action and why it is important, and come up with examples of the strategy. You can pull from what you've seen or done yourself, or you can brainstorm ideas you can use in the future.

1. Focus on improving behaviors and building strengths like having a positive outlook and a sense of hope for the future in children and caregivers.

2. Foster healthy, enduring relationships between children and caregivers.

3. Help children and youth make meaning of their experiences.

4. Promote positive coping skills and self-regulation in children and caregivers.

5. Help children and youth strengthen self-efficacy and perceived control.

6. Connect children and caregivers to formal trauma-focused services and supports.

7. Mobilize sources of faith, hope, and cultural traditions in the children's and caregivers' lives.

Source of Strategies: NCTSN TIPs

The Essential Elements of a Trauma-Informed Child Welfare System

The National Child Traumatic Stress Network defines a trauma-informed child welfare system as one that...

1

CONTINUOUSLY EXPANDS WORKFORCE KNOWLEDGE AND SKILLS ABOUT TRAUMA AND ITS EFFECTS
All Staff, including administrators, supervisors, direct service staff, and support staff, have research–based knowledge of the effects that exposure to traumatic stress has on children, youth and caregivers as well as strategies to promote resilience. Trauma-informed training for staff begins at the onset of employment, continues regularly and provides skills relevant to each individual's role.

2

ADDRESSES PRIMARY AND SECONDARY TRAUMATIC STRESS OF THE WORKFORCE
Staff may be at risk for directly experiencing trauma (primary trauma) or be exposed to traumatic material such as seeing the impacts of trauma on their clients and hearing or reading stories about trauma experienced by children, youth or families (secondary trauma). Strategies to support workforce physical and psychological safety, effectiveness, and resilience are in place within the organization. Additionally, staff is supported to engage in individual strategies to build resilience.

3

PARTNERS WITH CHILDREN, YOUTH, AND FAMILIES
Child welfare practitioners actively engage and involve children, youth, and families, including resource parents and kinship caregivers, during case planning. Similarly, child welfare systems and agencies intentionally and equitably integrate people with lived expertise at every level of decision-making, design, and delivery.

4

PARTNERS WITH AGENCIES AND SYSTEMS THAT INTERACT WITH CHILDREN, YOUTH, AND FAMILIES
When the priorities, demands, and mandates of multiple systems compete with each other, they can exacerbate existing trauma and fail to provide needed support to help children and families heal. Cross-system partners actively collaborate, coordinate services, and share information to work in conjunction toward optimal outcomes.

5

MAXIMIZES PHYSICAL AND PSYCHOLOGICAL SAFETY OF CHILDREN, YOUTH, AND FAMILIES
For children and families who have experienced trauma helping to creating physical and psychological safety is critical to helping them heal from trauma and to engage in the daily functions of living. Physical safety involves being free from present and impending threats of danger and psychological safety is actually feeling safe and protected from threats. Strategies to support both physical and psychological safety of children, youth and families are in place in the organization.

6

ROUTINELY SCREENS FOR TRAUMA-RELATED NEEDS OF CHILDREN AND YOUTH
Early identification of trauma exposure and related needs can significantly aid in interrupting the harmful effects of trauma across the lifespan. Child welfare practitioners routinely identify needs through both formal mechanisms, such as validated screening tools, and informal methods, including observations and interviews. The screening results are used to make important linkages to in-depth assessments and appropriate interventions to ensure trauma-related needs are addressed.

7

DELIVERS AND CONNECTS CHILDREN AND YOUTH TO SERVICES AND SUPPORTS THAT PROMOTE WELL-BEING, HEALING, AND RESILIENCE
Children and youth in the child welfare system have a high likelihood of experiencing traumatic stress responses that negatively impact their overall well-being. Child welfare practitioners work to connect children and youth to formal and natural supports, including evidence-based mental health treatment as well as other activities that help build on existing strengths, reduce symptoms, and increase the ability to overcome future adversity.

8

UNDERSTANDS PARENT AND CAREGIVER TRAUMA AND DELIVERS AND LINKS TO SERVICES AND SUPPORTS THAT PROMOTE FAMILY WELL-BEING, HEALING, AND RESILIENCE
Birth parents often have their own trauma histories, stemming from both childhood and present-day adversity. Child welfare practitioners work to identify trauma reminders and provide trauma-informed case management that emphasizes linkage to formal and natural supports to increase their parenting capacities.

TIPs Center

Rady Children's | Chadwick Center for Children & Families

5 Types of Solution-Focused Questions

Exception

While it is likely that this conversation was prompted by a problem, the following questions will help to focus on an individual's strengths and abilities. In most situations, it is the best set of questions for starting interviews—just like family conference meetings start with strengths/exceptions/safety. The first question below is for a "near-miss" situation, and the last is more suited to conversations about values and accomplishments.

