THE CHANGE PROCESS

Engagement in the Change Process

> ***Assigned Reading*: CPS Guide, Chapter 8, pages 77-82** *from the Course Contents page or the Curriculum CD.*

In working our way around the practice wheel, we have explored the engagement process, teaming, and assessment. All work with clients to this point is directed at one objective: facilitating change within the family to address the concerns that resulted in DCS involvement. In order to facilitate this change, we must develop a relationship with the family. While most the purpose of most interpersonal relationships is simply the mutual benefit of both parties, the purpose of a social work relationship is to promote client change. The term "engagement" has two different meanings in the field of social work (Yatchmenoff,2004):

- Engagement (or involvement) in a helping or change process (i.e., to help the family resolve the problems that contributed to abuse or neglect)
- Engagement (or involvement) into a trusting, collaborative relationship

Recall from the Child Welfare Overview Module in week 1 the wheel that we referred to as the functional practice wheel. In this visual representation of practice, all work with families happens within the context of engagement. Engagement strategies are designed to:

- Establish the caseworker's intent to be honest and forthright in dealings with the family.
- Create the expectation that the family will actively participate in the casework process.
- Provide families with a "road map" of what is to occur.
- Deal openly with the family's feelings of anger, frustration, or resistance.
- Reaffirm that the worker is concerned, dependable, competent and respectful.
- Demonstrate the ability to understand and empathize with the family's situation.
- Identify support and use family strengths.
- Promote the family's involvement.

You may notice that each of these tasks are specifically related to one or more functions on the practice wheel. For example, family participation in the casework process speaks most specifically to the idea of teaming with the family. Yet, effective teaming impacts all other functions of the practice wheel.

As we turn toward the planning function of casework, it is important to remember that what we are creating with the family is a *contract* for *change*. We have learned through research and practice experience that change is always challenging. We further understand that self-determination (i.e. engaging families in the casework process) is critical to making lasting change when solution-focused efforts are maintained over time through helping and supporting relationships. Child Welfare Professionals strive to form partnerships to help families use their strengths and resources in efforts to change life conditions that required agency intervention. This is why there is a focus on *solution focused* questions as we begin the engagement process.

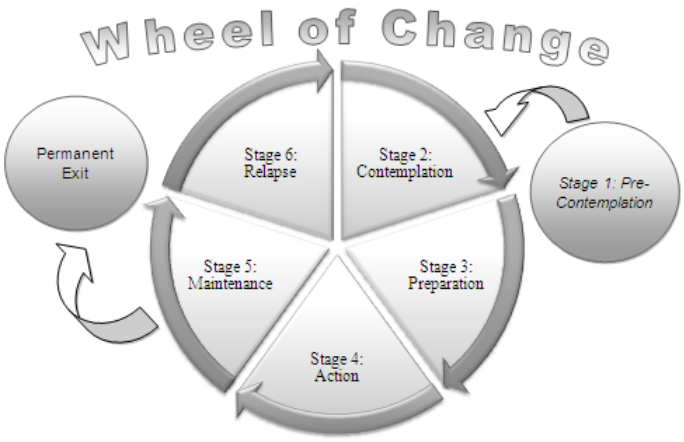
In order to develop a contract for change:

- We must understand the change process and know the stages of change.
- We must know what behaviors are consistent with each stage.
- We must know how to help the client/family members to develop a clear plan for change, identifying activities of steps that will assist them in reaching the desired outcomes.
- If the client does not "contract" with us for the change, we cannot really move out of this phase. We must learn to check for agreement and not proceed without addressing the disagreement if agreement cannot be achieved. We do not have a "client" without their agreement.
- We may need to use protective authority to take steps to protect the child(ren) if agreement is not reached—but we must be clear that we have stepped outside of the framework when we exercise this authority.
- We must know how to help the client/family members to develop a plan to make the changes needed to assure safety, permanency and wellbeing.

Stages of Change

The most prominent model for describing how we make changes in our lives was developed by Dr. James Prochaska (a noted psychotherapist) and Dr. Carlo DiClimente (a noted psychologist) at the Texas Research Institute of Mental Sciences. Prochaska and DiClimente studied groups of people who were involved in a change process—smoking cessation—and devised a six stage "Wheel of Change" (pictured below) which is used by social service professionals in many specialty areas. While there are several models for understanding the change process, they all have similar stages.

Understanding what stage of change the client is in and what the worker's role is in each stage assist in developing an effective plan of action.



Prochaska & Diclemente's Six Stages of Change

The first two stages in the change process are pre-contemplation and contemplation. Many family members are in one of these two stages when we begin our work with them. It is important to realize that pre-contemplators might not even have awareness that they have a problem; or, they might have a vague awareness of the problem, but have no intention of changing. Such clients are usually defensive or angry when someone questions them about the issue at hand and tend to deny or minimize the extent of the problem. Please read more about the Wheel of Change as indicated in the assignment box.

***Assigned Reading**: **Stages of Change** from the Course Contents page or the Curriculum CD.*

The Wheel of Change is used extensively within the substance abuse treatment community, but it can be equally applied to any behavioral change. Some behaviors are very difficult to change and some individuals have great difficulty making changes in their life. As Child Welfare professionals, we need to balance our understanding a patience with the change process against the child's need for permanency. This balance must always be kept in mind, especially as ASFA mandated timelines affect our decisions about promoting alternative options to permanency.

Child Welfare Professionals should assess the stages of change for each of their clients. In *Changing for Good*, Prochaska relates that too often, child welfare workers and even treatment professionals assume that clients are in the action stage and push them to take steps they are not ready to undertake, such as going quitting drug and alcohol use, going to therapy, and so on. If clients are pushed into action too soon, what seen is often labeled "failure," "noncompliance," and "resistance." When pushed too early, most people will only minimally follow through, if at all. Given this, workers may assume that the alternative to pushing clients is to sit back and wait for clients to work through their pre-contemplative and contemplative stages. This is not the case, however, as specific intervention techniques, can facilitate a client's progression

through the stages of change. We must ensure that we do not push clients into a stage for which they are not ready. One way to ensure this is to work collaboratively with the client to develop and offer to the client, client-specific and client-friendly goals, objectives, and services. We can be assisted in this process by using the information provided in the charts that you have just read. The document *Six Stages of Change* describes a description for each stage and provides some possible indicators that can be used to assess the stage in which stage client is currently. The document *Stages of Change: Worker Tasks and Skills* provides information about steps you can take to facilitate the move to the next stage.

