

Module 1: Introduction to Case Management



***Florida Department of Children and Families
June 2016***

Table of Contents

Module 1: Introduction to Case Management	1
Unit 1.1: Review of CORE	3
Activity A: CORE Terminology Recall Game.....	3
Activity B: Safety Intervention Across the Child Welfare Practice	4
Case Management Specialty Curriculum.....	5
Unit 1.2: Overview of the Case Management Process	7
Case Manager’s Responsibilities	7
Case Management Flowchart.....	7
Information Collection Domains	11
Unit 1.3: Purposeful Contacts.....	12
Purposeful Contacts – The Evidence	12
Contact Frequency: Children	13
Contact Frequency: Parent(s).....	14
Contact Frequency: Caregivers.....	14
Other Purposeful Contacts	14
Purposeful Contacts: Questions to Think About	16
Tenets of Ongoing Assessment	19
Activity C: Putting the Tenets to Work in Purposeful Contacts.....	18
Unit 1.4: Laws, Rules and Policies.....	20
Order of Precedence	20
Activity D: Laws/Policies and Procedures for the Case Manager.....	21
Unit 1.5: Understanding Quality Assurance Case Reviews and Family-Centered Practice	23
Case Reviews	23
Safety, Permanency and Well-Being	25
Safety Outcomes	25
Permanency Outcomes	25
Well-Being	26
Activity E: Safety, Permanency or Well-Being?	27
Family-Centered Practice	28
Foundations for Child Welfare Practice Model	28
Activity F: Using Family-Centered Practice.....	29
Family Teams and Family Meeting.....	31

Unit 1.1:

Review of CORE

- Learning Objectives:**
1. Identify the key concepts and terminology from CORE.
 2. Identify the steps in the Florida Child Welfare Practice Model.

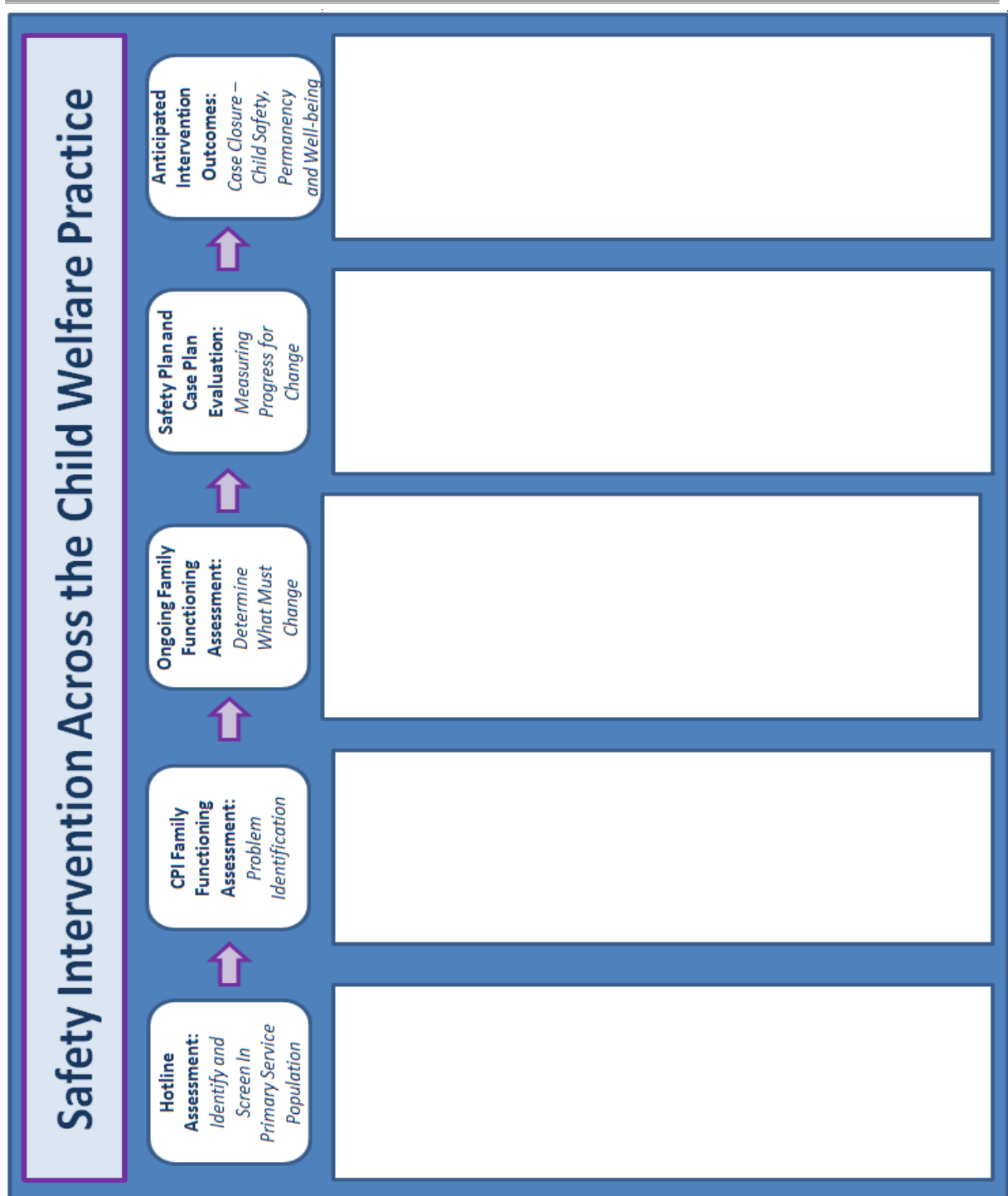
- References:**
- CFOP 170-1, Safety Practice Model
 - CFOP 170-7, Safety Planning
 - CFOP 170-9, Family Assessment and Case Planning