- ☐ When was a time that could have happened, but it didn't?
- ☐ When was a time that things were going well for you?
- ☐ What are some things you've done that you are most proud of?

Preferred Future

These questions will surface what an individual would like to see for themselves or their family. You could ask the miracle question for this information in order to get details about what would be different in the person's life.

- ☐ How would you like things to be?
- ☐ What would it look like if this problem went away?
- ☐ Who would be around helping you keep things on track, and what would they be doing?
- ☐ What do you see happening next?

Coping

These questions will bring up another set of strengths and resources, but they will be more closely related to the problem and how someone deals with it or to who else helps them in this situation.

- ☐ How have you dealt with this situation?
- ☐ How do you keep things from getting worse?
- ☐ Who supports you when things get tough?

Scaling

With these questions, we are trying to show that the situation is not as black and white as an individual might think or to help them notice the difference between their desire/importance score and their ability score.

On a scale of 0–10, with 10 being [*desirable condition, outcome, confidence, ability, or importance*], where would rate yourself?

How did you get to that number?

What makes it a ___ and not a 0? (ask only if not a 0)

What is a small thing that could happen to make it go up by just one number?

Position

This is an attempt to get people out of their own perspective and to consider the concerns and perspectives of others.

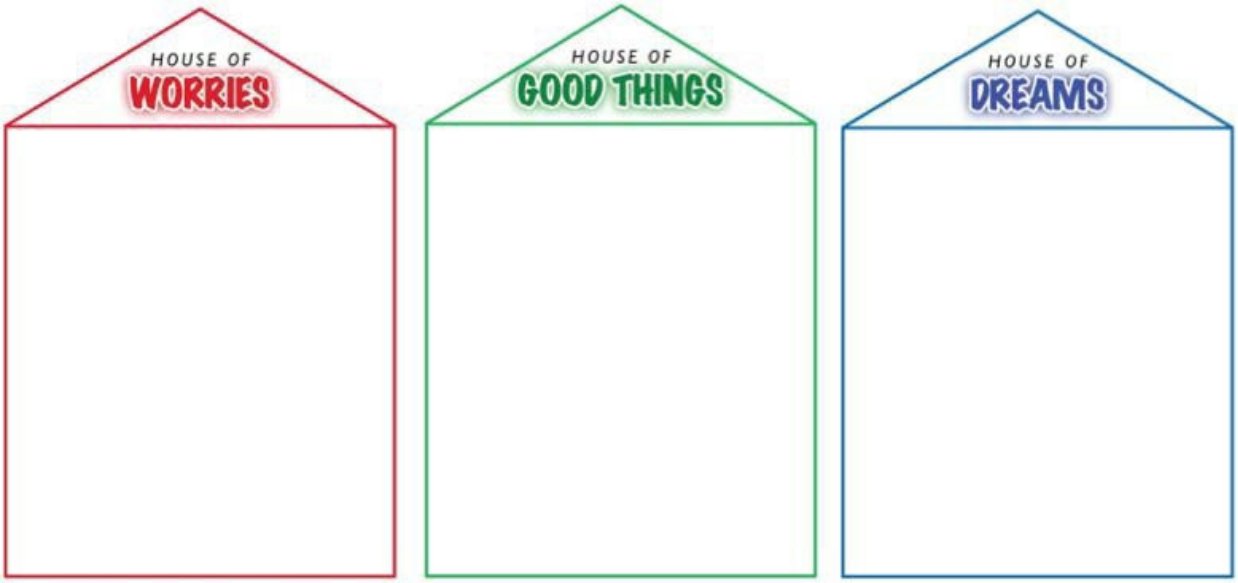
If _____ were here, what would they say they [insert *are worried about*, *think is working well*, *think about the situation*, or *would like to see happen next*]?

If _____ were here, [*insert any of the four previous types of questions*]?