PLANNING

What is Planning?

The planning process is the culmination of the engagement, teaming, and assessment process. Planning is the heart and soul of child welfare work. A well crafted plan provides the roadmap to safety, permanence and well-being.

What is the purpose of a plan?

One of the most important things to remember about planning is that, like assessment, teaming and engagement, planning is ***not*** a document or a single event, it is a process. The written case plan is a document of that process, but the document itself is not planning. There are several reasons why this information should be documented in writing.

- ***It is a working contract*.** A written plan assures that the worker and the family understand and agree on the contents of the plan. When signed by all involved parties, the case plan essentially becomes a working contract between a family and the agency. The worker should routinely and frequently review progress toward fulfilling case plan goals and requirements with the family. This will assure the family understands expectations, terminology, time frames, etc. This is particularly important if English is not the family's primary language and they may have difficulty understanding the written document.
- ***It is critical for permanency***. The case plan is critical for permanency planning for children in substitute care. Case plans are

Assigned Reading: *Read the policy on* ***FCRB for social service and juvenile justice children and youth,*** *from the Course Contents page or at:* http://www.tn.gov/youth/dcsguide/policies/chap16/16.32.pdf

periodically reviewed by your supervisor, the court, and by Foster Care Review Boards (FCRB). Once ratified (signed by the judge) it becomes a legal document that stipulates what changes to be made (objectives) and what the family needs to do (activities) in order to be reunified with their children. The court will consider whether the family has substantially met the requirements of the case plan when making decisions regarding return of the children, or conversely, permanent termination of parental rights.

- ***It documents reasonable efforts***. The written case plan provides documentation that reasonable efforts to prevent placement, to reunify the family, or to seek alternative permanent placement as quickly as possible were made. Case recording (or case contact notes) document that the agency provided the services as stipulated in the case plan.
- ***It structures the worker's thinking***. The written case plan document structures the worker's thinking about planning. By following the plan's standardized written format, the worker can assure the thorough completion of each step in the planning process in the proper order. Committing the case plan to writing can be a "self-check" list for the worker.

> ***Assigned Reading***: *Read the policy about Perm Plans, on the Course Contents page or at: http://www.tn.gov/youth/dcsguide/policies/chap16/16.31.pdf*.

- ***It fulfills statutory regulations***. The written plan is used as documentation to meet statutory case planning requirements. Federal law mandates that a standardized case plan must be completed for each family served by the agency. Maintaining the written case plan in the case record provides documentation that a case plan has been formulated and that the agency meets federal regulations.
- ***It facilitates case review***. The written plan facilitates case review by supervisors. The casework supervisor should routinely be involved in case review and monitoring. When a well formulated case plan is included in the case record, the supervisor can assess case progress, saving considerable staff time. Prior review of a written case plan also saves time for participants in formal case review sessions.
- ***It facilitates communication with providers.*** The case plan is a means of communicating with other service agencies and professionals. When a family receives services from multiple providers, the case plan should be jointly formulated by the primary providers, including foster caregivers and residential care staff when children are in placement. All parties serving the family should have copies of the most recent case plan to guide their service delivery and assure that all steps are being implemented as planned. Following the case plan

can assure the coordination of services and can help prevent service gaps, duplication of effort, or misunderstandings of roles and responsibilities between providers.

Types of Plans

DCS uses several types of plans. No matter what type of plan is used, the *planning process* is the same. ***All planning takes place in the context of a Child and Family Team Meeting***.

- **Custodial Permanency Plan**: Permanency planning is the process that guides efforts to ensure that all children in custody attain a permanent living situation as quickly as possible. Permanency goals should focus on the least restrictive permanent outcome for the child, i.e., return to parent, relative placement, adoption, independent living or permanent foster care, in a timely manner.

- **Immediate Protection Agreement (IPA, also known as the Safety Plan):** An agreement between the worker and the parent/caretaker that documents the specific interventions that will be taken immediately to ensure child safety while the investigation continues. It specifies who is responsible for monitoring compliance with the immediate protection agreement, and the anticipated completion.

- **Individual Program Plan (IPP)**: The Individual Program Plan is the tool used for youth in DCS treatment programs to document the strengths and needs of adjudicated delinquent youth and their families, the provision of services to build on strengths, the development of success directed treatment goals and objectives, and permanency.

- **Interdependent Living Plan**: All youth age 14 and over in out-of-home placements will have an interdependent living plan *as part of the permanency plan*. A plan that consists of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self sufficient adults. The plan consist of the programs and services that will help a youth prepare for the transition from foster care to interdependent living, or a young adult attain increased self-sufficiency.

Assigned Reading: *For the policy about IPAs, see: http://www.tn.gov/youth/dcsguide/policies/chap14/14.12.pdf*

For policy about IPPs, see: http://www.tn.gov/youth/dcsguide/policies/chap18/18.22DOE.pdf

For policy about ILPs, see: http://www.tn.gov/youth/dcsguide/policies/chap16/16.51.pdf

For policy on non-custodial perm plans, see: http://www.tn.gov/youth/dcsguide/policies/chap14/14.26.pdf

For policy about YFIAs, see: http://www.tn.gov/youth/dcsguide/manuals.htm

All of these documents can also be found on the Course Contents page or the Curriculum CD.

- **Non-Custodial Permanency Plan:** Similar to the custodial perm plan, the non-custodial permanency plan is developed for children in the assessment track of the multiple response system. The plan outlines services and supports for families that agree to accept in-home services with DCS and focuses on goals that will provide permanency for the child in his/her own home.

- **Youth and Family Intervention Agreement:** The Youth and Family Intervention Agreement (YFIA) is the method used by the Department of Children's Services to document the strengths and needs of youth on probation, community aftercare or Interstate Compact on Juveniles supervision. The YFIA documents the provision of treatment and/or services and progress the youth has made toward developing lasting changes in their lives and discharge from supervision. The YFIA is used to define a starting point of supervision by identifying strengths, needs and a course of action to treat the needs.

