

# Foundations Unit 5

## *Trainer Guide*



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

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## Revision Tracking Sheet (Classroom)

Classroom Unit Reviewed	Unit 5	Date	04/2025
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**Revision Key:**      **Red** = content added      **Strikethrough** = content removed

Note: All changes are highlighted in green in the draft version of the trainer guide for easy reference. Originals on the MidSOUTH staff site have revision tracking sheet only.

Highlighted brackets indicate full sections removed:  
i.e. - [content removed...refer to revision tracking sheet]

Document	Revision Tracking
<b>General/All</b>	<ul style="list-style-type: none"> <li>• <b>ADDED</b> On-Call/Worker Safety Material from Unit 4 and curriculum has been rearranged for flow purposes. Formatting has been adjusted.</li> <li>• <b>UPDATED</b> TOC and Agenda based on changes made to Unit.</li> <li>• <b>UPDATED</b> Pre/Post Knowledge Check questions</li> <li>• <b>UPDATED</b> remaining language change from “parent” to “caregiver”</li> </ul>
<b>Trainer Guide</b>	<ul style="list-style-type: none"> <li>• <b>Removed:</b> Day 1 Section 2: Skillful Use of Authority, De-escalation Strategies, and Worker Safety (1 hour, 15 minutes) 10:10 - 11:25. The De-escalation activity was cut for time, but the resource remains in the Participant Manual.</li> <li>• <b>Removed:</b> Page 29 Contact or Family Time from Day 1 Section 5, as it included outdated information about entering contacts in CHRIS.</li> <li>• Page 34: Genogram video changed to comply with legislation: <a href="https://youtu.be/MuXvG9tbUMs?feature=shared">https://youtu.be/MuXvG9tbUMs?feature=shared</a></li> <li>• <b>MOVED:</b> Involving Children in Safety Planning using the Safety House (1 hour) 12:40 - 1:40. This section was moved from Day 3, Section 1 and moved to Day 1, Section 3.</li> <li>• <b>ADDED:</b> Day 3 Sections 3 - <b>(Pages 60-63): On-Call Essentials and Strategies</b></li> <li>• <b>ADDED:</b> Day 3, Section 4 - Skillful Use of Authority, De-escalation Strategies, and Worker Safety. “On-Call Protocol” section from Policy, Procedures and Protocol were moved from Unit 4. <b>Section 3</b> is a combination of two sections from Unit 4.</li> <li>• <b>ADDED:</b> Day 3 Section 4 (page 62): <b>Day in the Life of DCFS caseworkers in Arkansas Video:</b> <a href="https://youtu.be/i0ivcpUCWsg?feature=shared">https://youtu.be/i0ivcpUCWsg?feature=shared</a> (5.23)</li> <li>• <b>ADDED (from Unit 4): (Page 67) Video introduction/option for trainer:</b></li> </ul>

Document	Revision Tracking
	<p>“You can show <b>Day in the Life of DCFS caseworker</b>, a recent video about workers in Arkansas who continue to do the work because they know they are having a positive impact on children and families. (Trainer can choose not to show a video or show another video. It can be found on <b>Slide 70</b>)... Following a brief discussion, review the <b>Worker Safety Guidelines on pages 58-59, in their Participant Manuals</b>”</p>
<b>Trainer Resources</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Participant Manual</b>	<ul style="list-style-type: none"> <li>General: Note that pages have been moved to flow better with the order of the Trainer Guide sections</li> <li>Page 17: The second link and QR code for “Prioritizing Youth Voice: The Importance of Authentic Youth Engagement in Case Planning” has been replaced. (It had stopped working.</li> <li>Page 31: Genogram Legend replaced</li> <li>Page 33: Changed the drug screen results from <del>Opiates</del> to <b>Methamphetamine</b>.</li> <li>Page 35: <b>Janice stated that her work hours have recently been cut back. This has caused her to be concerned that she may lose her job, which has created stress about bills and housing. <del>Janice says she has almost always had a job and that she is looking for another job.</del></b></li> <li>Page 56-57: Crisis Prevention Institute’s Top 10 De-escalation Tips (Extended info added from the Trainer Guide, and taken out of Trainer Guide so as not to be redundant/clear space)</li> <li><b>REMOVED page 26-28</b> that had outdated information about entering contacts in CHRIS</li> </ul> <p><b>Added from Unit 4</b></p> <ul style="list-style-type: none"> <li>Page 48: On-Call Grab Bag</li> <li>Page 49: On-Call Work Aid</li> <li>Page 50: On-Call Questions For My Supervisor</li> <li>Page 58-59: Worker Safety Guidelines</li> </ul>
<b>Handouts</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Power Point</b>	<ul style="list-style-type: none"> <li>Slides for new sections/break times have been added/adjusted</li> </ul>

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## AGENDA

### Day 1

- I. Section 1: Welcome, Agenda, Prepare for Learning, OJT Experience, and Online Review**
  - A. Welcome, Agenda Agreements
  - B. On the Job Training Connection
  - C. Review Online Unit 5
- II. Section 2: Considerations when Engaging Children and Youth**
  - A. Children's Cognitive Development
  - B. Children's Language Skills
- III. Section 3: Involving Children in Safety Planning using the Safety House**
  - A. Safety House Overview
  - B. Safety House Practice Jaree
- IV. Section 4: Stages of the Interview**
  - A. Review of Stages
- V. Section 5: Documentation**
  - A. Quality Documentation Review
  - B. Documentation Reflection

### Day 2

- I. Section 1: Safety Organized Practice**
  - A. Review SOP Tools
- II. Section 2: Introducing the Genogram**
  - A. Genogram Introduction
  - B. Genogram Practice
- III. Section 3: Three Questions and Three Column Map**
  - A. Jaree Morehouse Scenario
- IV. Section 4: Practice Opportunity Using the Three Houses**
  - A. Introduction and SOP Review
  - B. The Three Houses Practice

- V. **Section 5: Identifying Caretaker + Behavior + Impact on the Child**
  - A. C+B+I Formula Practice
- VI. **Section 6: Engaging Families using HARM, WORRY, and GOAL Statements**
  - A. #2 Purpose of SOP
  - B. Practicing HWG Statements

### Day 3

- I. **Section 1: Circles of Safety and Support**
  - A. Circles of Safety and Support Overview
  - B. Ecomap Overview
  - C. Family Safety Network: A Carver County Case Example
- II. **Section 2: Upgrading to Safety Organized Practice using the CAP Framework**
  - A. CAP Framework Overview
  - B. Practice Opportunity with Jaree
- III. **Section 3: On-Call Essentials and Strategies**
  - A. Grab-Bag Checklist
  - B. On-Call Survival Strategies
- IV. **Section 4: Skillful Use of Authority, De-escalation Strategies, and Worker Safety**
  - A. Factors that Influence How Families Perceive Child Welfare De-escalation Strategies
  - B. Perceptions of Authority
  - C. Reflect and Connect to Practice
  - D. De-escalating Tips
  - E. Staying Safe
- V. **Section 5: Review**
  - A. Jeopardy Review



## BEFORE YOU TRAIN

**Information for this Unit has been adapted from a variety of sources, primarily:**

- Introducing Safety Organized Practice Key Concepts: Evident Change, 2021
- California's Common Core Curricula for Child Welfare Workers
- Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework, Andrew
- Turnell and Steve Edwards, 1999

Resource documents contain more information than is reasonable to cover within the timeframes allowed. These Resources include useful information that may help the new worker later.

**The focus of this unit is on enhancing the FSW's engagement skills, specifically through the use of the new tools which are part of Safety Organized Practice.**

**Before you train, make sure to do the following:**

- ❑ Remind learners that practicing new skills may feel awkward. Some workers (and trainers) dislike "role playing."
- ❑ Remind learners that practicing new skills may feel awkward. Some workers (and trainers) dislike "role playing."
- ❑ Remind workers that they also have other professional resources to utilize, i.e., get to know CASA volunteers, make it a point to observe court and get introduced to OCC, etc, learn who does what and get their contact information.
- ❑ We also recommend that learners seek to further their knowledge, understanding, and skill development in the key elements of Safety Organized Practice through ongoing continuing education and self-directed learning.

**During online training, participants were directed to the following tools:**

- Investigation Review: Before You Go
- Casework Review: Before You Go

**On CHRISNet:**

- Practice Guides to Assessment
- The CANS/FAST Information Gathering and Engagement Tools

These resources/tools are available to workers to assist them with information gathering and organization. Workers are being asked to pick up cases where there may be missing and/or incomplete information.

## TRAINER MATERIALS LIST

### Day 1

- Optional [The Power of Words Video](https://www.youtube.com/watch?v=OqOzxZss5WA) (<https://www.youtube.com/watch?v=OqOzxZss5WA>) (1:11)
- **Optional Interview Video** with sections. (Introducing and Exploring Agency Involvement, Three Questions, Scaling Questions, Case History, Intro to Mapping, Safety Circles, etc.) You can navigate each section on using the play bar at the bottom of the video. (<https://youtu.be/mwKnqvIGLaI>)
- Unit 5 Online Review Quiz with Answers (Trainer Resources)
- Engaging Children and Adolescents Resource (Participants)

### Day 2

- Genogram video:
- <https://youtu.be/MuXvG9tbUMs?feature=shared> (2.37) (Overview with example)
- Other Options:
  - [https://www.youtube.com/watch?v=Zn\\_jfTImacM](https://www.youtube.com/watch?v=Zn_jfTImacM) (2.24) (Basic construction)
  - [https://www.youtube.com/watch?v=ka6vHP\\_cczs](https://www.youtube.com/watch?v=ka6vHP_cczs) (2.00) (Relationships)
- Trainer Resource – Completed Three Column Map Three Houses instruction video: (<https://www.youtube.com/watch?v=NLI1lMGlihE>) (8:30)

### Day 3

- Carver County Case Video: (<https://www.youtube.com/watch?v=CsqFOJtnGMU>) (7:15)
- Have videos cued up:
  - Home Visiting Safety: Staying Safe and Aware on the Job  
[https://www.youtube.com/watch?v=kL3r\\_3N\\_Qek](https://www.youtube.com/watch?v=kL3r_3N_Qek) (7:42)
  - OR**
  - Home Visit Tag Along: Steps to Staying Safe During Home Visits  
<https://www.youtube.com/watch?v=fkUtuXkkg30> (5:16)
  - Optional: Day in the Life of DCFS caseworkers  
<https://youtu.be/i0ivcpUCWsg> (5.23)
- [DCFS Policy and Procedure Manual](#)
- Jeopardy Review\_2022

## COMPETENCIES LIST

- **101-1** – The worker knows the values of family centered child welfare practice and understands that effective family-centered services can strengthen families, promote positive change and help prevent removal of children from their homes. Family-centered child welfare values include:
  - safe and stable families
  - permanence for children
  - preservation of parents' and children's rights and dignity
  - client self-determination
  - reasonable efforts
  - respect for individual and cultural differences
  - awareness of how one's own values and culture can impact the delivery of child welfare services.
- **101-2** The worker understands the dual roles of the Family Service Worker to protect children from maltreatment and to empower families by providing services designed to strengthen and support families.
- **101-4** – The worker knows what data must be gathered from collaterals contacts, from the reporter, from case records and from other sources and can identify factors that must be evaluated when assessing immediate safety threats, the level of risk for maltreatment and family strengths and protective factors that mitigate or reduce risk.
- **102-1** – The worker understands knows the importance of effective assessment, case planning and concurrent planning and understands the factors that must be addressed in a thorough assessment including contributing factors to maltreatment, the functioning of the family as a unit, the cognitive, behavioral, social and emotional strengths and limitations of each family member, the formal and informal resources available to the family, and any other domains address by agency assessment tools and protocols.
- **102-2** – The worker knows strategies to engage family members in constructive and collaborative casework relationships that empower families; promote family participation in assessment and planning; overcome resistance; are culturally sensitive; and defuse anger, fear and hostility while appropriately using authority to assure the protection of children.
- **102-3** – The worker knows how to involve families in the development of appropriate, time limited case goals and objectives; knows how to prioritize family and child needs; knows how to formulate observable, behavioral measures of goals and objectives

which address the highest priority needs; and knows how to identify the most appropriate services and activities to meet the case plan objectives.

