the permanency continuum series

ACHIEVING PERMANENCY THROUGH REUNIFICATION TRAINING

The Annie E. Casey Foundation

Contents

DAY I: TRAINING AGENDA

10:00 A.M. – 10:15 A.M.	WELCOME
10:15 A.M. – 12:00 P.M.	OVERVIEW
12:00 P.M. – 1:00 P.M.	LUNCH
1:00 P.M. – 1:35 P.M.	VOICES IN REUNIFICATION
1:35 P.M. – 2:05 P.M.	PERMANENCY TEAMING IN REUNIFICATION
2:05 P.M. – 2:15 P.M.	BREAK
2:15 P.M. – 3:45 P.M.	SKILL AREA: ASSESSMENT
3:45 P.M. – 4:00 P.M.	DISCUSSION AND CLOSING

DAY II: TRAINING AGENDA

9:00 A.M. – 9:15 A.M.	WELCOME
9:15 A.M. – 10:50 A.M.	SKILL AREA: SERVICE PLANNING
10:50 A.M. – 11:00 A.M.	BREAK
11:00 A.M. – 12:30 P.M.	SKILL AREA: INTERVENTION
12:30 P.M. – 1:30 P.M.	LUNCH
1:30 P.M. – 2:45 P.M.	PUTTING IT ALTOGETHER
2:45 P.M. – 3:15 P.M.	ACHIEVING PERMANENCY AND CLOSURE
3:15 P.M. – 3:30 P.M.	CLOSING

Overview

This two-day training builds on the Casey Family Services' Lifelong Families Training and the Casey Family Services Replication Manual Training. This training focuses specifically on achieving and sustaining permanency for children and youth in foster care through reunification. The emphasis is on the specific skill areas essential to quality reunification practice: assessment, service planning and intervention. The training provides opportunities for participants to practice skill building in each area and then to integrate these skills in connection with a case. The training closes with considerations related to case closing and post-reunification supports.

Learning Objectives

Participants will be able to demonstrate and/or describe:

1. Reunification as the preferred permanency option for children and youth in foster care

2. How resource families can provide the supports that parents and children and youth need as they work toward and achieve safe reunification

3. How to develop and use the service plan to support, guide and hold the birth parent/s, as well as other team members, accountable

4. The role of the team in developing and implementing the service plan

5. The critical importance of visitation and its use as both an intervention and an ongoing assessment tool

6. How to engage in assessment, service planning and provision of interventions as applied to a specific case example

7. The post-reunification services that families often need after case closing

Five Key Components

I. Reunification as the preferred permanency goal

II. Skill Area: Assessment

III. Skill Area: Service Planning

IV. Skill Area: Interventions

V. Achieving permanency and closure

Materials Needed

- Four flip charts and markers
- LCD projector and screen
- Pads, pens, pieces of fabric, fabric markers, clothesline, clothes pins
- Rose-colored glasses for all trainers and each participant
- Prizes (candy)
- Letter-sized cards with ties. One card each for:

FRONT OF CARD	BACK OF CARD
- Child's Attorney	"I'll decide what's in the kid's best interest!"
- Parent's Attorney	"All I want to hear is how the jeopardy issues will be addressed."
- Mom's therapist	"My client is doing well. Can't say more...confidentiality, you know."
- State social worker	"Who the heck thought teaming was a good idea anyway?"
- Foster parent	"But if she goes home, she won't have her own television in her room!"
- Agency Social Worker/Facilitator	"Holy smoke, what should I do now?"

- Flip chart sheets with each having one with the following headings:
  - Parents (or Primary Caregivers)
  - Children and Youth
  - Extended Birth Family System
  - Resource Families

- Index cards containing the following information, one statement on each card:
  - Jack is 6-months old.
  - Jack is 6-years old.
  - Jack is 13-years old.
  - Jack is 17-years old.

Depending on the size of the group, some index cards may need to be duplicated.

- Index cards for the Putting It Altogether Exercise. Create one index card for each person in each assignment.

Roles/First Assignment

FRANK: Age 27; did not finish high school; mom and dad divorced when he was 12 – dad moved away and had no further contact with him; left home at age 17; married Pam when he was 19; has a hard time finding a job; has difficulty getting along with people at work; has an anger problem; is feeling depressed and angry; has always drunk beer but admits to drinking more lately; loves Pam but gets frustrated with her because she doesn't keep the house clean or cook; loves his children and wants to be a good dad for them but isn't sure how to do it; feels like a failure; wants his children back; has one brother, Dan, who lives in another state; his parents died; major support: cannot think of anyone.

PAM: Age 25; did not finish high school; came from a family of 8 children where none of the children got much attention; always had problems with depression; tries to pull herself out of it but can't; worked briefly at a fast food place but it was too stressful; saw a therapist once but it didn't do any good; married Frank when she was 17; loves her children and wants to protect them but feels powerless; loves Frank but is afraid of him and can't see how she can make it without him; is mad at Frank for hitting and pushing her but thinks that maybe she deserves it because she knows that she isn't very good at keeping house; wants her children back; has not maintained contact with anyone in her family; believes two of her sisters may be living in this state; major support: next door neighbor, Lainie.

JANICE, STATE SOCIAL WORKER: Pam and Frank have no immediate family in the area – no placement resources could be identified at the time of placement; risk/safety issues: domestic violence; Frank's substance abuse; Pam's mental health issues (depression); neither parent appears currently capable of taking care of the children; financial stresses; it appears that they may lose their apartment for failure to pay rent; both children seem to have developmental challenges; Mandy seems to have a speech impairment; Jeremy seems withdrawn; current goal: reunification but much work will need to be done for the children to be safely returned.

Roles/Second Assignment

FRANK: Has no intention of getting "counseling"; understands that he shouldn't push and hit his wife and will not do it anymore. He also believes that now that all of this has happened, he will not drink anymore; he has been sober for 3 days and that tells him that he can make it on his own. He wants his children home now.

PAM: Is too upset to talk about doing anything; feels defeated and has no real hope; she wants her children back but she feels that everyone is against her and she won't ever have them with her again; is very lonely and wishes she had a friend to talk to.

JANICE, STATE SOCIAL WORKER: Knows that reunification is the plan but has real doubts that Frank and Pam can get it together; she thinks it makes sense to just do what it will take to show the court that the agency made "reasonable efforts" and then move as quickly as possible to adoption planning.

Handouts

Handout #1: Training Agenda

Handout #2: A Poorly Developed Road Map

Handout #3: A Well-Developed Road Map

Handout #4: Pam, Frank, Jeremy and Mandy

Handout #5: Scenario for Large Team Meeting Role Play

Handout #6: Reunification Bibliography

Video to Be Used

"Family Forever"

Preparation for Training: Recommended Reading

1. Cass, E. (2010). Visitation as a reunification service. *Juvenile Law Resource Center Issue Brief.* http://www.jrplaw.org/documents/VisitReunif.pdf

2. Child Welfare Information Gateway. 2011. *Family reunification: What the evidence shows. Issue Brief.* http://www.childwelfare.gov/pubs/issue_briefs/family_reunification/family_reunification.pdf

DAY I: TEACHING SCRIPT, 10:00 A.M. TO 4:00 P.M.

10:00 A.M. TO 10:15 A.M. WELCOME

10:15 A.M. TO 12 P.M. INTRODUCTION TO REUNIFICATION PRACTICE

Materials Needed

PRESENTER: Newsprint, easels, markers

PARTICIPANTS: Pads, pens, pieces of fabric, fabric markers, clothesline, clothes pins

Learning Objectives

Participants will be able to demonstrate and/or describe:

- their current practice around reunification
- attitudes and values that may affect reunification work
- reunification as the preferred permanency option
- best practice in reunification

Major Points

- Reunification is the first and primary permanency option for children/youth when their needs for adequate safety and nurturing can be met.
- Past and current practice includes skills applicable to reunification work.
- Reunification work may involve new skills for social workers, including work with the court.
- Attitudes, values and feelings impact reunification work.
- Knowledge of national statistics and reunification programmatic research regarding best practice inform our learning.

Welcome and Introductions *(anticipated time: 5 minutes)*

As we have worked together to achieve greater permanence, our goal is to achieve the highest degree of legal permanence for each child we serve. We use options for permanency outcomes that include reunification, guardianship and adoption. The purpose of the Achieving Permanency through Reunification training is to deepen your knowledge and skills as you provide reunification services based on best practice standards. We operate from the belief that reunification is the first and primary permanency option for children/youth when their needs for safety and nurturing can be met.

We may work toward reunification in different types of cases. A child may be referred to the agency with an existing goal of reunification. Permanency teaming on cases may result in a planned goal of reunification for youth who previously had a goal of long-term foster care, independent living or Another Planned Permanent Living Arrangement (APPLA). For newly placed children, the goal of reunification also may evolve through the permanency teaming process. In our work in teams, we always work as an advocate for reunification when that option is in the best interest of children and youth in foster care.

Trainer introduces members of the training team.

Trainer asks participants to give their names and affiliations. Depending on the size of the group, trainers may ask each participant to say why he or she decided to take the training or ask for some reasons from the group regarding why they decide to take the training.

HANDOUT #1: **Trainer refers participants to Handout #1 which provides the agenda for the training and briefly reviews it.**

Part I: Data on Reunification *(anticipated time: 10 minutes)*

Let's start with a definition of reunification and some data on reunification.

Reunification is the return of a child/youth from foster care to birth parent(s), adoptive parent(s) or extended family if the extended family members were the caretakers at the time of the child/youth's placement.

Although in strict terms reunification is about the actual return to the home, in many cases, whether or not that actual return home occurs, we can reconnect children and youth with family members and find ways to keep those connections going.

Let's look at data that help us better understand the characteristics and needs of children and youth in care.

- National data on the numbers of children in care who return home, their ages and their length of time in care
- Long-term foster care as a very small slice of child placement services

- Data from the Casey Family Services Alumni Study
- Data from Casey Family Services Reunification Study by the University of Connecticut

First, we know that the majority of children and youth who enter foster care do so because of neglect.

The most recent data are for September 30, 2011:

Total number of children in care in the US		**400,540**
• Placement Type:		
- Pre-Adoptive Home	**4%**	**14,213**
- Foster Family Home (Relative)	**27%**	**107,995**
- Foster Family Home (Non-Relative)	**47%**	**188,222**
- Group Home	**6%**	**23,624**
- Institution	**9%**	**34,656**
- Supervised Independent Living	**1%**	**3,868**
- Runaway	**1%**	**5,870**
- Trial Home Visit	**5%**	**20,568**
• Number of Children **entering** foster care in 2011		**252,350**
• Number of children **exiting** foster care in 2011		**245,260**
• Lengths of stay for children exiting Foster Care in 2010		
- Mean	**21.1 months**	
- Median	**13.2 months**	
• Outcomes		
- Reunification with parent or primary caregiver	**52%**	**125,908**
- Living with other relative	**8%**	**20,076**
- Adoption	**20%**	**49,866**
- Emancipation	**11%**	**26,286**
• Ages of the children who exited care		
- Median years	**9.4**	
- Mean	**8.6**	

The Casey Family Services Alumni study found that among young people served by the agency:

- 63 percent reported contact with their birth mothers following their exit from care
- 10 percent reported that they either see birth family every day or live with them

The Casey Family Services Reunification study was a comprehensive, five-year evaluation of the Casey Family Service Family Reunification Program carried out by a research team of faculty and staff at the University of Connecticut and the University of Maine. It examined the program in two Casey Divisions, collecting data on 135 families with 254 children in care. It also collected data from a matched sample of families whose children were placed in foster care but who did not receive services through Casey. The study found: "In sum, children in the Casey Family Reunification Program fare better than their counterparts in both the comparison group and among children in out-of-home care nationwide in achieving permanency. First, they are reunified with their families, or achieve permanence through another placement plan, much more quickly than children in the comparison group or when compared to national data. Second, they experience the greater stability and permanence that fewer placements afford children who must be separated from their parents. (Pine, Spath, Maguda, pg. 7, August 2006).

The study found roughly equivalent reunification rates for families working with Casey and the comparison group, all of which were first time removals:

- Program (n = 254)
  - 61.9 percent of program children were reunified

- Comparison (n = 223)
  - 57.2 percent of the comparison children were reunified

Permanency outcomes overall were also quite similar:

- Program
  - **20.8%** Adoptive family
  - **9.6%** Legal guardian
  - **6.6%** Long-term foster care
- Comparison
  - **21.4%** Adoptive family
  - **8.4%** Legal guardian
  - **8.8%** Long-term foster care

There were significant differences however in the number of weeks it took for children to achieve permanency or leave foster care through emancipation (from the time the case was opened until the permanency decision was made) and the number of placements that children experienced.

Number of Weeks to Permanency Decision

- Program
  - Reunification 39.1
  - Adoptive family 54.7
  - Legal guardian 54.3
  - APPLA 43.2
- Comparison
  - Reunification 46.1
  - Adoptive family 93.9
  - Legal guardian 91.4
  - APPLA 69.9

Number of Placements

- Program
  - One 64.9%
  - Two 22.7%
  - Three+ 12.4%
- Comparison
  - One 40.7%
  - Two 23.5%
  - Three+ 35.7%

The Casey programs reduced the number of placements experienced by children and reduced the time to permanency outcomes. Casey concluded that these favorable results were due to the best practice approaches used in the reunification programs. The families served faced many personal and societal issues that compromised their ability to provide a safe and nurturing environment for their families. The complexity of their problems required a multifaceted response grounded in best practice. In successful reunification programs across the country, there is consensus on the following best practices:

- CLARITY OF EXPECTATION – As a field, we know that we need to provide clear information about expectations from beginning to end, what needs to change, how well they are doing. None of the expectations should be a surprise.

- ACCURATE ASSESSMENT – As a field, we assess the full range of family functioning – both strengths and challenges.
- SPECIFIC SERVICE PLANNING – It is vital that we create a meaningful service plan with families.
- SUPERVISED VISITATION – The field focuses on using home-based visits. Social workers do clinical work to repair the parent/child relationship. This is work that allows the parent to become the parent again, and the child to accept them in their parental role, in the environment where the disruption often occurred.
- IN-HOME SERVICES – It is important to provide services in a family's home whenever possible, as we want the skills and learning they acquire to be transferred to their own world.
- SUPPORT GROUPS – Groups are important to support the work, as our clients can give each other support in ways that we can't, but can also stay very realistic about what is happening. One client declared to another "I smell a rat," when listening to her make excuses about why she wasn't doing something.
- THERAPEUTIC SUPPORTS – The field recognizes that we must address the psychological needs of families. As we know, these needs frequently include mental health issues, substance abuse and domestic violence.
- CONCRETE SERVICES – It is also vital that we address the concrete needs of families. Families often need housing and assistance with many other unmet basic needs.

This work will require communication with the court. The court that has placed custody of the child with the state agency will need information on the results of the assessment and service planning processes and the outcomes achieved through interventions in order to make the best decision about the safe return of the child home or a change of goal to another permanent alternative.

Over the next two days, we will take a look at how we can do this work and why we need to do the work of reunification.

Part II: Current Practice Around Reunification *(anticipated time: 5 minutes)*

Large Group Discussion: What does your current practice look like as you work with children and families toward reunification?

Part III: Attitudes, Values *(anticipated time: 30 minutes)*

Small Group Discussion (10 minutes)

Trainer divides the larger group into smaller groups and asks the groups to discuss the following questions:

- As you think about reunification, what are your worst fears?
- What are your greatest hopes?

Trainer asks the groups to write down their worst fears on a list. Trainer asks participants to use a fabric marker and fabric to write down one of their greatest hopes.

Debrief (20 minutes)

Trainer debriefs by asking each small groups to give two of the fears on their list. Depending on the number of tables, trainer returns to each table several times to collect additional items. Trainer puts these items on flip charts.

Trainer debriefs what was and what was not addressed by the tables:

- Were certain kinds of fears the primary focus, e.g., fears for worker safety?
- Did fears extend to the worker, the child, the family?

NOTE TO TRAINER: Some responses for fears may be: drugs, neighborhoods, domestic violence, poverty, alcoholism, racism, mental illness, lack of control, uncertainty, fear of making the wrong decision, injury or death of a child, fear of disappointing children and parents. These fears involve the worker, child, birth family and resource family.

Trainer states that we will come back to the hopes shortly.

Trainer makes the following points:

- Many of the fears are the same ones experienced by birth families.
- Many of the fears are the same experienced by families/workers/children in foster care and/or family-based programs.
- The risks involved in reunification are very real and we do not want to minimize your fears. But there are risks also in foster care. Some are psychological: disconnection, loss, trauma, disruption. And sometimes even though we do the best screening that we can, children in foster care get abused.
- It is interesting to note that studies have shown it takes two generations for a family to recover from the removal of a child.

Part IV: Good Enough Parenting *(anticipated time: 25 minutes)*

Trainer makes the following points:

- Decisions to return children home are complex. They are influenced by our feelings and by our definitions of what constitutes "good enough parenting." Trainer asks the small groups to brainstorm a definition of "good enough parenting." Allow about 5 minutes for the discussion. Have reporters from several groups share their definition.
- Trainer asks the large group to respond to the questions listed below by raising their hands in agreement with one of the following responses: either "I would feel OK" or "I wouldn't feel OK about returning a child…" or if Qwizdom equipment is available, trainer follows directions for Qwizdom use.

Trainer stresses that we want to know how they feel not how they think about the question.

NOTE TO TRAINER: Take time on this discussion.

Questions

Trainer reads out each question and asks for show of hands as to how comfortable participants would be in reunifying children with . . .

Use the following: "Very easy"; "easy"; "not so easy"; "I can't imagine reunifying under these circumstances."

1. Families who are extremely poor
2. Parents who have cognitive limitations
3. Parents whose child entered care because of failure to thrive (without a medical reason)
4. Parents who have significant substance abuse problems and multiple relapses
5. Parents with long-standing mental health problems
6. Parents who minimize the impact of domestic violence on their children

If Quizdom is available, use the following scale:

RATING: 1 = NOT DIFFICULT AT ALL TO 5 = EXTREMELY DIFFICULT

Trainer debriefs the results, commenting on how our values and beliefs impact our work with families toward reunification.

Trainer points out that these are fairly straightforward situations and most often, we are weighing the strengths of a parent against the challenges. What about the parent who minimizes the impact of domestic violence on her children but the attachment is strong and the parent is skilled and nurturing? What if the parent/child relationship is very good but the parent is regularly angry with the worker?

Trainer makes the following points about "good enough parenting":

- How we define "good enough parenting" is influenced by our experience, values, beliefs, race, ethnicity, class and culture. We should not underestimate how class, culture and power influence our decision making.
- It's a phrase we use a lot and may mean different things to different people.
- People operate out of their beliefs, values and experiences.
- Some states have defined "good enough parenting." The state of California defines good enough as "minimum sufficient care."
- We as professionals may not agree with some of the beliefs our clients have about parenting, but we can't assume wrong intent on their part.