The Planning Process

As you are aware by now, the spokes of the practice wheel all interact with each other. The planning process must be based on relationship. Families are more likely to view the plan as "their own," i.e. *they feel it is relevant to their lives, it works toward goals that they family wants to accomplish, and it is based on their own natural resources.* In other words, families must be ***engaged*** in the process. The plan must be created and carried out by the ***team***. Responsibility for carrying out the plan should be shared among team members. While the worker has an important role to play in the implementation process, if we rely on the natural resources of the team as much as possible, the family has a greater chance of being able to sustain changes once the case is closed. Planning is based on ***ongoing assessment and understanding*** of the family. Unless we have a good understanding of the underlying needs of the family, plans have little chance of actually producing the change. ***Implementation*** of the plan should begin immediately. Remember Guiding Principle number 2, the urgency of the child's needs. Continuing assessment of progress (known on the wheel as ***tracking***) provides information about whether the plan is effective. When elements of the plan are not working, we learn more information through ongoing assessment, or the situation changes, ***adjustments*** to the plan can be made if we are appropriately tracking progress.

Many of the strategies used in to initially engage the family are useful in the planning process as well:

- Identify client strengths to engage families in a helping alliance and to offer the opportunity for lasting change. Openly acknowledge the client's strengths or attributes when you learn about them. For example, give feedback on their

dedication to their children, their desire to improve their lives, their ability to "make ends meet" on minimum income, or their willingness to make changes.

- Validate the client's experience by encouraging families to share their perception of the problems and strengths in their family. Stress that this is the family's case plan, developed to meet their individual needs and goals to promote safety and permanence for their children.
- Clearly state expectations, roles and responsibilities of both the Department and family members to reduce ambiguity about the Department's role and to help reduce a family's anxiety about working with DCS. This is one of the benefits of the written case plan document – it specifies clearly what is expected, of whom, and by when, with the intent of holding all parties accountable to do their part.
- Communicate empathy. The process of developing a plan for major life changes is often intimidating and foreign. It would likely be difficult for most people and worthy of empathy.
- Consider process as well as content. The content message of communication is typically verbal, literal, and factual. The process message includes observable dynamics, relationships, emotional responses, nonverbal communications, etc. When the content and process messages are not consistent, the process message is often more accurate as it provides additional insight on deeper levels. For example, the client may agree to the terminology and structure of a case plan but may not communicate their fears and anxieties, and therefore may not be fully invested.
- Integrate casework and protective authority. The mutual development of a case plan that accurately addresses assessed needs and strengths is a prime example of helping families make positive changes without compromising the worker's appropriate use of authority, when needed, to protect children.

Steps in Planning

There are several steps in the planning process, some of which have occurred prior to the planning meeting. These steps are listed below and will be discussed in further detail.

- Convene the Team
- Prepare the Team
- Hold the Team Meeting
- Develop the Plan
- Implement the Plan
- Review and Revise the Plan

Convening the Team

> ***Assigned Reading***: *Read DCS Policy 31.7, Building, Preparing and Maintaining Child and Family Teams on the Course Contents page or at http://www.tn.gov/youth/dcsguide/policies/chap31/31.7.pdf*

The process of convening the team should begin when there is a risk of the child being removed from his/her home. The family is brought together to address immediate risk and safety issues and to begin identify the resources that may be available to the family, whether formal or informal resources.

"The development of an individualized, comprehensive permanency plan depends upon a full, functioning team that can identify the child and family's strengths and resources; address their needs; help them articulate their long term view; identify how to resolve the issues that required DCS intervention; generate creative solutions; and, share the responsibility for helping the family and child overcome any barriers to child safety, permanence, and well being. The more participants engaged in permanency planning, the more likely that permanency plans will be tailored to the child and family's specific needs."

Prepare the Team

The pre-planning process actually started with engagement and assessment beginning with the first family contact with DCS. In this context, however, we are referring to the process of preparing team members for the planning meeting. Preparation is more than arranging logistics. Many think of preparing for the CFTM as letting everyone know when and where to be present. However, a properly preparing participants for the meeting is an essential step to having a successful meeting. All team members should be prepared for participation in the meeting.

For families, the prospect of meeting with a group of people, many of whom are strangers, to discuss a very personal family crisis can be quite intimidating. Families do not know what to expect in a CFTM. They may fear that they will be the recipient of harsh judgment. And most importantly, they may fear the loss of their family. They may be angry and defiant or they may be emotional. It is important to keep this in mind when preparing families for a CFTM. Helping them know what to expect and letting them know that their voice will be heard may put them at ease. In preparing team members for a CFTM, there are a few things to keep in mind

Key Steps in Preparing the Family for a CFTM

- Describe the child and family team meeting process and clarify the specific purpose of the upcoming meeting.
- Explain that the family story of how they became involved with DCS will be told by family members. Help the family articulate their current situation as well as

their strengths, needs, concerns, and desired outcomes. Ask what they would like to see happen as a result of the meeting.

- Explain that the focus is on family strengths and needs – review assessment information with the family and determine who can summarize the identified strengths and prioritized needs. Encourage the family to assist in the design of services and action steps.
- Explore with the family who should attend the meeting based on what they can contribute toward the outcomes. Ask who cares about their family and who they would like to invite to the meeting.

> ***Assigned Reading***: *Read* ***Policy 31.7att****, Stages of the Child and Family Team Meeting.* *http://www.tn.gov/youth/dcsguide/policies/chap31/31.7Att.pdf*

- Ask if there are any potential conflicts and explore ways in which difficult situations can be handled. Discuss ways in which the participant can manage their own emotions. Identify what could go wrong and a contingency plan in that event. For example, transportation needs may be discussed.
- Discuss the time and place of the meeting.
- Explore alternatives for input if a team member cannot attend.

Other team members should also be prepared for the meeting by explaining the purpose of the meeting and discussing how they can contribute not only to the decision making process, but in how they can help the family achieve their goals. Encourage additional participants, including service providers, to create positive expectations. Address any conflicting agendas. Ask all participants to be prepared to name some strengths of the family. Additionally, if a skilled facilitator will be facilitating the meeting, it is important for the worker to prepare the facilitator of any special concerns or issues.

Hold the Meeting

Child and Family Team Meetings are considered the families and should be conducted as such. Family members should be engaged with genuineness, empathy and respect. DCS has suggested stages for a CFTM, but notes that the primary requirements of any CFTM are to engage and include the family and to reach a good decision. Suggested stages are:

1. Introductions and explanation of what to expect in the meeting.
2. Identifying the situation and the Family Story
3. Assess the situation. Identify strengths and needs/concerns.
4. Brainstorm solutions
5. Develop a plan/reach a decision

6. Closing/Recap the meeting

Each of these steps is explained in-depth in the DCS Policy and Procedure Manual.