Activity A: CORE Terminology Recall Game

Activity B: Safety Intervention Across the Child Welfare Practice

Instructions:

1. Identify the significant steps in each process.



Case Management Specialty Curriculum

Module 1: Introduction to Case Management - The Introduction will be a quick review of what you learned in CORE and provide a preview of the remaining modules in this specialty track. In addition, you begin to learn about the major concepts and processes impacting the case management process.

Module 2: Case Transfer - Module 2 is about the first major task in your job as a Case Manager. You will learn about the Case Transfer process:

- what that means;
- types of cases transferred;
- level of sufficient information needed for case transfer;
- the roles and responsibilities of those involved; and
- how to handle out of county service requests.

Module 3: Safety Management – In Safety Management you will learn about your role in safety planning and safety management. This module will give you the skills to work with families through management and modification of safety plans. In addition, you will learn the procedures to follow when you have a missing child.

Module 4: Court Proceedings and Case Management – In some cases it will be necessary to have court involvement. This module will take you through the court process and how to work with families when an out-of-home placement has been made including family time/visitation.

Lab 1: Courtroom Testimony – Lab 1 covers what to expect when you go to court. It will include a field day where you will have the opportunity to see dependency courtroom proceedings.

Module 5: Out-of-Home Care – In Module 5 we discuss the options available for placing children in the least restrictive, most homelike setting while focusing on a placement setting that will meet the child's individual needs.

Module 6: Family Engagement Standard – Preparation and Introduction - In Module 6 we will begin exploring the four distinct Family Engagement Standards. Module 6 focuses on preparing to meet a family and introducing yourself to them.

Module 7: Family Engagement Standard – Exploration - In Module 7 we will learn about the third Family Engagement Standard - Exploration. In this module we learn how to develop and document your FFA-Ongoing. This includes gathering sufficient information around the domains, assessing ongoing danger threats, developing the danger statement and family goal, and assessing caregiver protective capacities, child strengths and needs and

the family's motivation for change.

Lab 2: Exploration and Development of the FFA-Ongoing - In Lab 2, we will learn the interviewing skills needed to gather and document the information for the FFA-Ongoing. You will then have the opportunity to observe these skills in the field.

Module 8: Family Engagement Standard – Case Plan - Module 8 covers the last Family Engagement Standard – Case Planning. This module explains the process for building a case plan, identifying the right services for the family, developing concurrent case planning goals and the process for amending case plans.

Module 9: Evaluating Family Progress and Achieving Case Closure - When we reach Module 9 we will start focusing on evaluating the progress the family has made. Using the logic model, you will see that we have moved from determining what must change to measuring progress. We will also identify when a family is ready for case closure and discuss the case closure process.