The Three Houses

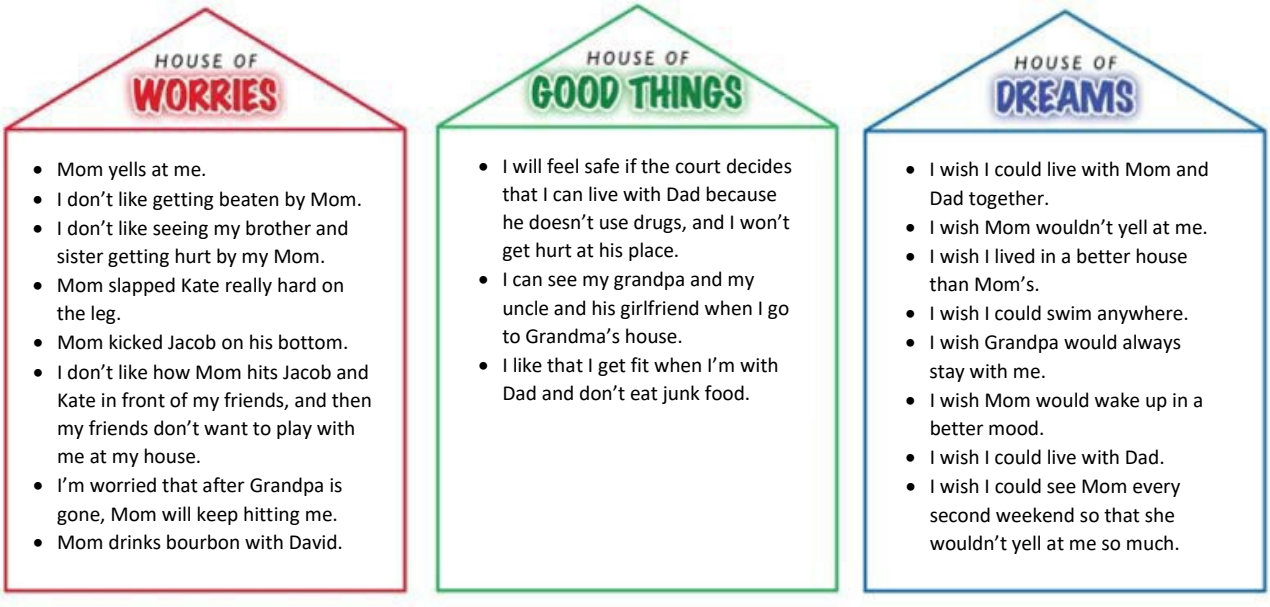
Used with permission from Nicki Weld.

A tool that engages children in child protection assessment and planning.



Case Example

Emma, age 8



Using the Three Houses

Used with permission from Nicki Weld.

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.

2. **Get permission to interview the child.** Sometimes, child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.

3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.

   Important: If the caretaker is alleged offender, in Arkansas, you **must** interview the child outside the presence of the alleged offender.

4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.

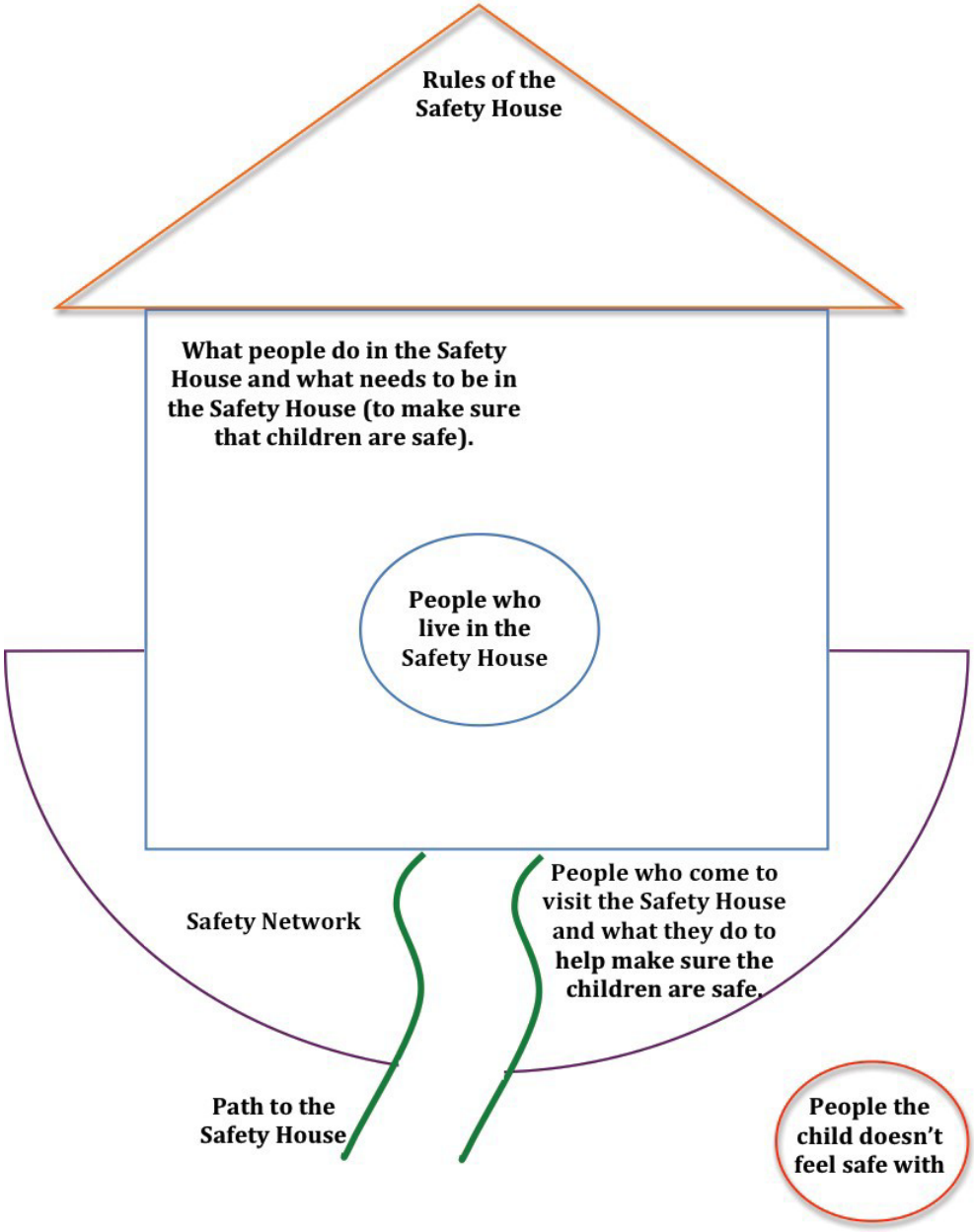
5. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.