Develop the Plan

There are several elements to a family centered plan. We will explore each in detail. The building blocks of a plan include a) goals (comprehensive outcomes), b) desired outcomes (specific objectives), and c) action steps (activities that guide service delivery). In the development of these steps, we want to keep a frequently used acronym in mind—that is we want to develop SMART plans. Plans should be:

Specific

Measurable

Attainable

Realistic

Time-Limited.

Goals: Goals are comprehensive statements of the desired outcome toward which all case activities are directed. Goals address the overall goals of child safety and permanence. To achieve a goal often requires the coordinated implementation of many tasks and the resolution of many problems.

The goals of child welfare practice are derived from the profession's mission, which is to assure the safety and well-being of children, first by strengthening and preserving the child's family and then by assuring a permanent alternative family for the child. These goals reflect different potential case outcomes, and they must be logically derived from information gained during the assessment.

The case goal may change during provision of services to a family. For example, in some cases, the initial goal for a child at high risk is to remain in his own family with intensive in-home services. If this fails and we must provide immediate, safe placement to protect the child from harm, the goal may change to reunification of the child and family, as the problems which led to maltreatment are resolved. If it becomes evident the child will not be able to go home, the goal may change to the provision of a permanent home with relatives or adoption.

Custodial Goals:

- Return to Parent: The preferred goal if the conditions that led to custody can be remedied and it is safe for the child to return home.
- Exit Custody to Live with Relatives. Utilized when the child is unable to return to the parents and will able to achieve permanency by transfer of legal custody to a relative.

- Adoption: Utilized when a child is unable to return to the parents and permanency through the creation of a new legal parental relationship is in the child's best interest.
- Permanent Guardianship: Used only after Return to Parent and Adoption have been ruled out. Utilized when relative caregivers are unwilling or unprepared to adopt a child they are caring for.
- Planned Permanent Living Arrangement (PPLA): This option is only appropriate in rare circumstances because it is essentially permanent foster care. This goal requires the approval of the Commissioner or designee.

Desired Outcomes: Desired outcomes (sometimes referred to as objectives) are statements of specific desired outcomes that must be met to reduce risk to children and to achieve case goals. Desired outcomes address the high priority problems and needs identified during the family assessment. Outcomes also address the enhancement of family strengths that can lessen risk. Outcomes should be mutually agreed upon by the family and the worker. They must be written in behavioral terms and measurable to all agreement on when objectives have been met.

Desired outcomes are more specific than goals. Achievement of a goal generally requires the accomplishment of a series of more discrete objectives. An objective describes in measurable terms exactly what change is desired. The desired outcome generally *represents a decrease of risk through the elimination of a specific identified need or problem*. Achievement of the outcome is synonymous with success in having resolved a problem or meeting a need.

Outcome statements are derived from, and must be consistent with, the assessed problem. For example, if the family assessment has found that no alcohol or drug problem exists in the family, an outcome that the parent is "clean and sober" has no relevance. Conversely, if the assessed problem is that the parent has recently become dependent on prescription drugs and has successfully parented other children, learning new parenting skills is not likely to address the problem.

Outcomes must have certain characteristics in order to function as criteria by which we measure success:

1. Outcomes are measurable

- Outcomes are very specific outcomes which we believe will, together, result in goal achievement. In order to determine whether these short-term outcomes have been completed, they must be measurable. The parties to the plan must be able to reach consensus regarding whether the stated outcomes have been accomplished. Therefore, the outcome must

include some easily discernible criteria by which we can measure achievement.

- Writing measurable outcomes is one of the most important and most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend themselves to easy, precise quantification.
- Case decisions to remove or return children or to legally terminate parental rights are often based on whether or not the family has achieved case outcomes. Additionally, workers are expected to demonstrate that the family members understood clearly what was expected of them and that they have or have not met these expectations. As a result, workers often try to achieve an unreasonable level of specificity and measurability in their desired outcomes and over define their outcomes or try to quantify end states that are not precisely quantifiable.
- Some criteria are easy to observe but more difficult to measure. Mental illness is a good example. It may be evident from a person's behavior that he or she mentally ill. But how do we quantify or measure the degree of mental illness so we can assess risk or measure change? It is very difficult to devise a measurable criterion of mental illness. With outcomes related to mental illness, we will have to measure change in mental health in terms of associated change in behavior, or perhaps changes as assessed by professional mental health assessment, or through psychological testing.
- House cleanliness is another example. We cannot make an objective related to home cleanliness measurable by quantifying the amount of dirt which is allowable in a home. It makes no practical sense to say that l/2 cup of dirt per room is "clean," but 5 cups of dirt definitely is not. We don't have the means of such precise measurement. Yet we must often develop outcomes related to home cleanliness which are, in a real sense, measurable. It is not enough to simply say "the house will be clean."
- A practical solution is an objective that includes many observable criteria which are associated with cleanliness, such as "the floor will be cleared of dirt, dust, debris, shredded paper, food, and garbage." These criteria are observable, making agreement regarding achievement of the objective more likely. The objective provides a realistic and measurable criterion against which to measure home cleanliness, even though it is not as quantifiable as we might like.
- Workers may be accustomed to writing outcomes which contain the word improve, such as "improved child care," "improved housing conditions," or "improved parenting." Outcomes that contain the word "improve" are neither

observable nor measurable. Improvement implies the existence of underlying values which define some behaviors as more desirable than others. If observers have different cultural backgrounds or values, they may not agree on what can be considered an improvement. For example, self-assertive behavior by a child may be positively viewed as autonomy by one person and seen as insubordination by another. In addition, since improvement cannot be measured until a criterion for success has been established, there may be disagreement as to when or whether the objective has been achieved. The question may be asked: "How much improvement is enough?"

- ❖ Although it may be difficult to establish measurable criteria it is still necessary to do it. Case plans are entirely dependent upon the establishment of identifiable measures of change. We cannot expect families to participate in a change process in a particular way, nor can we measure their success at change if we can't clearly communicate the conditions necessary to assure the safety of their children.

2. Outcomes may need to reflect behavioral change.

- ❖ In child welfare, many desired end states reflect the elimination of harmful parenting behaviors. If our goal is to retain the child at home or return him to his family, much of our intervention will be directed toward helping parents alter their behaviors or lifestyles to eliminate risk to their children. Therefore, the outcomes themselves must clearly describe the specific behavioral changes parents need to adopt.
- ❖ This can create confusion for workers who are trying to distinguish between descriptions of parental behaviors that represent end states and descriptions of parental behaviors that represent activities or tasks. Tasks are always written in behavioral terms because by definition they are statements of a person's action.
- ❖ The differentiating factor is whether the change in the parent's behavior is considered the end in itself, or whether it is a means of achieving some other outcome.
- ❖ For example: “Sandra will remain drug free and sober at all times” is a description of an end state. "Sandra will attend counseling sessions at the drug rehabilitation center" is the means by which she will achieve sobriety.