Unit 1.2:

Overview of the Case Management Process

Learning Objectives:

1. Identify and describe the four family engagement standards used for information gathering.
2. Recognize the importance of information collection during the case management process.

References:

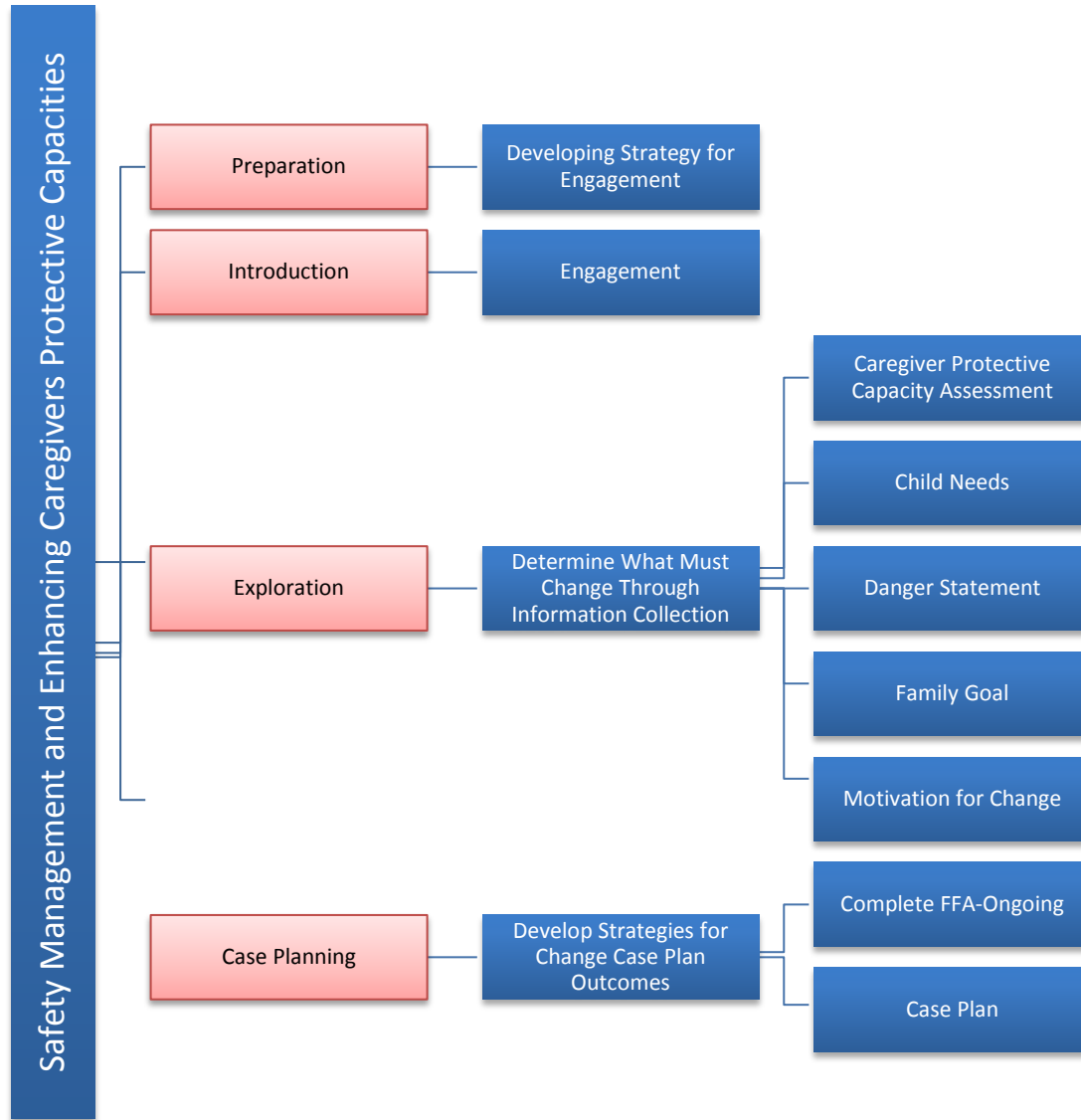
- CFOP 170-1, Safety Practice Model
- CFOP 170-7, Safety Planning
- CFOP 170-9, Family Assessment and Case Planning
- Section 39.6011, F.S., Case Management Responsibilities After Case Transfer

Case Manager's Responsibilities

Case Managers are responsible for:

1. assessing how the family is functioning,
2. correctly identifying what in the family system needs to change,
3. determining when behavior change has occurred, and
4. recognizing immediate and ongoing safety needs.