- **102-6** – The worker knows strategies to conduct effective interviews. These include communicating the purpose of the interview; controlling the process and direction of the interview while encouraging family participation; and using a variety of interview methods including open and closed ended questions, clarification, support, summarization, confrontation and helping families communicate feelings as well as facts.
- **103.1** – The worker has a thorough knowledge of the stages, processes and milestones of normal physical, cognitive, social, and emotional development of children from birth through adolescence.
- **103.2** -- The worker knows the potential negative impacts of maltreatment and trauma on normal development and can identify indicators of developmental delay or problems related to trauma in children who have been abused or neglected.

# DAY 1

## DAY 1, SECTION 1: Welcome, Agenda, Prepare for Learning, OJT Experience, and Online Review

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>1 hour</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSW knows the expected flow of material for the week.</li> <li>FSWs will share information to enhance learning about their OJT experiences.</li> <li>FSW will review content from online training.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>102-1</li> <li>102-6</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual pages 1-4</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Unit 5 PowerPoint Slides 1-8</li> <li>Optional The Power of Words Video (<a href="https://www.youtube.com/watch?v=OqOzxZss5WA">https://www.youtube.com/watch?v=OqOzxZss5WA</a>) (1:11)</li> </ul>

## INTRODUCTION

Welcome participants back to training. It may be good to start with a short ice-breaker kind of activity to get the day started. It will be important to reinforce group agreements and have a moment to see how participants are doing as you enter a new week of training.



### ACTIVITY: Agenda

(Slides 3)

Review Agenda for the week. It can also be found in the Participant Manual on pages 1-2.



### ACTIVITY: Group Agreements

(Slide 4)

Establish/Review Group Agreements. Are these still working? Do we need to add any new

agreements?

Establishing and Attending to Group Agreements serves as a model for learners in the process of developing and using Group Agreements. These are useful practices associated with collaborating and teaming with families and within their agency.

**Make the PRACTICE connection:** Reviewing the Group Agreements provides a model for the work that family service workers will do with child and family teams.

**Collaboration:** We need partnership to have engagement. Engagement works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families; families are the experts on their family. Family service workers must be able to nurture collaboration to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.



## ACTIVITY: Temperature

(Slide 5)

Transition to the next activity by reminding people that in order to effectively participate in learning, they need to show up and be present.

Take the “temperature” of the group so that you know how people are doing and how they are feeling.

**Probe:** Ask, “On a scale of 0-5, with 0 being NOT AT ALL, and 5 being VERY EXCITED, how are you feeling today about attending this training?”

Mention the numbers and allow opportunities for learners to share why they may be feeling like they are at a “2” or a “5”. Ask, “What would it take to move you up the scale by 1?”

**Trainer:** We ask, “What would it take to move you up the scale by 1?” to emphasize that change is incremental. This technique is fundamentally the same as the concept in case planning of creating small, doable steps toward a goal. Our current state may not be great, but we can identify small increments toward improvement.

## TEACHING NOTES

## TEACHING NOTES

**ACTIVITY: On the Job Training Connection**

(Slide 6)

**Trainer:** Take the time to discuss the workers' experiences during the previous OJT week. Questions to prompt discussion and tie the experiences back to foundational learning might include:

- What kinds of tasks and duties are you being assigned?
- Tell us about your court and legal observations and experiences.
- What struggles and successes are you experiencing with the CANS/FAST Assessments?
- Have you been involved in a staffing (or family centered meeting), a TDM, or a Transitional Youth Services Planning meeting?
- What was the most interesting thing you learned or experienced? What was the hardest?
- What went well? Is anyone willing to share a success story from the previous week?
- What was a challenge? What are they worried about? Lessons learned from the successes and the challenges.
- What do they think/feel needs to happen next in their learning/training process?

**ACTIVITY: Review Basic Communication  
Overview from Online Training**

Conduct this section fairly quickly, moving the pace along. Unit 5 Online Review Quiz is located in their **Participant Manual, pages 3-4**. The quiz and correct responses are located in the Trainer Resources.

Have the learners complete the questions from the Unit 5 Online Review Quiz in table groups. Assign several questions to each group. This material on basic concepts of communication should be a review for most people.

## LINKING TO SOP

**Trainer:** Throughout the training, remember to tie policy/procedures, practice behaviors, and tools/strategies back to the objectives (or purposes) of SOP.

### The 3 overarching objectives of SOP

- Developing good working relationships,
- Using critical thinking and decision support tools, and
- Building collaborative plans to enhance daily child safety

## USING FAMILY FRIENDLY LANGUAGE

Language isn't just a way to communicate, it's a component of culture that makes it unique and specific. Language affects thinking. Words matter.

Safety Organized Practice recognizes that the language we use in training and with families can and does influence the work we do. It is a collaborative practice model and approach that works to build and strengthen partnerships within a family and involve informal and formal support networks of friends, family, service providers and the child welfare agency.

The hope is that the work is done *with families*, not *on clients*. Whenever possible, use words such as caregivers, young adults, youth, child, family, people, rather than clients.

DCFS is committed to shifting to more family friendly, person first language.

You may choose to show The Power of Words video, which is linked on [Slide 8](#). You can use [Slides 7 and 8](#) as you discuss these language shifts.

Some examples to consider and share:

- “Staffings” are referred to as “Family Team Meetings.”
- “Visitation” becomes “family time.”
- Language used when talking about drug screening, substance abuse and addictions. Encourage workers to use more family friendly language when you notice them using legalistic or punitive terms like:
  - A/O (alleged offender) –caregiver who hurt or neglected their child
  - A/V (alleged victim) – child

## TEACHING NOTES



- Addict – person with addiction
- Clean – testing negative
- Dirty/Pop dirty/hot – testing positive

## TEACHING NOTES

### TRANSITION TO THE NEXT SECTION

Remind participants that some of the workers have been on the job for a several months at this point. Or they may have started work the week before training began. They have been interacting with families, providers and stakeholders, but how much and how structured those interactions have been will be very different depending on their office cultures. Remember that there is a wide variety of skill level within the group as far as engaging and interviewing.

There is no way that a 17.5 hour training week can adequately prepare new workers for engaging families.

In college, entire semesters cover the foundation skills needed to develop confidence and mastery in engaging and interacting. We try to provide a general overview of the areas that have been identified by DCFS and other state child welfare agencies as essential in engaging and working with families.

The concepts covered in training so far **help establish a foundation to build excellent engagement skills**, specifically:

- Working with and across differences
- Having a perspective of cultural humility
- Being trauma informed
- Understanding family centered, strengths based value of practice
- Knowing general Safety Organized Practice key concepts and tools

Most of the strategies and techniques in Safety Organized Practice will be relatively new to these new workers. They have had a general overview in Unit 2 (and likely did not get through the entire section on SOP), and we have referred to the SOP tools in Units 3 and 4 as resources to assist them in their efforts to engage, assess, and plan.

**Remember the 3 overarching objectives or purposes of Safety Organized Practice**

## TEACHING NOTES

- Developing good working relationships to ensure rigorous and balanced assessment and including all voices
- Using critical thinking and decision support tools
- Building collaborative plans to enhance daily child safety

In addition to completing assessments and performing ongoing assessments, every single interaction within your work involves engaging and interviewing on some level. Regardless of your role, there is the need for strong interviewing skills in every position within child welfare. Whether you are transporting (family friendly language = driving) a child to an appointment, supervising family time between a child and his caregiver, or testifying in court, you will be engaging people.

Every interaction is an opportunity to engage, build and sustain strong working relationships, increase opportunities for change, AND to determine **specific** information needed to ensure safety and promote permanency and well-being. Every conversation is an intervention.

**\*\*\*Every single interaction must include assessing for safety. \*\*\***

This unit will allow them to dig deeper into cornerstone elements of the work and some opportunities to practice new strategies.

First, a well-conducted interview begins before you ask your first question. And engagement goes beyond “an interview.”



**DAY 1, SECTION 2: Considerations when Engaging Children and Youth**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 1 hour, 15 minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSW will recall critical information to consider when talking with children and adolescents.</li></ul> <p>FSW will recall knowledge about the impact of trauma on domains of development.</p>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-1</li><li>• 102-2</li><li>• 102-6</li><li>• 103-1</li><li>• 103-2</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual pages 5-19</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides 10-11</li></ul>

## INTRODUCTION

Review the following considerations to help FSWs form a baseline for talking with and engaging children and adolescents. Children and adolescents are not simply small adults and do not communicate in the same manner as adults.

**Pause here** and ask about workers' perceptions about gathering information from children in the assessment and planning process.

Many times, children's input is confined to "what happened", focused only on the "incident" or the problem that resulted in DCFS involvement, or include very specific questions about disciplinary practices.

Concerns might sound like: These are adult problems, children shouldn't have to solve their own safety issues, don't want to re-traumatize the child.

## TEACHING NOTES

**REMEMBER**

Keep in mind that research and practice experience support child/youth involvement as much as possible. There are limits and the child's or youth's needs and abilities must be taken into account. Decisions must be child-centered and based on their best interests.

Children are witnesses to most, if not all, that goes on in a house. They are living the reality. Their perspectives are vital to gathering information about what is happening and what needs to happen. Children know what is going on, they know what they are worried about, they know what needs to happen for them to be safe.