6. **Present the child's Three Houses to caregivers.** Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

The Safety House

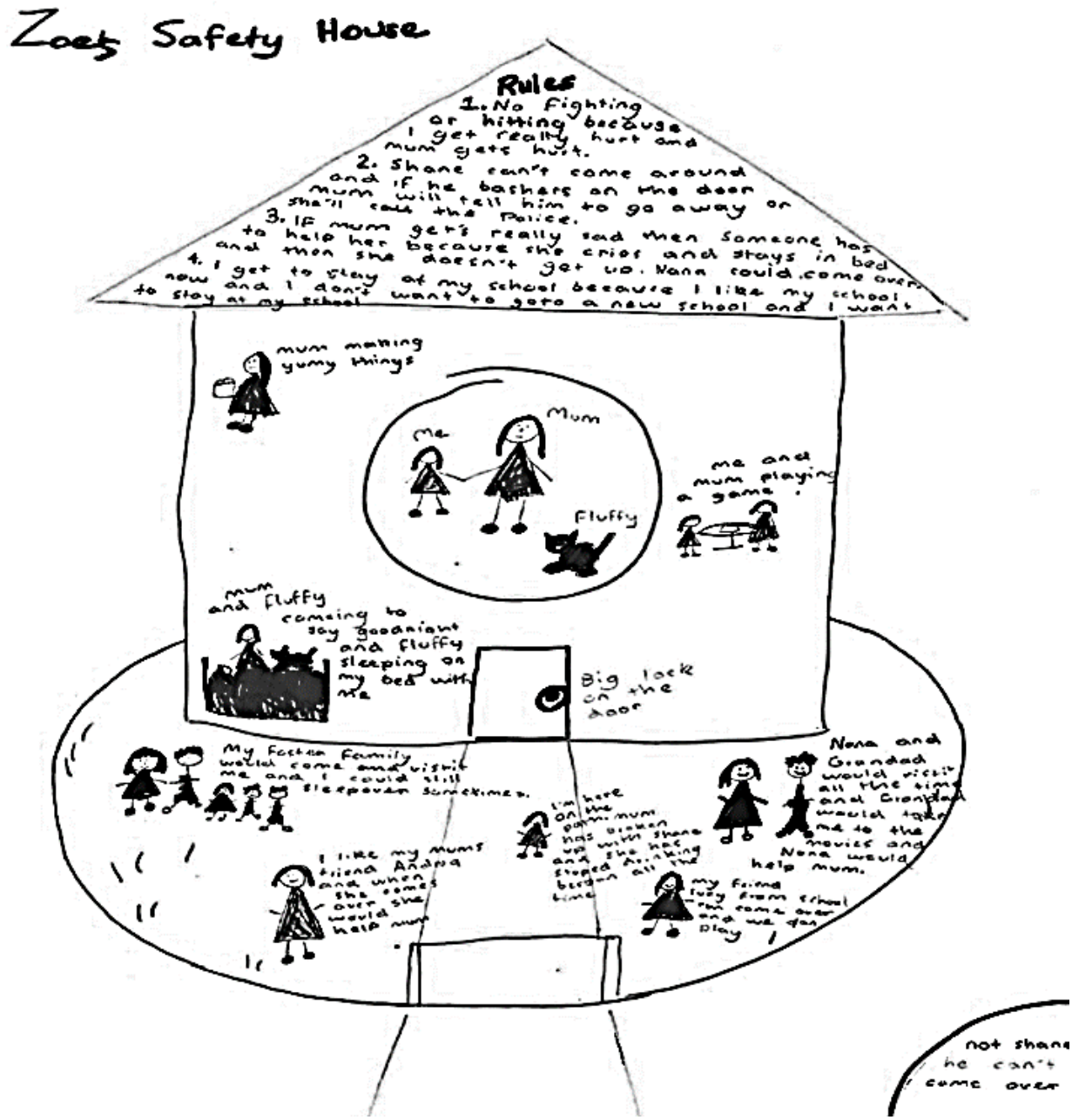
Used with permission from Sonja Parker.