Case Management Flowchart



Preparation is all of the activities the Case Manager completes before making initial contact with the family. Includes:

- Reviewing the FFA-Investigation.
- Reviewing the Impending Danger Safety Plan.
- Reviewing other pertinent case information and contact collaterals.
- Responding to any immediate safety needs.
- Developing a strategy for engaging with the family.
- Supervisory consult to ensure that all information is reconciled and that the Case Manager is prepared to engage the family.

Introduction includes the first meetings between the Case Manager and the family after the case transfer meeting. Includes:

- Building rapport.
- Learning about the family.
- Beginning to develop a working relationship.
- Providing the family with needed information in regards to the role and purpose of case management services.

Exploration takes place while you are completing the FFA-Ongoing. Includes:

- Assessing with the family the relationship between child needs, caregiver protective capacities and the danger threats.
- Identifying the family's motivation for change.
- Working with the family to create a danger statement and family goal.
- Documenting the Family Functioning Assessment-Ongoing.

Case Planning takes place after the FFA-Ongoing is completed. Includes:

- Creating outcomes that will facilitate behavior change.
- Identifying the services and tasks that will enhance caregiver protective capacities and ensure child safety.

After the Family Engagement Standards are completed it is time to begin evaluating progress. You will be evaluating both the family's progress and the work you have done to help the family achieve change. This is an ongoing process and will continue until permanency is reached and the family is no longer in need of Case Management services. This is either achieved by safe case closure or when an alternative permanency goal is achieved.

Gather Information includes all efforts the Case Manager makes to gather, assess, and analyze information around the information collection domains. This information gathering can occur during:

- Regular monthly contacts with the parents and children
- Collateral contacts including friends, teachers, relatives, therapists etc.
- Family time observations.

Assess Family Progress is when all of the information that has been gathered assessed and analyzed is used to formally evaluate the progress that has been made since the last assessment occurred. This includes:

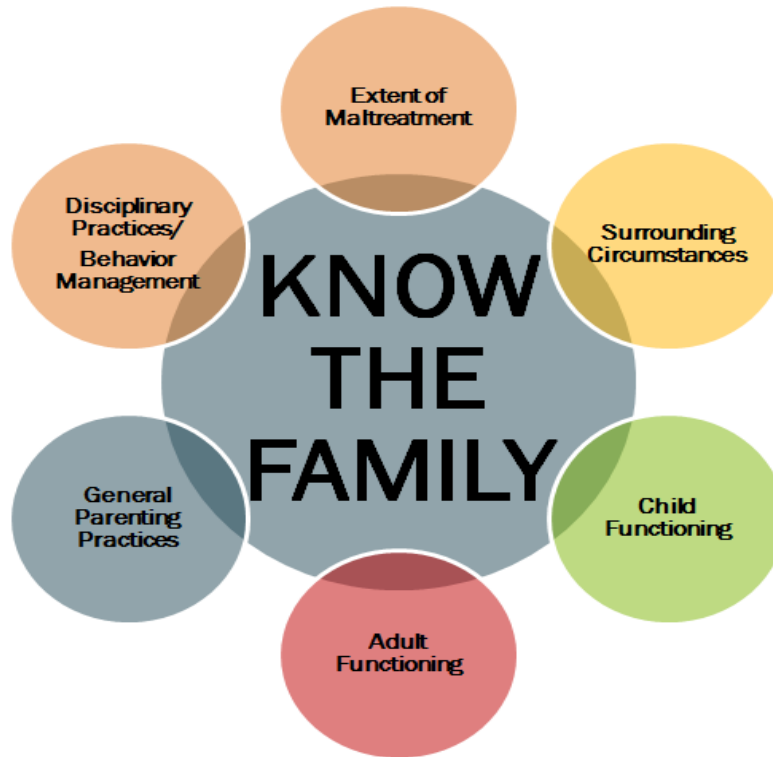
- Updating and evaluating the Caregiver Protective Capacities and Child Strengths and Needs
- Evaluating the danger statement, family change strategy, stages of change, and Safety Analysis/Conditions for return and updating these when needed
- Evaluating quality and frequency of family time, case plan outcomes.