- Parents' intent is usually grounded in what they believe is good parenting…even if that includes spanking or blind obedience.
- Our task is to help shift those beliefs and to demonstrate that something else works better.
- Our judgments about good enough parenting may influence decisions about reunification. Is it enough for parents to address the jeopardy issues that caused their children to be removed?
- Good enough parenting for a child who has had multiple placements may be very different from good enough parenting for a child who has had one placement.
- No parent does everything. We can build in natural and community supports to fill in "good enough" gaps.

The Role of the Court

Trainer makes the following points:

- The court uses legal standards to determine "good enough parenting."
- The court will focus on the reasons the child entered foster care (the jeopardy issues) and whether an "imminent risk of harm" to the child remains.
- "Imminent risk of harm" is the basic legal standard for removing a child from the custody of parents.
- We may be able to work with parents on a range of other issues and concerns in their lives and through our work, enrich the life of parents, strengthen a range of parenting skills and ensure that their child has opportunities that parents previously were not able to provide the child. However, the decision that the court will make regarding the return of a child to parents will be based on the resolution of the jeopardy issues.

NOTE TO TRAINER: To emphasize this last point about the decision-making power of the court, a "judge" in robes will appear. While many of the points made by the participants about "good enough" parenting may have merit, the judge can use his gavel to strike down any points that go beyond or don't address the issues that brought the youth into care.

Part V: Summary *(anticipated time: 2 minutes)*

This two-day training is about best practice in achieving permanency through reunification. We will apply what we know about best practice from the field in general and from the research to our case practice from assessment through closing.

We will cover the following practices:

- Clarity of expectation
- Accurate assessment
- Specific service planning

- Supervised visitation
- In-home services
- Support groups
- Therapeutic supports
- Concrete services

In the Achieving Permanency Series and in this reunification training we propose two foundational lenses through which to view the work:

- strengths-based practice
- permanency teaming

And we will be using these lenses as we address assessment, service planning, intervention and closing.

As we close this session, let's return to the hopes that you wrote down on the pieces of fabric.

Trainer asks participants to read out their greatest hope and put the fabric with that hope on the clothes line.

Trainer notes that we are going to keep our clothesline of hope up throughout the training as a way of remembering why we need to do this work.

12:00 P.M. TO 1:00 P.M. LUNCH

1:00 P.M. TO 1:35 P.M. VOICES IN REUNIFICATION

Materials Needed

PRESENTER: Family Forever video, rose-colored glasses

PARTICIPANTS: Paper, pens

Learning Objectives

Participants will be able to describe:

- The types of supports that parents often need to successfully and safely reunite with their children
- The types of supports that children and youth often need to be ready for reunification
- How resource families can provide the supports that parents and children and youth need as they work toward and achieve safe reunification

session plan

Introduction

Trainer makes the following points:

- Parents need a range of supports to be able to undertake and complete the hard work necessary to successfully and safely reunify with their children.
- Children and youth in foster care need a range of supports to feel ready to return home.
- Resource parents play vital roles in providing parents and children and youth with the supports they need to safely reunify.

Part I: Family Forever

Let's look at the video, Family Forever. After the video, we will discuss together what you saw in the video about:

- The supports that parents need in order to able to safely reunify with their children
- The supports that children and youth need to feel ready to reunify
- How resource parents can provide these supports for parents and for children and youth

Discussion:

I. What did you learn from this video about the types of supports that parents often need in order to successfully and safely reunify with their children?

2. What did you learn from this video about the types of supports that children and youth need to be ready to return home?

3. What roles did you see the resource parents playing in providing these supports to parents and to children and youth?

Trainer makes the following points as needed:

- As a resource to the birth family, resource parents provide support in the reunification process. They share information about the child's daily life, and strive to be a genuine partner with the birth parents in parenting.

In Casey Family Services' practice model, birth parents and resource families are brought together to share information and work as partners on behalf of the child. As an example, in one case in Maine, the mom, Holly, was pregnant after losing custody of her two boys. She realized that because of her opiate addiction, she would not likely be able to care for her new baby. She knew that she might be able to maintain sobriety when she was pregnant but would likely relapse when the baby was born. She contacted Casey Family Services who identified a foster mother, Donna, for the baby when he or she was born. The worker talked with Holly about Donna and with Holly's permission, talked with Donna about Holly. Donna and Holly met and talked about Holly's desire to see the baby when the baby was placed with Donna. On the day of delivery, Donna happened to call Holly to check in on her and then stopped by the hospital to see the baby, Kerrie, who was born with an opiate addiction. Holly reached out to Donna and they made plans for how they would connect while Kerry remained in the hospital for 10 days, going through opiate withdrawal. Holly accompanied Donna and Kerry to the foster home when Kerry was discharged and had a 6-hour visit with the baby that day. The partnership between Holly and Donna continues.

A number of states have developed "Ice Breaker" meetings between resource parents and birth parents to accomplish what Casey does through its practice model – to bring resource parents and birth parents together as partners on behalf of the child, to share information and for resource parents to support birth parents as they do the work they need to do.

- As a resource to the child, resource parents support reunification efforts and if reunification is not the plan, they consider becoming the child's legal family. If reunification is not possible and the resource family is not able to make a commitment to be the child's family, then the resource parents help the team/agency recruit a permanent family.

- In brief, we say that the role of the resource family is to help:

- Reunify/reconnect child with birth family
- Respond to child's need for "Plan B," i.e., adoption and ongoing birth family connection
- Recruit alternate permanent family through team participation and help in the transition process
- We need to acknowledge that this is hard, and that there will be obstacles to recruiting. At the same time, however, we need to recognize that this is a different way of working, and we may believe that these families don't exist, but they do, and if we set up different expectations then we can expect different results. This same principle has been stated by Pat O'Brien with regard to believing that there are not families who will adopt teens. As he says, if you believe that, you most definitely won't find any!

Part II: Strengths-Based Practice

In the video, we saw many examples of strengths-based practice. Where did you see strengths-based practice taking place?

Following the discussion, trainer reviews the definition of a strengths-based approach from Pine, Warsh and Maluccio:

- Families can change.
- Families should be full partners.

Trainer asks the group: What does full partnership with families mean? What does it look like?

- Children have the capacity to be included in the decision making.
- Families need to be empowered to make changes.
- There is "an inner competence and logic behind everyone's behavior."

Trainer asks the group for some examples with parents. When have they observed behaviors that seemed erratic or disturbing but realized that there was an "inner logic" to it?

- All families have strengths.
- By focusing on strengths:
  - Families become their own resources.
  - Solutions are more effective.
- "Both an attitude and a way of working."

What would you say are particularly important strengths-based beliefs in reunification work?

Trainer makes the following points as needed: Here are some beliefs that have been identified:

- People are not their problems.
- Parents deserve and have the right to raise their child/ren.
- Children deserve and have the right to be raised by their parents.

Part III: Summary

Trainer states: "I am seeing some nonverbal reactions to this at the back of the room." The trainer then directs the participants to the trainers table, where all the other trainers are sitting wearing rose-colored glasses and holding a sign that states, "Talk about wearing rose-colored glasses." The trainer responds that it can seem overly optimistic, to assume the best of people and to hope for the best outcomes, but if that's not where you start the reunification process, you've already lost something powerful.

1:35 P.M. TO 2:05 P.M. PERMANENCY TEAMING IN REUNIFICATION

Materials Needed

PRESENTER: Prizes

PARTICIPANTS: Paper, pens, prizes for tables that name all core elements, role play cards with script on the back

Learning Objectives

Participants will be able to demonstrate and/or describe:

- the permanency planning and decision-making role of the team in reunification work
- how the team contributes to all phases of the work: assessment, service planning, intervention and closing

Major Points

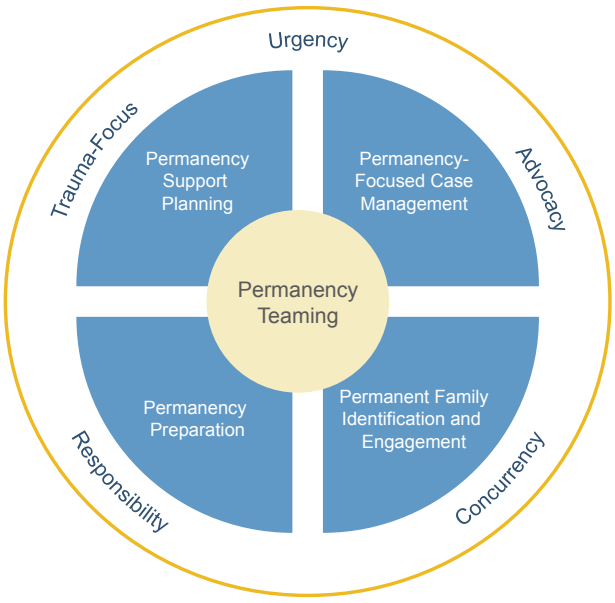
- The Casey Family Services' Lifelong Families model is based on five principles and has five components.
- The principles are: urgency, advocacy, concurrency, responsibility and trauma-focus.
- Permanency teaming is the core component of the Lifelong Families model and is the way in which the work of all parts of the model take place.
- The bulk of reunification work takes place through permanency teaming.
- The team is made up of those individuals who are significant to achieving a permanency outcome for the child.
- A child-centered, family-focused approach means that the ultimate goal of reunification work is to get the child the parenting he/she needs, with return to his/her family of origin being the first, best permanency plan if it can be safe and healthy.
- In a child-centered, family-focused approach, helping parents to resolve jeopardy issues relates ultimately to helping them meet the needs of their child for permanency, safety and well-being.
- Using the team approach in assessment broadens the amount, sources, types and accuracy of information to compile a multi-dimensional picture of the child's needs, the parents' strengths and challenges and those of team members.

- Using the team approach in service planning helps in the development of behaviorally specific tasks and in holding all members accountable for completing their tasks.
- Using the team approach in intervention widens the helping network, increasing the variety and amount of supportive and concrete interventions available to the child and family.
- Using the team approach in closing contributes to meeting closing criteria and to planning for resources and supports, formal and informal, to sustain the reunification.
- Using the team approach expands the safety network for a child by involving more individuals to whom the child is visible and who are paying attention to a child's safety needs both prior to, during and following reunification.
- With the goal of meeting the child's needs for permanency, safety and well-being, the team addresses concurrent planning throughout the work so that if reunification is not possible, the team is prepared to implement an alternative plan.

session plan

Introduction *(anticipated time: 10 minutes)*

We will look at the Casey Family Services' Lifelong Families model as one framework for the use of permanency teaming to achieve reunification or another legal family permanency outcome. Lifelong Families is a collaborative approach to permanency planning for youth in foster care or at risk of entering the foster care system. The model is comprised of five principles and five domains as shown in this graphic.



First, let's look at the five principles of the model:

Urgency. Creating momentum to ensure a youth's timely exit to reunification or, when reunification will not be the goal, to adoption or legal guardianship. From case opening, the social worker diligently focuses the team on achieving the primary or concurrent permanency goals and removing all agency-, family- and child-related barriers to legal permanence.

Advocacy. Advocating for youth to leave foster care with safe, legally permanent parents – by reunifying with birth parents or when reunification will not be the goal, through legal guardianship with relatives or adoption. Advocating for appropriate and accessible services to achieve, support and/or sustain permanency with birth parents, relative guardians and adoptive parents. Advocating with professionals, caregivers, birth or extended family members and other significant adults in a youth's life to advance progress toward permanence.

Concurrency. Assuring that every youth's permanent plan includes a primary parent as well as a back-up parent able and willing to provide safe parenting and a legal family relationship. Facilitating parallel casework activities at all times to maintain momentum and ensure timely exit for youth to reunification, adoption or legal guardianship.

Responsibility. Increasing the responsibilities of permanent parents in all aspects of parenting and decision making, while decreasing responsibilities of the agency as a substitute parent. Preparing extended family, team members and community resources to support the youth and permanent parent(s) in sustaining permanency after the youth leaves foster care.

Trauma-Focus. Understanding the impact of traumatic events and experiences on the development, behavior and relationships of youth and their parents and family members. Preparing and supporting parents and family members as primary partners in healing the youth's past trauma and sustaining an unconditional and lifelong commitment.

PERMANENCY TEAMING

Permanency teaming forms the core of the Lifelong Families model. As a collaborative approach to permanency planning for youth in foster care or at risk of entering foster care, permanency teaming is designed to identify a legal parent and achieve legal permanence for each youth. Permanency teaming informs and enhances assessment, service planning, service delivery and case closing.

This central component of the Lifelong Families model incorporates:

- Convening a youth-centered, family-focused team that includes birth parents, relatives and extended family, foster, adoptive and guardian parents, caregivers, significant adults and professionals.
- Involving a youth's birth parents or family members in team planning and decision making.
- Building consensus with the legal custodian regarding the primary and concurrent permanency goal for the youth.

- Developing and implementing a plan for the youth's safety, well-being and legal permanency.

Permanency teaming is a lens that we use to view the work with families in reunification.

In the Lifelong Families model, permanency teaming is comprised of four types of meetings:

- Permanency teaming begins with a *safety parameters discussion* held with the legal custodian at the beginning of the teaming process (and later as needed) to build consensus with the youth's legal custodian (the state partner or parents) regarding the youth's primary and concurrent permanency goals and the next steps in the teaming process, and to develop and nurture positive working relationships with the youth's legal custodian.

- It continues with *individual meetings* that open the permanency conversation and continues in these encounters as relationships are developed, issues discussed and services rendered. The first individual meeting is usually with the public agency social worker and supervisor to explore the "parameters" within which they will be comfortable having the team make decisions.

- Teaming includes *joint meetings* arranged to explore issues and concerns that team members may have about the situation or may have with one another. These joint meetings serve to clarify assumptions and improve relationships. They are an ongoing component of the teaming, especially useful as difficult circumstances arise.

- *Large team meetings* strategically bring all members of the child's team together to plan collaboratively, coordinate supports and services, and to share decision making.

This is a continuous and goal-oriented teaming process, not just a large team meeting or even just a series of several large team meetings. The facilitator is choreographing a mix of conversations (individual, joint and large group) that will all play a role in the outcome. This means that the relationships (both between the facilitator and team members, as well as among team members) develop as the work is being done in individual and joint sessions with the family and among team members. This collective effort on behalf of the child maximizes chances to successfully achieve a permanency outcome.

Part I: Reunification and the Core Elements *(10 minutes)*

Trainer makes the following points:

A key feature of permanency teaming in reunification work is a *child-centered, family-focused approach.*

- This means that the ultimate goal of reunification work is to get the child the parenting that he or she needs with return to his/her family of origin being the first, best permanency plan if it can be safe and healthy.

- The bottom line reason that we are doing any reunification work with a family is because they were not able to meet the needs of their children resulting in their children being removed. A court has ordered that certain conditions be met before the children are reunited with their parents.

- We help parents resolve jeopardy issues because this will allow the child to return home safely. The focus is on the child's needs and what it will take for a parent to respond to this particular child or children's need for safety, permanency and well-being.

- We operate from an underlying belief that a child's need for permanence and psychological safety are best met within their family of origin. In the majority of cases, children want to be with their birth families. In most cases, parents will be more committed to their children than non-related persons, particularly non-related persons who have no historical connection to the child and have spent very little time with the child.

- It is because we know that parents typically have this commitment that we place primary emphasis on reunification. This commits us to giving 100 percent effort to help parents be able to provide the parenting the child needs. As a team, we surround the parents with resources and services to support their efforts. This means looking outside the box and seeing what the parent can give that is good enough and what other supports are available within the family network that will augment the "good enough" parenting.

- It also means dropping our value judgments about whether a different family might somehow be "better" since they can offer additional social, economic or environmental benefits that cannot be offered by a birth parent. Sometimes, it also means helping parents come to terms with the reality that they may not be able to resume full-time parenting but they do have an essential and irreplaceable role in developing an alternative permanency plan and an ongoing role in their child's life.

Part II: Teaming in Assessment, Service Planning, Intervention and Closing *(anticipated time: 10 minutes)*

TRAINER NOTE: Following the brief lectures on each of the casework phases, ask the participants if they have examples that they want to share about teaming in the assessment, service planning, intervention and closing. Examples are provided as a way to get the discussion started.

Assessment:

Using the team approach in assessment broadens the amount, sources, types and accuracy of information to compile a multidimensional picture of the parents' strengths and challenges. Teaming also helps identify the strengths that team members can mobilize to work with the parents. The worker is able to take in information from many sources and to get different viewpoints. Firsthand information is obtained in safety parameter discussions as well as individual, joint and large team meetings increasing the likelihood that you have a clearer, more accurate picture than you would without the team input. This approach allows all team members to see the assessment as it evolves.

Here is an example of how through the teaming process, the assessment was enhanced:

A birth mom, Shelley, had serious mental health issues and was hospitalized regularly. From these facts it might have been concluded that she could not be relied upon to care for her child, Donnie, safely. What came out in a team meeting from the mother's cousin was that Shelley always prepared for her hospitalizations by making plans about where her child would go. The cousin was most often the plan but when the cousin could not care for Donnie, she helped Shelley make other plans for Donnie's care. The cousin shares that in the recent situation when Donnie was placed in foster care, she had agreed to care for Donnie when Shelley had to go to the hospital but had to leave town when her father-in-law became gravely ill, leaving Shelley to make plans on her own.

Service Planning:

Using the team approach in service planning helps in the development of behaviorally specific tasks and in holding all members accountable for completing their tasks. The birth parent will have a service plan with specific tasks that address all the jeopardy issues (also known as risk or safety issues) related to the court action. Some parents may have a hard time initially sharing this information with team members either jointly or in large meetings. Usually as the parent gets more comfortable with the worker and the process and feels the support of the team, this sharing is easier. The social worker (facilitator) plays an active role here in constantly re-focusing the birth parent on the needs of their child (for safety, permanency and well-being) and frames any sharing of information in light of how it will ultimately serve the best interests of their child. The tasks for birth parents and the tasks that team members take on are geared to meeting the child's needs for permanency, safety and well-being. By helping a parent find transportation to treatment or get clothes for a job interview or just being a "buddy," team members assist the parent in meeting the service plan goals. Teaming also serves to lessen the confrontational nature of reunification proceedings. When attorneys are on the team and really see that their clients are getting fair treatment, they are in a better position to counsel their clients realistically and provide them with even better representation.

Through the teaming process, service planning was strengthened in Shelley's case. Through the teaming process, members of the team helped Shelley begin to explore different ways that she could plan for Donnie's care when she had to go to the hospital so that she had safe back-up plans for Donnie's care when her cousin was not available.

Intervention:

Using the team approach in intervention widens the helping network, increasing the variety and amount of supportive and concrete interventions available to the child and family. Team members help in matching an intervention with a service plan goal or task, i.e., what type of intervention will help a parent get to a specific goal and who will help them achieve it. This is not just the professionals providing interventions. The family, friends and informal supports on the team often come up with creative ways that they and others might help. The modeling and education that happens between resource and birth family is one way members have a role in intervention. Team members are agents of reality for what interventions are and are not working and usually are frank in their observations.