- ❖ Another example: "Sandra will discipline her children using non-violent strategies, such as time-out and restriction of privileges" is our desired end state, (i.e., the objective). If Sandra uses non- violent discipline, she will not be abusing her children, and we will have succeeded in eliminating maltreatment. The activities or tasks to

accomplish this objective must include the specific action steps needed to learn and use non-violent disciplinary measures.

3. Outcomes must be derived from the family assessment.

   - This characteristic of outcomes appears deceptively simple. However, it is not uncommon for workers to derive their outcomes from a "laundry list" of potential conditions that might improve parenting or care of the child, rather than writing outcomes that relate to information gathered during the family assessment. For example, the previously stated objective of "mother will know and use non-violent methods of disciplining the child, including time-out and restriction of privileges" is an appropriately written objective when it is considered out of context. However, if the assessed problem is that the mother is alcoholic and has blackouts during which time the child receives no care, the objective is unrelated to the assessed problem. The proper objective, when derived from the family assessment, would be, "mother will remain sober and will supervise and care for the child at all times."
   - In addition, an objective should be formulated for each significant risk element, contributing factor, or problem identified in the case assessment. This will assure that activities and services are properly directed at eliminating the underlying or contributing problems, and that they are individualized to meet each family's needs.

4. Outcomes should be time-limited.

   - Each objective should have a time frame for completion. The assignment of a time frame can provide an additional criterion by which achievement of the objective can be measured.
   - In setting time frames, the urgency of the child's needs as well as statutory limitations on the achievement of permanency. Additionally, if tasks are completed in a timely manner, this provides encouragement. Remember, success breeds success.

5. Outcomes should be mutual.

   - In the family-centered model, all planning activities are conducted mutually by the family and the worker. Within the broad goal parameters set by the Department, such as "return to parent," the more involved the family is in determining case outcomes, the more committed family members will be to implementing them.

- In a strictly "protective authority" model, the worker writes case outcomes that describe the Department's expectations for the client's behavior. These expectations generally describe the minimal conditions which must exist in order to eliminate risk to the children. While the expectations may be appropriate, if they are formulated by the worker for the client, they cannot be considered mutual. They are the worker's outcomes, not the client's. Part of the worker's responsibility, through casework intervention, is to engage and empower the family to become mutually invested in the outcomes. Sometimes the worker will succeed, sometimes not.

Action Steps:

The intervention plan must specify all the necessary activities to achieve each stated objective. This part of the case plan can be viewed as the "step-by-step implementation" or "action plan" which will structure and guide the provision of services. · Formulating activities that directly address the objectives requires careful thought. A well-written plan can specify the steps a parent needs to take toward resolving the problems that led to child maltreatment. However, the reverse is also true. When activities are poorly formulated, expectations of the parents may not be clear, or successful completion of the activities may not result in achievement of the objective or resolution of the problem.

Activities should be written for each objective included in the plan. This includes:

- What steps or actions must be performed, in what order, to achieve the objectives;
- Who on the team will be responsible for the implementation of each action step;
- When the action step is to occur, including desired time frames for beginning and completing each action step;
- Where each action step is to take place.

Tasks should be jointly formulated and agreed upon by the family and the caseworker. Disagreements should be negotiated before the action steps in the plan are finalized. The family's commitment to following through with case plan tasks is related to their degree of buy-in and involvement in the plan's development.

Complex activities should be broken down into parts, and each part should be listed as a separate action step. For example, the task "mother will find a new apartment," may include a sequence of more discrete tasks, including reading newspaper ads, talking to housing authorities, calling to get

information from prospective landlords, setting up visits, and filling out written application forms.

When activities consist of a series of small steps, it is easier to prioritize them and to implement them in a specified order. There is also a greater opportunity for the family to succeed at carrying out case plan tasks, which often increases motivation to attempt additional activities.

The worker should assure that the family has the knowledge and ability to carry out assigned activities. If not, the activities should be reformulated.

When formulating activities to achieve case objectives, the caseworker should consider and maximize any family strength identified by the team during the assessment process. Building on and integrating areas of competence and strength promotes success, provides positive reinforcement, and increases family members' confidence in addressing difficult problems. For example, a well-educated parent who loves to read

may find valuable information about parenting a 2 year old at the library or on the internet long before parenting classes could be arranged.

When a family must learn considerable new skills or when the family's capabilities are limited, activities should be simpler and easier to implement. Time frames should be increased. In situations where the family's abilities are not in question, but their motivation or willingness to become involved in the change effort is, the tasks may be more complex and written within a shorter, but reasonable time frame, to push for a timely resolution. The caseworker must be cautioned, however, not to mistake a lack of ability or knowledge for resistance, particularly when family members may be embarrassed or ashamed to acknowledge their limitations or lack of confidence. For example, reluctance to complete a housing application may be due to lack of reading comprehension and not resistance to the task.

Distinguishing Between Objectives and Activities:

Objectives are the desired end points; activities are the means to the end. There are two very practical reasons why this distinction is important:

- ❖ If the worker writes activities rather than objectives, the worker and client will prematurely narrow the focus of the case plan and fail to consider all possible ways of meeting the outcome.
- ❖ It is quite possible that the client can complete an action step without meeting the outcome. For example, consider what could happen if the following is written as an objective: “Ms. Robinson will attend parenting classes.” Ms. Robinson could attend the parenting class but either learns nothing or doesn’t apply what she learns to parenting her children. She would still meet the case plan objective but not reduce risk to the child. Defense attorneys have successfully argued that in such situations, the agency has no right to maintain custody of the child, and children have been returned home when it was not safe to do so.

If the real issue in the case above were that the mother had allowed her young children to wander the street, a more appropriate objective may have been “Children will be adequately supervised by an adult at all times”; parenting classes may have been an action step to teach the mother ways to do that safely.

It is not uncommon for caseworkers to confuse objectives with activities in their planning, because both are measurable, and because both are derived from the case goals. The following is a commonly seen but improper formulation.

- √ **Assessed Need**: Mother is schizophrenic, and when having a psychotic episode, mistreats children.
- √ **Objective**: Mother will attend weekly counseling sessions at the community mental health agency.
- √ **Task**: Caseworker will transport mother to mental health.