All of the above items are evaluated, updated, and assessed using the Progress Update.

Assess and Modify Plan includes the evaluations and modifications that are made based off of the information in the Progress Update. This includes:

- Evaluation and modification of the Case Plan Outcomes
- Evaluation and modification of Safety Plan
- Evaluation and modification of the Family Time Plan
- No changes needed.

Information Collection Domains



During the intake process how do Hotline Counselors use the information gathered around the six domains to determine?

During the FFA what do Child Protective Investigators use the information gathered around the six domains to determine?

Unit 1.3:

Purposeful Contacts

Learning Objectives:

1. Describe the importance of Case Manager's working relationships with parents, children and caregivers.
2. Identify the policy requirements for contacts.
3. Identify the tenets of purposeful contacts with families.

References:

- Family Reunification: What the Evidence Shows the U.S. Department of Health and Human Services in 2011. The full report can be found at the Child Welfare Information Gateway at: <https://www.childwelfare.gov/pubs/issue-briefs/family-reunification/>
- A more recent study was published in March, 2014 by the National Family Preservation Network, "Family Assessment, Family Functioning, and Caregiver Engagement in Family Preservation and Reunification Programs, and the Relation of These and Other Factors to Reunification Service Outcomes." This study can be found at the National Family Preservation Network website at: <http://www.nfnpn.org/Portals/0/Documents/2014-reunification-report.pdf>
- F.A.C.65C-30.007 Case Management Responsibilities After Case Transfer

Purposeful Contacts – The Evidence

Engagement research suggests that the following caseworker behaviors are important to mitigating family fears and building the rapport necessary for effective helping:

Establishing open, honest communication with parents (Yatchmenoff, 2005)

Requesting family participation and feedback in the planning process (Regional Research Institute for Human Services, 1998; Rooney, 1992)

Providing instruction and reinforcement in the performance and completion of mutually agreed-upon activities (Rooney, 1992)

“Foster parents facilitate family reunification through both the mentoring of the birth parents and the support of child visitation.”

“The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification.”

(Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000).

How could you as the Case Manager engage the foster parents and biological parents to facilitate the same type of impact as this study?

Contact Frequency: Children

- Provide initial face-to-face contact within two working days of case transfer or the date of court supervision, whichever is earlier.
- Face-to-face contacts with the child and caregiver will occur at least once every seven (7) days as follows:
 - For all in-home safety plans, for the first 30 days from the time the safety plan was established.
 - For all out-of-home plans, as long as the child in an out-of-home plan remains in shelter status.
- Provide face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child’s residence.
- If the child lives in a county other than the county of jurisdiction, visits are provided by a secondary worker assigned.
- Make an unannounced visit to the child’s current place of residence at least every 90 days or more frequently if warranted based on the safety plan.

F.A.C. 65C-30.007

Contact Frequency: Parent(s)

- Contact requirements apply to both the parent responsible for the maltreatment and when children have been removed, contacts with the non-maltreating parent.
- Maintain regular face-to-face contact a minimum of every 30 days unless parental rights have been terminated or the court rules otherwise.
- If the parent lives in a county other than the county of jurisdiction a secondary worker is responsible for contacts.

Contact Frequency: Caregivers

- Same requirements as for child contacts, caregivers will be seen at the time of child visits.
- Separate discussions with caregivers should occur during child visits.

Other Purposeful Contacts

- Family members who know the child and parent.
- Other persons who know the child (child care staff, teachers, school counselor, coach).
- Treatment providers (substance abuse professionals, Batterer's Intervention group leader, therapist).

Purposeful Contacts: Questions to Think About

- Are the child's needs being met?
- Is the Safety Plan sufficient in managing the danger threats?
- Do the parents understand their rights and responsibilities?
- Does everyone know the goal of the case and how it is being achieved?

[illegible]

Tenets of Ongoing Assessment

The tenets of the ongoing assessment process are the following:

1. Treat Families as Unique Individuals and Family Systems

With respect to whoever might be in the role of caregiver, an effective process requires respect for the person's uniqueness and fundamental rights as a human being.

Individualization means viewing a person as like no other; as one who possesses his or her own distinctive experience, personal interests, beliefs and values; as having basic self-worth while having both strengths and limitations.