In Shelley's case, the team approach widened the helping network so that Shelley had two additional resources for Donnie's care when she needed to go to the hospital. A member of the team who is a neighbor of Shelley's and who is very attached to Donnie had not realized that Shelley needed additional help for Donnie's care and spoke up, offering to care for Donnie when Shelley needed to

go to the hospital. Shelley's pastor, also a member of the team, developed a "helping network" of church members who were willing and able to step up and care for Donnie when help was needed.

Closing:

Using the team approach in closing contributes to meeting closing criteria and to planning for resources and supports, formal and informal, to sustain the reunification. All along in the process, the team has helped identify what needs to happen, found ways to get things done and has built up a natural network of formal and informal supports that will ensure that children do not lose connection to the people who are important to them and will have community resources and supports. All along we have been asking, what does this family need to provide permanency, safety and well-being for their children. The same is true in closing. It is our intent that through permanency teaming we act as "connector" rather than "connection"…with the goal of fully empowered self-sufficiency for every family that we assist in supporting or creating. When we approach the case with the vision and belief then we will close the case and the family will be able to be, as kids tell us all the time, "Just a regular family."

Closing doesn't always mean that the child was reunified. The team may opt for another plan that better meets the child's needs and the court will make the final decision based on the team's recommendation. When this happens, the team has a valuable role in acknowledging the work done, in supporting the transition to the permanent family and establishing the specifics of ongoing connections. It's important to remember that we don't judge success in reunification work by whether or not the child was reunited with his family. Success is measured by whether the child has a loving family that can provide safety, nurturing and a lifelong commitment to the child. Success is also measured by whether the child has lifelong connections to birth and extended family even when being raised by another family.

We are not saying this is easy! Everyone comes to the table with their own agenda. It looks as if we have some examples of this at the back of the room. Trainer directs the participants to the participants who are wearing signs with their titles and who read the message on the back of the sign.

NOTE TO TRAINER: Before the training speak quietly to some participants and ask them to participate in this exercise by holding a sign indicating their role, and reading the script on the back.

- Child's Attorney... Audience Participant
  "I'll decide what's in the kid's best interest!"

- Parent's Attorney… Audience Participant
  "All I want to hear is how the jeopardy issues will be addressed."

- Mom's therapist... Audience Participant
  "My client is doing well. Can't say more…confidentiality, you know."

- State worker... Audience Participant
  "Who the heck thought teaming was a good idea anyway?"

- Foster parent... Audience Participant
  "But if she goes home, she won't have her own television in her room!"

- The trainer then takes on the role of CFS worker and states:
  "Holy smoke, what should I do now?"

Part III: Summary

Reunification is hard work, tremendously rewarding but involving decisions that beg for great wisdom. When you create a team that is centered in the child's interest and focused on supporting the family to meet the child's needs, you are not alone. You have the unique perspective of each team member and their collective wisdom in determining the best permanency plan and supporting it over time. You have also assisted in helping family members and other significant adults in a child's life develop relationships with each other that will go on beyond the agency's involvement in their lives. Over and over again, even when children could not be safely returned to a birth parent's care those same birth parents were able to engage in thoughtful and loving planning and decision making on behalf of their child.

We are now going to move more specifically into each of the areas we talked about in this section: assessment, service planning, intervention and closing. We will focus on assessment this afternoon and service planning, intervention and closing tomorrow.

2:05 P.M. TO 2:15P.M. BREAK

2:15 P.M. TO 3:45 P.M. SKILL AREA: ASSESSMENT

Materials Needed

PRESENTERS: Flip chart sheets around the room with the following headings:

- Parents (or Primary Caregivers)
- Children and Youth
- Extended Birth Family System
- Resource Families

PARTICIPANTS: Four newsprint pads, markers

Learning Objectives

Participants will be able to demonstrate and/or describe:

- The components of an effective assessment in reunification work.
- How this assessment is similar to or different from some of the other assessments we do.
- The critical areas to consider in assessing birth parent(s) or primary caregivers, children, extended birth family systems and resource families.

Major Points

- Assessment is ongoing and open to revision.
- Relationship building begins in assessment and is ongoing.
- The assessment process with birth parent(s) or primary caregivers is focused on ability to accept responsibility for the jeopardy issues, willingness to make changes, ability to respond to services and be part of a collaborative teaming process, and clinical assessment of the parent/child relationship.
- The assessment process for the child is developmentally focused on clarifying the nature and quality of attachments and of parent/child attunement recognizing the urgency of time to reach a permanent outcome.
- The assessment process for extended family systems is focused on the quality of the extended family members' relationships with the parent/primary caregiver and with the child/youth, the extent to which the family members can support the parents in their reunification efforts and, if reunification with parents cannot be accomplished, the role that extended family can play as a permanent family resource for the child.

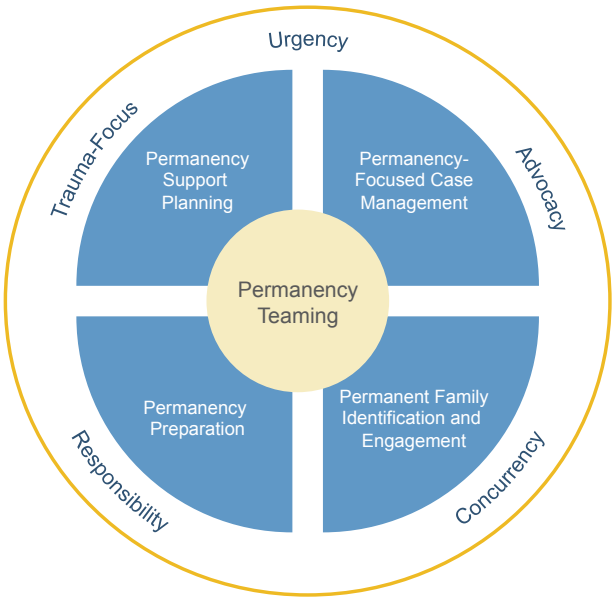
- The assessment process with resource families is child specific and focused on the family's capacity to support reunification or if reunification is not possible, to be the permanent family or to support efforts to ensure that the child achieves a permanency outcome.
- There is risk and uncertainty involved in reunification work and measures/tools of risk assessment may help allay workers' anxiety. But it is the process and the relationship that are most critical to accurate assessment.

session plan

Introduction *(anticipated time: 1 minute)*

Trainer makes the following points:

- A comprehensive assessment is vital to reunification practice. A good assessment is grounded in a family-centered, strengths-based approach that zeroes in on those services the parents identify and need to help them address the jeopardy issues.
- Assessment is initial and ongoing, open to revision, sensitive to racial and cultural differences, and developed in trusting relationships. Assessing readiness for reunification is a dynamic process informed by progress on service plan goals and impacted by collaborative teaming.
- As the team works together and more people join the team, the assessment builds. Family members are often more in tune than are professionals with the risk/jeopardy issues in the family.
- According to Maluccio, Warsh and Pine, assessment needs to weigh both the risks associated with returning children home and the risks associated with keeping children in foster care.



- In the Lifelong Families model, assessment takes places in each component. Assessment is key to preparing youth for permanency through reunification; it is key to preparing families for the safe return of their child; it is key in permanency-focused case management as it drives service planning and the choice of interventions; it is key in permanent family identification and engagement in the context of concurrent planning when reunifictaion is "Plan A" and other options such as adoption or permanent guardianship is "Plan B"; and it is key in permanency support planning for reunified families.

Part I: Current Practice *(anticipated time: 7 minutes)*

Trainer makes the following points:

The focus in reunification assessment is broad and covers all of the following:

- Parent(s) or primary caregiver
- Child(ren) and youth
- Extended birth family system (including siblings) and natural networks
- Resource family

Let's look at the critical elements in reunification assessment of birth family, children, extended family systems and resource families.

Part II: What Are the Critical Areas for Assessment? *(anticipated time: 65 minutes)*

NOTE TO TRAINER: Post flip chart sheets around the room with the following headings:

- Parents (or Primary Caregivers)
- Children and Youth
- Extended Birth Family System
- Resource Families

Trainer asks participants to form teams of three and together as a team, travel through the room and write on each flip chart page the issues that are important to assess with birth parents, children and youth, extended family systems and resources families.

Allow about 10 minutes for the teams to make the loop and write down the assessment areas, depending on the size of the group.

Trainer leads a debriefing of the assessment issues for each category of individuals by reviewing the assessment areas listed on the flip chart page.

Birth Parents (40 minutes)

Trainer highlights the critical assessment areas in reunification work by lecturing on the * topics as listed below:

- parenting strengths *
- safety issues and readiness to address these issues *
- parental ambivalence about reunification *
- parents' recognition of problems *
- parent/child relationship *
- quality of attachment, attunement *
- ability to meet child's needs for safety, well-being * (basis of reunification decision)
- concrete service needs, e.g., employment, housing, transportation *
- understanding of team process *
- understanding of concurrent planning * (urgency of permanency planning)
- social service needs, e.g., domestic violence treatment, mental health treatment, substance abuse treatment * (big 3)
- parents' self awareness, developmental level, mental health
- parents' relationship
- conflict resolution, problem solving skills
- availability to child
- discipline of children
- supervision of children
- home management
- money management
- availability of services
- utilization of services
- extended family, informal and community support

Trainer Talking Points:

* PARENTING STRENGTHS. It is important to lay out the strengths that will assist parents in their efforts to regain their children. This may mean reframing some characteristics such as stubbornness to persistence. By beginning with strengths, we help parents build a willingness to explore weaknesses. This process has been described as proceeding from "stories of shame to stories of pride ."

* **SAFETY ISSUES AND READINESS TO ADDRESS THESE ISSUES.** Other issues may emerge and need to be addressed, but in general, the focus is on the issues that caused the removal in the first place. We should not raise the bar.

* **PARENTAL AMBIVALENCE ABOUT REUNIFICATION.** The ambivalence issue may be very subtle. Most birth parents will not admit that they are ambivalent and they would be infuriated to have anyone suggest that they were. Most parents express anger, frustration and a sense of unfairness that their children have been taken from them. These feelings need to be assessed as well – they often show strengths that can be mobilized. However, some ambivalence is to be expected. For example, most people want to be thinner but it is very hard to eat less and exercise more no matter how much you want to lose weight. Some parents may express uncertainty about whether they can do everything that is required – keep a job, get housing, find child care and manage unhealthy relationships in their lives. Overcoming the kinds of problems that birth parents face is no small task no matter how deeply they want their children back. For many, it can mean a very different way of living and having to leave behind old friends and old pastimes. We then need to consider the mixed feelings that may arise for parents when their children are being "better" cared for by others than they were with them.

* **PARENTS' RECOGNITION OF PROBLEMS.** We tend to expect parents to recognize and take responsibility for the jeopardy issues as a prerequisite to beginning the reunification work. Sometimes, parents are at that point and our assessment leans more to the positive side. For many birth parents, it is the very process of engagement that allows them to look at what has happened and what needs to change. Some have a really hard time with "admitting" responsibility, but they show us by their actions that they can and will change. They may be very fearful that if they admit their responsibility, all will be lost and they will never get their children back. It is important to separate responsibility from blame. Assessment also means getting at the root causes of the issues that led to the foster care placement so that appropriate service needs can be identified (such as mental health, medical and substance abuse issues).

* **PARENT/CHILD RELATIONSHIP AND THE QUALITY OF ATTACHMENT/ATTUNEMENT.** Beverly James defines attachment and attunement as follows:

  "An attachment is a reciprocal, enduring, emotional and physical affiliation between a parent and child." Attunement is the "harmony" in attachment relationships…the match or mismatch of the dance steps between parent and child

  It is important to ask parents about their relationship with their own parents and to identify strengths and gaps in those relationships. Do the parents understand how their behavior is connected to feelings? We can ask the parent to tell the relationship story with their child from conception to pregnancy, birth, infancy and on to get a sense of the developmental and other factors impacting the relationship. What was and is now the quality and consistency of the parent's response to the child's physical, developmental, emotional and social needs? How do the parent and child respond to each other? What is the affect? Does the parent provide structure, play and respond appropriately? How do parents and the child the goodbyes?

* CONCRETE SERVICE NEEDS: We need to identify the concrete needs of families so that we can connect them to community resources. Those needs often include: finances, employment, transportation, housing and child care. Service needs often include: mental health, substance abuse, domestic violence counseling and anger management counseling.

* UNDERSTANDING OF TEAM PROCESS. It usually takes time and relationship building for parents to get to the point where they are really willing to engage in the team process. Social workers help prepare parents to be team participants by: reviewing their past team experiences; explaining the teaming process that will be used; using individual and joint meetings to support and prepare the parent for large team meetings; and facilitating parents' participation at meetings. Social workers can encourage parents to bring along a supportive friend or relative to meetings if that helps make them feel more comfortable.

NOTE TO TRAINER: The question may arise: If a parent does not want to participate in teaming, is that a negative for the parent? Trainer can make the following points:

- There are different levels of participation in the team process. Attending individual and/or joint meetings is one level and participating in large team meetings in another.
- While we aim for full inclusion/participation, some parents may opt out of larger team meetings at times and this should not be viewed as negative without sufficient cause.

* UNDERSTANDING OF CONCURRENT PLANNING. It is vital that parents are clear about the meaning and parameters of concurrent planning and understand how the concept of concurrent planning is based on the needs of the child. They need to understand the time frames for reunification and that if they do not move forward in a timely manner, they risk Termination of Parental Rights as time runs out for them. That concept – "the clock is ticking" – is the essential message. While they will be encouraged to participate in creating "Plan B" if return home is not possible, that is down the road. Most parents will say there is no "Plan B" – they ARE getting their children back. However, discussion of both "Plan A" and "Plan B" from the point of initial engagement in the process is essential.

Exercise and Debrief

Trainer gives the group the following scenario:

Let's look at a mother, Sandy, who has had her son, Jack, age 6, removed from her care for neglect. We will be working with the case example of "Sandy" for some of the exercises in this training. At this point, we know that Sandy has a history of substance abuse and is involved in a relationship with her boyfriend in which there is a history of domestic violence.

Trainer assigns to each table one of the following issues:

- Sandy's parenting strengths
- Safety issues
- Sandy's recognition of the problem

- The parent/child relationship between Sandy and Jack
- Concrete and social service needs

Trainer asks the participants at each table to discuss they might go about assessing the assigned issue with Sandy as they develop a relationship with her. Allow 5 to 6 minutes for group discussion.

Debrief

Trainer asks each small group to report back to the larger groups at least two or three ways that they would assess with Sandy the assigned issue.

Lecture

One tool that can be used in assessment with parents is the NCFAS G+R. Information on the tool and research supporting it can be found at: http://www.nfpn.org/assessment-tools/ncfas-r-reunification.html The NCFAS-G+R is a combination of two assessment tools to measure family functioning. The NCFAS-G (general) portion of the tool is used with intact families and both the G portion and R (reunification) portion are completed with families that are reunifying. Training on the tool is designed to help workers understand the benefits of assessment, prepare workers to use the tool to identify family strengths and needs, develop case plans and identify needed services. The tool also assists workers in planning for case closure and step-down services.

The tool has eight domains that the social worker uses to form some ideas about how a family is functioning. The domains are:

- Environment
- Parental Capabilities
- Family Interactions
- Family Safety
- Child Well-Being
- Social/Community Life
- Self-Sufficiency
- Family Health

The social worker completes the NCFAS-G+R on his/her own as a way of thinking through how the family is functioning. It is often completed at the beginning at the case with the social worker completing it again at a later point – such as 3 months or 6 months – to help him/her assess whether the family seems to be making progress.

As with any assessment tool, the NCFAS G+R is that – a tool. The social worker uses the information that he or she gathers using the domains to strengthen his/her assessment. It is not THE assessment. The assessment is an ongoing, dynamic process that the social worker undertakes with the family.

In assessment with birth parents, we are ultimately trying to assess readiness for reunification: the degree to which circumstances have improved and the parental capacity to provide safety. The following four criteria (based on the work of Jorge Colapinto) can be used as a guide to evaluate readiness:

1. The parent's availability to the child
2. The parent's ability to keep the child safe
3. The parent's ability to provide for the child's well-being
4. The availability of supportive network resources

Mr. Colapinto states that reunification is indicated when the first three criteria are met. Even if these three criteria are not fully met, reunification may still be indicated if criterion four is met.

Assessment of the Child (10 minutes)

Let's look at what the teams developed as critical areas in the assessment of the child or youth.

Trainer highlights the critical assessment areas in reunification work by first reviewing the assessment issues listed on the flip chart page. Trainer lectures on the * following topics as listed below.

- understanding of out-of-home placement *
- relationship with parents *
- relationship with siblings *
- ambivalence about reunification *
- conflicting loyalty re: birth/foster families *
- impact of removal
- adjustment to foster care
- level of functioning across all domains
- behavioral strengths and challenges
- attachment strengths and challenges
- relationship with extended family, fictive kin and other adults
- who does child identify as important to him
- relationship with peers
- relationship with resource family
- readiness for and level of involvement in planning process

Trainer Talking Points:

- Understanding of out-of-home placement. Children need help figuring out what happened to cause their placement in foster care. The social worker begins with the story the child tells about the events. Helping children deal with painful truths requires that we go at their pace and gauge their emotional readiness for further clarification.

As Darla Henry describes in the 3-5-7 Model that she developed, children need answers to the following questions:

- *Who am I?* We help the child/youth piece together the fragmentary information they have and develop a more complete sense of self.
- *What happened to me?* We help the child/youth understand and grieve past losses.
- *Where am I going?* We help the child/youth make the transition from the past to the present and to develop a plan for the future.
- *How will I get there?* We help the child/youth build relationships through the establishment of trust and perceptions of security and safety.
- *When will I know I belong?* This question is answered through the claiming process that occurs between children and parents.

More information on the 3-5-7 Model can be found at: http://humanservices.ucdavis.edu/academy/pdf/The357model.pdf

* AMBIVALENCE ABOUT REUNIFICATION. We should expect ambivalence even when children/youth have been insistent about wanting to go home. They worry about being safe. They are not sure it will last.

* CONFLICTING LOYALTY. Most children in care want to go home. For some, the push and pull between birth and resource family can create feelings of conflicting loyalties. This sense of conflict varies in intensity depending on circumstances. It can be largely diminished when children/youth do not have to lose one family in order to keep the other. They can keep both and be part of multiple family systems memberships when adults build permanent networks. Conflicting loyalties can be greatly diminished by the quality of the relationships facilitated between birth family and resource family through the teaming process.

Assessment of Extended Family System (5 minutes)

Let's look at what the teams developed as critical areas in the assessment of the extended family system.

Trainer highlights the critical assessment areas in reunification work by first reviewing the assessment issues listed on the flip chart page. Trainer notes the following as listed below and emphasizes the assessment of extended family members' willingness and capacity to support the reunification process.