In the example above, attendance at counseling is not an end but rather a means to an end. It is an action step or action step toward achieving an end. The desired outcome for actually going to counseling has not been identified. As currently written, if mother goes to the mental health agency on a weekly basis, the case objective will have been met, whether or not the mother's mental illness or parenting capability has changed.

The proper formulation of the case above is:

- √ **Assessed Need**: Mother is schizophrenic, and when having a psychotic episode, mistreats children.
- √ **Objectives**: Mother's schizophrenia will be stabilized to allow her to function and care for her children independently. Mother will have professional mental health support.
- √ **Activities**:
  - ◎ Caseworker will set up an appointment with the mental health psychiatrist for an evaluation of mother's mental illness.
  - ◎ Caseworker will transport mother to the mental health evaluation.
  - ◎ Psychiatrist will develop and recommend a treatment plan for mother's schizophrenia.
  - ◎ Mother will attend weekly counseling sessions at the mental health agency.

Setting Priorities: · Setting priorities is an important skill in many areas of the casework process. It is a critical skill in developing a safety plan to determine what must be done immediately to assure the child's safety. It is also an important skill in case planning. The worker and family must often choose which tasks will be done first and which will be left undone if there isn't adequate time for all.

In prioritizing objectives and tasks in a case plan, two criteria must be weighed and balanced. First, how important is the action step? "Importance" refers to the inherent value of an action step. The value of an action step cannot be determined out of context; we must ask "important toward what end?". The value of any case action step depends upon the degree to which it helps achieve a stated objective. Similarly, the value of a particular objective will depend upon the degree to which it helps us achieve the case goal. For example: if an action step is central to achieving an objective, it is of high importance. Without it, the objective would likely not be met. If the objective could partially be reached without the action step, the action step is of moderate importance. If the action step is not directly related to achievement of the objective, it is of low importance. To determine the degree of importance of an action step or objective, the following question should be asked: "What is the worst possible outcome if it is never completed?" The answer to that question will determine the level of importance. If the answer is "not much," the action step can be rated very low on the priority rating scale. If the answer is "a child will likely be hurt," the importance rating is very high. If the answer is "it would certainly help the family's situation, but it is not critical to protecting the child," the importance rating would be moderate.

The second criterion is whether there is a time frame within which the action step must be completed. In general, an action step assumes a higher priority the closer one gets to the end of the time allotted for the action step. To determine the degree of urgency of a case plan action step or objective, the following question should be asked: "What is the worst possible outcome if I do not perform this action step within the allotted time frame?" Again, the criteria should rate the degree to which the performance of the action step facilitates accomplishment of a stated objective or goal. If an action step is important, but it can wait without serious consequences, it is considered of low priority on the urgency criteria. If it must be implemented immediately to prevent a serious consequence, such as harm to a child, it is of high priority. If there will be some negative effects on goal or objective achievement by waiting but the outcome is not disastrous, the action step is of moderate urgency.

Both factors must be weighed and considered when one determines which tasks will become priorities. · In child welfare, objectives and tasks related to the determination or elimination of risk have, of course, the highest priority. They are, by definition, of extreme importance and require immediate attention. Objectives and tasks which are associated with the immediate protection of the child thus have the highest priority.

The importance and timeliness of other potential case objectives and tasks will vary from case to case, and must be prioritized by the worker through the analysis of their relative importance and urgency toward the achievement of case goals.

In setting priorities, the following rules apply.

- √ Tasks which are of high importance and high urgency are of the highest priority and should be completed first.
- √ Tasks, which can be rated moderately important and highly urgent or highly important and moderately urgent, are of the second level of priority.
- √ Tasks, which are of low urgency and of high or moderate importance, should be planned and scheduled for a later date.
- √ Tasks, which are of low importance, regardless of the degree of urgency, should not be performed at all.

Assignment: *The ability to efficiently write appropriate outcomes and action steps is achieved through practice, so let's begin that now. Please complete the following two worksheets found on the Contents page:*

1. *Descriptive Language: In this activity, you will take vague, often-used phrases and write specific examples in behavioral terms.*
2. *Phuzzy Phrases: In this activity you will re-write phrases commonly found on plans to be more specific. This activity also provides you an opportunity to differentiate between outcomes and action steps.*

Please bring both completed worksheets to class with you.

Plan Implementation

Once a family's problems, needs, and strengths have been fully assessed and the plan developed, the worker must link families with the most relevant services and resources to help them make the changes necessary to achieve case plan objectives.

To return to our earlier analogy, if the plan is the road map, then implementation is the vehicle that gets you to your destination. Timely implementation is key to ensuring the best chance for meeting plan goals. Timely implementation of permanency plans is critical to permanence for the child. The longer a child remains in custody, the greater the likelihood that he or she will not return home. Writing the plan and implementing the plan are two sides of the same coin. The most family-centered, strength-based, culturally responsive case plan can be written to precisely address the conditions which brought the family to the attention of DCS. If that case plan is not implemented in a timely fashion, however, it is worthless. Conversely, a poorly conceived plan can be implemented perfectly, and that too, is worthless.

Timely implementation can also provide early clues when reunification may not be an achievable goal. If families are resistant to change, this will become apparent as the them attempts to implement the plan.

Implementation of services can occur in two ways as described below. The two methods are not mutually exclusive.

- The worker can serve a case management function. Primary responsibilities are to:
  - √ Help the family identify community services and resources that are appropriate to meet the stated case plan objectives and that are consistent with the family's values and culture;
  - √ Refer the family to these service providers;
  - √ Prepare the service provider by forwarding case information to enable the provider to fully understand why the family is being referred, and what the case objectives are;
  - √ Help the family access the services by arranging transportation, child care, and other supportive activities;
  - √ Follow up to assure the family uses the services and follows through with their assigned case plan responsibilities and to determine the family's level of comfort with the service provider;
  - √ Communicate with the service providers on an ongoing basis, using a team approach to re-evaluate the family's service needs, and to report on outcomes of the services;

- √ Notify appropriate DCS management staff when managed care providers are not meeting the client's needs;
- √ Arrange for emergency services (i.e., food, shelter, clothing, mental health or drug and alcohol detox as needed in order to avoid placement of children.