Therefore, children can be, and need to be, partners in our assessment and their own safety planning. Children need to understand why child protection services are involved with their families. Even very young children can be engaged as partners in assessing and planning.

Caregivers need to hear the child's worries, hopes, and wishes.

**SOP TOOLS**

Remember from Unit 2, you were briefly introduced to specific tools that Safety Organized

Practice model (Three Houses and Safety House) uses to bring in the voice of children/youth. You will learn more about these tools as you continue in your training and OJT.

There are so many things to keep in mind when engaging children. This section is focused on developmental considerations related to language and cognition, more of the bird's eye view of information when engaging young people. They aren't just little adults.

The kinds of questions that children can understand and respond to are related to their cognitive and language development, history of trauma, current state, etc. Cognitive and language development go hand in hand.

We have created supplemental information on **Participant Manual pages 5-16** titled "Special Considerations When Communicating with Children and Adolescents."

## ENGAGING CHILDREN AND ADOLESCENTS

Go over the “Considerations For All Ages” section and the rest of the information covered on **Participant Manual pages 18-19**.

In Unit 4, when FSWs were introduced to CANS/FAST, we shared the Assessment Guides that are available on CHRISNet.

These resources include many examples of questions which can be used in completing the CANS 0-4, CANS 5+, and FAST to dig deeper and discover rich details about the family’s daily acts of protection and belonging, as well as concerns and needs.

Direct learners’ attention to these guides on the Resource page (in the DCFS Portal). They can access these guides anytime through CHRISNet or the Portal and contain numerous examples of lead ins and suggested questions.

In addition to what’s included here, there is more information in **Participant Manual pages 5-19**. Allow the workers a 5-10 minutes to review and an opportunity to ask questions.



## TEACHING NOTES

**DAY 1, SECTION 3: Involving Children in Safety Planning using the Safety House**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 1 hour (15 intro + 45 for activity)</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs will review components and topics explored with children in the Safety House</li><li>• FSWs will practice completing a Safety House in a role play activity</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-2</li><li>• 102-4</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual, pages 20-22</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• Slides 13-15</li></ul>

## INTRODUCTION

Workers were first introduced to the Safety House in Unit 2 and in the eLearning Module if they have taken the DCFS online training.

It is one of the strategies to ensure the child is included in the assessment and planning process. It serves a dual purpose of helping in the efforts to develop good working relationships by including the child in the process and in building collaborative plans.

Working with families and their networks to develop comprehensive and rigorous plans that lead to ongoing, demonstrated day-to-day safety for children, is one of the most challenging tasks facing child protection workers.

Many of the children and young people involved in child protection systems don't understand how decisions about their safety are made and do not feel they are given opportunities to meaningfully participate in these decision-making processes.

## TEACHING NOTES

**Trainer Note:** The next section provides an overview of this tool. Although the information was included in Unit 2, it is likely that there was not adequate time to cover it in depth. And if the workers have completed the web-based eLearning module, this should be an overview. Some will have done the DCFS/Evident Change eLearning and some will not.

## SAFETY HOUSE OVERVIEW

How much time is spent on the overview is up to the Trainer based on knowledge of the group and their familiarity with the Safety House. The information can be covered as a review. **Slides 13-15** go over the Safety House, including a detailed example.

The Safety House is a practical, visual tool that has been designed to address this issue. The Safety House creates a context for talking with children and young people about the collaborative planning process and elicits their views on what would need to happen within their family to ensure they are safe, in situations where they may have previously been hurt or were at risk of being hurt.

The Safety House is only ONE part of the overall, collaborative planning process. The previous work on worry statements laid the groundwork for using the Safety House.

When the worries about the child's safety have been expressed in language that the child can understand, it is possible to use the Safety House tool with the child to explore their views of what would need to happen within their family to ensure that they are safe in relation to these worries.

Refer workers to **page 20 of the Participant Manual for the outline of the Safety House** with each topic identified. Summarize the Process for Safety House construction:

- Introduce the Safety House to the caregivers and request permission to talk with the child.
- Decide where to meet with the child, whether to work with the child with the caregivers present, and whether to speak with the siblings together or separately.

## TEACHING NOTES

- Introduce your role and the Safety House to the child in easy to understand, age-relevant language. Explain how the information will be used. Provide blank paper and drawing, writing materials.
- Work through each part of the tool.
- Explain what will happen next and request the child's permission to show their Safety House to others.
- Present the Safety House information to the caregivers Deciding which children to involve in creating a Safety House:
  - The child has to be old enough to talk.
  - The child can mentally comprehend the action steps developed.
  - Child can understand instructions and draw.

**Probe:** Ask if any workers have had a chance to create a Safety House with a child or teenager they are working with. Ask them to describe the experience.

**ACTIVITY: Individual Activity**

Before they begin constructing a Safety House with Jaree, remind them to think about how they would introduce the Safety House to Marcia. This statement should include asking the caregiver for permission to conduct the activity with the child. Go back to the earlier conversation about balancing power and authority with support and engagement and the critical thinking that must go into when and with whom to use any tool or strategy.

Helping caregivers to understand the purpose of the Safety House tool and the process that their child will be engaged with is an important step in using this tool.

One of the primary purposes in using the Safety Houses tool is to bring the child's views into the collaborative planning process, so it is vital to explain the process to the caregivers and wherever possible secure their support for the process. This advance work creates a transparent context for the worker to bring the child's views back to the caregivers and the family's network.

After introducing the activity, put them back into the groups they were in during the Three Houses activity.





## ACTIVITY: Safety House Practice

**Time:** 45 minutes (included in overall time)

Return the workers to the groups they were in for the Jaree and the Three Houses activity.

Encourage the group to switch out their roles from before. The person who played Jaree before should be encouraged to be one of the interviewers. If only one person interviewed before, encourage that person to step back and allow another person who may not have interviewed to step forward.

**Trainer Note:** The same instruction for the person role playing Jaree applies here. It is not so important what Jaree says as the practice that the workers get asking, responding, and moving through the areas of the house.

They will use the labeled **Safety House** on page 20 of the Participant Manual and the **Prompt sheet for using the Safety House** on pages 21-22 of the Participant Manual to guide them.

Start with a blank piece of paper. Provide pencils, markers, etc.

Practice introducing the Safety House to Jaree. They can do as many “do overs” as needed until they have an introduction they feel comfortable with.

Continue through each topic of the house.

Once the worker and the child have finished the Safety House, it is important to explain what will happen next to the child or young person, and to obtain their permission to show their Safety House to others, such as caregivers or extended family.

### Large Group Discussion:

What did they like about using the Safety House? What areas could have gone smoother? Did they have any ‘aha’ moments?

We are not providing them with a completed copy of the Safety House. We want them to create the house with Jaree. The same instruction as given with the Three Houses applies here: it isn’t as important what Jaree says as the opportunity for the workers to practice using the prompts and moving through the areas for exploration.

Finish the discussion with these final comments.

## TEACHING NOTES

## TEACHING NOTES

Some children may want to present their Safety House or to be there while it is presented, whereas others may feel anxious about this and choose not to be present. Whatever the process that is agreed upon with the child, it is important to talk this through carefully so that the child knows what will happen next.

The final step in the Safety House process involves bringing the child's Safety House, and the child's voice and ideas expressed within their Safety House, to the caregivers.

The Safety House tool, while primarily a collaborative planning tool, may also elicit new assessment information in working with some children. If the information gathered raises additional safety issues, then it is important to consult with your supervisor and to develop a plan about how to ensure the child will be safe. Is there a safety threat that would require a protection plan or removal?

**HANG ON to the Safety Houses, they will need them in a later activity on the CAP Framework.**



**DAY 1, SECTION 4: Stages of the Interview**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>45 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSW will review the stages of an interview</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>102-6</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual page 23</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slide 17-18</li> <li><b>Optional Interview Video</b> with sections. (Introducing and Exploring Agency Involvement, Three Questions, Scaling Questions, Case History, Intro to Mapping, Safety Circles, etc.) You can navigate each section on using the play bar at the bottom of the video. (<a href="https://youtu.be/mwKnqvIGLaI">https://youtu.be/mwKnqvIGLaI</a>)</li> </ul>

## INTRODUCTION

The stages are:

- Preparation
- Introduction and Engagement
- Information Gathering and Sharing
- Closure
- Documentation

**Trainer Note:** We have modified the stages or phases of the interview to include Preparation as a formal part of the interview process. We have combined Introduction and Engagement. And we continue to include documentation to emphasize the importance of capturing the information from each interaction.

## TEACHING NOTES

The final stage of each and every visit, contact, interview, or interaction **MUST** be documentation. We include Documentation as a Stage. If it isn't documented, it didn't happen.

**The Stages of the Interview were introduced in the online portion of training.**

We cover these in classroom training to emphasize for new staff that each interaction should have structure, direction, and focus. The stages help provide an organizing “outline” for an interview, interaction. Draw a parallel to writing a paper, giving a talk or presentation, or teaching a class. You start out with a general outline for what will be covered and then fill it in with the meat. You structure a talk using a beginning, middle, and ending. Each interview should have a beginning, a middle, and an end.

Interviews and interactions are dynamic and each one is unique, with workers integrating personal style/knowledge/skills along with their own brand of curiosity and interest in learning about the strengths and needs of each family member.

**Optional Resource to be used in this section:**

- This interview video on **Slide 18** has several different sections illustrating different parts of an interview. (**Introducing and Exploring Agency Involvement, Three Questions, Scaling Questions, Case History, Intro to Mapping, Safety Circles, etc.**) You can navigate each section on using the play bar at the bottom of the video. (<https://youtu.be/mwKnqvIGLaI>)

## REVIEW OF STAGES

Conduct a review of the activities/tasks of each stage of the interview. **The table on page 23 of the Participant Manual** provides details about the tasks and activities within the stages.

**Reflect and Connect to Practice:**

- Ask FSWs to think about times in the past when they left an encounter and realized they had not gotten all of the information they needed. It could be with a coworker or a supervisor also.

- Ask, Did you have a prior plan for what needed to be covered in the interaction?

Of course, sometimes, even the best laid plans will go awry due to unforeseen circumstances, events, information coming to light.

Having a structure and a plan for the encounter can enhance the likelihood that FSWs will cover what needs to be covered. This includes interactions with their supervisors. Encourage the workers, especially early on, to always have a notebook and pen when meeting with their supervisors to clarify or seek instruction.

As noted in the Stages of the Interview section earlier, documentation is one of the final steps in the interview process. Ultimately, documentation of ALL activity (not only interviews) is legally and ethically required.

Next, we'll provide an overview of tips/suggestions for enhancing the quality of what is included in your documentation ensuring that the basics are covered.