- composition and whereabouts
- sibling relationships

- family dynamics
- unfinished business/family secrets
- willingness and capacity to support the reunification process *
- openness to/availability for "Plan B" if child cannot be reunified

Trainer Talking Points:

* Willingness and capacity to support the reunification process. Having supportive family members to count on is a crucial element in successful reunification. Therefore, it is important to know and understand the family system. What is the quality of extended family members' relationships with the birth parents/primary caregiver and with the child/youth? Who makes the decisions, who can help or hinder, what kind of help can they give? Is there any family member who could be Plan B?

Assessment of the Resource Family (5 minutes)

Finally, let's look at what the teams developed as critical areas of assessment with resource families. The role of resource family was introduced in the Voices section of this training.

Trainer makes the following points:

Resource families are asked to be just what the name implies. As a resource to the birth family, they provide support in the reunification process. They share information about the child's daily life, and strive to be a genuine partner with the birth parents in parenting. As a resource to the child, they support reunification efforts and if reunification is not the plan, they consider becoming the child's legal family. If reunification is not possible and the resource family is not able to make a commitment to be the child's family, then the resource parents help in the team/agency recruitment of a permanent family.

So, in brief, we say that the role of the resource family is to:

- Reunify/reconnect child with birth family
- Respond to child's need for "Plan B," i.e., adoption and ongoing birth family connection
- Recruit alternate permanent family through team participation and help in the transition process

Let's look at what the teams developed as critical areas in the assessment of resource parents.

The assessment of a resource family is ongoing in relation to a specific child and their birth family. The original home study with resource parents will have dealt with the overall assessment of any particular family.

Trainer reviews the following issues with lecture on those items marked with a *:

Assessment issues for resource parents with respect to specific placement include:

- capacity to provide for this specific child's needs
- ability to "share parenting" with this specific child's birth parents *
- ability to understand "good enough parenting"
- willingness to be part of this team process *
- openness to concurrent planning *
- willingness to consider becoming lifelong connection to this child/family
- willingness to actually become the permanent family…to be the "last stop" on this child's foster care journey

Trainer Talking Points:

Ability to "share parenting." The more that birth and foster parents can share parenting, the better chance there is for successful reunification. To share parenting, resource parents need to view birth parents as the "experts" on their child. Parents know the history, the likes and dislikes, the schedule and the moods of their child. Resource parents need to be able to respect the efforts of birth parents, their strengths and their attachment to the child. They need to keep birth parents up to date or involved in as much as possible the everyday events in the child's life – such as by dressing the child in an outfit the birth parent has purchased, consulting with the birth parent about the child's hair cut, and sharing school work with parents. The goal ultimately is that the birth parent regains the "everyday" parenting role. This process can be challenging for resource parents who may see birth parents as having deeply failed and harmed their children. When we ask resource parents to "share" parenting, we need to stand ready to support them through this process. Birth parents in turn need to support the resource parents' efforts to nurture and discipline.

Willingness to be part of this team process. The expectation is that resource parents will build relationships with birth family, engage fully in the process, support reunification efforts, respect the team's decision making and not make unilateral decisions.

Openness to concurrent planning. It is vital that resource parents are clear about the meaning and parameters of concurrent planning, how the concept of concurrent planning are based on the needs of the child, and that 100 percent effort is given to reunification (Plan A) even as other alternatives (Plan B) are concurrently developed.

Part III: Summary *(anticipated time: 2 minutes)*

Assessment in reunification builds on familiar knowledge: assessment is ongoing and open to revision and relationship building begins in assessment and is ongoing. As we discussed earlier, as the team grows and works together, the assessment builds.

There is risk and uncertainty involved in reunification work and measures/tools of risk assessment may help allay workers' anxiety. But, it is the process and the relationship that are most critical to accurate assessment.

3:45 P.M. TO 4:00 P.M. DISCUSSION AND CLOSING

Trainer asks participants for questions and any comments.

Trainer closes the day by briefly reviewing what has been covered:

- The importance of a strong reunification practice
- Permanency teaming in reunification
- The role and scope of assessment in reunification

Trainer provides a preview of the topics to be covered the following day:

- Service planning in reunification
- Effective interventions in reunification work
- Putting assessment, service planning and interventions together in a reunification case
- Case closing

Trainer wishes everyone a good evening.

9:15 A.M. TO 10:50 A.M. SKILL AREA: SERVICE PLANNING

Materials Needed

PRESENTER: Flip chart, markers, masking tape, two copies of the Social Worker/Sandy demonstrated role play script (Appendix A), PowerPoint presentation (sample goals)

PARTICIPANTS: Pads, pens

Learning Objectives

Participants will be able to demonstrate and/or describe:

- That the central focus of the service plan is on the primary areas of concern safety/risk issues) that led to placement.
- The use of the service plan to support, guide and hold the birth parent/s, as well as other team members accountable.
- The role of the team in developing and implementing the service plan.
- The issues, dynamics and values that may interfere with the development and maintenance of the plan.

Major Points

- The goals for birth parents directly relate to the child's needs.
- The goals identify the safety/risk issues and what needs to change to enable the child(ren) to go home.
- Communicating with the court regarding the service plans for birth parents
- The need to balance support and accountability with birth parents.
- The importance of using the service plan as a concrete tool that is actively incorporated into the work with the family.
- The evolving nature of the plan, including concurrent planning, and the role of the permanency teaming process.
- The importance of recognizing dynamics that may negatively influence the development and implementation of the service plan.

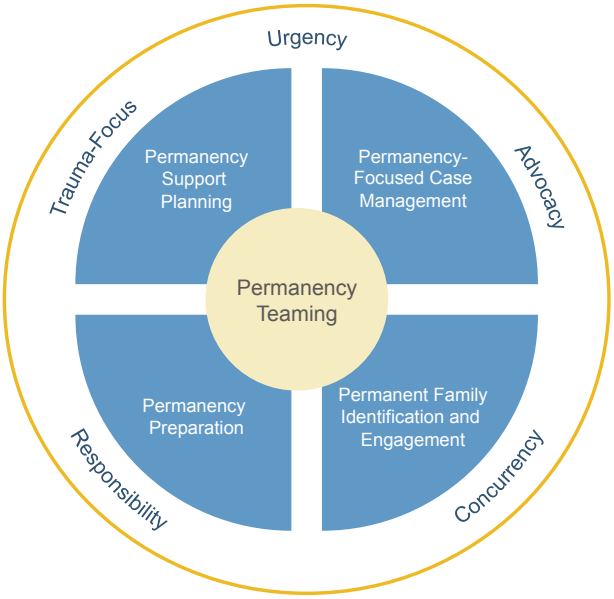
Introduction: *(anticipated time: 5 minutes)*

In this segment of the training, we will focus on the development and use of service plans in reunification work. The focus will be on modeling and practicing the difficult conversations that are likely to take place in reunification work.

Part I: The Purpose of the Service Plan in Reunification Work

Trainer makes the following points:

- The service plan is an evolving document that guides the reunification work. This includes conversations about concurrent planning and legal time frames.
- Social workers and family support specialists use the plan with birth parents in individual meetings as a concrete frame of reference to: help them stay focused on their need to make changes, keep them mindful of the urgency of time for their children, hold them accountable and reinforce their good work as they make progress.



- In the Lifelong Families model, service planning is a key function of Permanency-Focused Case Management.

Part II: What's Included in a Service Plan with a Permanency Goal of Reunification? *(anticipated time: 10 minutes)*

Large Group Discussion

Trainer asks the large group: What is included in a service plan with a permanency goal of reunification? Trainer records response on a flip chart.

Some ideas that might be generated by the group are:

- Safety of the child
- Parent's needs for services
- Child's needs for services
- Concrete family needs (housing)
- Active participation with other service providers
- What will success look like?
- What is being asked of the parent and is this feasible?
- Prioritize tasks and put in appropriate time frames
- Importance of developing service plans with the parent
- Service plan as a road map
- Focused on meeting the needs of the child
- Service planning can provide opportunities for success and celebration
- Discussing concurrent planning

Trainer ensures that the following items are included by adding any missing items to the list. Expand on items on the list through a lecture being sure to emphasize similarities and differences.

- *The parents' strengths and resources.* We specifically include strengths and resources for several reasons – to inform goals and tasks, to concretely demonstrate that we are using a strengths-based approach, and to encourage the clients to focus on their strengths.
- *Goals* related to the child and the tasks for the parents and others that address the *primary areas of concern* (the safety/risk issues) as defined by the court, the state child welfare agency and the permanency team.
- *Goals and tasks that set realistic expectations and timelines and meet ASFA guidelines.* Be positive about the family's ability to change, but be clear about expectations and consequences.
- *Goals and tasks that are directly related to and identify how to meet the child(ren)'s needs,* and therefore enable the parents to provide a safe home for the child. Part of our work is helping parents to understand this connection. We want to help children in foster care change and develop in a healthy manner (both socially and emotionally). However, they do not need to change to meet their parent's needs; the parent needs to change to meet the child's needs.

- *Goals and tasks that are added and/or developed throughout the case.* This process involves input from team members and tasks that involve team members.

Part III: Initial Service Planning Conversation

Trainer makes the following points:

The initial service plan with the parents will be developed in most cases before a team has been brought together.

Role Play and Lecture: (anticipated time: 15 minutes)

Let's look how a conversation around service planning might unfold. We are returning to Sandy, whose son, Jack, age 6, was removed from her care for neglect. Sandy has a history of substance abuse and there has been domestic violence in home on the part of her boyfriend. This demonstrated role play is an initial discussion between the social worker and Sandy, and it must include the court and state mandated goals. **Please note that this conversation could easily have been held with a father or with a couple.**

NOTE TO TRAINER: Enlist a volunteer ahead of time to play Sandy. Provide the volunteer with a copy of the role play script in Appendix A. Role Play #1: Sandy and the Social Worker. A second copy is in Appendix A for the trainer playing the social worker.

ROLE PLAY #1: **Sandy and the Social Worker**

SOCIAL WORKER - Hi Sandy, it's nice to see you again. I didn't have any trouble finding your apartment – thanks for the great directions!

SANDY - Oh, that's OK. Do you need to look around?

SOCIAL WORKER - Yes, before we can have your visits with Jack in your home, I'm supposed to check to make sure your apartment is safe and ready for visits. But first, let's talk about our work together. Where would you like me to sit? Would here at the kitchen table be OK? Great.

We met together for the first time earlier this week at the State office. Now we've got some time to talk. Can you tell me what you think would need to change for you to be able to take care of Jack and have him come back home. What are your ideas?

SANDY - Well, I've got this stupid list from the court. They want me to change everything! I mean, just because me and my boyfriend get into it sometimes doesn't matter. What's the big deal? They are also saying that I use drugs, but I only smoke marijuana. And they say Jack is delayed, and I know that he's different than other kids. But maybe he'll get better. Why is everybody making it sound like I can't learn to help him? And why do they say my place isn't good enough? I don't have any money to move.

SOCIAL WORKER - It can feel pretty overwhelming. Let's take a look at the list. I'd like to help you understand why the court is telling you to change things. The reason that I'm here is to help you meet Jack's needs – so that he can get the parenting that he needs. Maybe we can start with the fighting at home. When grown-ups fight, kids get scared. They worry about whether their mom is going to be OK, whether you're going to be hurt. Sometimes they even try to stop the fight and they wind up getting hurt. Jack doesn't feel safe when you and your boyfriend fight, and he isn't safe because you might get hurt and wouldn't be able to take care of him. Does that make sense to you?

SANDY - I suppose so.

SOCIAL WORKER - Earlier this week you brought your mom with you to the DCF office. She sounded worried too, because a couple of times you've had to go to the hospital because of bruises and a broken arm. If Jack is gong to be able to live with you, he needs a home where he feels and is safe. That means having a mom who's safe, too.

SANDY - It really wasn't such a big deal. Eric says he's sorry and he loves me.

SOCIAL WORKER - It doesn't make any sense to you to change something that you don't think is a problem in the first place, does it?

SANDY - Not really.

SOCIAL WORKER - Well, unfortunately, once the court mandates that you do something you have to do it. It's called noncompliance if you don't and it will really hurt your case. Jack might not come home. Would you be willing to try to do what the court requires?

SANDY - Sounds like I have to if I want my kid back.

SOCIAL WORKER - Do you think Eric wants to be involved in the changes that need to happen?

SANDY - He says he will. He wants Jack to come home too.

SOCIAL WORKER - If you and Eric can find a way to be together without fighting and using drugs that will be great. In the meantime, you need to be safe. So let's think about how to do that. What happens now if you think that Eric is in the kind of mood that might end up with him hitting you or getting high? Where do you go? Who do you call or go to talk to?

SANDY - I can go to my mom's house. Sometimes Jack and I go and stay a few days. And Karen next door has come over a couple times to make sure I'm OK – she's the one that called the police for me that time.

SOCIAL WORKER - These might be great people to help support you in accomplishing some of the things we've been talking about and in making some of these changes. They're both people who care about you and Jack. There may also be other people you will need to assist with the planning. We can talk about getting them involved after we finish your safety plan.

SANDY - OK.

SOCIAL WORKER - In addition to the domestic violence we need to talk about the other issues in your court mandate…using drugs, making sure that Jack gets the help he needs to do well in school, and finding an affordable home. I would like to hear your thoughts about these problems and how they might affect your case for reunification.

We're all going to work really hard to help you make all the changes that need to happen so Jack can come back home. Just like we're talking now, you're going to be involved in planning how to change things. Earlier you said you needed to make changes if you want Jack back. I want to be honest with you about the fact that the need to change is real. But if the plan doesn't work out and you're not able to meet Jack's needs, you will be involved in helping to make decisions about his growing up and how you will stay involved in his life…

Role Play Processing

Trainer asks the group for reactions to this conversation. What did they see and hear?

Trainer makes the following points:

- While continuing to assess, notice how the social worker brought in other important service planning needs:
  - Who might be on the team
  - Highlighted Sandy's ability to solve problems in the past (going to her Mom's house or to a neighbor's apartment)
  - Helping Sandy to understand why things need to change (in order to meet child's needs so that he can come back home)
  - Setting realistic expectations by prioritizing
  - Not getting caught up in challenging Sandy's views (for instance her drug use) but focused on the court mandates and what needs to change
  - Joining with client without agreeing with everything the client says (example, agreeing that the client's drug use is "no big deal")
  - Concurrent planning

All of this was accomplished in a genuine two-way conversation. The social worker involved Sandy in her own plan did not talk at her. Trainer asks the role players what it was like for them in their role.

- We do not want to be so caught up in the sense of urgency that we fail to join with the client and provide the client time to come to an understanding of what has happened.
- It is important to recognize that the social worker may need to testify and we do not want to blindside the client by saying one thing with the client and something entirely different in court.

Trainer asks the group: What would be your next step with this client in relation to service planning?

Responses might include:

- Go back to the office and write a service plan to put in the record
- Go back to the office and write a draft to share with the client at the next meeting
- Set an appointment to work on a service plan with the client
- Plunge into writing it with the client right at the end of the conversation

Trainer makes the point that with the exception of the first response, none of these responses is "wrong." Trainer points out that the important part is having service planning be a collaborative process so that the client understands the expectations and why things need to change in order to meet the needs of the child. Trainer notes that we will discuss actual examples of goals and tasks a bit later.

Part IV: How Does It Get Developed? Who Writes It? Who Has Input? *(anticipated time: 8 minutes)*

Trainer makes the following points:

The service plan is a detailed document that guides early and ongoing casework intervention and evolves over time with input from youth, families and other team members. It builds on the strengths of a youth and family and addresses presenting problems. Service plans are fluid and updated as needed, with input from the team.

Social workers draft initial service plans based on information gathered from records and personal interviews during the assessment process. Service plans include full participation of youth, families and other significant adults such as extended family members, professionals and other team members. Social workers, youth and families explore available service options together, discuss the benefits of and alternatives to planned services, and the possible consequences of failing to participate in any services mandated by the public child welfare agency.

Information provided by the youth, parents, caregivers or other team members is integrated into the formulation of goals and tasks that are, specific, time-limited and measurable. Responsibility for task completion is designated to certain members of the team.

- *The plan needs to include court and/or state mandated permanency goal and a concurrent permanency goal.* All plans have two permanency goals. It is the social worker's role to help the parent understand why these things need to be accomplished from a child-focused perspective (what the parent needs to do so that the child will have a safe home to return to). We also need to help parents understand the consequences if they do not meet the mandated goals/tasks. The reality in reunification work is that the court still has primary decision-making power on cases. The components of the service plans for birth parents may need to be shared with the court, through a summary in a report to the court or through testimony at hearings or the service plan itself may be subpoenaed.
- *Emphasis on prioritizing the work.* There may be many demands on the family – not everything can happen at once! Often a parent, in the early stage of service planning will state that they do not need any help whatsoever with parenting (thank you very much!). That they do need help will become

evident during the visits and that set of services/supports can be included in the service plan at that point. It is not unusual to do the work before it gets onto the service plan; in those cases, the social worker can slip it into the plan, stating, "let's put this on your service plan so that you get credit for doing this work." Clients are usually much more amenable to that approach.

- It is also important to remember that *some parents may resent* their involuntary involvement with the agency and with the state child welfare agency. These feelings may impact our work with them. Again, we need to be understanding and supportive while holding them accountable.
- *Goals/tasks should be written and prioritized* to help the family achieve success.

Part V: Sample Service Plan Lecture *(anticipated time: 25 minutes)*

Trainer makes the following points:

Service plan development necessitates collaboration based on relationship building and ongoing assessment while, at the same time, working toward case closure. This process requires the omission of bias and personal values yet demands specificity, measurement, timeliness and accountability. Service plans are more like a GPS system than a road map because they are updated in real time as dictated by case need and progress, unlike a road map which is stagnant, even when you take a wrong turn.

There are certain dynamics and values (the ones discussed yesterday in our introduction) that can negatively influence the development and implementation of the service plan. Be aware of constantly raising the bar and changing expectations, how one's own values and judgments can impact the document and what is "good enough" parenting. Consider the GPS once again. If you go off course, the system gently reminds you..."recalculating." Although you might think you noticed some fluctuation in the modulation and intonation of the verbal alert, there really was no "judgment" coming from it.

HANDOUT #2: **Look at Handout #2: A Poorly Developed Road Map for an example of an unrealistic goal that cannot be measured with associated strengths and tasks also influenced by personal values and hints of judgment and bias.**

Goal: So Jack can get caught up in school, Sandy will live in a decent home in a safe area, free of drugs and physical abuse by men.

START DATE: 3.10.201- TARGET DATE: 8.15.201-

Strengths and Resources

Sandy knows if she continues in her relationships with Eric then the chances of Jack returning to her care are slim. She has a pretty good job and is eligible for section eight housing so she does not need to rely on Eric for support. But since she chose to live in questionable and potentially dangerous areas in the past, Sandy now knows to do a better screening in the future. Sandy says she gets anxious at times and her worker has told her how well yoga can help to free the body of undue stress.

