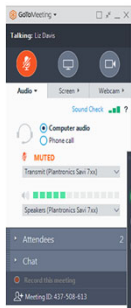


CWS3041W: Working with Children in Placement



1



Please MUTE
your line

Type your name in the
Chat Box if you do not
see it listed.

Question? Unmute?

2

Trainers



3

Introductions

- Name & agency
- Current job function
- When life gets overwhelming – how you take care of yourself?



4



AGENDA DAY 1

- Impact of Trauma on Behavior
- Trauma Stories
- Strategies to Address Trauma
- Coping with Difficult Behavior

If you do not see your name listed in Attendees, type your name in the chat box.

If you are on the phone and can't type, email Marlene.freedman@dss.virginia.gov

5



Handout 1

6

What are your challenges?




With children in foster care placements?



With your visits with families?





Family Visitation


7

Caretakers

• For the purpose of this training, Caretakers can be...

- Birth parents
- Resource parents
- Relatives and fictive kin



8



B: The Impact of Trauma
TST-FC

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9

A Definition of Trauma

Trauma is a life-threatening or extremely frightening experience — for the child or someone they care about — that **overwhelms the child's capacity to cope**.



10

What does it mean to be OVERWHELMED?

How do we try to cope?

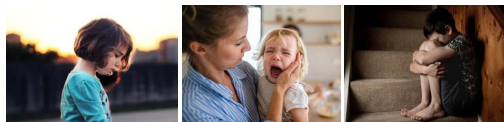
- Internally, or within ourselves?
- Externally, or through activities outside of ourselves?



11





Many Children Have Experienced Trauma

- Among children 0-17, nearly half have experienced at least one or more types of childhood trauma
- With each trauma exposure, caregiving can be more challenging



12

Four types of Trauma



Acute

Chronic

Developmental

Complex





Survival-in-the-Moment States

Survival-in-the-moment states affect a child's mental, emotional and physical well-being, including the following:

- Awareness of self and the environment
- Experience of intense feelings
- Physical responses
- Ability to cope



16

Survival Responses That Become Patterns

- **Fight**
- **Flight**
- **Freeze**
- **Fawn**


17

FIGHT




18

FLIGHT



19

FREEZE



20

LONG TERM IMPACTS:
How Fight, Flight or Freeze Become a Behavior Pattern

- These patterns can have lifelong effects

Fight,
Flight, or
Freeze
Response

Ongoing Intense Threat
Response
becomes a
behavior pattern

Reminder of threat
Triggers behavior

These patterns can have lifelong effects.

21

Where Is the Cat and Where Is the Cat Hair?



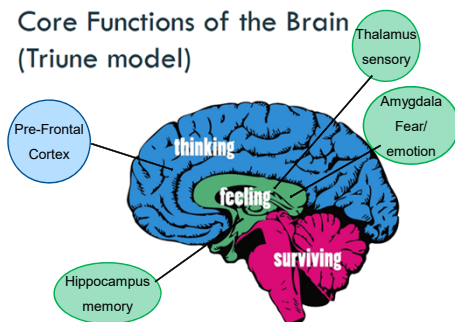
22

Possible Cat Hair or Trauma Reminders

Sensory	Time Driven	Conditions
<ul style="list-style-type: none"> • Smells • Sights • Sounds • Physical contact • Tastes 	<ul style="list-style-type: none"> • Anniversary dates • Holidays • Seasons • Times of the day 	<p><u>Loss of control</u></p> <ul style="list-style-type: none"> • Such as things being taken away, being told "no" or re-directed <p><u>Transitions</u></p> <ul style="list-style-type: none"> • Changing from one activity to another • Going from the familiar to the unknown

23

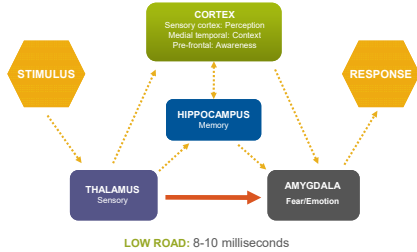
Core Functions of the Brain (Triune model)



24

When a Trigger Causes an Emotional and Behavioral Response

HIGH ROAD: 30-40 milliseconds



25

The High Road and the Low Road

LOW ROAD

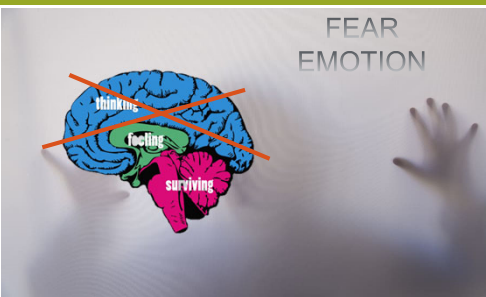
- Handles immediate threat
- Is lightning fast
- Acts reflexively
- Focuses on information from senses
- Loses details

HIGH ROAD

- Plans, problem solves
- Takes longer
- Allows child to be "mindful"
- Uses information from words, concepts, thoughts
- Analyzes details

26

When thinking shuts down what takes over?



27

Am I Safe?

Faced with trauma reminders, children respond as if they are in danger, even when they are not, using the same, worn pathways



28

Because of Trauma, Children May Have a Broken OFF Switch

The brain does not realize the danger is over



29

Good news!



30

How do you tell when a child is having a survival-in-the-moment response?