A tool to involve children in the safety planning process.



More information is available in the Safety House booklet available at partneringforsafety.com.

Zoe's Safety House



Zoey's Safe House Text:

Rules:

1. No fighting or hitting because mum gets hurt.
2. 2. Shane can't come around and if he bashes on the door mum will tell him to go away or she'll call the police.
3. If mum gets really sad then someone has to help her because she cries and stays in bed and then she doesn't get up. Nana could come over.
4. I get to stay at my school because I like my school now and I don't want to go to a new school and I want to stay at my school.

What People Do in the Safety House:

1. Mum making yummy things
2. Me and mum playing a game
3. Mum and Fluffy coming to say goodnight and Fluffy sleeping on my bed with me

People Who Live There:

1. Me
2. Mum
3. Fluffy

Safety Network/Who can Visit:

1. My foster family would come and visit me and I could still sleepover sometimes.
2. I like my mum's friend Andrea and when she comes over she would help mm.
3. Nana and Grandad would visit all the time and Grandad would take me to the movies and Nana would help mum.
4. My friend Every from school would come over and we would play

Doesn't Feel Safe:

1. Not Shane. He can't come over.

Scaling Question: How close are you to this house?

2. I'm here on the path. Mum has broken up with Shane and she has stopped drinking bourbon all the time.

Prompts for the Safety House

Used with permission from Sonja Parker.

Inside the Safety House: The Inner Circle and Inside the House

Inner Circle

- ☐ Ask the child to draw a self-portrait and leave extra space.
- ☐ Who else would live in your Safety House with you?

Inside the House

- ☐ Imagine that you are back home with _____ (e.g., mom and dad), and you feel as safe and happy as possible. What sorts of things would _____ (e.g., mom, dad, big sister) be doing?
- ☐ What important things would _____ (e.g., mom and dad) do in your Safety House to make sure you are safe?
- ☐ Do you need any important objects or things in your Safety House to make sure you are always safe?

Safety House Visitors: The Outer Circle

- ☐ Who would visit you in your Safety House to help make sure you are safe?
- ☐ When _____ (each of the safety people identified above) visit you in your Safety House, what important things will they need to do to help you be safe?

Unsafe People: The Red Circle

When you go home to live with _____ (e.g., mom and dad), is there anyone who might live with you or visit you who makes you feel unsafe?

Rules of the Safety House: The Roof

- ☐ Remember when we talked about all the adults who are working on a safety plan for you when you go home? They are trying to decide the rules of the safety plan. What do you think? What would the rules of the Safety House be so that you and everyone else would know that nothing like _____ (use specific worries) would ever happen again? What else? And what else?
- ☐ What rules would your _____ (e.g., sister, brother, grandma) want?

Staying on Track: Path to the Safety House

- Let's say the path begins where everyone was very worried, you could not live with Mom and Dad, and you had to live with _____ (e.g., brother, grandpa). The end of the path, at the front door, is where all those worries are gone, and you will be completely safe living with Mom and Dad. Where are you on the path right now?
- Let's say the beginning of the path is where you feel worried that if you go home to live with Mom (or stay overnight), she will start using drugs again and be unable to look after you properly. At the end of the path, at the front door, everything in your Safety House is happening, and you're not worried that Mom will use drugs again. Where are you on the path right now?

Circles of Safety and Support

Used with permission from Sonja Parker.