A family system focus recognizes that the day-to-day case decision making must involve caregivers as the executives of the family by being focused upon strengthening their role within the system. That means supporting caregivers to identify and achieve their own choices about how change occurs and direct their own lives to the greatest extent possible.

2. Promote Mutual Respect

It is essential that you show respect for the knowledge, skills, experience, and perspective of others involved in the service provision effort. This should be regardless of age, level of training, position, particular discipline, setting, or the agency involved.

3. Identify and Build on Family Strengths

The ongoing assessment process encourages recognition, emphasis, and use of enhanced caregiver protective capacities and family protective factors that can be used to support change. A positive intervention mentality, attitude, and approach make it far easier for caregivers to stay committed and continue within the collaborative partnership with you.

4. Encourage Purposeful Family Expression

Caregivers and family members can be supported to express their feelings, thoughts, and ideas in productive, helpful ways. This includes full opportunity for disclosure and opinion about what their judgments are about progress and what is or isn't influencing change.

5. Respect Self-Determination (Keep Family in Driver's Seat)

Self-determination is the cornerstone of a safety intervention system and always respected during ongoing services. To change, a person must decide to change. The process of change depends on a person moving through stages that leads to a decision to change. Caregivers have a right to determine the course of their lives. This value should not be misunderstood to include that caregivers can determine that they will not, for instance, protect their children or participate with you in a process of change without contending with resulting consequences.

This value includes the realization that it is a responsibility for you to (1) honor caregiver self-determination and (2) fully explain potential consequences of choices made by the caregiver – both good and bad.

6. Control Your Emotional Involvement

This value underscores the importance for you to maintain and represent yourself as a genuine, caring person who is well prepared to guide the caregiver through a process of change. A balance between subjective and objective involvement is vital to the Progress Update process.

Objective involvement seeks to partner with the caregiver in order to encourage and support change and to judge progress toward restoring the caregiver to his or her protective and parenting responsibilities.

Subjective involvement is concerned with understanding the personal meaning experienced by the caregiver in all aspects of his or her life. Subjective involvement is expressed through feelings and demonstration of empathy for the caregiver.

7. Seek to Be Less Intrusive

Once service provision begins, your eyes are on the “finish line.” Routinely, you and the caregiver are judging how close or far away the “finish line” is. When the “finish line” is crossed, intrusion ends.

Progress toward the “finish line” involves caregiver change and child safety. This value is at work when you assure that the focus of interest related to caregiver change remains on caregiver protective capacities. When the focus is on safety management, you continually apply a provisional perspective about whether safety intervention can be adjusted to be less intrusive. Ultimately you are directing all efforts and understanding toward no intrusion.

8. Promote Accountability

The manner in which this value must be considered is that the assessment process is accountable to the caregiver who is involved in it. This means that you take as much responsibility for encouraging successful change as the caregiver takes in participating and attempting to make significant life changes.

Reliance and dependability are dimensions of this value. The value is best characterized by keeping in touch with caregivers, by keeping them informed to the greatest extent possible of all case issues and activities that affect them.

Activity C: Putting the Tenets to Work in Purposeful Contacts

Instructions:

1. In small groups, using your assigned core tenets, identify what actions would demonstrate accomplishing the perspective of each of the 8 core tenets.
2. Be prepared to share with the whole class.

Treat Families as Unique Individuals and Family Systems

What activities do we need to accomplish?

Promote Mutual Respect

What activities do we need to accomplish?

Build on Family Strengths

What activities do we need to accomplish?

Encourage Purposeful Expression

What activities do we need to accomplish?

Respect Self-Determination (Keep Family in Driver's Seat)

What activities do we need to accomplish?

Control Your Emotional Involvement

What activities do we need to accomplish?

Promote Accountability

What activities do we need to accomplish?