31

TRAUMA STORIES



32

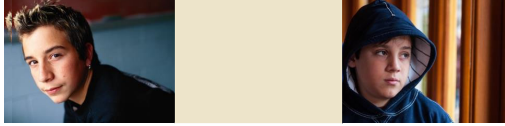
Trauma May Spark Challenges

Think
fight,
flight or
freeze
—
Not
willful,
defiant
trouble
maker



33

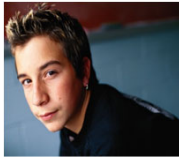
MEET JOHN AND HECTOR



34

Johns Trauma Story

- John's abuse began when he was 2. His father put lit cigarettes out on his body for discipline. His mother hit him with objects. He was bullied by older kids in the neighborhood who repeatedly punched him. He was placed in foster care at age 12. At school, he got into physical fights and had a hard time finishing his homework.
- Recently, John was angry with his foster mom, after a family friend who smelled of cigarette smoke wanted to shake John's hand even after John said no. When the foster mom raised her voice in frustration, John put his fist through the wall. John also got into trouble at school. He was about to complete his fitness test when time ran out. When he realized he could not finish, he swore at the teacher and stormed out of class, pushing a male student against the wall on the way out.



35

JOHN

- Is always looking for trouble
- Has problems with rules and limits
- Has had four foster placements in two years
- Is often the subject of calls from school
- His current foster parents are supportive but are losing patience and hope

DIAGNOSIS:
Oppositional Defiant Disorder

36



Hector's Trauma Story

- Hector lived safely with his mother until a year ago, when she began seeing a new boyfriend. The boyfriend hit his mother with objects. He threatened the mother and children with weapons. When this happened in front of the boyfriend's friends, they would cheer him on, and threaten Hector to be quiet.
- The second time Hector's mother went to the hospital as a result of the abuse, CPS was called. Hector was placed in foster care at 16.



Hector's foster parent's say he won't cooperate. He ignores them when they ask him to do something, especially the foster father. He displays little emotion. Hector prefers to be alone in his room. The family is frustrated, as they are active. At school, Hector is not a problem, but he is not doing well academically. His teacher is afraid he is being bullied on the way to school.

37

HECTOR

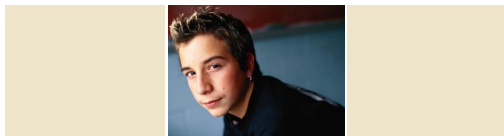
- Is the quiet kid in class
- Has no behavioral problems but is often spacey and silent
- Gets bullied in school
- Is failing his classes

DIAGNOSIS:
Adjustment anxiety disorder and depression

38

When you Know a Child's Trauma History...

- What specific experiences has a child had that were especially frightening or dangerous?



39

Additional Thoughts About a Child's Trauma History



40

When you don't know the triggers or trauma history...

Look for changes in affect, awareness and action

Try to connect the cat hair ...
and the survival response



41

MOMENT-BY-MOMENT ASSESSMENT

Child's name _____ Date completed _____
 Date and time of episode _____ Person completing this form _____
 about before the episode _____

1. How did the child look immediately? Circle one:
 Calm Happy Sad Anxious Angry Fear Dislike

2. What was the child doing? — How would you describe his or her behavior? Circle one:
 Moving Fidgeting Playing Acting Talking Transferring Other

3. What appeared to trigger the child's episode? Circle one:
 Noise Smell Sound Loss of something Request to do something Body contact (Touch)
 Cuddling Breathing Fast walking Other

4. Who appeared to initiate the trigger? Circle one:
 Person (M or F) Observer (M or F) Response parent sibling Relative Teacher Peer Stranger Observer Other

5. Where did the episode occur? Circle one:
 Home School Neighborhood Outside Office Other

During the episode

6. What did the child appear to be feeling? Circle one:
 Calm Fearful Anxious Angry Dislike Sad Nervousness Pleasure Shock Other

7. What was the child doing — how would you describe his or her behavior? Circle one:
 Moving Fidgeting Playing Acting Talking Transferring Other

8. What was the child doing — how would you describe his or her behavior? Circle one:
 Moving Fidgeting Playing Acting Talking Transferring Other

9. How long did it take for the child to return to baseline — and what did he or she do prior to the episode? Describe.

10. From your observations, if you could name one thing you think is bothering this child, what would it be? Describe.

3.7

42

Things to Keep in Mind

Prioritize the response pattern that most worries the team.

If the child continues to dysregulate, the team may have missed something.

Interventions need to address the child and the environment.

Interventions work best during the regulating and revving phases.



43

C: Strategies to Address Trauma

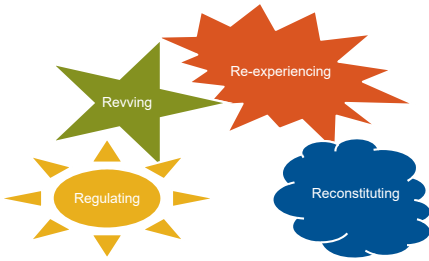
TST-FC



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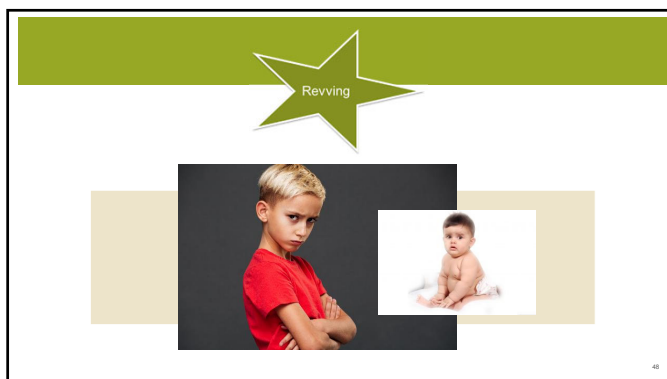
The Four R's