Task	Person(s) responsible	Start date	Target date
Eric will not strike out at Sandy.	Sandy	3.10.201-	8.31.201-
Sandy will quit smoking marijuana.	Sandy	3.10.201-	8.31.201-
Sandy will not sign a housing agreement if the dwelling is located on Bourbon Street, or within four blocks from Bourbon Street.	Sandy	3.10.201-	8.31.201-
Sandy will be more involved in Jack's school work.	Sandy	3.10.201-	8.31.201-
Sandy will get a book on yoga.	Sandy	3.10.201-	8.31.201-

Discussion

Trainer asks participants for comments.

Trainer makes the following points if not mentioned:

- There is no way to measure progress. What does "more involved" entail?
- What is the definition of "safe"?
- Sandy is expected to do everything at the same time. Is this achievable or realistic? Where is the team? Where is the collaboration to support her?
- The plan is stagnant.
- There are personal opinions. As examples, the services plan talks about Sandy relying on Eric, having a "pretty good job," and having a "decent" home.
- The social worker is imposing her values – her belief in yoga without any input from Sandy as to whether yoga is something that interests her (especially given all the many tasks she is currently undertaking).
- There is implied judgment and bias.
- How can we make Sandy responsible for Eric's actions?

Trainer makes these additional points:

- Notice that there are multiple goals embedded in the one goal. If Sandy is unable to meet any one of these multiple goals, she cannot ever achieve the overall goal. For example, if Sandy quits smoking marijuana and gets a new dwelling in a "safe and decent area" but she encounters domestic violence, Sandy has not met the entire goal. Because of the way that the goal is written, completion of each part of the goal is required.
- Reunification is the first and primary option and we may need to address hidden agendas and belief systems. We have an obligation to advocate for reunification as the preferred permanency option and to have individual or group conversations with those team members who are struggling.
- Now keeping our previous scenario of Sandy in mind and with a little more information as this case evolves, let's take a look at some examples of goals that might be found on a service plan with a goal of reunifying Jack with his mother.

- Let's briefly review the qualities we want in a service plan:
  - Realistic goals and behaviorally specific tasks
  - Detailed tasks to help the parents get from A to B
  - Dates that help guide the order to help parents achieve success
  - Note that the CFS worker doesn't have all the responsibility!
  - Positively stated and individualized goals
  - The input from the team on goal and task development
  - Involvement of team members in completing the tasks
- You will notice that the following examples do this, which is an indication that the team is formed and is providing input and support.

HANDOUT #3: **Trainer refers participants to Handout #3 that has sample goals that model wording that focuses on the needs of the child. Trainer leads a discussion of these examples.**

Goal I: Jack will return to live with Sandy.

START DATE: 11/15/201- TARGET DATE: 8/1/201-

Strengths : Jack and Sandy are bonded and both want to be together in the same home. Jack says he does not like it when his mom and Eric yell and that he is sometimes afraid Eric might hurt his arm again. Sandy and Eric have both said they will enroll in classes that will help them and teach them new things so Jack won't have to feel afraid. Sandy now has her own apartment, has kept every appointment with her state agency caseworker and has kept all visits with Jack that were held at the state agency office. Sandy acknowledges experiences of domestic violence and has voiced her concern about the possible effects this has had on Jack.

Task	Person(s) responsible	Start date	Target date
Social worker will provide Sandy with a list of agencies that offer support and counseling.	CFS worker	1.3.201-	1.10.201-
Sandy will identify three locations that have weekly domestic violence support groups that will fit with her work schedule.	Sandy	1.10.201-	1.17.201-
A safety plan will be developed with Sandy.	Sandy & CFS worker	1.3.201-	1.10.201-
Social worker, Lola and Sandy will work together to develop structure and interactive activities that Sandy can engage in with Jack during their visits.	CFS worker, Sandy, &	3.10.201-	8.31.201-

Task	Person(s) responsible	Start date	Target date
Sandy will call Jack @ 7:00 pm on nights when they do not visit with each other.	Sandy	3.01.201-	5.15.201-
Jack and Sandy will visit at Sandy's house every Monday, Wednesday and Friday, for two hours.	Jack, Sandy	3.15.201-	5.15.201-
Social workers will share responsibility for accompanying Jack and Sandy during visits at Sandy's house.	CFS & CPS workers	3.15.201-	5.15.201-
Foster mother will transport Jack to and from visits held at Sandy's house.	Lola	3.15.201-	5.15.201-
Foster mother will keep a log of Jack's behavior following his visits with Sandy and share it with the team.	Lola	3.15.201-	5.15.201-
Sandy will visit Jack on Saturday's at Lola's. Lola will also join in the visits.	Jack, Sandy, Lola	3.15.201-	5.15.201-
Eric will complete an anger management class.	Eric	12.21.201-	5.31.201-
Eric will use the de-escalation strategies he has been learning in his anger management classes.	Eric	3.5.201-	8.1.201-
Sandy will attend the domestic violence group she identified at Women's Space, on a weekly basis.	Sandy	1.17.201-	5.31.201-

Goal 2: Jack will have a home environment that is free of substance abuse as evidenced by Sandy having negative urine screens.

START DATE: 11/07/201- TARGET DATE: 8/01/201-

Strengths: Sandy acknowledged she uses marijuana and her use of it affects her judgment and mood. She says she smokes it when she is feeling anxious. Eric does not like it when Sandy uses marijuana and admits he gets angry when she uses it. Sandy says she has opened up to a neighbor who is supportive and nurturing to her and Jack.

Task	Person(s) responsible	Start date	Target date
Sandy will refrain from marijuana use.	Sandy	11.15.201-	5. 15.201-
Sandy will attend the NA support group held Thursday's in Cloverdale.	Sandy	11.15.201-	5.15.201-
Sandy will provide random urine samples as requested.	Sandy	11.15.201-	5.15.201-
Grandma will take Sandy to individual treatment with her counselor at NA to learn five strategies she can use to help her feel less anxious rather than smoking the marijuana to relieve her anxiety.	Sandy & Grandma	11.15.201-	5.15.201-

Goal 3: Jack will have a home free of domestic violence as evidenced by reports from Sandy, neighbors and police.

START DATE: 11/07/201- TARGET DATE: 8/01/201-

Strengths: Sandy acknowledges there have been episodes of domestic violence in her past, and with Eric, and this has had an impact on Jack's development. Sandy broke off her relationship with Eric because she realizes now that her continued involvement with him jeopardized Jack's safety and well-being and his ability to return home to live with her. Sandy is willing to enter counseling to address domestic violence and how it has impacted her life. Sandy has a safety plan in place.

Task	Person(s) responsible	Start date	Target date
Sandy will file a restraining order on Eric.	Sandy	4.05.20I-	4.30.20I-
Social worker will work with Sandy to identify five different activities she can engage in, instead of calling or "texting" Eric.	Sandy & her Social worker	4.05.20I-	4.30.20I-
Sandy will call Women's Help @ #555.222.3333 if she starts to engage in negative self-talk.	Sandy	4.05.20I-	8.0I.20I-
State social worker will contact officer Sharon, Women's Victim's Unit, weekly to ascertain if any complaints were made.	State social worker	4.05.20I-	7.I5.20I-
Sandy will report any issues of domestic violence to the police by calling #911.	Sandy	4.02.20I-	7.29.20-I-
Sandy has a good, supportive relationship with her neighbor. Sandy will sign releases of information so she can communicate with Sandy's team.	Sandy	4.02.20I-	4.06.20I-
Sandy will continue her treatment at NA to learn five strategies she can use to help her feel less anxious rather than smoking marijuana to relive her anxiety.	Sandy	2.05.20I-	5.I5.20I-

Goal 4: Jack will achieve a promotion to the second grade.

START DATE: 1/1/201- TARGET DATE: 6/22/201-

Strengths: Jack is a bright boy and likes school. His teachers have talked to Sandy about the importance of regular attendance at school and about how his previous absenteeism impacted his readiness for the first grade. Sandy is aware that Jack is at risk of repeating first grade unless his handwriting and number recognition improves. Jack knows the alphabet.

Task	Person(s) responsible	Start date	Target date
During visits with Jack, Sandy will set aside 15 minutes to review Jack's school work or review flash cards.	Sandy	1/3/201-	3/15/201-
Sandy and Lola will request a PPT so Jack is evaluated and the need for special education can be ruled out.	Sandy & Lola	1/3/201-	1/15/201-
Both Sandy and Lola will attend all school meetings.	Sandy & Lola	1/3/201-	6/15/201-
Sandy will speak to Jack's teacher every Friday so she can get feedback regarding his progress.	Sandy	1/3/201-	6/15/201-
Jack will share his "School-Home-School" communication book with mom during visits. If Jack forgets to bring it up then Sandy will ask to review it.	Jack	1/3/201-	6/15/201-
Jack will work on his handwriting for five minutes, after school, each day.	Jack	1/3/201-	2/15/201-

Trainer makes the following points:

Service plans are:

- Time-limited
- Specific
- Measurable
- Free of bias, judgment, values
- Realistic/achievable expectations
- Fluid versus stagnant
- Individualized
- Strengths-based
- Child-focused/family-centered
- Achievable

Part VI: Working with the Service Plan

Role Play (anticipated time: 25 minutes)

Trainer asks participants to find a partner. Trainer sets up the activity by reminding participants about the purposes of the service plan in reunification work:

- The service plan is an evolving document that guides the reunification work. This includes conversations about concurrent planning and legal time frames.

- Social workers use the plan with birth parents in individual meetings as a concrete frame of reference to: help them stay focused on their need to make changes, keep them mindful of the urgency of time for their children, hold them accountable and reinforce their good work as they make progress. This tension between support and accountability is powerful and present in reunification work – perhaps more so than in other types of social work and service plans.

Trainer asks participants to role play a conversation between a social worker and a parent who has not been following through with goals. Trainer states:

- It may be that the parent has missed visits with his/her child, not completed job applications or paperwork for housing, or had a dirty urine screen.
- These conversations can be challenging, but it is vital that we are comfortable in having these difficult but very important conversations.

Trainer asks partners to decide who will play the first roles of social worker and parent. Trainer then:

1. Assigns the first issue for the role play as a conversation about the parent missing visits with the child as stated in the service plan.

2. Allows 5 minutes for this role play.

3. Asks partners to reverse roles.

4. Assigns the second issue for the role play as a conversation with a mother who has had dirty urine screens despite her agreement in the service plan to remain drug free.

Report Back

Trainer asks partners to volunteer to report back to the larger group about what the experience was like.

Trainer asks the large group the following:

- Do you think it would have helped to have the service plan with you?
- Did concurrent planning come up?

Demonstrated Role Play

Trainer states the following:

You all did a great job with this exercise. In addition to having the opportunity to practice a difficult conversation like this with a birth parent, we're going to take a few moments to let you watch an example also. Two participants have volunteered to play the roles of the social worker and Sandy. They are now four months into their work together, part of which has included random urine screens approximately once per week. Sandy's last two urine screens have been dirty.

NOTE TO TRAINER: Ask two participants to play these roles and provide each with a copy of the following script in Appendix B. Role Play #2: Sandy and the Social Worker.

ROLE PLAY #2: **Sandy and the Social Worker**

SOCIAL WORKER - Hi Sandy. I'm glad that I was able to reach your voice mail and set up an extra meeting with you this week. I know we weren't scheduled to get together before your visit with Jack tomorrow.

SANDY- Yeah, whatever. Your message said we had some important things to talk about. What's that supposed to mean?

SOCIAL WORKER - I think we have some important things to talk about. I'll get right to the point. Your last two drug screens have been dirty.

SANDY- My state caseworker already talked with me about this, but . . . Oh, I get it; you're going to climb all over me because I slipped up a little.

SOCIAL WORKER - Well, I wouldn't have described it that way but I am concerned. Dirty drug screens are serious when you're trying to get Jack home.

SANDY- A couple of dirty screens is not a big deal! Everyone slips up once in a while! In fact, my substance counselor tells me that relapse is part of the recovery process!

SOCIAL WORKER - That may be true but not everyone has the timetable that you do. I know that the team is going to start focusing more and more on what will happen to Jack if he can't go home to you – it's called the concurrent plan – because Jack needs a stable home as soon as possible. I believe that the team will think you're not ready if you're still using, even once in a while.

SANDY - You don't need to make such a big f____ deal out of it! I never had any problem parenting Jack! And when there was any problem, my mother was there for him. This is all so stupid!

SOCIAL WORKER - Well, Sandy, think about it. If you heard that Jack's foster mother was using cocaine, would you think that was OK?

SANDY - Well, I would want him to be with my mom . . . *[Quiet… beginning to get teary]*…I might as well give up right now. I know how this is going to come out.

SOCIAL WORKER - You're feeling hopeless about getting Jack back?

SANDY - Yeah. It seems like whatever I do it will never be enough.

SOCIAL WORKER - Like you could try and try and try and still Jack wouldn't come home?

SANDY - Yeah.

SOCIAL WORKER - *[Murmurs sympathetically]* Well, Sandy, try not to give up. The team really does want you to be the person who takes care of Jack. That's going to require you to be clean and sober and I know that's hard work. Do you feel able to tell me about your recent slip ups? Maybe I can help if I know more about what's happening for you.

SANDY - Okay . . .

Role Play Processing

Trainer asks for reactions from the group.

Trainer makes the following points:

- This conversation points to the importance of introducing concurrent planning right from the beginning of our work with parents and then reinforcing the concept throughout the process. If Sandy had not already heard the term and understood its meaning, she would not be in a place to hear it at that moment.
- The same issues of accountability and staying focused are true for the entire permanency team. The team uses the service plan at meetings to help the participants stay focused, stay mindful of the urgency of time for the children and to hold them accountable.

Part VII: Summary *(anticipated time: 2 minutes)*

Trainer states the following:

- The service plan plays a crucial role in effective reunification work. It is important to keep goals and tasks focused on the jeopardy/risk issues and meeting the needs of the child.
- Using the service plan as a concrete tool to guide the work helps the parents to understand what needs to be accomplished and why, and holds all members of the team accountable.

11:00 A.M. TO 12:30 P.M. SKILL AREA: INTERVENTION

Materials Needed

PRESENTER: Flip chart, markers, masking tape, PowerPoint presentation, Cards designating child's age for exercise

PARTICIPANTS: Paper, pens, intervention cards, general guidelines for supervising visits, supervised visitation intervention handout

Learning Objectives

Participants will be able to demonstrate and/or describe:

- the critical importance of visitation and its use as both an intervention and an ongoing assessment tool
- the variety of additional interventions used in achieving permanency through reunification
- the strategic use of formal and informal resources to support and preserve reunification

Major Points

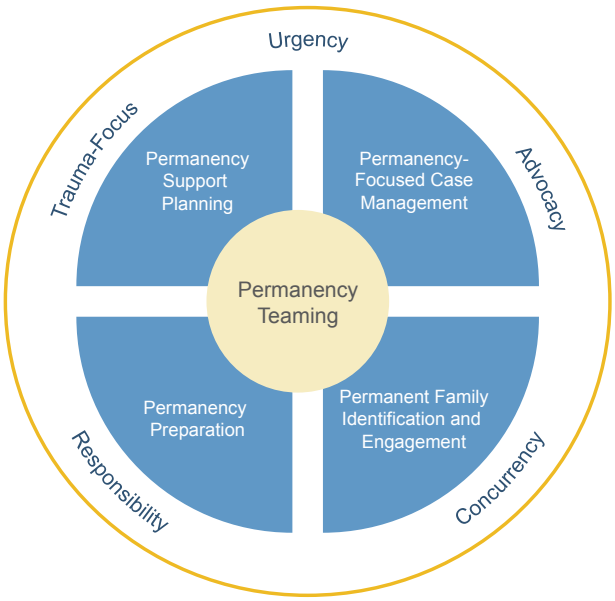
Best practices in clinical case management for reunification include interventions such as:

- permanency teaming
- therapeutic supports
- concrete services
- structured visitation
- connection of families to formal and informal support systems

Introduction *(anticipated time: 2 minutes)*

Trainer makes the following points:

- In this part of the training, we will give a brief overview of the main interventions necessary in reunification work. Our focus, however, will be on the role of supervised visitation.
- When we think about what we know works, supervised visitation that is done well, done in such a way that it promotes parent child relationships and done, whenever possible, in the child's home environment is the cornerstone on which we help to build the family back up.



- In the Lifelong Families model, interventions are provided through the components, Permanency-Focused Care Management and Permanency Preparation.

Part I: Therapeutic Supports *(anticipated time: 5 minutes)*

Trainer makes the following points:

- The therapeutic supports that parents most often need relate to:
  - Mental health
  - Domestic violence
  - Substance abuse
  - Psychoeducation
  - Parenting skills

- The National Survey of Child and Adolescent Well-Being (NSCAW - April 2005) found that "three-quarters of in-home caregivers [involved with the child welfare system] have at least one of the following conditions: history of exposure to domestic violence, substance abuse problem, a serious mental illness, or household resources that place them below 100% of poverty." These data reflect the needs of parents involved with the state child welfare system whose children remain in their homes. What can we conclude about families where the children are removed?
- Frequently, it is not a matter of working with one of these issues, but rather many. We need to collaborate and include other service providers. Working with service providers who specialize in substance abuse treatment, domestic violence or psychiatric issues can ensure that families get the best treatment possible.
- Here are some steps that we can take:
  - Prioritize – What is putting the child at most risk or is likely to put the child at risk if the child were to return home?
  - Identify resources to address priority needs
  - Connect families to the services
  - Strategically use oneself in assisting parents with therapeutic support needs

Part II: Concrete Services *(anticipated time: 4 minutes)*

Trainer makes the following points:

- The issue of poverty, as we know, is pervasive among families involved with the child welfare system. The NSCAW (2005) states that "only 20% of all families providing care for children involved with the state child welfare system have incomes at or above 200% of poverty compared with 60% of households nationally." The Casey Family Services reunification study indicated that 67% of the families lived below the federal poverty level.
- The NSCAW also found that "kinship caregivers are almost three times as likely as non-kinship caregivers to have incomes below the poverty level." When we work with kin as alternative care providers we need to keep this in mind and address their needs too.
- We know of many cases where the limited income of a parent and the choices they make lead to involvement with the state child welfare. Whether it is the mother who cannot pay her electricity bill and the lights are shut off or the parent who cannot pay their rent and is evicted, neglect of the children is cited and child protective services gets involved. If we take into account how substance abuse, mental health problems and domestic violence impact families economically, the reality is that reunification work must to address concrete issues in a significant way.
- Families often do not have the education and life experience needed to provide well for themselves and their children. The Casey Family Services reunification study found that over "57% [of parents] were unemployed and their records indicated that they had education and job readiness needs" (Pine, Spath,

Maguda, pg. 27, August 2006). Many would benefit from the same kind of life skills training that we provide to young people in foster care, including support around educational issues. Many families have not had the opportunity to pursue higher education or career education paths, and intervention in this area can help them overcome one of the biggest obstacles to obtaining a job that pays them enough to support their families.