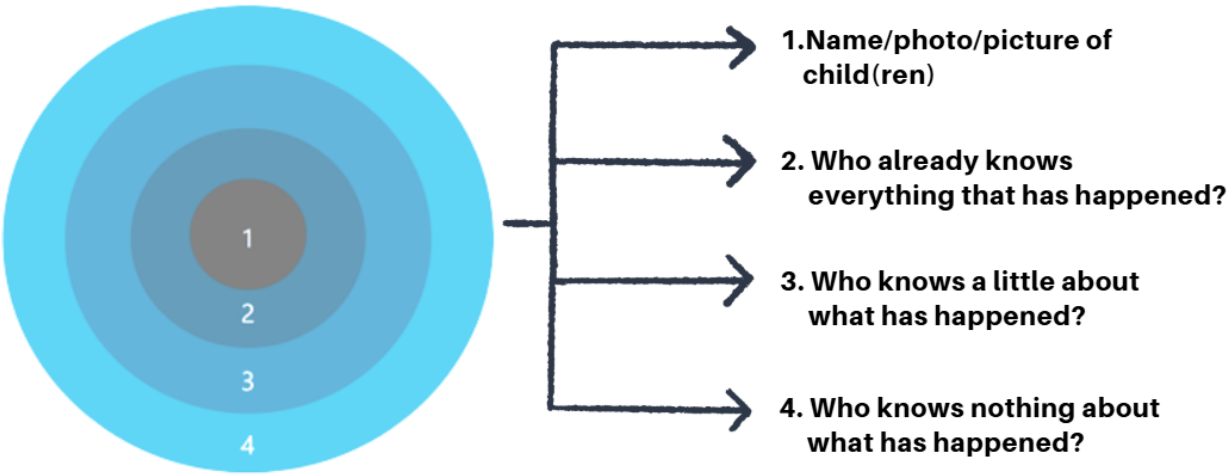
An important part of the family- and safety-centered practice approach is helping the family build and strengthen a network of people—made up of family, friends, and involved professionals – who will support the caregivers to develop and maintain a safety plan for the children. It is hoped these people will continue in this role long after professionals have stopped working with the family.

The safety and support network provides support to the caregivers and safety for the children (and in some situations, safety for an adult with worrisome behavior).

A strong and active safety and support network assures professionals that the caregivers have the support they need to use the immediate safety plan for as long as the children remain vulnerable to the identified safety threats within the family. For cases with an identified safety threat to the children, establishing a safety and support network is non-negotiable when developing the immediate safety plan.

Circles of Safety and Support is a visual tool to help identify people for the family's safety and support network and to help professionals and family members talk about the network's role and who can be part of it.

It is typical to use the tool on the first contact with a family, when the worker is talking about the importance of the network. People in the network will work together to help the caregivers build and follow an immediate safety plan to ensure the children will always be safe.



Source:

Circle of Safety and Support Prompt Sheet

1. **Explain the need for a safety and support network.**

   Speak with caregivers about the purpose of the safety and support network and its need to be in place for immediate safety planning to progress and be effective. Pay attention to what caregivers have already done that will help to build future safety and acknowledge this with compliments whenever possible.

2. **Address the center circle.**

   Ask caregivers to draw, put photos, or write names of family members in this circle.

3. **Address the inner circle.**

   - ☐ Who supports you the most?
   - ☐ With whom do the children feel most connected?
   - ☐ Who knows everything that happened (what led to the children being in care, what led to DCFS being involved with the family)?

4. **Address the middle circle.**

   - ☐ Who supports you a little?
   - ☐ With whom do the children feel some connection?
   - ☐ Who knows a little about your hardships?

5. **Address the outer circle.**

   - ☐ From whom do you avoid asking for support, but maybe could ask in the future?
   - ☐ Who does not support you, making things harder for you and your family?
   - ☐ Who does not know anything about your hardships?

6. Ask if anyone from the middle and outer circles belongs in the inner circle.

- ☐ Review the names in the middle and outer circles. Does anyone need to be part of the inner circle instead?
- ☐ Have you thought about asking those in the middle and outer circles for support or talking with them about what happened?
- ☐ Who would grandma [or pick anyone else in the inner circle] want to join her in the inner circle?
- ☐ Who would the children most want to have in the inner circle?
- ☐ Even though I [the worker] do not know these people yet, which of them do you think I would most want in the inner circle?
- ☐ Of all these people, who makes you feel the most comfortable and most understood? Which of them do you think would be important to have in your safety and support network?

7. Discuss the following:

- ☐ What is the role of the safety and support network?
- ☐ What is the difference between safety and support?
- ☐ How many people are needed in the network?
- ☐ Who can be a safety and/or support person?
- ☐ What do people need to know to be part of the network?
- ☐ How do we ensure that everyone is informed about the concerns?

Support Network Grid

SUPPORT NETWORK GRID

Name:_____ **Date:**_____

GROUPS OF PEOPLE	GOOD SOURCES OF SUPPORT IN MY LIFE (PAST AND PRESENT) TYPES OF SUPPORT					
	EMOTIONAL SUPPORT	SOCIAL SUPPORT	ADVICE AND INFORMATION	LENDING A HAND / HELPING OUT (LOGISTICAL SUPPORT)	FINANCIAL SUPPORT	OTHER
Significant other or close friends						
People I live with now						
Family						
Friends, coworkers, acquaintances						
Community programs, services, people						
Others						

IDENTIFYING, EXPANDING, AND DEVELOPING NETWORKS: QUESTIONS THAT MAY HELP

A core principle of safety-organized practice (SOP) is that if there is no network, there can be no safety plan. All families need a positive support system to reach their potential and function at their best, and we know from experience that having a good support network contributes most to a family's success.