45

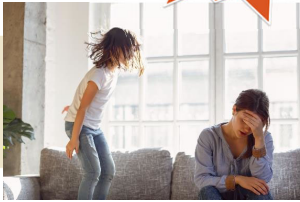
Stages of Behavior (the 4 R's)				
	Regulating	Revving	Re-experiencing	Reconstituting
CHILD BEHAVIOR	Restful. Child is calm and engaged in his or her environment	Vigilant. Child has been triggered and is trying to manage emotions	Fight, flight or freeze. Child's coping skills are overwhelmed; s/he is struggling	Calming down. Child is beginning to manage emotions and re-engage
YOUR PRIORITY	Minimize triggers to prevent escalation	Help your child regulate emotion	Make sure your efforts to contain the child do not re-traumatize him or her, keep the child and others safe	Help your child continue to manage emotions and re-engage







Re-experiencing



40




Reconstituting




50

**D: Coping
with Difficult
Behavior**

TST-FC




51

Regulating



52

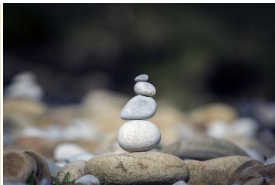
What Is Emotional Regulation?



53

Emotional Regulation Is About Keeping Our Feelings in Balance

High stress can upset that balance



54

Children Who Do Not Learn How to Manage Their Feelings Can Get Stuck Emotionally

What does it look like when kids get stuck?

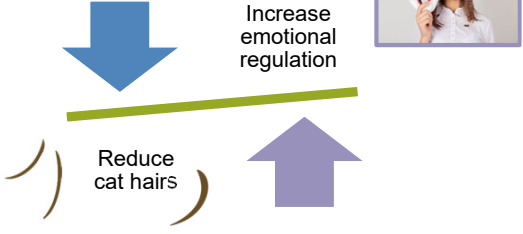
They may do the following:

Lose flexibility in their emotional response	Use substances or other harmful behaviors
Become preoccupied by strong feelings	Ignore difficult feelings



55


When We Know the History ...



56

Working With Children to Uncover Their Patterns

The Managing Emotions Guide (MEG)



57



Revving Is a Critical Time to Help Children Avoid Escalating Into the Re-Experiencing Stage

What are some signs that a child may be revving (becoming distressed)?

Revving


The Power of Presence When Children Are Revving

40

Revving: Now Is the Time to Calm, Not Teach


Focus on the following:

- Identify **WHEN** it is happening
- Being **PRESENT**, with close good eye contact
- Think about what you **SAY**
- Think about what you **DO**



61

How can you or caregivers communicate to children that you are present for them when they are revving?



62

Revving in Children Is a Vulnerable Time for Caregivers Too.

When are you most at risk for power plays?
How do you balance?



63

Emotional Hotspots Can Trigger Revving

What are some common hotspots?



64

How to Say "No"

What are some strategies for saying "no" when a child is revving?



65

Tips for Saying "NO"



66



What to Do When Children Are Re-Experiencing?



Sample of Challenges by Developmental Stages

Preschool	Elementary	Secondary
Struggles to track light or faces	Is frequently sad, worried, afraid or withdrawn	Feels hopeless and unable to make things better
Regularly cries for hours and is very hard to calm	Is easily hurt by peers or bullies others	Withdraws from family or friends
Does not babble or make simple gestures	Is preoccupied with violent movies, TV or games	Often gives in to negative peer pressure
Does not try to move, crawl or explore	Is fearful with familiar adults — or too friendly with strangers	Becomes violent or abusive
Seems overly fearful, even in safe situations	Has strong negative thoughts of him- or herself	Drives aggressively or speeds or drinks and drives
Is extremely aggressive and hostile toward peers	Has an extreme need for approval or support	Has a favorable attitude toward drug abuse
Has trouble expressing emotions	Had highly conflicted relationships	Diets aggressively even when not overweight





Transfer of learning

After class today, go to the confirmation email for this class and open

Handouts for Day 1 - Transfer of Learning (TOL)

Complete the **Transfer of Learning Day 1 assignment**:
 Child I Care About Worksheet
 Moment to Moment Assessment

Email your assignment by 7 pm to your trainers.

72

MOMENT-BY-MOMENT ASSESSMENT

Child's name _____ Date completed _____

Date and time of episode _____ Person completing this form _____

Start before the episode

1. How did the child look immediately? Circle one.

Calm _____ Fearful _____ Anxious _____ Angry _____ Sad _____ Other _____

2. What was the child doing? — How would you describe his or her behavior? Circle one.

Passive _____ Calm _____ Lively _____ Talking _____ Transferring _____ Other _____

3. Where occurred to trigger the child's episode? Circle one.

None _____ Alone _____ In a crowd _____ Request to do something _____ Daily routine (Dress?) _____

4. Who appeared to initiate the trigger? Circle one.

Person (M or F) _____ Stranger (M or F) _____ Resource person _____ Being _____ Robbed _____ Touched _____ Push _____ Strangled _____ Other _____

5. Where did this episode occur? Circle one.

Home _____ School _____ Neighborhood _____ Car/Bus _____ Office _____ Other _____

During the episode

6. What did the child appear to be feeling? Circle one.

Sad _____ Frustrated _____ Anxious _____ Disoriented _____ Nervousness _____ Embarrassed _____ Sad _____ Other _____

7. What was the child doing? — How would you describe his or her behavior? Circle one.

Passive _____ Reaching _____ Crying _____ Talking _____ Whining/Whimpering _____ Self-harming _____ Talking about episode _____

8. How long did it take for the child to return to baseline? — and what did he or she do once calm? Describe.

9. Please your observation, if you could name one thing you think is bothering this child, what would it be? Describe.

	Action	Affect	Awareness
Before			
During			
After			

Read through the 7 Moment by Moment Assessments of Tyler. Look for Patterns. What was he doing, and feeling — before during and after each episode? And what was his level of awareness/ how connected was he to what was happening now?