## TEACHING NOTES

**DAY 1, SECTION 5: Documentation**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 1 hour, 30 minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs review and learn standard documentation guidelines</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-4</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual pages 24-29</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint Slide 20-21</li></ul>

## INTRODUCTION

The saying, “If it isn’t documented, it didn’t happen” has been around for a long time. This simply means that if something happens and it is not written down, there is no record of it. When you and the other “official” people who might know about the activity are gone, there will be no record or memory of it.

On the flip side, what if it is documented, and it did not happen? Have you heard about people falsifying documentation? Document falsifying is a serious matter, punishable by fines and possibly imprisonment. If you didn’t do it, don’t write it down as if you did. Bottom line: Documenting services that you did not provide puts you and your agency at risk. It is dishonest and unethical.

Effective documentation is important for a variety of reasons, included but not limited to accountability of the agency and the worker, a measure of the work done by the worker and the family, a tool to help organize thinking and planning, and a way to help prevent duplication of effort.

But some might say the MOST important reason is to accurately tell the family’s story of challenges and triumphs.

Go over the information on documentation in the **Participant Manual on pages 24, Quality Documentation Reminders.**

## TEACHING NOTES

**Trainer Note:** Please be sure FSWs know to always refer to the DCFS Statewide Family Time Guidelines and Requirements posted on the resource tab on CHRISNet. All caregivers should receive a copy of the guidelines and have a DCFS staff member review this information before signing. If a caregiver refuses to sign, this is NOT a reason to deny family time. Also note that counties and areas should NEVER use their own local versions, even as an addendum to the Statewide Guidelines and Requirements. If local versions are used, it can be grounds for disciplinary action.

Cover the information **on page 25, Purposes and Rules to remember.**

Also make sure participants are aware of the Statewide Family Time Requirements and Guidelines that will need to be discussed with and signed by caregivers. It can be found on **pages 26-29 of the Participant Manual.**



## ACTIVITY: Documentation Reflection

Put the group into small groups and pull up **Slide 21.**

Have them to think about their own documentation or the documentation in their cases using the following probes:

1. How are you managing to stay current in your documentation and getting everything done that is required?
2. What do you struggle with? (it is always helpful to know that we are not alone in something we find difficult)

**TIPS and Resource sharing:** Direct them to share some of their best practice habits related to staying current on their documentation.

**Documentation provides the story of the child and family. It is the picture of what is going on.**

Documentation is important because it is used in performance reporting to the federal government.

Reports are submitted monthly, quarterly, and annually on key indicators of how well Arkansas is doing to serve children and families affected by abuse and neglect.

Periodically, federal reviewers come to Arkansas and spend time talking with families, other professionals who work alongside DCFS (stakeholders), and review cases. They look at not only whether a box is completed or checked in

the Division Information Management System, but also the quality of what is written. Your part matters.

In terms of SOP and how the worker approach practice, ask them to review their documentation with these questions in mind:

- Is your response to **Who is worried?** clear and will the family know who you are talking about?
- Are your behaviors in **What are we/they worried about?** specific and exclusively related to child welfare concerns?
- Is the impact on the child(ren) specific and directly related to the caretaker's behavior?
- Is the entire statement written in easily understood language without any "jargon"?
- If you were to use this with the family, would everyone be able to understand the worries?

**Trainer Note:** As time permits, pull up the Division Information Management System screens in one of our development cases, Misty Smith, to illustrate and discuss activities associated with contacts and visits and help workers learn how to mine a case for information.

If, as a new worker, they inherit a case and the Division Information Management System documentation looks like the information within the Misty Smith scenario, what do they need to do?

Transition to the next section by bringing the focus back to the Practice Model, the Safety Organized Practice Model. The reason that DCFS focuses on a model for practice is that it is the "manual" for HOW you do the work you do, for example, valuing collaborative partnerships with children, youth, families, and resource families.

The tools and resources which go along with the Safety Organized Practice Model, for example Three Column Maps, Harm, Worry, Goal Statement, and Circles of Safety and Support help to move practice behaviors and interventions (by individuals like YOU) toward the end goal of ensuring children's safety.

**Tomorrow will begin with a review of the concepts and tools that are part of Safety Organized Practice which can help them in engaging, assessing and planning.**

## TEACHING NOTES



## DAY 2

### DAY 2, SECTION 1: Safety Organized Practice Review

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>• 30-45 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>• FSW will review general concepts of Safety Organized Practice</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>• 101-1</li> <li>• 102-1</li> <li>• 102-2</li> <li>• 102-3</li> <li>• 102-6</li> <li>• 102-7</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>• Participant Manual page 30</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides 22-23</li> <li>• Participant created from Unit 2</li> </ul>

## INTRODUCTION

Safety Organizes Practice (SOP) is a collection of best practice strategies. It is designed to support a comprehensive focus on child safety that involves partnership and collaboration with the child, family, and stakeholders throughout the work with a family. Refer participants to **page 30 of the Participant Manual** and review the content there.

You can also refer to the posters that participants made in Unit 2. Tell participants that we will be going into those tools in more detail, as well as introducing some new ones. Ask what they remember about the tools as you look back to what they created.

This next section includes practice opportunities to help develop their toolbox of strategies.

## DAY 2, SECTION 2: Introducing the Genogram

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will learn basic concepts around constructing genograms.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-4</li> <li>102-1</li> <li>102-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Page 31-32 in Participant Manual</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slides 24-27</li> <li><b>Genogram Video:</b> <a href="https://youtu.be/MuXvG9tbUMs?feature=shared">https://youtu.be/MuXvG9tbUMs?feature=shared</a> (2:37)</li> </ul>

## INTRODUCTION

Who has heard of the genogram? Has anyone used the genogram?

Show the example of a **Genogram on Slide 25** featuring one of America's funny families, The Simpsons.

It is a practical tool (a 'serious' version is on **Slide 26**) that provides a visual representation of information. It is a diagram or map of the family that shows relationships and can be helpful in showing patterns and connections. You can use the diagram when you are trying to get a handle on a family's makeup. It provides a 'snapshot'.

Genograms were first developed in clinical psychology and family therapy settings by Monica McGoldrick and Randy Gerson and popularized through the publication of a book titled *Genograms: Assessment and Intervention* in 1985.

It does NOT have to be used in each and every case. It is a TOOL that you can use as needed. It provides another option for engaging the family.

Information gathered during a genogram construction can be used to help bring out extended family that could be sources of support and safety.

**Basically:** Circles are female. Squares are male. Lines are used to indicate relationships. A more detailed example of a key can be found on **page 31 in the Participant Manual.**



## ACTIVITY: Genogram Practice

Preview the video below – it provides a very quick overview. You can find it on [Slide 27](#).

After viewing, ask for questions. If no questions, go ahead to the practice opportunity. **You can choose to have them construct a genogram using either option A, B, or C.**

### Genogram Activity Option A: Using a Scenario

Direct the participants to the scenario on [Participant Manual page 32, Mary for Genogram](#).

As a large group have them practice constructing a genogram using the annotation feature or in small groups with one group member drawing and then sharing for their group. They can use the key on [Participant Manual page 31, Basic Symbols](#), if they would like to.

~~**Trainer Note:** There will be an official genogram key in the ARfocus rollout, so be on the lookout for that in upcoming revisions.~~

**Discussion:** Allow the groups to report back out or for the large group to spend time talking about what the potential benefits of creating the genogram.

### Genogram Activity Option B: Class Volunteer

To allow real time practice, place the workers into small groups and have ONE volunteer agree to have a genogram created as he or she directs the others. This would only need to go back to grandparents.

To enhance the learning experience, trainer may wish to instruct the participants to explore educational and/or work histories.

Instruct the volunteer that they do not need to share any information that they are not comfortable sharing regarding patterns, conflicts, mental health, or substance abuse histories.

**Discussion:** Allow the groups to report back out or for the large group to spend time talking about what the potential benefits of creating the

## TEACHING NOTES

genogram, especially in relation to balanced and rigorous assessments and how this tool/process could assist in collaborative planning with the family.

### **Genogram Activity Option C – Trainer as Volunteer**

This option also provides real time practice. As a large group, use the annotate feature and the trainer provides the information to construct the genogram.

**Discussion:** Allow the groups to report back out or for the large group to spend time talking about what the potential benefits of creating the genogram will be within their balanced and rigorous assessments and how this tool/process could assist in collaborative planning with the family.

Remind them that when they uncover information within the creation of a tool, they can explore the topic further using specific types of questions they already routinely use, such as asking open ended, probing, and clarifying questions.



## TEACHING NOTES

**DAY 2, SECTION 3: Three Questions and Three Column Map**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 45 minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs will practice filling in a Three Column Map from a case scenario.</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-2</li><li>• 102-7</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual pages 33-38</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint Slide 29-31</li></ul>

## INTRODUCTION

Direct workers to the **Participant Manual, pages 33 - 37** and have them read the new Jaree Morehouse scenario (15 minutes).

Remember, although the first column on Three Column Map is What are we worried about? It is recommended that workers begin with What is working well? This allows the family member to identify strengths and talk about the positives. It is a ‘nod’ to the idea of a balanced assessment where the worker doesn’t focus solely on the problems (problem-saturated practice.)

After reading and reviewing the scenario, ask the group for their reactions to the Three Questions for this family. It would be good to have **Slide 30** pulled up .

- **What is working well?**
  - Actions of protection and connection
- **What are we worried about?**
  - Caregiver behavior that impacts the child
- **What needs to happen next?**
  - What needs to be demonstrated to ensure the child is safe and connected (permanency).

## TEACHING NOTES

In small groups, have the workers use the information within the scenario to complete the Three Column map. At this point, remind them that Solution Focused Questions should be used when filling out the Three Column map. They can find a quick review of the five types on the same page of the blank **Three Column map on page 38 of the Participant Manual** and on **Slide 30**. There are specifics about linking the two on **page 41 of the Participant Manual**.

Have participants open up to the blank **Three Column map on page 38 of the Participant Manual**. In practice, they do not have to have a “form” or the actual page. This can be done on a blank page, drawing the columns. They will have access to blank copies of the map at their offices so they can write on these.

**Discussion:** Using the completed Three Column map in the Trainer Resources, guide their input so that they wind up with clear, easy to understand statements in each column that are specific about the behaviors. These do not have to go deep into each and every worry, should reflect the positives that are happening, and the statements should not be only about completing services (drug treatment and drug screens). Services may be needed to get to the end result, but for right now, focus on what the caregiver must DO in order for everyone to feel confident that Jaree can be safe in her care.

The worries should include worries from family members, **not just DCFS**.

**HANG ON to this completed map, it will be used later in the CAP Framework activity.**

The Three Questions and Three Column Map are helpful tools to engage family members (older youth and adults) around the most fundamental issues at hand. Next, we'll explore the same questions using a child-focused tool.