Unit 1.4:

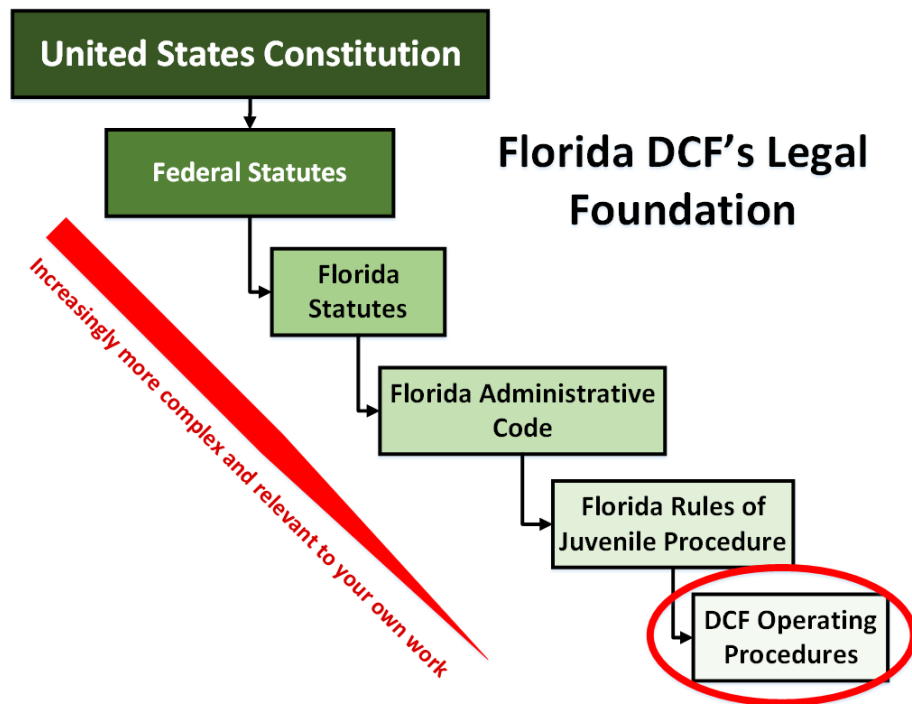
Laws, Rules and Policies

Learning Objectives: 1. Identify and review the laws, rules and policies governing child welfare and case management.

References:

- Florida Statute:
<http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatutes.shtml>
- Florida Administrative Code:
<http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/FloridaAdminCode.shtml#>
- Operating Procedures/Practice Guidelines:
<http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml>

Order of Precedence



Activity D: Laws/Policies and Procedures for the Case Manager

Instructions:

1. In small groups, research your topic(s). On flip chart paper, list what you feel are the highlights or what is important for a Case Manager to know about your topic(s).
2. Class review: Have a spokesperson for the group share with the class.

[illegible]

<i>Special Cases and Conditions: Law/Policy/Procedure Locator</i>			
<i>Case Condition</i>	<i>Florida Statute</i>	<i>Florida Administrative Code</i>	<i>Operating Procedures for DCF Staff</i>
<i>Special Condition Referrals: Parent Needs Assistance</i>			170-2
<i>Missing Children</i>	39.0141 39.604(4)(b)3 39.0121(16)	65C-30.019 65C-29.013	175-85
<i>Human Trafficking</i>	39.301(2)(b)(6)	65C-43	175-14
<i>Transfer of Cases Within/Between Districts (Case Management)</i>		65C-29.012 65C-30.002 65C-30.018	
<i>Safety Management (Safety Planning)</i>	39.301(7) 39.301(9)5 39.301(9)6a-b 39.501(3)(d)4-5	65C-28.004(10)(b) 65C-29.003(3) 65C-30.007(1)(c)&(d) 65C-30.007 (6)(a) 65C-30.007 (9) 65C-30.007 (10)	170-07
<i>Contacts/Home Visits</i>	39.701(2)(a)7 39.701(2)(c)7	65C-30.007(1)-(9)	170-9
<i>Diligent Search</i>	39.502(8) 39.503(5), (6), & (8) 39.803(5)-(6) & (8)	65C-30.003	175-22
<i>Home Studies</i>	39.202(2)(s) 39.5085(2)(a)3(b) 39.521(2)r(3)	65C-28.008(2)(i)2(j)3 65C-30.007 (2)(c)	170-07 pending
<i>Reunification</i>	39.621(2)(a)	65C-30.008(3) 65C-30.012 65C-30.014	175-38 170-7
<i>Adoption</i>	39.621(2)(b) 39.812	65C 16 65C-30.012	170-12
<i>Independent Living</i>	39.6251	65C 31 65C-30.012(4) 65C-41 65C-42	
<i>Long-term Guardianship</i>	39.621(2)(c)	65C-30.012	
<i>Case Transfer</i>		65C-30.007 65C-30.018	170-01
<i>Normalcy</i>	39.4091	65C-28.019	
<i>Case Planning</i>	39.6011-39.604	65C-30.006 65C-14.096 65C-28.006	170-9
<i>Impending Danger</i>	39.301(9)6	65C-29.003(2)(f)1 & 2 65C-29.003(3)(c)	170-01
<i>Present Danger</i>	39.301(9)6	65C-29.003(2)(f)1 65C-29.003(3)(c)	170-01