Day 2 Resources

- To prepare for Day 2 of training, print off for the following resources:
- Developmental Assessment Booklet
 - Breakout Room Scenario and Instructions

Trauma Systems Therapy for Foster Care (TST-FC)



THE ANNIE E. CASEY FOUNDATION

Developing solutions to build a brighter future for children, families and communities

www.aecf.org

76



AGENDA DAY 2

TOL review
 Creating Physical & Psychological Safety
 Generating Signs of Safety
 Visitation
 Groups – Prepare Safety Talk

If you do not see your
 name listed in
 Attendees, type your
 name in the chat box.

1

TOL Review from Day 1

- CHILD I CARE ABOUT WORKSHEET: How did it impact your view of the child you selected?
- Review Moment to Moment Chart
- What was your biggest take-a-way from today?



E: PHYSICAL AND PSYCHOLOGICAL SAFETY

Relationships Heal

- What are the characteristics of a Caretaker that support healing??



Don't take it personally!

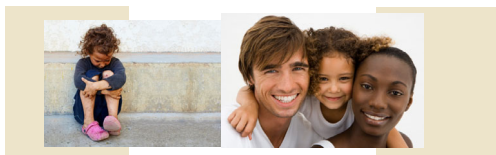
- It's NOT all about me!!
- It's NOT all about me!!
- It's NOT all about me!!
- It's NOT all about me!!



5

Safe, Consistent and Predictable Environments Help Kids Stay Regulated

But we also know children struggle



Fairness

7

Predictability Helps Children Stay Regulated

What can caregivers do to create predictability?

“Success is the sum of small efforts, repeated day in and day out.”

— Robert Collier

8

Consistency Is Critical

QUESTIONS FOR CAREGIVERS:

Can children count on what you are saying or doing?

Are you balanced and fair?

Are your kids free from worrying about the unknown?

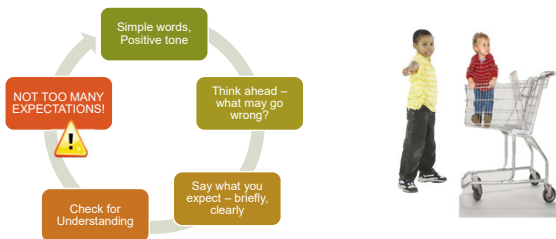
9

Pre-Teaching Helps a Child Imagine What Might Happen in a New or Challenging Situation



10

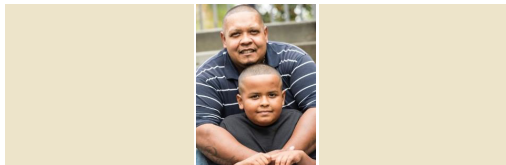
To Pre-Teach



11

In a Calm State, a Child Is Able to Think and Control Their Behavior

Predictability & consistency help but remember...
we are working toward progress not perfection.



12

Let's Talk

What's your strategy for staying calm?
What do you recommend to caregivers to help them remain calm?



13

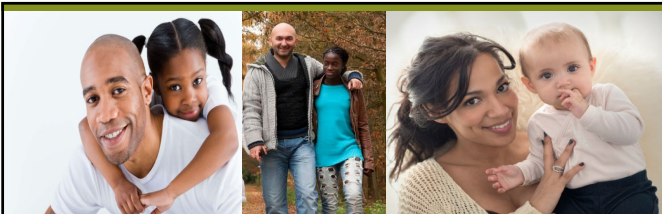
A Combination of Approaches

Multiple strategies may be needed
to help a child maintain regulation and feel safe

Remember: Safety is both physical and psychological



14

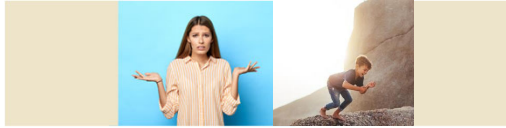


E: PHYSICAL AND PSYCHOLOGICAL SAFETY

PART II

Physical Safety

- What strategies can caregivers use to keep children **physically** safe?



Emotional Safety Is...

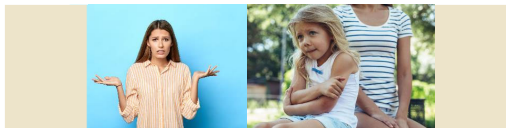
The belief that your needs
will be met and no harm will come to you



17

Psychological Safety

- What strategies can caregivers use to keep children emotionally safe?