**DAY 2, SECTION 4: Practicing Opportunity Using the Three Houses**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 1 hour, 30 minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSWs will practice completing the Three Houses tool using a case scenario in role play.</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-2</li><li>• 102-4</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual page 40-41</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides 33-38</li><li>• Handout 1: Interview Practice</li></ul>

## INTRODUCTION

This section is to provide practice engaging a child of 6, synthesizing information from previous sections, and using the Three Houses tool as a strategy for talking with children.

The Three Houses tool gives workers a strategy for talking with children and youth, in a developmentally sensitive way, that can help workers and families identify strengths, hopes, vulnerabilities, and a picture of a possible safe future.

## SOP REVIEW

Ask FSWs to recall the first of the three (3) purposes of SOP. Then ask them to recall how (strategies, mechanisms) they achieve the goal.

### #1 Purpose of SOP

#### Develop good working relationships

- a) Rigorous and balanced assessment
- b) Strategies for meaningful child participation

## TEACHING NOTES

Remember that in the SOP model, the use of the Three Questions can be helpful in assessing older adolescents and adults to discover:

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

With adults, we can use these three questions to complete a Three Column Map to help capture the information in an easy to see and use format. Many workers find it much easier to talk to adults than children, especially about troubling or difficult topics.

In Unit 2, you were introduced to the Three Houses and the Safety House tools that the SOP model uses to engage children in the assessment and planning processes. [Slides 33-48](#) goes through a detailed review of the Three Houses, including examples of each.

In the next activity, we are going to practice engaging the 6 year old, Jaree, using the [Three Houses tool, page 40 in the Participant Manual](#). This activity will hopefully emphasize that use of the tools assists workers in a variety of ways, including:

- logical structure or framework for the interaction (beginning, middle, end)
- engaging Jaree in a genuine way,
- gathering information so the assessment feels more like a conversation and less like the worker is completing a checklist of questions.

**NOTE:** When completing the Three Houses, it is recommended that the worker provide the child with colors, pencils, pens, markers, stickers, etc. depending on their age. The worker does not have to have a “form” with the 3 houses printed on it. In fact, the developers of the tool recommend that the worker use 3 blank pieces of paper, one for each house.

**Estimated times:**

- Instructions and set-up for Practice Activity: 15 minutes
- Watch the Three Houses instruction video: 8.5 minutes
- Practice Round: 20 - 30 minutes
- Large group discussion and wrap up: 15 – 20 minutes



## TEACHING NOTES

**ACTIVITY: The Three Houses Practice**

Break into small groups of 3-4, depending on the size of the class. Before they go, cover these points:

1. Remind participants that when talking with Jaree, they must keep certain considerations in mind. Consider covering as a large group brainstorm:
  - a. Based on Jaree's age, what do they need to keep in mind with Jared's probable language and cognitive development so the interaction is developmentally on target.
  - b. Identify key points regarding when, where, how long, etc. For example, are you going to try to engage her immediately after school?
  - c. Cultural considerations?
  - d. Considering the Stages of the Interview, what would you ask to intro/engage before moving into Information gathering and sharing? Remind the groups that one or two sentences is not sufficient to ENGAGE a child this age. This is an opportunity to get to know the child and family. You are not coming in with a "to do" list of referrals and services.
2. Within their small groups, one person will play Jaree and others will practice engaging the child and completing the Three Houses. And then close the session.
3. Ask for volunteers within each small group to play Jaree. Consider asking the people with the most experience to play Jaree. Provide these workers playing Jaree with Handout 3 that provides some backstory for Jaree. Note to the person playing Jaree: The child's answers are not critical for this activity. The more important part of the activity is for the workers to have opportunities to use and practice the questions, probes, and prompts. Encourage the person playing Jaree to use markers, pens, etc to provide realism.
4. Before they begin the Three Houses with Jaree, consider talking with workers about how they would introduce the activity to

## TEACHING NOTES

Marcia. This statement should include asking the caregiver for permission to conduct the activity with the child. Be prepared: some may balk at the idea of asking permission of an adult (even a relative caregiver, but particularly if the adult is an offending caregiver) involved with child welfare. Go back to the conversation about balancing power and authority with support and engagement. There must be a balance.

5. There is a blank copy of the **Three Houses on page 40 of the Participant Manual**. Remind the workers that they do not have to have a copy of this. In fact, the creator of the Three Houses encourages users to allow the child to draw the houses or, if needed, to initiate the first house and allow the child to copy. Even very young children can draw outlines of houses.
6. **Page 43 in the Participant Manual, Interview Feedback**, is a feedback form that can be used to provide discussion points for the group after the interview is finished. This is especially helpful if the trainer doesn't have time to go around to each group. Even if you don't encourage participants to use it, go over the checklist on question 3 as a way to discuss those soft skills that make an interview more successful. **Handout 1, Interview Feedback**, is also a copy of this feedback form, so you can make multiple copies of it so participants can exchange feedback, or you can use it at other times when they are practicing interviews.

**Trainer Note:** Check whether the child would like to have a copy of their Three Houses. If the child wants to keep the originals, you can take a photo of their Three Houses and then save them and print for the file/for others. If there are safety concerns that could arise by someone seeing the child's Three Houses, make a plan with the child about taking care of their copy for them and when they will receive their copy.

In the field, information gathered within the Three Houses will be documented within the contact note. They will need to make thorough notes in order to document in the Division Information Management System. (Trainer: today's activity will not be documented in the Division Information Management System.)

**HANG ON to the Three Houses. They will use this later in the CAP Framework activity.**

## TEACHING NOTES

**Large Group Discussion:**

What did they like about using the Three Houses? What challenges did they encounter? How will they plan to “try on” this practice and tool in their work?

Share prompts and probes that they used.

One of the best features of the Three Houses tool is that it takes into consideration cognitive and language development. It provides a user- and child-friendly format to gather relevant information about the reason for the agency’s involvement with the family.

Help the group to make the connection between:

- What are we worried about/House of Worries: past harm, future danger, and complicating factors
- What is working well/House of Good Things: strengths and existing safety
- What needs to happen/House of Hopes: current safety goals and steps for future safety

AND

- Where are we on a scale of 0-10 where 10 is the child is safe enough to close the case and 0 means the child cannot remain in the current situation?

Remember the information about **timing and length of interaction**. This is a lot of information to gather all at once. How much is too much? How would they break this down, what would they recommend for a target time frame?

Bonus points for any group/person that emphasizes or remembers that each interaction must focus on safety, Jaree’s well-being, and how her needs for permanency are being met!

**Trainer Note:** Keep track of who is in which group for a later activity with Jaree and the Safety House.



**DAY 2, SECTION 5: Identifying Caretaker + Behavior + Impact on the Child**

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will practice constructing Caretaker (C) + Behavior (B) + Impact on the Child (I) statement with new short scenario.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-3</li> <li>101-4</li> <li>101-8</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual page 42</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slide 40-41</li> </ul>

**ACTIVITY: C+B+I Statement Practice**

Show **Slide 40** and go over the C + B + I formula and how it's used to create harm/worry statements briefly.

Have them practice using the C+B+I formula around harm using the following scenario. This scenario was adapted from a Social Work Mentor activity ([www.socialworkmentor.com](http://www.socialworkmentor.com))

Have participants work with their table groups.

**Read/have them read the brief scenario on Slide 41:**

The hospital social worker and the doctor at the hospital told DCFS that Neveah (12 mos.) was brought in to the hospital yesterday by her paternal uncle, who told the receptionist that he thinks Neveah's parents, Jessica and Alex, are using meth and not feeding Neveah enough. Uncle said that when he went to their house yesterday, no one was home, the front door was open, and Neveah was on the floor crying. She appeared to not have been bathed for several days and had a dirty diaper with a severe rash. The doctor said that Neveah is extremely underweight and appears to be developmentally delayed.

Have participants turn to **page 42 in the Participant Manual, C+B+I Scenario**. Instruct the group to write out a C + B + I formula regarding Neveah:

- Who is worried? What are they worried about? What is the impact on the child?

## TEACHING NOTES

Allow **10-15 minutes** for groups to construct their responses using the formula. **Remind them:**

- C+B+ I formulas can be about either harm or protection. It does not only refer to harm.
- Is your response to Who is worried? clear and will the family know who you are talking about?
- Are your behaviors in What are we/they worried about? specific and exclusively related to child welfare concerns?
- Is the impact on the child(ren) specific and directly related to the caretaker's behavior?
- Is the entire formula written in easily understood language without any "jargon"?
- If you were to use this with the family, would everyone be able to understand the worries?
- If you were to use with the family would everyone be able to understand the acts of protection you are referring to?

**IF they identify caretaker behaviors that do not directly impact the child, then it is considered a complicating factor.**

**Complicating factors** will be useful when we come to the CAP framework.

**Invite a couple of groups to share their examples.** If these groups do not have good examples, continue around to other groups for more examples. If needed, provide them with the best examples below:

- DCFS and the doctor at the hospital are worried that Jessica and Alex will not feed Neveah often enough and well enough and that Neveah might become sick and not grow properly because she isn't getting the food she needs to be healthy.
- DCFS is worried that Jessica and Alex will leave Neveah at home alone and that Neveah might be scared, might hurt herself, or be hurt by someone who comes into the house.

Break down each of the examples into the component parts and discuss further as needed.

## DAY 2, SECTION 6: Engaging Families using HARM, WORRY, and GOAL Statements

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>1 hour</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs can recall and begin applying the core concepts of Safety Organized Practice(SOP) presented in New Staff Training.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-1</li> <li>101-2</li> <li>101-4</li> <li>102-1</li> <li>102-2</li> <li>102-3</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual page 62</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slides 42-52</li> </ul>

## #2 Purpose of SOP

Use critical thinking and decision-support tools to enhance consistency, validity, and equity in key case decisions.

- SOP decision-support tools (includes SDM – risk and safety assessment)
- Harm, Worry, and Goal statements
- Collaborative Assessment and Planning (CAP) Framework

**Trainer Note:** This section focuses on HWG statements. However, if the trainer chooses, they can provide a brief section on SDM.

## SDM Review

Within the SOP Decision Support Tools, we talk about Structured Decision Making (SDM), Harm/Worry/Goal Statements and the CAP Framework.

- In previous online and classroom Units, workers learned about SDM.
- This may be more information than new workers need at this point. However, they may hear in the field, “when we roll out SDM” and think, Arkansas is already doing SDM. In

Unit 3, we learned about the new SDM Arkansas updated in December of 2022.

**The basic principles of SDM are:**

- to reduce subsequent harm. Everything is geared toward reducing the likelihood of future harm.
- to expedite permanency and safe reunification.

**Previously, workers were introduced to the terms:**

**Safety v risk** asks workers to differentiate between safety and risk:

**Safety issues/threats** are immediate and must be controlled immediately.

Risk factors are future.