Think about how to orient the caregiver: explaining the process, clarifying the worry statement and safety goals, and then talking with the network about the following.

- How we arrived at the risk level and what it means.
- How caregivers can demonstrate actions of protection even while the child is placed out of the home.
- The importance of increasing their safety and support network while the child is out of the home.
- How we are going to measure their progress, e.g., moving towards the goal statement and/or evolving family time.

Keep the following in mind.

- The best predictor of future maltreatment is past maltreatment.
- The best predictor of future actions of protection are past actions of protection.
- The sooner caregivers start demonstrating new protective actions that respond to the harm or danger, the better.

GENOGRAM GUIDE

PURPOSE AND VALUE OF CREATING A GENOGRAM

The value of completing a genogram is twofold.

- It creates space for the family to share a little about themselves and their immediate and extended family members so we can understand who may be able to be a part of their safety and support network.
- It also lets them begin to share their story before a worker delves into why the family was brought to the attention of the Arkansas Division of Children and Family Services (DCFS), which enhances engagement.

WHERE TO BEGIN

- Start with questions that are relevant to your role with the family.
- Aim to gather information about three generations: the parent's generation, their parents', and their grandparents'.
- Include significant others who lived with or cared for the family.
- Start with drawing the family structure: who is in the family; in which generations; how they are connected; births, marriages, deaths; etc.
- You may ask them to tell you a bit about each person.
- As the caregivers tell you about family members and relationships, make a note alongside the names.
- As you draw the genogram on paper, start with the children near the bottom of the page and work your way up through each generation to avoid running out of room.

QUESTIONS TO ASK

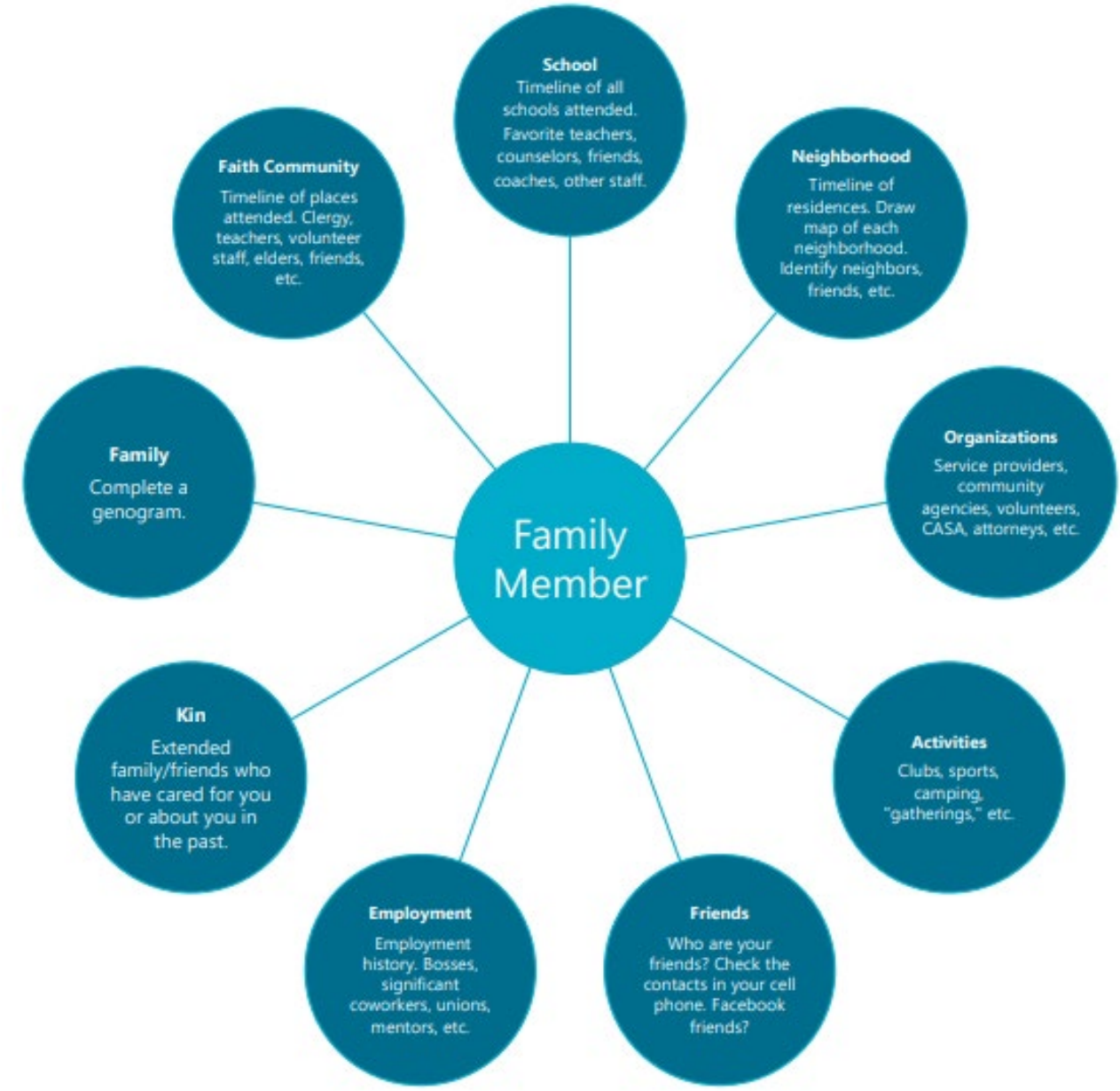
- Ask about relationships between family members.
  - » Who are you closest to? Who do you trust?
  - » What is/was your relationship like with [name]?
  - » How often do you see [name]?
  - » Where does [name] live now?
  - » Is there anyone here whom you really do not get along with? Do not trust?
  - » Is there anyone else who is very close to each other in the family? Or who really do not get along?