- Helping families connect to concrete services is important as we begin working with them, and it remains important as they may well need services after our involvement with them ends.
- Our assessment should encompass the following:
  - Provision of and/or referral related to:
    - Housing
    - Employment/Education
    - Job skills
    - Child care
    - Transportation
    - Medical
    - Entitlement programs
  - As with therapeutic services, we need to:
    - Prioritize: What is putting the child at most risk or is likely to put the child at risk if the child were to return home?
    - Identify adequate resources
    - Connect families to services
    - Strategically use ourselves. We need to consider how the relationship we form with families model and bridge to other healthy relationships within their personal and professional support system.

Part III: Supervised Visitation *(anticipated time: 20 minutes)*

Trainer makes the following points:

- In some aspects of practice, visiting is a more informal process and takes the form of social visiting. In reunification work, parent-child visiting is a critical intervention.
- We need to keep in mind that the outcomes of interventions, including supervised visitation, may need to be shared with the court so that the court can make the best decision as to safe return home or change of permanency goal.
- Supervised visitation is one of the interventions that we know has strong research-based support for its effectiveness.

- Here is what we know from the research:
  - The chances for reunification for children in care increase tenfold when mothers visit regularly as recommended by the court (Davis et al., 1996).
  - Children who visit frequently with their parents experience shorter stays in out-of-home placements (Mech, 1985).
  - Frequent visiting prior to family reunification increases the chances that reunification will be lasting (Farmer, 1996).
  - Frequent parent-child visiting while children are in care promotes child well-being and positive adjustment to placement (Fanshel & Shinn, 1978).

- The goals of supervised visitation are to:
  - Preserve/strengthen the parent/child connection
  - Raise the parent's awareness of their child's needs
  - Teach parents how to meet child's needs
  - Help the parent enjoy their child and vice versa

- In supervised visitation, we need to pay close attention to:
  - Physical and emotional safety
  - Environmental safety
  - Readiness of the parent for the visit (supplies such as diapers and wipes, food, toys, the environment, the parent's mindset)
  - Parenting skills: setting limits (who's in charge?), discipline, helping the child express and manage feelings, appropriate expectations
  - Attachment: eye contact, attentiveness, responsiveness, physical contact, tone of voice, enthusiasm, comfort

Supervised Visitation Interventions

Trainer makes the following points:

- Social workers provide supervised parent-child visits, at least initially. In some cases, children may already be visiting with their parents at the home of a relative and this may be continued. As the reunification work continues, supervised visits may be provided by someone other than the social worker, including family members.
- The following are some ways we both supervise and intervene during supervised visitation. This information is from Parent-Child Interaction Therapy by Toni L. Hembree-Kigin and Cheryl Bodiford McNeil. We took the liberty of rearranging the order to come up with an acronym RAPSTAR – so feel free to use this to remember the following interventions:

ROLE MODELING: Model for parent what you would like them to do. Use sparingly because you may inadvertently enhance your relationship with the child rather than the parent's. Some parents may not actually know you are role modeling and may see it as a nice break from having to interact with their child. It works best if you bring it to their attention when you do it.

Example: If a parent displays a flat affect, I might role model using a "big face and big voice," i.e., demonstrate how to clearly show delight in the child by smiling and speaking with enthusiasm.

ASSESSING: This is ongoing process throughout the visit.

Areas to assess include:

- Physical and emotional safety: Is the parent being physically or emotionally abusive toward the child?
- Is the environment appropriate? Is it clean, safe, orderly and child-focused?
- Are the parents ready for the visit? Are they prepared with food and diapers and are they able to put aside their own problems in order to pay attention to the child?
- What is the level of parenting skill? Are they able to discipline in a gentle, constructive way?
- What is the quality of the attachment? Do parents and child make eye contact and is the parent paying attention to child? Does the child seem comfortable with the parent?

PRAISING: Praising can be a very powerful and easy-to-use tool. It helps to raise the parent's self-esteem, gets them in touch with their strengths, gives them hope and is effective for joining with the client. Take care not to focus exclusively on strengths (it is tempting to do because it makes for such a pleasant climate). Address the parent's challenges as well. We want parents to have a realistic understanding of their capabilities.

Example: "Gosh, you did a good job with that! You didn't let your daughter's temper tantrum upset you. That's just what she needed from you; for you to stay calm, firm and empathic."

SPEAKING FOR THE CHILD: This technique helps to raise the parent's awareness and develop empathy for the child. It also teaches a parent to pick up on a child's cues. Speaking for the child can be used when a child is afraid or too young to speak.

Example: A mother chastises her toddler for continually getting into things that she has told her not to touch. The mother says, "You know better than that!" Speaking for the child, the social worker might say, "But Mommy, I don't know better! At my age, I have a hard time remembering what you've taught me and I have a hard time controlling my impulses. You'll have to set the limit for me over and over again. I hope you can be patient."

TEACHING: Teaching should take place only sporadically during the visit and in small doses so that it does not take too much attention away from the child. Teaching is more useful during pre- and post-visit meetings.

Example: When the parent develops frustration with a child who will not eat her lunch, the social worker can teach the parent about what she can realistically expect from her child and what her responsibility is regarding feeding her child. The social worker might say, "It is your responsibility to put nutritious meals in front of your child. After that, your job is done because it is her responsibility to eat it. If she doesn't want to, that's OK."

ASKING QUESTIONS TO RAISE A PARENT'S AWARENESS: This technique teaches parents problem-solving skills and helps them get in touch with what they already know. It also gives the social worker more information about the parent and his or her capabilities.

Example: A child refuses to eat lunch after snacking all morning. Her parent gets frustrated and tries to make child eat. The social worker might ask a series of questions: "Why do you think your daughter won't eat her lunch? Do you think it's your responsibility to make her eat? What will happen if she doesn't eat?"

REFLECTING: Reflecting can be used with the child or the parent. It is especially helpful with a parent who has difficulty paying attention to his or her child. The social worker can encourage the parent to pay close attention to the child for 5-minute segments. Many parents are resistant because they feel foolish and self-conscious. Reflecting can also be a useful tool to use with a child who has trouble staying focused on one activity for very long. There is something about having someone describe one's every movement that helps us stay on task.

Example: The social worker gets down on the floor to be with a child who is playing with blocks. She describes even miniscule aspects of what the child is doing. "Oh, you put the red block on top of the yellow block! And now you're knocking them down!" She praises the child, "What a good job you're doing!" She is on the lookout for behaviors that she wants to encourage and specifically praises these, "You're doing such a nice job putting the blocks away!" She imitates the child by building a structure similar to his. She is careful not to "out do" the child in any way. She works not to direct the play in any way by asking questions, giving commands or criticizing. This approach is meant to be a pleasant activity that the child leads as much as possible and that leaves the child feeling good about himself.

Demonstration

NOTE TO TRAINER: The following demonstration can be done by trainers when there is a training team of at least three trainers. Alternatively, it can be done by the trainer and two participants who are prepared ahead of time for their roles. The three roles are the social worker (played by the trainer), the child and the parent.

Trainer explains that the demonstration provides an exaggerated example of the interventions that are being used in order to make them very distinct. Trainer states that in a real visit, the interventions would blend together much more seamlessly. Trainer states that the following interventions will be demonstrated and that participants will be asked to identify which intervention they are seeing demonstrated.

- Assessing
- Teaching
- Role modeling
- Reflecting
- Praising
- Speaking for the child
- Asking questions designed to raise the parent's awareness

NOTE TO TRAINER: After each question, confirm the correct response and give a brief information as to why, when and how the intervention would be used.

Demonstration

The mother sets limits and is empathic toward child's frustration. *[She does it "right" so the social worker can praise both her and the child who has been instructed to listen to her mom.]*

Is this intervention:

A. Praise
B. Asking questions to raise the parent's awareness
C. Speaking for the child
D. Role modeling

ANSWER: A. PRAISE

The mother lacks understanding of her child's developmental capabilities. When her child persists in touching things she has been told not to touch before, the mother states, "You know better." *[The social worker speaks for the child: "But Mommy, I don't know better. I know you've told me before but I can't control my impulses yet and I need to explore my world. Plus, I need to keep checking what the limits are. You'll need to show me again and again."]*

Is this intervention:

A. Role modeling
B. Praise
C. Asking questions to raise the parent's awareness
D. Speaking for the child

ANSWER: D. SPEAKING FOR THE CHILD

The mother is not empathic but is harsh when her child hurts herself. The mother says: "Oh, you're all right. You don't need to cry. You're a big girl!" *[The social worker role models empathy and validating the child's feelings by saying soothingly and sympathetically, "Well, that was a surprise wasn't it! You were having a fun time playing and boom; all of a sudden you fell and bumped your head! That hurts doesn't it?" I kneel down and rub child's back.]*

Is this intervention:

A. Asking questions to raise the parent's awareness
B. Role modeling
C. Praise
D. Speaking for the child

ANSWER: B. ROLE MODELING

The mother is trying to get her child to eat lunch after feeding her snacks all morning. The child shows no interest and the mother gets persistent and threatening, "If you don't eat your lunch, we can't go to the playground this afternoon." *[The social worker asks a series of questions: "Why do you think Jennifer isn't eating? Has she had anything else to eat this morning? What does it mean to you if she doesn't eat? Some mothers think they aren't being a good mother if they can't get their child to eat. Is that what it's like for you? Can you think of anything you might do differently another time?"]*

Is this intervention:

A. Praise
B. Asking questions to raise the parent's awareness
C. Speaking for the child
D. Role modeling

ANSWER: B. ASKING QUESTIONS TO RAISE THE PARENT'S AWARENESS

The child is playing outside and attempts to run across the busy street without looking both ways. Her mother screams at her daughter, "What are you trying to do, get run over!"? *[The social worker states: "This is scary for you when this happens. What do you think it is like for your daughter when you scream at her? Do you think she now knows how to cross the street? What do you think about showing her how to cross the street? Come on, let me show you how we can make it a game?"]*

Is this intervention:

A. Praise
B. Role modeling
C. Teaching
D. Reflecting

ANSWER: C. TEACHING

The mother is sitting at the table with her daughter and her daughter is carefully creating a play-doh castle. She is having a hard time making the play-doh soft and she is losing interest. *[The social worker states: "You are working hard to make the play-doh soft. You have chosen some nice colors to make your castle. Look at the way you roll it out on the table. Mom, it looks like she is ready to make her castle."]*

Is this intervention:

A. Praise

B. Role modeling

C. Teaching

D. Reflecting

ANSWER: D. REFLECTING

Throughout the visit, the social worker will be assessing.

Supervised Visitation with Older Youth (anticipated time: 5 minutes)

Trainer makes the following points:

- So much of the work in reunification is about repairing the parent/child relationship and building a healthier one. Our interventions are geared to help the child rebuild trust in the parent and to help the parent reclaim a "good enough" parenting role. The process is easier the younger the child and the shorter the time out of the home. For youth who have had some contact with their birth families but have not lived with them for years, the reunification process is more complicated.

- Youth who have spent time in foster care may be as damaged by that system as they were by their parents. Their level of need is high so what may have been "good enough" parenting when they were first removed is now cranked up to higher levels.

- Youth often do not view their parents in the parenting role, and their parents may feel unsure about assuming the mantle of everyday parenting. Parents and youth come together with great expectations of the relationship but with lots of holes in the foundation of that relationship. For both parties, the trauma of the past can resurface. Memories of what happened at home before the removal often return for youth. This reunification process, after such a long time apart, brings back issues of grief, loss and shame.

- Clinical support for the youth and for parents is essential prior to and following the actual reunification. That support is done in family therapy sessions and in supervised visitation where the family can practice being a family again.

- For a number of youth and parents, the work may result in reconnection rather than return home to live with a parent. This reconnection and relationship building also calls for solid clinical intervention and support.

Exercise (anticipated time: 25 minutes)

PART A: SMALL GROUP DISCUSSION. **Trainer assigns each small group a case with Jack at different ages: Jack as a 6-month-old, 6-year-old, 13-year-old and 17-year-old, using the pre-prepared index cards. Trainer asks each group to discuss:**

- How would you prepare for the visit?
- What would you want to discuss with:
  - The parent?
  - Jack (if appropriate based on age)?
  - The current caregiver?
- What would be the goals for the supervised visitation?
- What are the social worker's expectations?

REPORTING OUT

Trainer facilitates reporting out from the groups. Trainer notes the following:

- The conversations will be different based on the age of the child. Some commonalities might be:

- *Birth Parent:* Plan for the visit, where and what will be done; ensure that any safety concerns are addressed; discuss age appropriate expectations for the child; discuss how feedback might be offered during the visit; discuss the parent's strengths that will help him or her be successful.

Examples include:

- Supporting a mother to utilize her parenting skills training by using words and timeouts to set limits with her child.
- For an older child, coaching the mom to discuss school work with him and give appropriate feedback as evidenced by clear statements about supporting educational goals.

- *Child:* (as age appropriate) Let the child know the plan for the visit, where and for how long, and when the next visit will occur; ask the child about his/her hopes for the visit and about the feelings that he or she may be experiencing.

- *Current Caregiver:* Review the plan for the visit, where and for how long, and when the next visit will occur; discuss any concerns or comments they might have; discuss when and how they might be involved in visits.

PART B: SMALL GROUP DISCUSSION *(if there is time and/or if needed) (anticipated time: 15 minutes)*

Trainer asks participants to consider the following scenario.

- In this case, you are not responsible for conducting the visitation yourself as the state child welfare agency has a contract with a visitation center to provide parent/child visitation. You have been working with Sandy and Jack for over a month and they have been having weekly visits at the center. Sandy has expressed concerns that the visits are not going well as neither she nor Jack feel comfortable there and Sandy does not know what she is supposed to do. Given your understanding of the importance of visitation in repairing the parent/child bond, how would you proceed to address this issue?

NOTE TO TRAINER: Give the groups about 5 minutes to brainstorm this issue.

REPORT OUT

Trainer asks everyone to re-join the large group and report back on their discussions.

Part IV: Summary *(anticipated time: 5 minutes)*

Trainer makes the following points:

When we approach the work of reunification we have to recognize that most families involved with the state child welfare system present with many issues that need to be addressed in order for their children to be safely returned to their care. When we consider what best practices in clinical case management for reunification looks like, it is not surprising that they include interventions such as:

- Therapeutic supports
- Concrete services
- Structured visitation
- Connecting families to formal and informal support systems.

In this session, we have done a quick review of the interventions needed while focusing on supervised visitation as research tells us how important this intervention is in reunification work.

12:30 P.M. TO 1:30 P.M. LUNCH

1:30 P.M. TO 2:45 P.M SKILL AREA: PUTTING IT ALTOGETHER

Materials Needed

PRESENTER: Newsprint, markers, copy of two scenarios for each participant

Learning Objectives

Participants will be able to demonstrate and/or describe:

- the experience of assessment, service planning and intervention as applied to a specific case example
- the experience of permanency teaming as applied to a specific case example
- the impact of assessment, service planning and intervention on teaming
- the impact of teaming on assessment, service planning and intervention

Major Points

- The processes of assessment, service planning and intervention are ongoing, connected and open to revision based on new information.
- Participants bring their values, feelings, assumptions and strengths to the processes.
- Strategic planning focuses on interventions that give reunification optimal chance for success.
- Permanency teaming impacts and is impacted by the case assessment, service planning and interventions chosen for use.

Introduction *(anticipated time: 1 minute)*

Trainer states that this experiential session focuses on putting together the skill areas of assessment, service planning and intervention through work with a case scenario.

Part I: Introduction to the Case *(Anticipated time: 5 minutes)*

HANDOUT #4: **Trainer refers participants to Handout #4: Pam, Frank, Jeremy and Mandy and asks small groups to work together on a series of tasks related to the scenario: assessment, service planning and intervention. Trainer reviews the case scenario with the participants.**

Pam and Frank are the parents of eight-year-old Jeremy and three-year-old Mandy. Frank has worked irregularly and last month lost a part-time job as a janitor at an office building. The bills are stacking up, and he and Pam have been arguing more and more. Frank has begun pushing Pam when he gets angry and frustrated. Recently, he hit Pam in the face and she began bleeding. Pam ran to a neighbor with Jeremy and Mandy, and the neighbor called the police. Child protective services investigated and substantiated domestic violence. The child protective services worker also determined that Pam has long-standing depression and has not worked for more than a decade. She also determined that Frank has been drinking heavily for the past month and on one occasion passed out in the driveway. Pam feels she cannot leave Frank because she has nowhere to go and can't support herself and her children. Jeremy is two grades behind in school and Mandy may have developmental delays. The children came into foster care two weeks ago and were placed with a foster family through your agency.

Part II: Assessment *(anticipated time: 25 minutes)*

Small Group Exercise

Trainer asks the groups to discuss what they need to learn though the early assessment process. Trainer provides the following questions as prompts for their thinking:

- What do the facts of this case tell you about the children's and family's past and current situation?
- What are the safety issues/needs/strengths?
- What information needs to be gathered?
- Who will be involved in the process?

Learning More

NOTE TO TRAINER: Assign trainers (if there is a sufficient number) or recruit participants to play each of the following roles: Frank, Pam, the state social worker. Provide the groups with the opportunity to obtain more information by asking questions of these three individuals. The role players should only answer the questions that are directly asked of them – they should not add any information. Allow the groups

to ask questions for 10 minutes. The following provides additional information that each individual should be prepared to share if asked. This information should be provided to participants on index cards for Roles/First Assignment.

FRANK: Age 27; did not finish high school; mom and dad divorced when he was 12 – dad moved away and had no further contact with him; left home at age 17; married Pam when he was 19; has a hard time finding a job; has difficulty getting along with people at work; has an anger problem; is feeling depressed and angry; has always drunk beer but admits to drinking more lately; loves Pam but gets frustrated with her because she doesn't keep the house clean or cook; loves his children and wants to be a good dad for them but isn't sure how to do it; feels like a failure; wants his children back; has one brother, Dan, who lives in another state; his parents died; major support: cannot think of anyone

PAM: Age 25; did not finish high school; came from a family of 8 children where none of the children got much attention; always had problems with depression; tries to pull herself out of it but can't; worked briefly at a fast food place but it was too stressful; saw a therapist once but it didn't do any good; married Frank when she was 17; loves her children and wants to protect them but feels powerless; loves Frank but is afraid of him and can't see how she can make it without him; is mad at Frank for hitting and pushing her but thinks that maybe she deserves it because she knows that she isn't very good at keeping house; wants her children back; has not maintained contact with anyone in her family; believes two of her sisters may be living in this state; major support: next door neighbor, Lainie

JANICE, STATE SOCIAL WORKER: Pam and Frank have no immediate family in the area – no placement resources could be identified at the time of placement; risk/safety issues: domestic violence; Frank's substance abuse; Pam's mental health issues (depression); neither parent appears currently capable of taking care of the children; financial stresses; it appears that they may lose their apartment for failure to pay rent; both children seem to have developmental challenges; Mandy seems to have a speech impairment; Jeremy seems withdrawn; current goal: reunification but much work will need to be done for the children to be safely returned

Part III: Service Planning *(anticipated time: 20 minutes)*

Trainer asks the groups to discuss service planning with this family. Provide the following questions as prompts for their thinking:

- What needs to be addressed in the service plan?
- How would they engage Pam and Frank in the service planning?
- What might be the issues on which to focus first?