Workers have previously been introduced to the concept of  $C + B = I$  (Slide 40) Caretaker + Behavior + Impact on the Child

**CBI is the reason that DCFS is involved with the family.**

## HARM AND WORRY STATEMENTS

By knowing the caretaker behavior that impacts the child, we can create **harm, worry and goal statements**. There is a review of these statements on **Slides 42-52**.

We use what we know about the harm that has occurred and what we are worried will happen if nothing changes to create the harm, worry, and goal statements to plan for safety.

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are.

There can be multiple worries since we focus on **SAFETY, PERMANENCY, and WELL-BEING**.

## TEACHING NOTES

## GOAL STATEMENTS

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.

Many times, we ask families to “do services” without specifically defining what the end result will look like, other than service completed.

These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address.

Just like a well-worded directive from a supervisor can help make tasks easier for a new worker, powerful clear, well-constructed HWG statements about what needs to happen around safety can be enlightening for the adults and caregivers.

Goals provide a vision for the child’s future safety, belonging and wellbeing. Goals are the basis of case direction and provide a clear picture of what everyone is working to achieve.

**Goal statements** describe this vision in concrete terms, identifying the safe and protective behaviors of caregivers that will need to happen in the future. These behaviors will signal to DCFS that the worries have been addressed and the child’s safety, belonging and wellbeing needs are met.

**The Goal statement** will serve as the foundation for developing behaviorally specific case plan objectives.

**Trainer Note:** This Goal statement is not to be confused with the Family Case Plan Goal or the Permanency Goal. Permanency goals (the ones set out regarding children in out of home placements) are mandated by federal law (ASFA). There is also a case plan goal for children still in the home (In Home or PS cases.)

**Permanency goals** within the Family Case Plan (or Family Case Plan Goal) include:

- Maintain children in own home
- Reunify with parents or principle caregiver
- Placement with relative or fictive kin
- Adoption
- Emancipation
- Guardianship
- APPLA (Another Permanent Planned Living Arrangement)

## TEACHING NOTES



## TEACHING NOTES

**The Family Case Plan Goal or permanency goal** is the long term, desired outcome that all activities revolve around.

**The SOP goal statement** is focused on the behavior changes that remediate safety threats.

Does the SOP goal statement explain, clearly (in plain language without boilerplate or jargon) what behaviors the caregiver shows in order to ensure the child's safety?

If the statement is a summary of the list of services the caregiver must complete, it has missed the mark.



## ACTIVITY: Practicing HWG Statements

**Set up:** 5 minutes

**Small group work:** 20 minutes

**Large group discussion:** 10 minutes

Break into small groups. Split the scenarios among the groups. Using the brief provided scenarios on the **Harm/Worry/Goal Statement Review on Participant Manual page 62** for the first part of the practice, have the workers create statements for each category – Harm, Worry, and Goal. If time is a factor, have half the groups work on scenario 1 and the other groups do scenario 2. There is short review of Harm, Worry, and Goal statements on the page with the scenarios.

ALL groups need to work on HWG for Jaree.

Remind them that there can be multiple worry statements that address safety, permanency, and well-being.

- **Harm statement:** IT WAS REPORTED that CARETAKER BEHAVIOR IMPACT ON THE CHILD.
- **Worry Statements:** CHILD may be IMPACTED HOW if/when CONTEXT (There can be worry statements about Safety, Permanency, and Well- being)
- **Goal Statement:** CHILD's name, what will be DONE DIFFERENTLY, to ADDRESS THE DANGER now and in the future.

After working up the Harm, Worry, Goal statements for April and May and Ann and Michael, direct the groups to craft HWG statements for Jaree.

## TEACHING NOTES

### Scenario #1: April and May Harm:

It was reported that May and April (children) were left alone in the apartment by Mary (caretaker behavior) putting them at serious risk of injury and causing them to feel scared and frightened.

It was reported that May was whipped with a belt, locked in a closet overnight, and was not fed dinner by Mary.

#### Worry:

- May and April may be seriously injured either inside or outside of the home if Mary leaves them alone in the apartment without adult supervision.
- May (child) and April (child) may be scared and frightened if Mary leaves them alone in the apartment.
- May (child) and April (child) may be harmed if Mary leaves them alone resulting in the loss of their home and connection to their mother.

#### Goal:

- Jaree will be cared for by a safe and sober adult who ensures her needs are met. Jaree will be cared for by a sober adult who ensures she has no contact with drugs or drug paraphernalia.
- May (child) and April (child) will be disciplined by Mary using nonphysical, nonviolent discipline that keeps them safe and is right for their age. (what caregiver will do differently) (action to alleviate the danger)

### Scenario #2:

#### Harm:

- Ann and Michael (children) were left at home by their mother, Diana, while their father, Tim, was passed out after drinking to the point of losing consciousness, (caretaker behavior) putting them at serious risk of injury and causing them to feel scared and frightened. (impact on the children)

#### Worry:

## TEACHING NOTES

- Ann and Michael may be seriously injured either inside or outside of the home if Diana leaves them alone in the apartment without a sober adult supervising them.
- Ann and Michael may be seriously harmed if Diana leaves them alone, while Tim is unable to care for them, resulting in removal from the custody and care of their parents, the loss of their home, and connection to their mother and father.

**Goal(s):**

- Ann and Michael will be supervised at all times by an adult who can competently respond to their needs. If Tim is drinking, he and Diana will make a plan for the safe care of their children. If Tim is passed out from drinking, Diana will make sure that the children are cared for by a sober adult if she needs to leave the home.

**Jaree:****Harm:**

- Janice left Jaree alone and Jaree was found wandering outside, late at night. When Janice uses meth, she does not care for Jaree's needs, such as food, bathing, clean clothes, and adult supervision.

**Worry:**

- Jaree may be physically harmed, inside or outside of the home, when Janice leaves her at home alone. Jaree may get sick when Janice is using and Jaree comes into contact with drugs or drug paraphernalia.

**Goal:**

- Jaree will be cared for by a safe and sober adult who ensures her needs are met. Jaree will be cared for by a sober adult who ensures she has no contact with drugs or drug paraphernalia.

**HANG ON to these HWG statements. They will use this later in the CAP Framework activity.**

SOP Goal statements help create focused family case plans. They are used to make sure all parties have clear understanding of what behavioral change needs to happen to address the harm and worry.

## DAY 3

### Day 3, SECTION 1: Circles of Safety and Support

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>35 minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will recognize the Circles of Safety and Support as a valuable tool to gather information from caregivers about the people in their lives who can support the caregivers' efforts to keep the child(ren) safe.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>101-4</li> <li>102-1</li> <li>102-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual pages 43-47</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slides 53-59</li> <li>Carver County Case Video: (<a href="https://www.youtube.com/watch?v=CsqFOJtnGMU">https://www.youtube.com/watch?v=CsqFOJtnGMU</a>)</li> </ul>

## INTRODUCTION

This is a very quick section to remind workers of the tool to talk with caregivers to help identify people for their family's safety and support networks.

Direct them to the **Circles of Safety and Support in the Participant Manual page 43** and the **Prompt Sheet for using the Circles tool on pages 44- 45**. There is also an **Ecomap on page 46 of the Participant Manual**, which is another tool to help families identify support networks. **Slides 53-59 give an overview of these concepts**. They can find a Resource Booklet on completing the CoSS on the website <http://www.partneringforsafety.com/>

They can also watch a video of a role play where our model worker completes the CoSS with the mom, Kim, in the Kim and Paula scenario. This is in the eLearning module #7 – Circles of Safety and Support.

Ask participants why helping the family build and strengthen a network of people is so vital. After they've given some possible answers, discuss the following points:

- Having a network made up of family, friends, and involved professionals means the caregivers will have support 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 visit 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.



## ACTIVITY: Family Safety Network: A Carver County Case Example

### Video: A Carver County Case Example

Let's listen to one mom's experience of working with her network. **(Take a second before showing the video to turn the captions on – the audio is a bit hard to hear.)**

Have participants turn to **page 47 in their Participant Manuals, Family Safety Network in a Carver County Case: Video Reflection**. This is a seven-minute video about networks and what it is like to be in one from someone who was on the inside of one. This video shows a mother, Julie, who worked with Carver County Child Protection Services. Carver County is a small county in Minnesota that has one of the longest-running, deepest Signs of Safety implementations in the United States. Julie and Carver County have graciously allowed us to see a little of their work together.

As background, what is important for you to know is that Julie has come to Carver from Texas with her long-term boyfriend and children. In Texas, Julie struggled with a significant drinking problem and already lost custody of her oldest son, who has gone on to live with his father. In Carver, Julie's

## TEACHING NOTES

drinking has not gotten any better. She drinks regularly while she is the sole caretaker of the children, and she has passed out at times while caring for the kids.

When Julie starts working with Carver, one of the things they do is try to help her identify a network that will help her and her partner ensure the children will be safe. While they would like her to be sober, they focus on finding a network that ensures her children are safe no matter what.

This video is of Julie a year after her work with Carver has been completed, looking back honestly and directly with people from Carver about this part of their work together: Building a network.

As participants watch, they can answer the questions on **Participant Manual page 47**:

1. How did Julie feel when she was first asked to find the network?
2. What excuses did she come up with?
3. What, if anything, changed over time?
4. What are some other things Julie says about the network?

## SUGGESTED TALKING POINTS FOR VIDEO DEBRIEF

You may have participants pair share some of their answers from page 51 before you start discussing it as a class. These may come up in the general discussion based on notes participants took during viewing. If they didn't, consider mentioning them, either by posing the questions below or simply mentioning the teaching points.

- What did you notice about Julie's attitude at the start of the effort to build a network? Did it change? What helped it to change? How does she talk about it at the beginning and at the end?

**Teaching Point:** Clients may start in one place about a network and shift over time.

- Julie, quite understandably, says, "I just moved here from Texas—I don't know anyone!" And Sarah, her worker from Carver, responds by saying, "We know, but none of us likes where this is headed. You could lose custody of your children. What you are going to need to do is find some people. It's non-negotiable."

**Teaching Point:** Julie tried to make excuses. She did not have family or friends in town and she went out and met people who became longtime

## TEACHING NOTES

friends of hers. Yes, we will hear excuses, but we still need them to develop a network in order to create safety.

- “I had to make myself do things at first—I wasn’t very good at it. There was no beer there—what are we going to do?” What did you think of this line?

**Teaching Point:** Clients who have used alcohol for many years may have very diminished sober-social skills. By asking them to build a network, we are asking them to do something that can be quite hard, but also very helpful.

- “They would make sure that I talked to somebody. If you don’t hear from Julie, you need to call her...” And then later: “I had people who would just narc me off. If you can get an insider, someone on the inside...”

**Teaching Point:** You can see the beginnings of the immediate safety plan they had in place. There was more than “if you don’t see her call her,” but here you can see that the network was not just about support—it was about safety as well.