18

Talk With Children & Youth About Emotional Safety

Find a moment when you have time to really listen

Be prepared to wait. Do not rush to fill the silence

Explain the difference between physical and emotional safety

Offer to talk later, whenever the child wants



19

"Scaling" Feelings

Help your child describe the intensity of his or her feelings:

- Using words
- Using colors
 - **Green:** You are calm and relaxed
 - **Yellow:** You are starting to get worried
 - **Red:** Your feelings are very intense
- Using the body as a measure

RATE YOUR EMOTION:



20

Restorative Practices vs. Punishment

Moving from punishment to helping children learn from their mistakes



Time-In

Time-in works by keeping the child nearby and under close supervision after a meltdown or difficult behavior



22

How Time-In Works

1. The child sits in a "Let's think about it" spot
2. Ask the child to think about the situation, what went wrong and how they could have acted
3. When the child says "Ready," ask them to describe what could have been done differently. Listen closely, at the child's level. Make eye contact and respond with a kind but firm voice
4. You and the child role play how to do it next time
5. Praise the child for doing it correctly during role play

23

The Benefits of Restorative Discipline

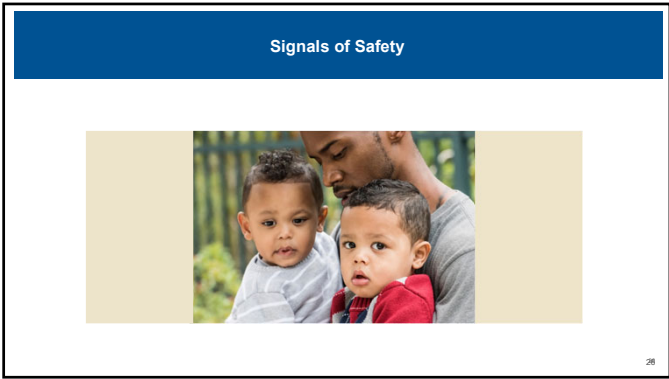
- Giving consequences when children/youth are revving or re-experiencing can lead to further escalation
- Harsh punishment may re-traumatize kids

Kids need boundaries, limits and structure — but how they are provided is key



24





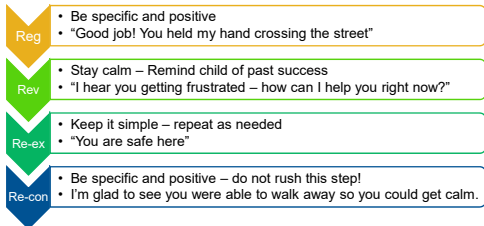


Learning to Trust



28

Increasing Signals of Safety



29

Finding Adult Allies

Who can children & youth turn to?



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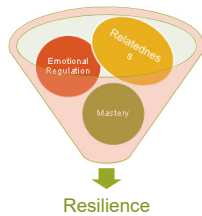
Joining a Cause

Causes that are part of something bigger can provide a child with signals of safety



31

One Pathway to Healing: Building Resilience



You can enrich and improve kids' present and future by helping them build resilience.

32

Increasing Relatedness by increasing a child's...



- Feelings of emotional safety
- Comfort with others
- Belief that support is available
- Trust that adults are honest and reliable
- Sense that I am lovable and I am loved



33






Transfer of learning

- Review the Practice Profiles
- Read the Montoya's Case History & Kara's Preparation
- Complete TOL Day 2 Handout

Email your TOL by 7 pm to your trainers

36



Instructions for Breakout Groups

Each group will meet in their assigned google meets room to practice a conversation about emotional safety between a resource parent and foster child in their home. Safety conversations are different with children of different ages. Practice 3 times, with different people taking the role of the resource parent each time. Each round, the child will be a different age.

- 5-year-old
- 10-year-old
- 15-year-old

If you have children on your caseload that age, you can think about that child as you are practicing.

Use the PowerPoint slide on Safety Conversations and the Handout in your packet as a guide for the conversation.

Select a reporter to answer the following questions:

- What did you learn in your role as the child?
- What did you learn in your role as the foster parent?
- Did you find any age group particularly challenging and why?

37

Assigned Breakout Room Groups

Group A		Group D	
Group B		Group E	
Group C			

38

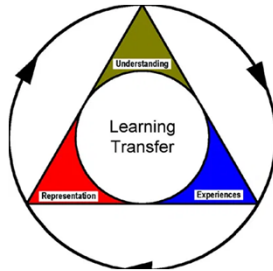


AGENDA DAY 3

- Overview of the concept of Quality Contacts
- Explore the preparation and planning before a Quality Contact.
- Explore key practice skills used during Quality Contacts
- Analyze skills as they are demonstrated through the Montoya family case scenario videos.
- Review the responsibilities of the worker after Quality

If you do not see your name listed in Attendees, type your name in the chat box.

Review of the Transfer of Learning



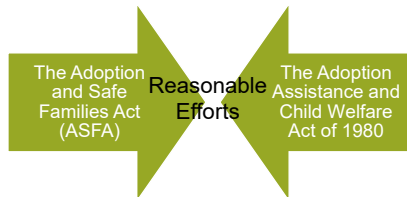
Breakout Room Group Presentation



G: Maintaining Family Connections Through Visitation



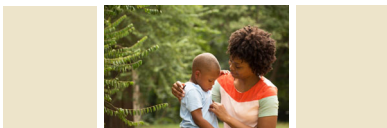
Federal Laws



Maintaining Family Connections

Child & Family Services Review outcome: **The continuity of relationships and connections is preserved for children.**

- Proximity of foster care placement
- Placement with siblings
- **Visiting with parents and siblings in foster care**
- Preserving Connections
- Relative Placement
- Relationship of child in care with parents



VDSS Guidance

Virginia Department of Social Service
Child and Family Services
Manual
Foster Care July 2020

4.8 Arranging visitation with parent(s) or prior custodians



7

Questions

- Were there any expectations you were unaware of regarding visitation?
- How will you improve family visits as a result?
- What strategies are used in your agencies to maintain family connections?