Vetting the Service Planning Ideas

Ask each group to present its ideas on service planning to Frank, Pam and the state social worker. The role players should respond to the service planning approaches based on the following provided to the participants as Roles/Second Assignment.

FRANK: Has no intention of getting "counseling"; understands that he shouldn't push and hit his wife and will not do it anymore. He also believes that now that all of this has happened, he will not drink anymore; he has been sober for 3 days and that tells him that he can make it on his own. He wants his children home now.

PAM: Is too upset to talk about doing anything; feels defeated and has no real hope; she wants her children back but she feels that everyone is against her and she won't ever have them with her again; is very lonely and wishes she had a friend to talk to.

JANICE, STATE SOCIAL WORKER: Knows that reunification is the plan but has real doubts that Frank and Pam can get it together; she thinks it makes sense to just do what it will take to show the court that the agency made "reasonable efforts" and then move as quickly as possible to adoption planning.

Part IV: Intervention/Teaming *(anticipated time: 20 minutes)*

Trainer states that we will now look at the use of permanency teaming in all the different phases of the reunification work. Trainer shares the following:

- The team addresses the child's needs for permanency, safety and well-being, collectively assessing the child's status in each of these areas. The team tracks progress and lack of progress toward reunification goals. The team's collaborative sharing of information and perceptions contribute toward the assessment process.
- Decisions around which interventions are most necessary and how to proceed are not made by individuals, but are made by the team working with the family. This team is usually made up of birth parents, other family members, resource family, state child welfare worker and supervisor, professionals, child/ren as developmentally appropriate and agency staff.
- It is always good to include attorneys on the team, both the parent's and the child's attorney. Particularly with reunification cases as these cases are very connected and active with the court process, we need to understand why they act the way they do. Their professional and ethical obligation is to "zealously represent" the interests of their clients. Their job is not to be conciliatory or cooperative – in fact, many would say that they would violate their professional ethics to do so as this might mean that they were not zealously representing their client. However, when they participate in a teaming process and see that their client's interests are being regarded and that their clients are being treated respectfully and with concern, they may be able to readily see that their zealous representation is entirely consistent with the work of the team. When attorneys are involved, they keep the team true to the work – if parents are addressing risk issues, they keep us from raising the bar. When parents are not addressing risk issues and/or not progressing, they can counsel their clients to consider alternative permanency options.
- We need to remember that ultimately reunification is part of a legal process and the court has the final decision-making power. Although we always need to make good decisions on behalf of children, when these decisions are made as part of a team on which everyone agrees, their recommendations are more likely to be accepted by the court.

- The components of permanency teaming that are actual interventions include:
  - Assisting team members in being child-centered and family-focused
- Facilitating and strengthening relationships between significant team members such as:
  - Birth parents and resource parents
  - Opposing attorneys
  - State agency and private agency
  - Therapist for child and therapist for parent(s)
  - School and parent.
- "Real time" reports and evaluation of progress
- Concurrent plans

Let's see what a team meeting for Jeremy and Mandy might look like.

Role players play Frank, Pam and Janice. **Trainer asks for volunteers to play the following roles:**

- Facilitator
- Neighbor, Lainie
- Jeremy's and Mandy's foster mother, Alice
- Frank and Pam's attorney, Beth
- The GAL for Jeremy and Mandy, Henry
- Pam's mental health therapist, Mary
- Frank's AA sponsor, Luke

HANDOUT #5: **Trainer refers participants to Handout #5: Scenario for Large Team Meeting Role Play**

Jeremy and Mandy have been in foster care for 10 months. Alice and her husband, Bart (who could not be at the meeting today) have cared for them since they entered foster care and have grown to love the children. Alice has become like a mother to Pam who seems to be gradually improving in relation to her depression. Her therapist, Mary, is pleased with her progress but is concerned about the home environment with Frank. Frank has been able to remain sober for only a few weeks at a time. His most recent relapse was last week when he went to a bar and after a number of drinks, called his AA sponsor, Luke. Lainie has been a member of the team for about 6 months. She is concerned that Frank is still pushing and hitting Pam because she has seen bruises on Pam's arms, but Pam denies it. Beth, the attorney for Frank and Pam, wants to have services intensify so that the children can be returned to the parents by the end of the year.

Jeremy and Mandy are doing well. Jeremy has tutors and he is beginning to be more successful with his school work. Mandy has had a speech therapist and her speech has greatly improved. Their GAL, Henry, is happy to see their progress and is uncertain that they can maintain the progress if they return home. He believes that Pam could parent the children if she left Frank – but would need a lot of support. Pam regularly visits with Jeremy and Mandy in the foster home; Frank is less regular in making visits. Pam's

visits with the children go well with Alice's support. When Frank has been present, there have been conflicts between him and the foster parents (such as Frank insisting on smoking in the house when the "house rules" are "no smoking").

At this team meeting, the team is reviewing the progress toward reunification and making some decision about next steps. Given that the children have been in foster care for 10 months, the team also needs to discuss the concurrent plan, which is adoption by the foster parents.

After the Role Play (anticipated time: 10 minutes)

Trainer asks:

- The role play participants to reflect on their roles.
- The facilitators to talk about their experience in addressing necessary content areas.
- The large group to report on what they saw happening in the teaming process.

Trainer states that even with excellent individual and joint work, conflict can emerge in team meetings and the facilitator helps the team navigate the conflict.

Part V: Summary *(anticipated time: 10 minutes)*

Trainer asks the large group to address the following questions:

- What was it like to work through the different phases of assessment, service planning and intervention?
- Which phase of the work did you see as most challenging?
- What did you see as the advantages of the permanency teaming process?

Trainer states:

- By using the permanency teaming process, we allow for a wider network of people involved with the child/ren and family to come to the table and work on the reunification plan.
- This will hopefully lead to a more comprehensive understanding of the needs of a given family and will ultimately lead to that child being able to either reunify with their parent/s or have an alternative permanency plan developed and implemented in a timely fashion.

2:45 P.M. TO 3:15 P.M. SKILL AREA: ACHIEVING PERMANENCY AND CLOSURE

Materials Needed

PARTICIPANTS: Rose-colored glasses

Learning Objectives

Participants will be able to demonstrate and/or describe:

- post-reunification services prior to closing
- defining "success" in reunification work for the child, family and team
- implementing a concurrent plan (Plan B)
- planning for agency exit

Major Points

- Reunification is the first and primary permanency option for children when adequate safety and nurturing can be ensured.
- All members of the permanency team are encouraged to give their best efforts toward achieving permanency through reunification.
- The work does not end when the child/ren go home – the importance of post-reunification services cannot be underestimated.
- Criteria for closing are identified in the initial and ongoing service plans.
- Closing is coordinated with the state child protective agency and the court system that has jurisdiction. Procedures and practices regarding state and court involvement in the planning and provision of post-reunification services vary from state to state.
- Aftercare planning needs to focus on ensuring the self-sufficiency of the family within their own community.
- Despite best efforts, sometimes reunification is not the option that meets the needs of the child for permanency, safety and well-being.
- The highest feasible level of child/youth's connection to birth family remains a priority even if the concurrent plan must be implemented.

Introduction *(anticipated time: 1 minute)*

Trainer states:

- The criteria for returning children home and case closing are built into all phases of the work beginning with the initial assessment and service planning.
- This work is an ongoing process, which requires that we reflect back on where we have come from and look at all areas.
- There is both art and science involved in judging when a child can be safely returned home and a case can be closed.

Part I: Lecture *(anticipated time: 14 minutes)*

Trainer states the following:

- During our session on reunification interventions, we talked about the clinical issues related substance abuse and domestic violence that often must be addressed in reunification work. Research shows that a history of family violence is one of the factors that make reunification less likely. As much as we have stated that this training could not do justice to these topics in the time we have available to us, we do want to address some of the issues in closing.

Substance Abuse

- When thinking about substance abusing parents, we need to consider the following:
  - Has the parent been clean for at least 3 months? Six months is better.
  - Is the parent actively participating in a treatment program?
  - Is the parent taking responsibility for the effect that substance abuse has had on his/her children and can have on his/her children in the future?
  - Closely associated with this: Has the parent stopped blaming other people for his/her children being removed?
  - Does the parent have a vision/idea of what he/she wants his/her life to look like without drugs and has he/she made steps toward these goals?
  - Has the parent stopped associating with friends with whom he/she did drugs?
- Most of us are not substance abuse experts, so it is important to work closely and collaboratively with a client's treatment counselor to ensure that the reunification work is not at odds with the substance abuse counseling. In some instances, you may need to educate the substance abuse counselor about a child's needs and the legal timelines involved. It is crucial to structure reunification work so that it does not overwhelm a client and cause the parent to relapse.

Domestic Violence

- When we think about domestic violence, some of the same issues arise. Returning a child to a home in which the child has experienced domestic violence can be very concerning, so we do this with caution.
- Areas to consider are:
  - Has the abuser left the home and is the leaving real or more for show to the state child welfare authority?
  - If the abuser has left, how does the other parent feel about this?
  - Does the victimized parent understand how and why their relationship became abusive?
  - Has the victimized parent stopped taking responsibility for the abuse and recognized the effect the abuse has had on their children?
  - Does the victimized parent have a safety plan that protects him/her and the children should the abuse reoccur?
  - What are the economic implications if the abuser has left? What is replacing these resources?
  - Have we been able to engage the abusive parent in treatment? (Note that couples' counseling to address abuse is not best practice.)
  - Has the abusive parent taken responsibility for the abuse – without qualification?
  - Has the abusive parent acknowledged the impact the abuse has had on his/her children now and the impact it can have in the future?
  - Has the abusive parent developed behavioral strategies to change?

Mental Health Issues

- Addressing mental health issues is frequently part of the reunification.
- Factors to consider in closing a case where the parent has mental health issues are:
  - Is the parent's mental health stabilized to the degree that he/she can provide "good enough" parenting?
  - Does the parent have access to the needed ongoing treatment?
  - Is the parent compliant with medication?
  - Does the parent have an adequate support system?
  - Does the parent have a plan for himself/herself and the children in case of future mental health crises?
- Access to and availability of mental health services can represent a real resource issue, especially in areas where resources are scarce. There is no easy answer for this; sometimes it takes persistence and creativity and working closely with state partners to get the funding for services so that a child can return home.

Closing

- All along, the work is focused on clear and direct communication so parents know what is expected, how well they are doing and what more needs to be done to provide for the safety, well-being

and permanency of their child and make it possible for the child to return home safely. Closing is coordinated with the state child protective agency and the court system that has jurisdiction. Procedures and practices regarding state and court involvement in the planning and provision of post-reunification services vary from state to state.

- Reunification efforts often result in children going home, back to their communities and to being "regular" families again. We plan concurrently so that children can have permanency when their parents cannot provide adequately for their safety and well-being. When 100 percent effort is given to achieving "Plan A" and the outcome is "Plan B," people sometimes say the reunification failed, especially if success is defined by whether or not the parents regain custody of their children. The ultimate meaning of success in this work is that children get the parenting they need and remain connected to the significant people in their life.

Part II: Closing Issues *(anticipated time: 12 minutes)*

Trainer introduces three closing issues:

- Permanency Support Planning
- Concurrent Planning/Implementing "Plan B"
- Maintaining Lifelong Connections

Permanency Support Planning

- In preparation for reunification, the family and team begin to plan for post-permanency services and supports for the family and connect the family to community resources.

- This work begins long before reunification but intensifies as the plan is solidified. It is important to recognize that even after custody is returned to the family and the case is closed, families may need both formal and informal services and supports.

- The social worker serves as the bridge to transition the family to appropriate formal and informal supports and services. Some of the people providing these supports may already be part of the team and others may join as identified. In empowering the family to discover their unique solutions, the team enhances the ability of parents to assume the full care of their children.

- Work in this closing phase is intense as the family reconstitutes itself and develops a new day-to-day living routine. After the initial "honeymoon" when everyone is just happy to be together, reality sets in. Resuming full-time parenting is stressful and especially so when the children have behavioral problems and have been separated from their parents. Children want to believe their return will be forever, but the past has made them wary of trusting. It is expected that there will be acting out and testing as children readjust to life back home. This can also be a time when parents are open to "on the job" training and practical parenting education. The team can help parents identify areas where they need

support to keep their kids at home and where the kids need help to navigate the transition back home. Social workers should ensure that all needed community and natural supports are in place prior to closing and are a viable component of the aftercare plan.

- It is also important to note the reality that the families may be tired of you and visa versa! The intensity of the work and the frequency of contact can very easily lead to the desire to cease contact. However, given the importance of the work that needs to be done, we need to be aware and "gear up" for this.

- It may be that resource families will need additional support in this closing time. Even when resource families feel good about helping children go home, they still feel some loss. They may have reservations about the return and ambivalent feelings about changes in economic or social circumstances for the child. If the outcome is not reunification, the resource family may need help in figuring out whether they can make a permanent commitment or how they can best help to transition the child to a permanent family.

Concurrent Planning/Implementing "Plan B"

- Despite best efforts, sometimes reunification is not the option that meets the child's needs for permanency, safety and well-being. Even though concurrent planning has been explained and discussed, the implementation of an alternative plan has deep emotional significance for children and parents. Without solid therapeutic support, children may blame themselves for what their parents cannot do. Their feelings of loss and grief are powerful. Using the 3-5-7 Model, we can help the child grieve not returning home and prepare them for a new permanent family.

- Team members can help parents come to the painful realization that they are not able to provide the parenting that their child needs. Some parents however will struggle terribly with the acceptance of this realization. They may still be in denial about the past or about their current capacity to parent. Some may be filled with guilt, shame or anger and feel compelled to fight the permanency decision…they want their children to know that they fought till the last to get them back. The work here is helping parents deal with their feelings while keeping the focus on the child and on the continuing role the parents will play in their child's life. One approach is to remind parents that all parents engage in concurrent planning. As much as none of us wants to think about not being there to parent our children, we all have to make plans in the event that we cannot, for whatever reason. It is part of being a parent!

- Implementing "Plan B" does not mean closing the case. Implementing the plan is a process and the new family will need help and time to adjust.

- When parents give their blessing to the alternate permanency plan, their children have a better chance of integrating all the pieces of their lives. Often, it is the relationships forged in the team that help a parent get through and engage in healing activities/rituals that benefit the child – such as lifebooks, candle-lighting ceremonies. After one parent came to the decision that she could not raise her child, she wanted to find a way to capture the life and times she and her daughter had shared together. Several social workers guided her in creating a quilt. The quilt squares depicted special memories and the young child had this to comfort her.

- Just as children benefit from having their birth parents' blessing on a permanent family, so children gain from having the resource family's blessing on their return home or on their move to a permanent family when the resource family will not be their permanent one.

- Regardless of the permanency outcome, the work of the parents and team should be acknowledged and celebrated. Because of everyone's best efforts, the child will have what he/she needs.

Maintaining Lifelong Connections

- Another focus of the work in this closing phase is to take the ongoing "connections" conversations to the next level. From the start of forming relationships with birth and resource families and other team members, we emphasize how important it is for children to have lifelong connections to family and other significant people in their lives.
- Now it is time to spell out the specifics of that contact. Who will be doing how much and how often? What is the team's plan for future involvement?
- If reunification is the outcome, how will lifelong connections with other significant people be supported by the birth parents. If the outcome is "Plan B," how will lifelong connections to birth family and other significant people be supported by the permanent family?

Part III: Summary and Wrap Up *(anticipated time: 5 minutes)*

Trainer asks the group to comment on how this training has impacted their values, assumptions, fears, excitement, etc., about reunification work. Trainer:

- Reiterates the value of "going home." This work is hard but here's why we do it....
- Closes with words from a child: "I just want to be home."

Trainer reviews the hopes that participants put on the fabric swatches attached to the clothesline.

TRAINER HANDS OUT ROSE-COLORED GLASSES TO ALL PARTICIPANTS, LETTING THEM KNOW THAT WE ALL NEED TO HAVE THESE AT DIFFERENT POINTS IN DOING THIS WORK.

3:15 P.M. TO 3:30 P.M. FINAL WORDS

Trainer asks participants if there are questions or comments and facilitates a discussion.

Trainer distributes evaluation forms and ask participants to complete them.

Trainer summarizes the training as having focused on specific skill areas essential to quality reunification practice: assessment, service planning and intervention. The training has provided opportunities for

participants to practice skill building in each area and then to integrate these skills in connection with a case. The training also provided considerations related to case closing and post-reunification supports.

HANDOUT #6: **Trainer refers participants to Handout #6: A Reunification Bibliography**

Trainer wishes participants safe travels.

HANDOUTS

Handout #1. Achieving Permanency Through Reunification: Training Agenda

Day I: Training Agenda

10:00 A.M. – 10:15 A.M.	WELCOME
10:15 A.M. – 12:00 P.M.	OVERVIEW
12:00 P.M. – 1:00 P.M.	LUNCH
1:00 P.M. – 1:35 P.M.	VOICES IN REUNIFICATION
1:35 P.M. – 2:05 P.M.	PERMANENCY TEAMING IN REUNIFICATION
2:05 P.M. – 2:15 P.M.	BREAK
2:15 P.M. – 3:45 P.M.	SKILL AREA: ASSESSMENT
3:45 P.M. – 4:00 P.M.	DISCUSSION AND CLOSING

Day II: Training Agenda

9:00 A.M. – 9:15 A.M.	WELCOME
9:15 A.M. – 10:50 A.M.	SKILL AREA: SERVICE PLANNING
10:50 A.M. – 11:00 A.M.	BREAK

11:00 A.M. – 12:30 P.M.	SKILL AREA: INTERVENTION
12:30 P.M. – 1:30 P.M.	LUNCH
1:30 P.M. – 2:45 P.M.	PUTTING IT ALTOGETHER
2:45 P.M. – 3:15 P.M.	ACHIEVING PERMANENCY AND CLOSURE
3:15 P.M. – 3:30 P.M.	CLOSING

Handout #2. A Poorly Developed Road Map

Goal: So Jack can get caught up in school, Sandy will live in a decent home in a safe area, free of drugs and physical abuse by men.

START DATE: 3.10.201- TARGET DATE: 8.15.201-

Strengths and Resources

Sandy knows if she continues in her relationships with Eric then the chances of Jack returning to her care are slim. She has a pretty good job and is eligible for section eight housing so she does not need to rely on Eric for support. But since she chose to live in questionable and potentially dangerous areas in the past, Sandy now knows to do a better screening in the future. Sandy says she gets anxious at times and her worker has told her how well yoga can help to free the body of undue stress.