- Dan from Carver: “What was it like for you to ask these people to be in your network?” Julie: “I hated every minute of it. I didn’t want to do it ... my thoughts at first were, ‘I’m not going to stay here...I’m just playing to get along...’”

**Teaching Point:** She was not embracing change at the beginning and, in fact, was actually out to scam them in some ways (“I’m just playing to get along”). That didn’t stop her from making a change. Sometimes people start in that “pre-contemplative” place where they don’t have insight into a change that is needed that doesn’t mean they won’t take action and that they won’t eventually gain some insight or decide they want to make a bigger change in the future.

- Dan from Carver: “It didn’t seem like Karl always narc-ed you off.” Julie: “Most of the time he narc-ed me off ... he would sneak off and go call her. There maybe were times he didn’t ... but he was just done. ‘You have to put the kids first ... the babies have to come first ...’”

**Teaching Point:** It’s hard to know without hearing from Karl firsthand but likely Karl’s saying “you have to put the kids first” is a demonstration that he was beginning to understand the importance of child safety, which is what we are hoping happens in our work with families—that they begin to understand that safety has to come first.

Some workshop participants make the point that this occurred in a rural county and that it would be different elsewhere. While all jurisdictions and

## TEACHING NOTES

areas are different, it is likely the rural nature of this county was not the biggest reason for the success of this case—it was the workers’ insistence that a network be formed and Julie’s courage at trying new things.



## TEACHING NOTES



## DAY 3, SECTION 2: Upgrading to Safety Organized Practice using the CAP Framework

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>1 hour and 15 minutes (15 minutes intro + 45 – 60 activity)</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSWs will apply information from a case scenario to a Collaborative Assessment and Planning (CAP) Framework to create a visual map of information that summarizes what is known.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>102-1</li> <li>102-2</li> <li>102-3</li> <li>102-4</li> <li>102-7</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual pages 62-67</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>PowerPoint Slides 60-63</li> </ul>

## INTRODUCTION

We return to the CAP Framework.

What are the 2nd and 3rd Overarching Purposes of SOP?

- Use critical thinking and decision-support tools to enhance consistency, validity, and equity in key case decisions.
  - The Collaborative Assessment and Planning (CAP) Framework is generally listed as a decision support tool . Clearly, the tool has the word planning within it. Thus, it will inform or provide information relevant to the next purpose of building collaborative plans.
- Building collaborative plans to enhance daily child safety

Have them turn to the **blank CAP Framework on pages 62-63 of the Participant Manual**. You may consider it a place for participants to take notes as you go over each section together. On **pages 64-65, there are CAP Framework Guiding Questions** that can help participants better understand the different sections.

We are going to begin filling in the CAP Framework for Jaree, Marcia, Janice and family.

## TEACHING NOTES

**Activity: Practice Opportunity with Jaree**

**Time:** 45-60 minutes (as noted above)

**Trainer Note:** It would be ideal if there is a second trainer to help circulate among the small groups to facilitate the learning. The lead Trainer might consider asking for the help of a Child Welfare Trainer or another Statewide Trainer who is not training during this time.

Refer the workers to **page 63 of the Participant Manual, Collaborative Assessment and Planning (CAP) Framework**. **Slides 60-63** go over the tool.

There are discussion points for the Trainer to use to guide the small groups in wrapping up the activity.

In small groups, they will use information gathered thus far to begin filling in and completing the CAP framework.

- The scenario,
- Three Column Map,
- the Three Houses,
- Harm, Worry, Goal statements, and
- The Safety House

They did not create a genogram or a Circles of Safety and Support for the Morehouse/Dunn family. For future practice, remind them that both of these tools can be an excellent way to engage family members and to gather information.

They will use the Harm, Worry, and Goal statements for Jaree that they created earlier. They will need to identify complicating factors and strengths and resources.

They will need to draft some action steps. Remind them that the actions cannot ONLY be the completion of services. Focus on what can be done in the next couple of weeks.

There is a partially completed CAP Framework for the Morehouse family in the Trainer Resources.

What information is still needed to help develop a well-crafted CAP? What conversations with the family and network still need to happen? What needs to happen next to work towards reaching goals?

Who has agreed to do what, when?

What are the benefits of the CAP Framework?

- Brings a spirit of collaboration and partnership,
- Assists us in describing and visualizing key elements and connections of a case,
- Provides an organizing structure and common language
- Helps us analyze the information we have and/or need,
- Offers a platform for reaching some group agreements about next steps,
- Can help provide a certain amount of fairness to the families with whom we work.

There will be missing pieces. That can be expected in any case. This is a good learning opportunity to emphasize that “MAPPING” relevant information to one easy to read format can be eye opening.

If time permits and the trainer can address taking the information from assessment to case planning, cover the information within **Slides 64-68** for the NEXT STEP in the casework process.

However, it is VERY important that workers have opportunities to complete the Three Houses, Safety House, AND the CAP Framework. Some may have done the Three Column Map and the Three Houses.

The activities completing the Safety House and the CAP Framework should not be skipped or minimized.



## TEACHING NOTES

**DAY 3, SECTION 3: On-Call Essentials and Strategies**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 1 hour</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• The worker will become familiar with the on-call grab-bag checklist.</li><li>• Participants will examine on-call job responsibilities and protocol.</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• 102-6</li><li>• 102-2</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• Participant Manual page 48-50</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint Slide 69</li></ul>

## GRAB-BAG CHECKLIST

Before going on-call, participants need to become familiar with the required forms that will need to be completed for each child brought into foster care, as well as the required publication documents that will need to be given to the caregiver(s). Instruct participants to view the **On-Call Grab-Bag Checklist on page 48, in their Participant Manuals.**

## ON-CALL SURVIVAL STRATEGIES

As a part of the homework from the online training course, participants were asked to interview one of their co-workers to determine what strategies are commonly used by them to effectively carry out the duties of being on-call. They were also given instructions to find out additional information for their area.

Instruct participants to share with their tablemates the information that they obtained from their co-worker (s). Each group should record their strategies on a flip chart. After 10 minutes, call time, bring the groups back together for a larger group discussion. Allow about 20-25 minutes for the larger group discussion.

**Questions to generate discussion:**

- Does each county have an on-call phone that is rotated among workers or are workers required to use their own phones?
- Do participants know how to contact the on-call supervisor?
- Do participants know who the resource worker is for his or her county? If so, do they know how to contact the worker?
- Do participants know how to contact their OCC attorney?
- Do participants know where to get car seats if needed during their on-call shift?
- What concerns do participants have regarding being on-call?
- Family Service Worker Unit 4 Trainer Guide
- What are some of the resources that are available in different counties?

**Next, as a large group, discuss the following:**

- Does their area/county have a protocol related to the interaction between the on-call worker and the on-call resource worker? Were they able to obtain a copy of that protocol?
- Is the on-call worker expected to initiate Differential Response (DR) referrals, or do the DR workers do that in their area?
- Does the judge have an affidavit format that he/she prefers over the official CFS-411? If so, do they have a copy?
- Who is responsible for foster placement disruptions – the on-call worker or a special unit?

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- What type of things are expected of them in relation to requests from other counties as secondary – transportation, supervising family time, signing children into facilities?

## ON-CALL PROTOCOL

Monday through Friday at 4:30 pm the hotline will notify on-call workers from CACD and DCFS of all Priority I report. If there is a three-day weekend, on-call workers are notified of Priority I and Priority II reports. If law enforcement contacts the hotline to notify them of a situation requiring DCFS assistance, then the appropriate on-call worker will be contacted.

Remind participants that while they are on-call, they will have certain responsibilities – most importantly, they are expected to be timely in their response time. Missing a call from the hotline or not calling law enforcement back could jeopardize the child's safety. Participants should have captured information from the online training regarding their responsibilities. Ask volunteers to share their answers. Their responses should include at a minimum:

- Initiating Priority I report in categories that are the responsibility of DCFS.
- Responding as a secondary worker on cases where CACD has identified a safety threat.

Responding when local law enforcement has a potential placement issue.

**Trainer Note:** Collectively, review Internal Procedure 107: On – Call Duty Standby Duty with the class. This information can be located in the DCFS All Internal Procedures Manual (03/2025). Go over the requirements of the employee when designated as on – call standby.

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## PROCESSING

The responsibility of being on-call can create some stress and fear for some participants. As the trainer, you should acknowledge their anxiety and offer support and encouragement. Participants should be reminded that while they are on-call they have access to an on-call supervisor, on-call resource worker and law enforcement to assist them if needed. Direct them to the [On-Call Work Aid on page 49 of the Participant Manual](#) and the [On-Call Questions for My Supervisor on page 50](#).



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## DAY 3, SECTION 4: Skillful Use of Authority, De-escalation Strategies, and Worker Safety

<b>Time Estimate:</b>	<ul style="list-style-type: none"> <li>40 Minutes</li> </ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"> <li>FSW recognizes the inherent power and authority of their role and can verbalize ways to influence how families view and work with child welfare.</li> <li>FSW can identify and verbalize behaviors to de-escalate potential crisis. FSW can identify and verbalize a number of steps they can take to keep themselves safe.</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>102-2</li> </ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"> <li>Participant Manual, page 51-52, pages 53-54, 56-57, 58-59</li> </ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"> <li>Slides 72-74</li> <li><b>Home Visiting Safety: Staying Safe and Aware on the Job</b> <a href="https://www.youtube.com/watch?v=kL3r_3N_Qek">https://www.youtube.com/watch?v=kL3r_3N_Qek</a> (7:42)</li> <li><b>Home Visit Tag Along: Steps to Staying Safe During Home Visits</b> <a href="https://www.youtube.com/watch?v=fkUtuXkkg30">https://www.youtube.com/watch?v=fkUtuXkkg30</a> (5:16)</li> <li><b>Day in the Life of DCFS caseworkers in Arkansas:</b> <a href="https://youtu.be/i0ivcpUCWsg?feature=shared">https://youtu.be/i0ivcpUCWsg?feature=shared</a> (5:23)</li> </ul>

## INTRODUCTION

It may seem contradictory to talk about using authority skillfully, de-escalation tips and worker safety on the one hand and engaging families in a respectful way that enhances collaboration and respects differences on the other hand.

It's like having a fire extinguisher, but still making sure you are not doing things to actively start a fire, like throwing water on a grease fire. You still have the extinguisher, but you know what things you should avoid so you don't need the extinguisher.

Next, we need to cover information about three (3) topics that you need in order to adequately prepare yourself. Workers may feel they do not have a good 'handle' on these subjects.



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**The three topics are:**

- Skillful use of Authority
- Defusing Conflict
- Worker Safety

All three of these topics could be a unit by themselves. Remember our recommendation earlier:

We **STRONGLY** recommend that family service workers regularly seek out opportunities for coaching and mentoring with their field trainers and supervisors.