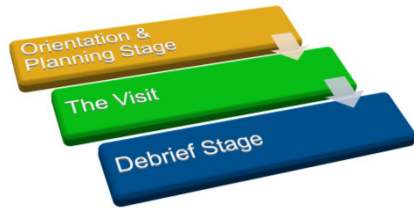
8

Visitation: Roles and Responsibilities



9

Three Stages of Visits



10

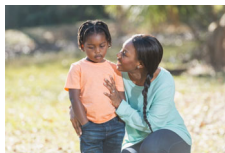
Making Visits Make Sense - Research on Visitation



11

Research on Parent/Child Visits

- More visits increase the likelihood of achieving the permanency goal of Reunification.
- Visits with siblings and other family members allow the child to maintain relationships with others
- Regularly scheduled visits have a better attendance rate.
- Well-being and developmental progress of children are enhanced by visitation.



General Information about Visits



- Frequent visits between parents and their children can promote both placement stability and successful reunification.
- Without visitation, the parent/child relationship can deteriorate.
- Frequent contact can reduce the negative effects of the separation for the children.
- Seeing the parent during visits reduces the child's fantasies and fears of "bad things" happening to the parent.

13

The Benefits of Regular visits



- Help to enhance the parent-child relationship and to promote the achievement of case plan goals.
- The worker can observe and fully assess parent/child interactions.
- Can be used by the worker or foster parent to model more appropriate child-rearing or parenting practices.
- Visits communicate the agency's belief in the family as important to the child.
- Casework activities during visits reinforce the provision of services to the family as a unit.

14

The Criteria for Decision-making for Visits



The criteria for decisions-making include the following:

- The location of the visits
- Scheduling of weekly visits
- Who will be included in the visits
- Day visit versus overnight visit

15

When would supervision of the visits be warranted?

WHEN?

- ✓ Concern about physical or emotional abuse.
- ✓ Parent's behavior may be inappropriate or unpredictable.
- ✓ Visit is with the perpetrator in situations of physical or sexual abuse.
- ✓ Child is afraid to be alone with the parent.

16

What to do if parents frequently fail visits...

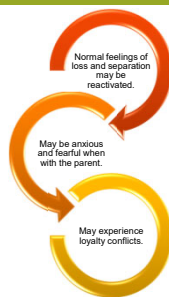
F FIRST
A ATTEMPT
I IN
L LEARNING

The following should be considered:

- Conduct visits within the context of the child's normal daily activities.
- Provide alternative locations for visits.
- Stress the parent's responsibility to visit.
- Conduct regular conferences to address the parent's failure to visit.

17

Child's Behavior



18

Family Time




19

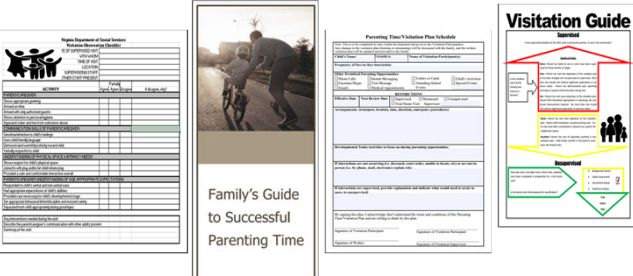
Four Factors to Consider in Writing Visitation Plans



20

VDSS – Visitation Tool

<https://fusion.dss.virginia.gov/dfs/Home/Foster-Care/Foster-Care-Resources-and-Job-Aids>



21

H: Quality Contacts



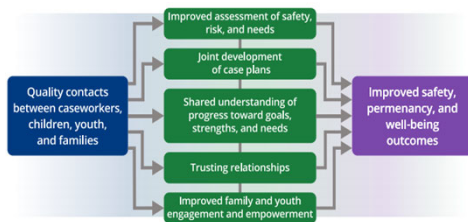
Quality Contacts

Purposeful interactions between caseworkers, children, youth, parents, & foster parents that reflect **engagement** and contribute to the **assessment** and **case planning** processes.



23

Benefits of Quality Contacts



24

Components of Quality Visits

Quality contacts incorporate the following:

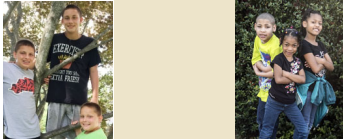
- Preparation and planning
- Assessment
- Engagement
- Dialogue
- Follow-up
- Decision-making and problem-solving
- Documentation



26

Characteristics of Quality Visits

Intentional and Purposeful	Goal Directed	Culturally Responsive	Respectful
Unbiased	Tailored	Developmentally Appropriate	Reflective of Critical Thinking



27

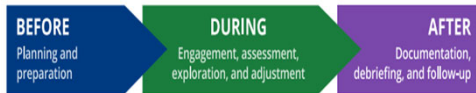
~~UN~~PREPARED



I: Before the Visit: Planning & Preparation

27

Key Phases of Quality Contacts



28

Ways to Prepare for a Visit - Logistics

- Ensure that visit is made within required timeframe
- Confirm date/time with family
- Get address/directions
- Pack necessary forms, referral information, etc.