Task	Person(s) responsible	Start date	Target date
Eric will not strike out at Sandy.	Sandy	3.10.201-	8.31.201-
Sandy will quit smoking marijuana.	Sandy	3.10.201-	8.31.201-
Sandy will not sign a housing agreement if the dwelling is located on Bourbon Street, or within four blocks from Bourbon Street.	Sandy	3.10.201-	8.31.201-
Sandy will be more involved in Jack's school work.	Sandy	3.10.201-	8.31.201-
Sandy will get a book on yoga.	Sandy	3.10.201-	8.31.201-

Handout #3. A Well-Developed Road Map

Goal I: Jack will return to live with Sandy.

START DATE: 11/15/201- TARGET DATE: 8/1/201-

Strengths : Jack and Sandy are bonded and both want to be together in the same home. Jack says he does not like it when his mom and Eric yell and that he is sometimes afraid Eric might hurt his arm again. Sandy and Eric have both said they will enroll in classes that will help them and teach them new things so Jack won't have to feel afraid. Sandy now has her own apartment, has kept every appointment with her state agency caseworker and has kept all visits with Jack that were held at the state agency office. Sandy acknowledges experiences of domestic violence and has voiced her concern about the possible effects this has had on Jack.

Task	Person(s) responsible	Start date	Target date
Social worker will provide Sandy with a list of agencies that offer support and counseling.	CFS worker	1.3.201-	1.10.201-
Sandy will identify three locations that have weekly domestic violence support groups that will fit with her work schedule.	Sandy	1.10.201-	1.17.201-
A safety plan will be developed with Sandy.	Sandy & CFS worker	1.3.201-	1.10.201-
Social worker, Lola and Sandy will work together to develop structure and interactive activities that Sandy can engage in with Jack during their visits.	CFS worker, Sandy, &	3.10.201-	8.31.201-
Sandy will call Jack @ 7:00 pm on nights when they do not visit with each other.	Sandy	3.01.201-	5.15.201-
Jack and Sandy will visit at Sandy's house every Monday, Wednesday and Friday, for two hours.	Jack, Sandy	3.15.201-	5.15.201-
Social workers will share responsibility for accompanying Jack and Sandy during visits at Sandy's house.	CFS & CPS workers	3.15.201-	5.15.201-
Foster mother will transport Jack to and from visits held at Sandy's house.	Lola	3.15.201-	5.15.201-

Task	Person(s) responsible	Start date	Target date
Foster mother will keep a log of Jack's behavior following his visits with Sandy and share it with the team.	Lola	3.15.201-	5.15.201-
Sandy will visit Jack on Saturday's at Lola's. Lola will also join in the visits.	Jack, Sandy, Lola	3.15.201-	5.15.201-
Eric will complete an anger management class.	Eric	12.21.201-	5.31.201-
Eric will use the de-escalation strategies he has been learning in his anger management classes.	Eric	3.5.201-	8.1.201-
Sandy will attend the domestic violence group she identified at Women's Space, on a weekly basis.	Sandy	1.17.201-	5.31.201-

Goal 2: Jack will have a home environment that is free of substance abuse as evidenced by Sandy having negative urine screens.

START DATE: 11/07/201- TARGET DATE: 8/01/201-

Strengths: Sandy acknowledged she uses marijuana and her use of it affects her judgment and mood. She says she smokes it when she is feeling anxious. Eric does not like it when Sandy uses marijuana and admits he gets angry when she uses it. Sandy says she has opened up to a neighbor who is supportive and nurturing to her and Jack.

Task	Person(s) responsible	Start date	Target date
Sandy will refrain from marijuana use.	Sandy	11.15.201-	5. 15.201-
Sandy will attend the NA support group held Thursday's in Cloverdale.	Sandy	11.15.201-	5.15.201-
Sandy will provide random urine samples as requested.	Sandy	11.15.201-	5.15.201-
Grandma will take Sandy to individual treatment with her counselor at NA to learn five strategies she can use to help her feel less anxious rather than smoking the marijuana to relieve her anxiety.	Sandy & Grandma	11.15.201-	5.15.201-

Goal 3: Jack will have a home free of domestic violence as evidenced by reports from Sandy, neighbors and police.

START DATE: 11/07/201- TARGET DATE: 8/01/201-

Strengths: Sandy acknowledges there have been episodes of domestic violence in her past, and with Eric, and this has had an impact on Jack's development. Sandy broke off her relationship with Eric because she realizes now that her continued involvement with him jeopardized Jack's safety and well-being and his ability to return home to live with her. Sandy is willing to enter counseling to address domestic violence and how it has impacted her life. Sandy has a safety plan in place.

Task	Person(s) responsible	Start date	Target date
Sandy will file a restraining order on Eric.	Sandy	4.05.20I-	4.30.20I-
Social worker will work with Sandy to identify five different activities she can engage in, instead of calling or "texting" Eric.	Sandy & her Social worker	4.05.20I-	4.30.20I-
Sandy will call Women's Help @ #555.222.3333 if she starts to engage in negative self-talk.	Sandy	4.05.20I-	8.0I.20I-
State social worker will contact officer Sharon, Women's Victim's Unit, weekly to ascertain if any complaints were made.	State social worker	4.05.20I-	7.I5.20I-
Sandy will report any issues of domestic violence to the police by calling #911.	Sandy	4.02.20I-	7.29.20-I-
Sandy has a good, supportive relationship with her neighbor. Sandy will sign releases of information so she can communicate with Sandy's team.	Sandy	4.02.20I-	4.06.20I-
Sandy will continue her treatment at NA to learn five strategies she can use to help her feel less anxious rather than smoking marijuana to relive her anxiety.	Sandy	2.05.20I-	5.I5.20I-

Goal 4: Jack will achieve a promotion to the second grade.

START DATE: 1/1/201- TARGET DATE: 6/22/201-

Strengths: Jack is a bright boy and likes school. His teachers have talked to Sandy about the importance of regular attendance at school and about how his previous absenteeism impacted his readiness for the first grade. Sandy is aware that Jack is at risk of repeating first grade unless his handwriting and number recognition improves. Jack knows the alphabet.

Task	Person(s) responsible	Start date	Target date
During visits with Jack, Sandy will set aside 15 minutes to review Jack's school work or review flash cards.	Sandy	1/3/201-	3/15/201-
Sandy and Lola will request a PPT so Jack is evaluated and the need for special education can be ruled out.	Sandy & Lola	1/3/201-	1/15/201-
Both Sandy and Lola will attend all school meetings.	Sandy & Lola	1/3/201-	6/15/201-
Sandy will speak to Jack's teacher every Friday so she can get feedback regarding his progress.	Sandy	1/3/201-	6/15/201-
Jack will share his "School-Home-School" communication book with mom during visits. If Jack forgets to bring it up then Sandy will ask to review it.	Jack	1/3/201-	6/15/201-
Jack will work on his handwriting for five minutes, after school, each day.	Jack	1/3/201-	2/15/201-

Handout #4. Pam, Frank, Jeremy and Mandy

Pam and Frank are the parents of eight-year-old Jeremy and three-year-old Mandy. Frank has worked irregularly and last month lost a part-time job as a janitor at an office building. The bills are stacking up, and he and Pam have been arguing more and more. Frank has begun pushing Pam when he gets angry and frustrated. Recently, he hit Pam in the face and she began bleeding. Pam ran to a neighbor with Jeremy and Mandy, and the neighbor called the police. Child protective services investigated and substantiated domestic violence. The child protective services worker also determined that Pam has long-standing depression and has not worked for more than a decade. She also determined that Frank has been drinking heavily for the past month and on one occasion passed out in the driveway. Pam feels she cannot leave Frank because she has nowhere to go and can't support herself and her children. Jeremy is two grades behind in school and Mandy may have developmental delays. The children came into foster care two weeks ago and were placed with a foster family through your agency.

Handout #5: Scenario for Large Team Meeting Role Play

Jeremy and Mandy have been in foster care for 10 months. Alice and her husband, Bart (who could not be at the meeting today) have cared for them since they entered foster care and have grown to love the children. Alice has become like a mother to Pam who seems to be gradually improving in relation to her depression. Her therapist, Mary, is pleased with her progress but is concerned about the home environment with Frank. Frank has been able to remain sober for only a few weeks at a time. His most recent relapse was last week when he went to a bar and after a number of drinks, called his AA sponsor, Luke. Lainie has been a member of the team for about 6 months. She is concerned that Frank is still pushing and hitting Pam because she has seen bruises on Pam's arms, but Pam denies it. Beth, the attorney for Frank and Pam, wants to have services intensify so that the children can be returned to the parents by the end of the year.

Jeremy and Mandy are doing well. Jeremy has tutors and he is beginning to be more successful with his school work. Mandy has had a speech therapist and her speech has greatly improved. Their GAL, Henry, is happy to see their progress and is uncertain that they can maintain the progress if they return home. He believes that Pam could parent the children if she left Frank – but would need a lot of support. Pam regularly visits with Jeremy and Mandy in the foster home; Frank is less regular in making visits. Pam's visits with the children go well with Alice's support. When Frank has been present, there have been conflicts between him and the foster parents (such as Frank insisting on smoking in the house when the "house rules" are "no smoking").

Handout #6. Achieving Permanency Through Reunification: Resource Bibliography

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Appendix A. Role Play #1: Sandy and the Social Worker *(copy #1)*

SOCIAL WORKER - Hi Sandy, it's nice to see you again. I didn't have any trouble finding your apartment – thanks for the great directions!

SANDY- Oh, that's OK. Do you need to look around?

SOCIAL WORKER- Yes, before we can have your visits with Jack in your home, I'm supposed to check to make sure your apartment is safe and ready for visits. But first, let's talk about our work together. Where would you like me to sit? Would here at the kitchen table be OK? Great.

We met together for the first time earlier this week at the State office. Now we've got some time to talk. Can you tell me what you think would need to change for you to be able to take care of Jack and have him come back home. What are your ideas?

SANDY – Well, I've got this stupid list from the court. They want me to change everything! I mean, just because me and my boyfriend get into it sometimes doesn't matter. What's the big deal? They are also saying that I use drugs, but I only smoke marijuana. And they say Jack is delayed, and I know that he's different than other kids. But maybe he'll get better. Why is everybody making it sound like I can't learn to help him? And why do they say my place isn't good enough? I don't have any money to move.

SOCIAL WORKER– It can feel pretty overwhelming. Let's take a look at the list. I'd like to help you understand why the court is telling you to change things. The reason that I'm here is to help you meet Jack's needs – so that he can get the parenting that he needs. Maybe we can start with the fighting at home. When grown-ups fight, kids get scared. They worry about whether their mom is going to be OK, whether you're going to be hurt. Sometimes they even try to stop the fight and they wind up getting hurt. Jack doesn't feel safe when you and your boyfriend fight, and he isn't safe because you might get hurt and wouldn't be able to take care of him. Does that make sense to you?

SANDY– I suppose so.

SOCIAL WORKER- Earlier this week you brought your mom with you to the DCF office. She sounded worried too, because a couple of times you've had to go to the hospital because of bruises and a broken arm. If Jack is gong to be able to live with you, he needs a home where he feels and is safe. That means having a mom who's safe, too.

SANDY – It really wasn't such a big deal. Eric says he's sorry and he loves me.

SOCIAL WORKER – It doesn't make any sense to you to change something that you don't think is a problem in the first place, does it?

SANDY- Not really.

SOCIAL WORKER - Well, unfortunately, once the court mandates that you do something you have to do it. It's called noncompliance if you don't and it will really hurt your case. Jack might not come home. Would you be willing to try to do what the court requires?

SANDY – Sounds like I have to if I want my kid back.

SOCIAL WORKER – Do you think Eric wants to be involved in the changes that need to happen?

SANDY– He says he will. He wants Jack to come home too.

SOCIAL WORKER – If you and Eric can find a way to be together without fighting and using drugs that will be great. In the meantime, you need to be safe. So let's think about how to do that. What happens now if you think that Eric is in the kind of mood that might end up with him hitting you or getting high? Where do you go? Who do you call or go to talk to?

SANDY– I can go to my mom's house. Sometimes Jack and I go and stay a few days. And Karen next door has come over a couple times to make sure I'm OK – she's the one that called the police for me that time.

SOCIAL WORKER – These might be great people to help support you in accomplishing some of the things we've been talking about and in making some of these changes. They're both people who care about you and Jack. There may also be other people you will need to assist with the planning. We can talk about getting them involved after we finish your safety plan.

SANDY – OK.

SOCIAL WORKER – In addition to the domestic violence we need to talk about the other issues in your court mandate…using drugs, making sure that Jack gets the help he needs to do well in school, and finding an affordable home. I would like to hear your thoughts about these problems and how they might affect your case for reunification.

We're all going to work really hard to help you make all the changes that need to happen so Jack can come back home. Just like we're talking now, you're going to be involved in planning how to change things. Earlier you said you needed to make changes if you want Jack back. I want to be honest with you about the fact that the need to change is real. But if the plan doesn't work out and you're not able to meet Jack's needs, you will be involved in helping to make decisions about his growing up and how you will stay involved in his life…

Appendix A. Role Play #1: Sandy and the Social Worker *(copy #2)*

SOCIAL WORKER - Hi Sandy, it's nice to see you again. I didn't have any trouble finding your apartment – thanks for the great directions!

SANDY- Oh, that's OK. Do you need to look around?

SOCIAL WORKER- Yes, before we can have your visits with Jack in your home, I'm supposed to check to make sure your apartment is safe and ready for visits. But first, let's talk about our work together. Where would you like me to sit? Would here at the kitchen table be OK? Great.

We met together for the first time earlier this week at the State office. Now we've got some time to talk. Can you tell me what you think would need to change for you to be able to take care of Jack and have him come back home. What are your ideas?

SANDY – Well, I've got this stupid list from the court. They want me to change everything! I mean, just because me and my boyfriend get into it sometimes doesn't matter. What's the big deal? They are also saying that I use drugs, but I only smoke marijuana. And they say Jack is delayed, and I know that he's different than other kids. But maybe he'll get better. Why is everybody making it sound like I can't learn to help him? And why do they say my place isn't good enough? I don't have any money to move.

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SOCIAL WORKER – These might be great people to help support you in accomplishing some of the things we've been talking about and in making some of these changes. They're both people who care about you and Jack. There may also be other people you will need to assist with the planning. We can talk about getting them involved after we finish your safety plan.

SANDY – OK.

SOCIAL WORKER – In addition to the domestic violence we need to talk about the other issues in your court mandate…using drugs, making sure that Jack gets the help he needs to do well in school, and finding an affordable home. I would like to hear your thoughts about these problems and how they might affect your case for reunification.

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Appendix B. Role Play #2: Sandy and the Social Worker *(copy #1)*

SOCIAL WORKER - Hi Sandy. I'm glad that I was able to reach your voice mail and set up an extra meeting with you this week. I know we weren't scheduled to get together before your visit with Jack tomorrow.

SANDY - Yeah, whatever. Your message said we had some important things to talk about. What's that supposed to mean?

SOCIAL WORKER - I think we have some important things to talk about. I'll get right to the point. Your last two drug screens have been dirty.

SANDY - My state caseworker already talked with me about this, but . . . Oh, I get it; you're going to climb all over me because I slipped up a little.

SOCIAL WORKER - Well, I wouldn't have described it that way but I am concerned. Dirty drug screens are serious when you're trying to get Jack home.

SANDY - A couple of dirty screens is not a big deal! Everyone slips up once in a while! In fact, my substance counselor tells me that relapse is part of the recovery process!

SOCIAL WORKER - That may be true but not everyone has the timetable that you do. I know that the team is going to start focusing more and more on what will happen to Jack if he can't go home to you – it's called the concurrent plan – because Jack needs a stable home as soon as possible. I believe that the team will think you're not ready if you're still using, even once in a while.

SANDY - You don't need to make such a big f_____ deal out of it! I never had any problem parenting Jack! And when there was any problem, my mother was there for him. This is all so stupid!

SOCIAL WORKER - Well, Sandy, think about it. If you heard that Jack's foster mother was using cocaine, would you think that was OK?

SANDY - Well, I would want him to be with my mom . . . *[Quiet… beginning to get teary]*…I might as well give up right now. I know how this is going to come out.

SOCIAL WORKER - You're feeling hopeless about getting Jack back?

SANDY - Yeah. It seems like whatever I do it will never be enough.

SOCIAL WORKER - Like you could try and try and try and still Jack wouldn't come home?

SANDY - Yeah.

SOCIAL WORKER - [Murmurs sympathetically] Well, Sandy, try not to give up. The team really does want you to be the person who takes care of Jack. That's going to require you to be clean and sober and I know that's hard work. Do you feel able to tell me about your recent slip ups? Maybe I can help if I know more about what's happening for you.

SANDY - Okay . . .

Appendix B. Role Play #2: Sandy and the Social Worker *(copy #2)*

SOCIAL WORKER - Hi Sandy. I'm glad that I was able to reach your voice mail and set up an extra meeting with you this week. I know we weren't scheduled to get together before your visit with Jack tomorrow.

SANDY - Yeah, whatever. Your message said we had some important things to talk about. What's that supposed to mean?

SOCIAL WORKER - I think we have some important things to talk about. I'll get right to the point. Your last two drug screens have been dirty.

SANDY - My state caseworker already talked with me about this, but . . . Oh, I get it; you're going to climb all over me because I slipped up a little.

SOCIAL WORKER - Well, I wouldn't have described it that way but I am concerned. Dirty drug screens are serious when you're trying to get Jack home.

SANDY - A couple of dirty screens is not a big deal! Everyone slips up once in a while! In fact, my substance counselor tells me that relapse is part of the recovery process!

SOCIAL WORKER - That may be true but not everyone has the timetable that you do. I know that the team is going to start focusing more and more on what will happen to Jack if he can't go home to you – it's called the concurrent plan – because Jack needs a stable home as soon as possible. I believe that the team will think you're not ready if you're still using, even once in a while.

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SOCIAL WORKER - Well, Sandy, think about it. If you heard that Jack's foster mother was using cocaine, would you think that was OK?

SANDY - Well, I would want him to be with my mom . . . *[Quiet… beginning to get teary]*…I might as well give up right now. I know how this is going to come out.

SOCIAL WORKER - You're feeling hopeless about getting Jack back?

SANDY - Yeah. It seems like whatever I do it will never be enough.

SOCIAL WORKER - Like you could try and try and try and still Jack wouldn't come home?

SANDY - Yeah.

SOCIAL WORKER - [Murmurs sympathetically] Well, Sandy, try not to give up. The team really does want you to be the person who takes care of Jack. That's going to require you to be clean and sober and I know that's hard work. Do you feel able to tell me about your recent slip ups? Maybe I can help if I know more about what's happening for you.

SANDY - Okay . . .

CASEY FAMILY SERVICES

The direct services agency of the Annie E. Casey Foundation