We also recommend that learners seek to further their knowledge, understanding, and skill development through ongoing continuing education and self-directed learning. It's a fact of the work you do. There will be difficult people, difficult situations, crises, and a good amount of resistance to change. Difficult people come in every variety.

Families receiving child welfare services are not voluntary, very few enter into the involvement eagerly. There are all sorts of negative emotions and expectations when DCFS/DHS (or "the state" or "welfare") gets involved. As the representative of the state child welfare agency, you have the authority to take their children away and forever change theirs and their children's lives. AND the families never forget this. There is an inherent power difference between worker and family that cannot be forgotten or discounted.

## SKILLFUL USE OF AUTHORITY

Introduce the concept of effective use of authority. The family service worker must negotiate the delicate balance between the supportive role of the helper and the authoritative role of the state agent.

**Probe:** Ask for examples of when they have observed their co-workers or supervisor skillfully use their authority?

- How do you negotiate power given your own culture, gender, and racial make-up? Are you comfortable using your power? Too comfortable? What makes you cringe?

- How does your authority hinder or help your relationship with children and families? How you use it can impede or enable the development of trust and respect?

FSWs have to recognize that they bring power and authority into the interaction by the very fact of their job and responsibilities. The very nature of the job creates a power differential with families.

Advance to **Slide 71** with the balance scale graphic and direct workers to **page 51 of the Participant Manual**.

If you rely too much on authority and try to coerce people to change, the family is likely to resist and withdraw.

If you are too lenient and avoid addressing the tough issues, the family will not be engaged or make needed changes.

The key is to use your authority in a respectful way to ensure the children are safe and well-cared for.

Showing respect in engagement and interactions is essential for building trust and working collaboratively with children/youth, and families.

**Of the 3 purposes of SOP, which ones are directly affected by your use of authority?**

- **Developing good working relationships** to ensure rigorous and balanced assessment and including all voices
- Using critical thinking and decision support tools
- **Building collaborative plans** to enhance daily child safety

You learned in Unit 3 about the laws governing the work of child welfare professionals. Your authority comes from law.



## **ACTIVITY: Factors that Influence How Families Perceive Child Welfare**

Identify and cover the factors on **page 52 of the Participant Manual**.

You might think that it is unrealistic when we say that families aren't clear, or

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do not know or understand what is happening or why child welfare is involved.

When state and federal groups review the work of child welfare services they will regularly talk with families and other stakeholders about the families' experiences with DCFS. The results of these conversations are that, when asked, especially early on, many families cannot tell us in a detailed way, why DCFS is in their lives or why their children were removed from their care.



## ACTIVITY: Perceptions of Authority

**Identify how perceptions about authority can look:**

Use the whiteboard or call on learners to share their ideas for this activity.

Briefly brainstorm: **How could some of these perceptions show up in behaviors?**

**Some behaviors include:**

- Resistant non-compliant:
  - Silence
  - Not responding
  - Missed appointments
  - Forgetting
- Difficult, volatile:
  - Anger
  - Lashing out
  - Hostility

Behaviors like silence, non-responding, missing and forgetting things are more easily dealt with. However, when families are hostile, this can be harder to respond to.

Families may feel threatened or frightened when being contacted by child welfare. A person or family may react with anger and fear. Understanding the basis for fear and anger as well as employing strategies to defuse conflict, helps in meeting the overall goal of engaging families to address safety concerns related to their children.

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Remember that fear, shame, and mistrust often underlie the outward behaviors that we label as resistance and non-compliance; how you respond and exert your authority can make a difference.



## ACTIVITY: Reflect and Connect to Practice

We have all had experiences with someone in authority over us. This may include people who have a legal authority (a police officer giving a speeding ticket, security officers at airports) or authority by consent (your supervisor, a teacher, a doctor). How we perceived the experience was likely dependent on whether it was positive or negative.

Think about an experience with authority that you categorize as negative, or not pleasant. It could have been an adult (when you were a teen) who said something callous or insulting, it could have been a boss who yelled at you, or a teacher who belittled you in front of others. Is there a volunteer? Or the trainer can share.

How did you respond based on how you were treated? How did the person make you feel in the moment? What did you think about the person in authority or the experience? How do you feel about the experience now?

Refer to the quote from Maya Angelou:

*“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”*

You can maintain your authority as you apply engagement skills to identify the family’s strengths and worries and develop a plan to keep children safe and well-cared for by remembering these foundational skills:

- **Respectfully state your purpose and function clearly at all times with the family;**
- **Allow for the verbal expression of and acknowledgement of difficult feelings;**
- **Be aware of the power imbalance between you (as a representative of a government agency) and the family; and**
- **Support and work with the family using the 3 Questions: What is working well? What are we worried about? What needs to happen next?**

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**Probe:** Can you think of any other strategies to use to respectfully maintain authority while engaging families?

Remind them that Safety Organized Practice provides tools that can assist workers in respectful engagement. Next, we will provide you with an introductory overview for de-escalation when faced with difficult behavior.

## DE-ESCALATION TECHNIQUES

Even when we are careful to respectfully exercise our authority, tensions can boil up, people's behaviors can escalate, and the interaction can become a conflict.

**Goal:** Recognize conflict as it is escalating, reduce tension and ensure your own safety.

Direct participants to the **Crisis Prevention Institute's Top 10 De-escalation Tips on pages 56-57 of the Participant Manual**. Content is taken directly from the Crisis Prevention Institute website.

\*(<https://www.crisisprevention.com/Blog/CPI-s-Top-10-De-Escalation-Tips-Revisited>)

There is no magic recipe for keeping trouble from happening. How you respond to events can impact a potential crisis either positively or negatively. CPI training promotes a response that views humanity as full of potential. These de-escalation tips from CPI are about support, not suppression, and about seeing each other with the humanity and compassion that each of us wants to be seen with.

**Disclaimer:** This brief overview of de-escalation strategies does not mean that the family service workers are 100% prepared for conflict in the office or on a visit. Workers should seek out additional training and coaching related to defusing conflict and ensuring their safety.

**Transition to the next section** by encouraging them in the good work they have done to teach each other these crisis de-escalation essentials.

Next, we will go over some additional ideas for enhancing their own personal safety.

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## WORKER SAFETY

Some information about safety on the job can be found on [pages 53-54 of the Participant Manual, Personal Safety](#).

**Trainer:** Take a poll and ask workers about their safety concerns. Consider speeding up or slowing down through this section based on their responses.

Each day, whether in the office or out in the field, FSWs are dealing with people in crisis, people who have untreated substance abuse or mental health problems, and people who are struggling to survive from day to day. The potential for encountering a situation that compromises your personal safety is real. Research indicates that the majority of threats experienced in visits to families are related to yelling and cursing.

Many of these recommendations seem like they would be “known” by almost everyone, that they are “common sense” ideas. What may seem like common knowledge to one person is not known to someone else.

Your safety is paramount. Your own family, your co-workers/supervisor, and your families you help all need you to be aware and careful.

**Goal:** to decrease FSWs anxiety and fears because they have information and knowledge they did not have before.



### ACTIVITY: Staying Safe

Show the class a video about safety tips. Here are a couple of options:

- **Home Visiting Safety: Staying Safe and Aware on the Job** (This video is professionally made and has sound advice.)
- **Home Visit Tag Along: Steps to Staying Safe During Home Visits** (Although this video was homemade, it is well-done and has a few added tips that are worth sharing.)

These videos can be found on [Slides 72 and 73](#).

**Trainer Note:** If you have a video that you prefer, please share with others through the folder on the M drive called NST Training Resources.

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Place the

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learners into groups and have them open up to **Participant Manual page 55, Worker Safety Video Reflection**. Give them time to discuss the video and share tips they have learned using these questions as the starting point:

1. What are some takeaways from the video(s) you have about worker safety?
2. Which safety practices have coworkers shared with you, or have you seen workers in your office use?
3. What kinds of concerns or anxieties have you experienced or seen, particularly when it comes to the environments of family homes?
4. Any other questions or thoughts about worker safety?

Bring the groups back together. Have a spokesperson provide highlights of their discussion, with successive groups sharing new information or insights.

Go back to the Worker Safety Resource and ask for any questions that might have come up for them. Try to address their questions or find the answers at break and get back to them.

**Be sure to cover these points before moving on to the next topic:**

- What are your office's policies surrounding personal safety during home visits?
- Has anyone shared information about specific expectations regarding personal safety with you?
- Upon reviewing the case in the Division Information Management System, which is currently CHRIS, were there previous incidents documented when workers were concerned for their safety due to safety threats?
- Are there any indications of a history of violence or a potential for violence of any family members who are currently residing in the home?
- ALWAYS consult with your supervisor.

**Trainer Note:** Make sure to take a few moments to discuss the language shift from just using "CHRIS" to using the term "**Division Information Management System**". The current Division Information Management System is CHRIS.

We have spent time talking about conflict and safety so that you can feel MORE self-assured and prepared as you enter the field. It isn't designed to scare you or stress you out. The more you know, the more confident you will be, and the better you will be equipped. People take this job because they have a heart for helping others.

You can show **Day in the Life of DCFS caseworker**, a recent video about workers in Arkansas who continue to do the work because they know they are having a positive impact on children and families. (Trainer can choose to not show a video or show another video. It can be found on **Slide 74**).

Transition to the next section by pointing out that they will use many of the same skills for engaging children and youth as they do with adults; however, there are differences. There are many considerations when talking with children. There are many layers. We will attempt to break these down.

The next section has information that will help FSWs better prepare to engage children/adolescents.

Following a brief discussion, review the **Worker Safety Guidelines on pages 58-59, in their Participant Manuals.**



## TEACHING NOTES



**DAY 3, SECTION 5: Jeopardy Review, Post Knowledge Assessment, and Evaluation**

<b>Time Estimate:</b>	<ul style="list-style-type: none"><li>• 45 minutes</li></ul>
<b>Learning Outcomes:</b>	<ul style="list-style-type: none"><li>• FSW will apply information learned in Unit 5 within a review game format to “make it stick.”</li></ul>
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• This section does not tie into a specific competency. It is a learning tool to help ensure transfer of learning.</li></ul>
<b>Participant Content:</b>	<ul style="list-style-type: none"><li>• NA</li></ul>
<b>Trainer Materials:</b>	<ul style="list-style-type: none"><li>• Unit 5 Jeopardy Review PowerPoint</li></ul>

## REVIEW

The Unit 5 Jeopardy Review\_2021 (a PowerPoint presentation) that is located in the Trainer Resource folder can be used to remind them of materials that was covered in the online portion of training and earlier in the week in the classroom.

When Jeopardy is complete, wrap up the Unit by asking participants to commit to try on ONE new thing in the next week.

They will continue to Unit 6. This is generally scheduled on Thursday and Friday of the same week as Unit 5. Check dates to ensure this is the case.