29

Ways to Prepare for a Visit - Review Case Information

- Case history
- Genogram
- Case plans/action plans/safety plans
- Documentation from previous contact
- Collateral contact documentation
- Recently completed assessments and evaluations with recommendations
- Upcoming appointments/court hearings
- Supervisory staffing notes

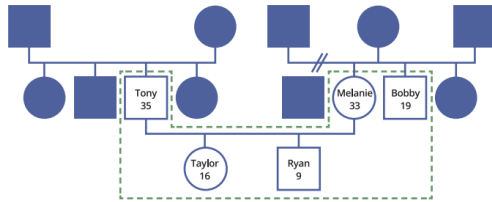


30

Case History - Genogram

Montoya Family Genogram

A genogram, like a family tree, is a picture representing relationships in a family. Using a genogram serves as a great way to empower and engage family members and allows them to see their behavior as it relates to the whole family system and historical patterns of behavior.



Planning





32

Tools for Planning a Visit



33

<p>Developmental Milestones and Assessment Questions</p>  <p>Local Programs Training Unit December 2012</p> <p> DEPARTMENT OF SOCIAL SERVICES</p>	<p>Developmentally Appropriate Assessments Resource Booklet</p>
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34

<p>Agenda</p> <ul style="list-style-type: none"> • Introductions, engagement, and purpose of visit • Assessment of: <ul style="list-style-type: none"> • Safety • Risk • Permanency (maintaining connections, stability of current situation) • Well-being (health, mental health, development, behavior, education, social activities, and relationships) • Adjustment to the placement • Progress on case plans and action plans • Plan for creating safety for the children: <ul style="list-style-type: none"> • Identification of behaviors that need to change to create a safe environment for the children • Identification of family strengths to support changes (emotional, mental, and behavioral strengths; positive experiences with similar situations; work; stable housing; resources; network of friends; and family) • Exploration of formal and informal resources to support needs • Follow up: <ul style="list-style-type: none"> • Action items from last visit (What worked? What didn't happen?) • Current needs • Summary and next steps <p><small>Kara brings her agenda, notes, family genogram, current case plans and action plans, and any necessary forms or referrals to the visit.</small></p>	<p>Kara's Agenda</p> <ul style="list-style-type: none"> • What are the benefits of using an agenda? • Is there anything else you would add?
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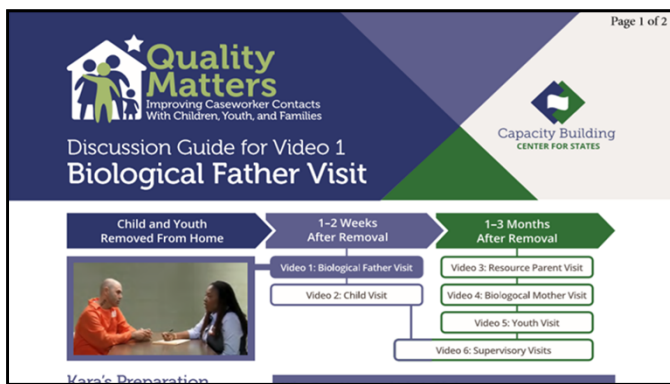
<p>J: During the Visit: Engagement, Assessment, Exploration & Adjustment</p>	
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35

Engagement

- Demonstrate empathy
- Demonstrate genuineness
- Demonstrate respect
- Use interpersonal helping skills







Kara's visit Tony Montoya – Biological Father

- What family strengths can you identify that will help Tony and his wife make the behavioral changes that can create a safe environment for the child and youth?

40

Assessment

- Safety
- Risk
- Permanency
- Well-being
- Adjustment to placement
- Progress toward individual case goals







Kara's visit with Ryan Montoya - Child

- What seems to be the most important issue for Ryan, and what follow-up steps will Kara need to take?

44

Exploration

- Progress since last visit & actions needed to move case plan forward
- Concerns, changing circumstances & challenges



Exploration Strategies

- Family-centered approach
- Strengths-based approach
- Solution-focused approach



Page 1 of 2

Quality Matters
Improving Caseworker Contacts
With Children, Youth, and Families

**Capacity Building
CENTER FOR STATES**

Discussion Guide for Video 3 Foster Parent Visit

Child and Youth Removed From Home	1-2 Weeks After Removal	1-3 Months After Removal
<p>Kara's Preparation</p>	<p>Video 1: Biological Father Visit</p> <p>Video 2: Child Visit</p>	<p>Video 3: Resource Parent Visit</p> <p>Video 4: Biological Mother Visit</p> <p>Video 5: Youth Visit</p> <p>Video 6: Supervisory Visits</p>

Who: Delores Aguilar, foster parent



Kara's Visit with Delores Aguilar - Resource Parent

- Why is Kara's suggestion for respite not consistent with trauma informed practice?

40





Kara's visit with Melanie Montoya – Biological Mother

- What seem to be the most important issues for Melanie, and what follow-up steps will Kara need to take?

62

Adjustment

- Respond to the specific needs & identified opportunities for support
- Use developmentally appropriate dialogue with children and youth
- Discuss action steps





Discussion Guide for Video 5 Youth Visit

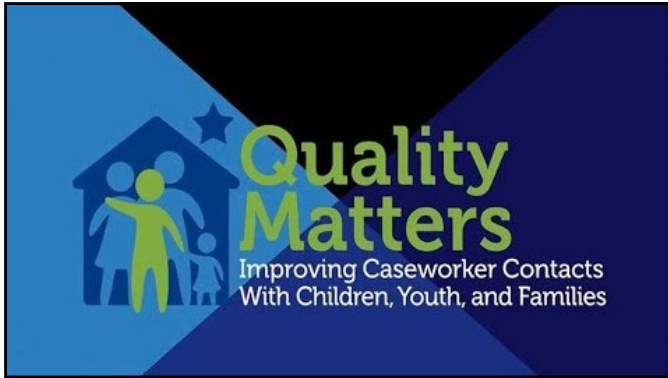
Capacity Building
CENTER FOR STATES



Kara's Preparation

Who: Taylor Montoya, 16 years old

Handout 1-6
Page 1 of 2



Kara's visit with Taylor Montoya - Youth

- What did you see that you can use or note use in your practice?