❋ The worker can also directly provide services to the family. Activities that constitute direct services:

- √ Provide supportive counseling, in regular problem-solving and counseling sessions or home visits, to discuss problems and needs, maximize strengths, identify possible solutions, and devise action plans;
- √ Use home visits to model new ways to care for, nurture, or discipline the child in the home environment;
- √ Educate the parent and assist in homemaking and home management activities, including meal preparation, cleaning, laundry, grocery shopping, formulating a budget, money management, or accessing needed services;
- √ Engage the child in play activities (such as stories, puppets, etc.) to help a child understand what is happening to him/her and to elicit the child's feelings;
- √ Accompany the parent and the child to a school conference, a hospital or medical appointment, to apply for income assistance, or to community services to serve as a family advocate;
- √ Help the parent implement the case plan activities.

Most caseworkers will provide a combination of direct services and case management on their cases. The type of intervention to be used will depend upon several variables, including:

- √ The caseworker's own level of skill and expertise in a particular intervention;
- √ The availability of resources in the community;
- √ The amount of time available for the caseworker to devote to each case;
- √ The agency's definition of the caseworker's job and the types of tasks, which are expected of the worker.

Tracking and Adaptation

An ongoing assessment process should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. The service plan should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The caseworker for the child and family should play a central role in monitoring and modifying planned strategies, services, supports, and results. Members of the child and family team (including the child and family) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. This learning and change process is necessary to find what works for the child and family.

The CFT should know how the child and family are doing:

- if their situation has changed;
- if new needs have emerged;
- if supports and services are being delivered as planned;
- if providers are dependable; how well the mix, match, and sequence of supports and services are working;
- how well these supports and services actually fit the child and family;
- if urgent response procedures are working when needed;
- if services and supports for transitions are being accomplished;
- if desired results are being produced;
- what things need changing.

Regular progress review to regularly monitor progress towards case plan completion and progress towards permanency is essential. Changes to the goals, objectives, or activities of the case plan should be discussed and initiated, if necessary, during reviews.

Major decisions regarding the case should be considered during case reviews, such as whether to close the case or seek termination of parental rights. Planned permanent living arrangement (PPLA) cases should also be reviewed to ensure that is still the best placement and custody status for the child. Adoption or legal guardianship with a relative may still be an option for some children placed in PPLA.

The progress review process provides a formalized method for assuring that the Department is meeting requirements of federal and state law regarding many aspects of

the provision of services to clients. Examples include making reasonable efforts to avoid placement and to reunify as quickly as is safely possible.

Progress reviews should be conducted jointly with the family. This promotes the family's continued investment in the planning process. The review may help to further engage the family and team into the casework process, either by acknowledging and rewarding successes or by identifying and discussing areas in which plan goals have not been met.

If other community professionals also serve the family, they should be included in the review conference or consulted for input prior to the review. The worker should gather information about the provider's efforts and the family's use of services including, as applicable, attendance at parenting classes or counseling sessions, cooperation and participation with services, progress with service objectives, and barriers to service provision.

***Assigned Reading**: Read **Policy 16.2** which explains Expedited Custodial Placement procedures. http://www.tn.gov/youth/dcsguide/policies/chap16/16.20.pdf*

All sections of the plan, including the safety assessment, strengths and needs, goals, objectives, and activities, should be reevaluated to assure they are current and accurate.

The need for an alternative permanent home for the child may need to be discussed during case reviews. If the family has not made the necessary progress to reunify the children, concurrent permanency planning (discussed below) should be discussed.

As services are delivered, the family's problems and needs will hopefully be met. The progress review should then be conducted to justify discontinuance of agency services and case closure (although families can and often should be continued in community services even after the case is closed.)

A thorough case plan review includes the following steps:

1. Updated assessment information should be gathered about the family and their situation to determine;
    a. The current level of risk to the child(ren) and, where relevant, what factors contribute to the continued risk;
    b. How the family has built upon its strengths (to reduce risk of harm to the children);
    c. Which previously identified problems or needs remain unchanged or have been resolved;
    d. What new strengths, problems, or needs have been identified;
    e. What steps have been taken to assure an alternative permanent home for the child, if reunification is not likely.

2. Goals and objectives should be revised or formulated to build on strengths and to discuss problems or needs identified during the current or previous assessment. Changes in risk or strength factors should be identified.
3. Activities should be developed to meet revised case plan goals and objectives, and new time frames should be identified for completion.
4. If case goals and objectives have been achieved or if no additional services are needed, the case should be closed.

If you're interested: For further reading on best practice in making placement decisions see:
CLOSER TO HOME: Keeping foster children near their parents can help families rebuild.
http://www.nycfuture.org/images_pdfs/pdfs/Pivot_Point.pdf
Placement Decisions for Children in Long-Term Foster Care: Innovative Practices and Literature Review:
http://www.wsipp.wa.gov/rptfiles/FCPlacement.pdf

Issues in Planning:

While the issues discussed below are relevant to all program staff, they are most applicable to Social Service workers and will be more thoroughly explored in the specialty week. Primary considerations are considered below.

Placement Decisions

Imagine what it would be like to be removed (perhaps forcibly) from your home, taken with very few of your belongings (possibly placed in a garbage bag), to the home of strangers. This home may be miles from your home. You are not only taken from your home, you are also taken from your neighborhood, your school, your friends, your support system. If you can begin to imagine what that would feel like in your own life, you can begin to understand the trauma experienced by a child being placed in foster care. Removal from the parents is already traumatic for the child, placement decisions should be made with respect to minimizing additional trauma.

Considerations in placement should include:

- First, seek to prevent a custodial episode by providing services in the home.
- When remaining home is not possible, place the child with relatives or another family with a significant relationship with the child should be considered first. The ability of this family to provide safety and to meet the immediate and long term needs of the child should be considered.
- Whenever possible, children should be placed with siblings.
- Placements within the child's home community should receive priority in making placement decisions.
- As much as possible involve the family of origin in making placement decisions.

Concurrent Planning

Is a method of case planning in which two permanency plan goals are implemented simultaneously in order to ensure the most expeditious permanence for children. Successful concurrent planning requires a clear delineation of roles and responsibilities through the planning process, full-disclosure and support to the Child and Family Team members and is often utilized in cases where the outcome of a sole permanency goal is uncertain. When children are not in safe and stable homes, or when reunification goals are not being met in a timely manner, the Department has a statutory obligation to quickly plan and provide services to ensure safety and permanency. By achieving timely permanency, children experience fewer attachment-related difficulties than children who linger in foster care. Concurrent case planning provides caseworkers with a structured approach to move children quickly from foster care to the stability of a permanent family home.