- Ask about family members' characteristics or habits, particularly those relevant to your role: health issues, alcohol and drug use, physical and mental health, violence, crime and trouble with the law, employment, education.
- Ask about family values, beliefs, and traditions.
- Try to explore patterns and themes.
  - Who are you most like?
  - What is [name] like? Who else is like them?
  - Did anyone else leave home early? Is anyone else interested in art?, etc.

GENOGRAM APPS FOR ANDROID, IOS, AND DESKTOP

- Quick Family Tree
- Gitmind
- EdrawMax

ECOMAP

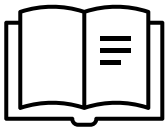

School
Timeline of all schools attended. Favorite teachers, counselors, friends, coaches, other staff.
Faith Community
Timeline of places attended. Clergy, teachers, volunteer staff, elders, friends, etc.
Neighborhood
Timeline of residences. Draw map of each neighborhood. Identify neighbors, friends, etc.
Family
Complete a genogram.
Family Member
Organizations
Service providers, community agencies, volunteers, CASA, attorneys, etc.
Kin
Extended family/friends who have cared for you or about you in the past.
Activities
Clubs, sports, camping, "gatherings," etc.
Employment
Employment history. Bosses, significant coworkers, unions, mentors, etc.
Friends
Who are your friends? Check the contacts in your cell phone. Facebook friends?

The Heart of ICWA

Instructions: Watch the video. As you watch, think about your answers to the questions below. Be ready to write them down afterwards.

1. What are three takeaways you have about the video? These could be things you learned or things that stuck out to you.

2. Why is it important to understand the history and purpose of ICWA as a family service worker?



Identity Sharing: Who Am I ?

1. Think about aspects of your identity that affect your day-to-day life.

Choose the three that most affect your life and list them below. Note: There may be both challenges and advantages that come with the identities you choose.

1.

2.

3.

2. Why did you choose the identities you did? What are some experiences you've had that illustrate their effect on your life? What are some challenges and advantages that come with these identities?

3. Choose an identity that is outside your own. (If you want to challenge yourself, choose an identity that you know you may have a bias toward.) Consider the experiences someone with that identity may have based on that identity. Write down two ways their life may be affected by their identity. (This is just for you. No one will be asked to share unless they volunteer.)

Identity:

1.

2.

4. **Why did you choose the identity that you did?** How are their experiences different from your own?

5. **Choose one of the statements you wrote about yourself and your experiences that you are comfortable sharing with your group.** You can expand on it in whatever way you're comfortable. After everyone in your group has shared, write down one takeaway below. (Anything you thought was particularly interesting or meaningful.)

6. **Reflect back on the statements you wrote about an identity outside of your own, and also the statements others shared.** What power imbalances might you have, based on those statements? How could this affect your interactions with families?

Notes for Cultural Humility Videos

Directions: As you watch the videos, make note of the points you find most useful or interesting.

How can this information be helpful to you for culturally responsive child welfare practice?

Notes for Danger of a Single Story Video

Directions: As you watch the video, make notes for the following questions

1. What is the "danger" of a single story?

2. Why is recognizing this danger important for you as an FSW?

3. Have you ever been the "teller" of a single story? How did that feel?

4. Have you ever been a "character" in someone else's single story? How did that feel?

5. How can this information be helpful to you as a family service worker?