56



Documentation

After each visit, it is important to document:

- key information
- observations
- decisions

FOUR ASSESSMENT ELEMENTS TO DEVELOPING A PLANNED AND PURPOSEFUL VISITATION

Step One: Child Development and Parenting Skills

- Child Developmental Milestones
- Safety Checklist
- Impacts of Separation on the child
- Developmental Assets of children
- What Parents Can do to Support Development
- Notes for the visit

Step Two: Time in Care

- Initial Placement
- Reasonable Efforts
- Final Permanency Decision
- Post Permanency

Step Three: Type of Abuse

- Neglect
- Physical Abuse
- Sex Abuse
- Emotional Abuse
- Level of supervision needed

Step Four: Other Factors

- Substantial abuse
- Cultural background
- Domestic Violence
- Child's special needs
- Parents' special needs
- Incarcerated parents
- Mental illness
- Relationship with caregiver

Source: Wendy Hesse, consultant to the National Resource Center for Family-Centered Practice and Permanency Planning at the Texas State College of Social Work, San Antonio, Texas. With: Dr. A. Andrew and the Children's Advocacy Center.

Documentation Continued

Documentation should be completed in a manner that is:

- concrete
- concise
- non-judgmental



Transcription Services

DEPOSITION SERVICES, INC.	
FLEXIDICTATE (TRANSCRIPTION) SYSTEM - QUICK REFERENCE CARD	
TOLL-FREE DICTATION LINE: 1 (877) 234-5676	
FlexiDictate Website: https://virginia.flexidictate.com	
For Customer Support: DSStelp@depositionservices.com or call (800) 333-1042	
Please Prompt: 1. Enter your Dictation ID , followed by # 2. Enter your Dictation PIN , followed by # 3. Speak the Case Name , followed by 1 (one) 4. Press 2 for Begin Dictation 5. When finished, press 9 to go to Speech Dictation 6. You will receive a Confirmation Number	Please Prompt (after dictating): Press 40, then: Press: 1. Pause Recording 2. Pause Recording (from beginning) 3. Go to the beginning of recording and press the playback key 4. Go to the end of recording and press the playback key 5. Start recording and dictation (press 2) (press 2) (press 2) 6. Start recording and dictation (press 2) (press 2) (press 2) 7. Go to the end of the recording and start recording 8. Repeat 9. Fast Forward
Audio Background Noise: Dictate in a quiet place! TRY TO HOLD THE PHONE HEADSET TO YOUR EAR/MOUTH	
Best Dictation when Dictating: 1. Speak slowly and enunciate your words 2. Read from a script or paper (if you do not have a script) 3. Consider making a list of the words you want to say 4. If you forget to mention something, say "uh, yes, and" 5. It's okay to start over. Press 5 to pause, 9 to go to the beginning of the recording, and 2 to restart recording 6. Always tell your final thoughts. Thank about the words you are missing. Consider changing the way you describe	

Tips for Using Transcription

- | | | | |
|--------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|
| 1. State the purpose and focus of the visit or contact | 2. Name all of the parties who were present | 3. Describe the family's engagement while discussing the service plan | 4. Include any ideas they offered |
| 5. State important outcomes from the visit or contact | Safety status? Risk? Well-being? | Progress or barriers to progress | 6. Who/what does the family need to follow-up with and when? |
| | 7. Who/what do I need to follow-up with and when? | 8. When is the next visit scheduled? | |

61

Supervisory Conferences

After contacts, regularly scheduled supervision serves several important functions:

- Case oversight- status check & compliance
- Development of plans & strategies to promote best outcomes for children and families
- Professional development of worker

Supervisory Key Discussion Points



- Visits and key directions
- Successful approaches used during visits
- Challenges experienced
- Areas for development in conducting quality contacts

62

Quality Matters
Improving Caseworker Contacts
With Children, Youth, and Families

Page 1 of 2

Capacity Building
CENTER FOR STATES

Discussion Guide for Video 6 Supervisory Visits

Child and Youth
Removed From Home

1-2 Weeks
After Removal

Video 1: Biological Father Visit

Video 2: Child Visit

1-3 Months
After Removal

Video 3: Resource Parent Visit

Video 4: Biological Mother Visit

Video 5: Youth Visit

Video 6: Supervisory Visits

Meeting Preparation

Who: Rhonda, supervisor, and Kara, caseworker




Supervisory Visits

- What did you observe that was positive and what could be improved?

40

Small Changes Can Have a Big Impact



G-25


Improving Practice




68

You Did It!


• Questions



• Appreciation



• Evaluation



69

Post Test

75

From the Virginia Knowledge Center:

- Click on Catalog
- Type CWS3041W in the Search for box and click Search
- Click on VDSS – CWS3041W POST TEST

***It is extremely important for you to submit a survey so we can assess our training delivery and it's required for your completion of the course on your transcript.