If you're interested:
Concurrent Planning: What the Evidence Shows:
http://www.childwelfare.gov/pubs/issue_briefs/concurrent_evidence/literature.cfm

The Adoption and Safe Families Act (ASFA) of 1997 clarified that working both towards reunification and toward planning an alternate permanent home for children is permissible. ASFA also stipulated that a permanent plan should be made for children who are in placement 15 of the last 22 months.

Visitation

The single most important factor predicting reunification and the reunification success is meaningful visitation with the family of origin. Visitation is important for a number of reasons:

- They maintain and build continuity and connection with the birth family.
- They reassure children that their parents care about them.
- They empower birth parents.
- They help birth parents face reality.
- They provide opportunities for birth parents to learn and practice new skills.
- They provide the FSW opportunity to assess family interactions.

Early and frequent visitation is also an important predictive factor for successful reunification. While policy dictates four hours per month of visitation, this is a *minimum* number of hours. Frequent visitation helps children better adapt to foster care, are related to how positively the birth parents view their children, and predicts earlier reunification.

Visitation should take place in the least restrictive setting possible. When visitation takes place in the DCS office, it is frequently for the convenience of the FSW rather than for the benefit of the family. The DCS office should be considered the visitation site of last resort and used only when it is necessary to protect the safety of the child or when no other suitable visitation site is available.

***Assigned Reading**: Read DCS policy on visitation, **Policy 16.43,** Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings.* *http://www.tn.gov/youth/dcsguide/policies/chap16/16.43.pdf*

There are many creative ways for parents to visit with their children. Some examples include:

- sharing lunch at school or other school functions
- at dentist and doctor visits
- at a relative's home
- with the therapist
- conduct visits at a park, library, or museum
- activities that the family previously enjoyed together

***If you're interested**:*
For a newsletter exploring issues around visitation see: North Carolina Children's Services Practice Notes: Parent-Child Visits. October 2000. *http://sswnt7.sowo.unc.edu/fcrp/Cspn/vol5_no4.htm*
For innovations and best practice evidence in Caseworker visits, see: Child Welfare Caseworker Visits with Children and Parents: Innovations in State Policy: *http://www.ncsl.org/programs/cyf/caseworkervisits.htm*

Purposeful Caseworker Visits with Family

Each home visit should have a specific purpose. While there are occasions when the home visit is less formal and the worker may be "in the neighborhood," home visits are still purposeful. · The purpose of home visits should be consistent with the case plan. While child safety is assessed at every visit, home visits during ongoing case plan implementation are different than home visits during an investigation. For example, ongoing home visits are made to get further assessment information, model parenting and home management skills, practice skills learned in parenting classes, discuss if and how the service interventions are helping the family, prepare for reunification, provide supportive counseling, and to notify the family of important events (such as formal reviews and hearings). The purpose of each visit should be explained to and agreed upon by the client. For example, "As we discussed on the phone, I'm here today to go over Tom's school report and come up with a plan for his IEP conference." At the end of each home visit, the purpose and topic for the next home visit should be jointly planned.

Planning for Transitions

We all experience transitions throughout our lives. Understanding the needs and goals of children, youth, and families is the key to planning successful transition support for them at different stages in the life span and in the permanency planning process.

> ***If you're interested:*** *For information on successful adoption transitions, see: Helping Your Foster Child Become Your Adopted Child: http://www.childwelfare.gov/pubs/f_transition.cfm*

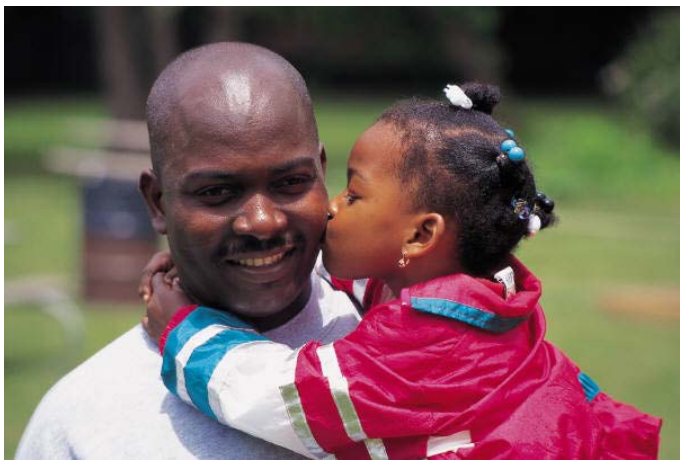
A child and family move though several critical transitions over the course of daily life. Such transition points pose challenges—especially for children and families with special needs--that should be planned so as to assure success during and after the crossing of a new threshold. Requirements for future success have to be determined and provided in the present to achieve later success. These requirements should be used to form the long-term view for the child and family in setting strategic goals in the permanency plan. Communication, coordination, and continuity across service settings and providers is essential, especially when a child and/or family experiences a critical transition, such as a key developmental milestone, a temporary separation, and/or a temporary move away from the home community and school. Transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in stabilizing a placement during a developmental transition or in preparing for a return to the home setting or a move to a new setting. Follow-along monitoring may be required during the adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child and family. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings, environments, and/or behaviors actually occurs.

Planning for transitions should be accomplished with a long-term view of the child and family and should include what the child or family should know, be able to do, and have as supports to be successful after the transition occurs.

Engaging Absent Fathers

The involvement of a father in a child's life is important to the development of the child. Child Welfare Agencies have a moral, ethical, and legal responsibility to include fathers in planning for their children, unless they have willingly and voluntarily given up all legal rights to their children. The non-custodial father and his extended family members, (i.e., the child's paternal grand-parents, aunts, uncles, etc.) may be able to provide emotional support or serve as placement resource for the child. The involvement of fathers may be helpful to the short and long term economic security of the children. Additionally, identification of non-custodial parents can facilitate the termination of parental rights and access to medical records, if reunification is not an option. Workers should explore mothers' thoughts and feelings regarding the involvement of non-custodial fathers.

Some mothers may be justified in their resistance to involving non-custodial fathers in their children's lives. The worker should consider the mother's wishes carefully when making decisions and plans involving non-custodial fathers. The resistance of the mother, however, should not be the sole consideration when making decisions regarding the father's involvement. Child and Family Teams should fathers and their extended families whenever possible. If they are involved in the decision making process early on, they are more likely to stay involved.



You have completed your pre-work for Week 3.