Unit 1.5:

Understanding Quality Assurance

Case Reviews and Family-Centered Practice

- Learning Objectives:**
1. Define child well-being, permanency and safety.
 2. Explain the application of family-centered practice during the work of the Case Manager.
 3. Identify the different types of quality assurance reviews used in child welfare.
- References:**
- Section 39.6011, F.S., Case Plan Development

Case Reviews

Reviews are approached using three processes:

- Rapid Safety Feedback
- Florida Child Welfare Service Reviews
- Florida Child and Family Services Reviews



1. RAPID SAFETY FEEDBACK.

Rapid Safety Feedback is a process designed to flag key risk factors for in-home services cases that could gravely impact a child's safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include, but are not limited to the parents' ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records. The critical component of the process is the case consultation in which the reviewer engages the child Case Manager and the supervisor in a discussion about the case.

The case review focuses on eight (8) overarching items:

Item 1 – Services to Prevent Removal

Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a reunification?

Item 2 – Initial and Ongoing Assessments

Were Initial and Ongoing Assessments conducted to assess safety concerns relating to the child(ren) in their home?

Item 3 – Safety Planning

If safety concerns were present, did the agency develop an appropriate safety plan with the family?

Item 4 – Monitoring the Safety Plan

If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services?

Item 5 – Background Checks and Home Assessment

Are background checks and the home study assessment sufficient and responded to appropriately?

Item 6 – Caseworker Visits with Child

Is the frequency and quality of visits between Case Managers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?

Item 7 – Casework Visits with Parents

Is the frequency and quality of visits between Case Managers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Items 8 – Safe Case Closure

Does planning for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family's evolving situation?

Item 9 – Supervisory Case Consultation

Is there evidence the Case Management Supervisor is regularly consulting with the Case Manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?

2. Florida Child and Family Service Reviews (CFSR)

Florida has adopted the CFSR review tool for ongoing case reviews. The Children's Bureau, Administration for Children and Families and U.S. Department of Health and Human Services, developed the case review items. The items assessed identify strengths and challenges in programs and systems, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. All reviews are conducted quarterly on a random sample of in-home and out-of-home cases using the federal Online Management System (OMS).

Safety, Permanency and Well-Being

Looking at the Florida Child Welfare Practice Flowchart when does safety begin and end?

When does permanency begin? End?

How about well-being?

Safety Outcomes

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.

What tasks do Case Managers perform that achieve the safety outcomes in the CFSR?

What comes to mind when you hear the word “permanency”?

Permanency Outcomes

1. Children have permanency and stability in their living situations.
2. The continuity of family relationships and connections is preserved for children.

What types of things can Case Managers do to maintain children's connections with family and friends when there has been a removal?

Well-Being

Well-Being means...

that a child's basic needs are met and the child has the opportunity to grow and develop in an environment which provides consistent nurture, support and stimulation.



There are three outcomes in the CFSR associated with well-being:

1. Families have enhanced capacity to provide for their children's needs.
2. Children receive appropriate services to meet their educational needs.
3. Children receive adequate services to meet their physical and mental health needs.

Activity E: Safety, Permanency or Well-Being?

Instructions:

Read each statement and match to the correct outcome: Safety (S), Permanency (P), or Well-Being (WB). Use the safety, permanency and well-being outcomes.

Safety, Permanency or Well-Being?	S, P, WB
1. A child in foster care, has not seen a dentist in two years.	
2. Five-year-old Bobby has been removed from his mother twice. He was in temporary shelter care for over 30-days before his is present placement with Mrs. Strong. The Strong's state that he is disrupting their home and they cannot keep him due to his behavior and the case manager must find a new home.	
3. Six-year-old child Shana, was physically abused by her father. The father moved out of the house, and Shana has been progressing well in-home with her mother, with services provided. When the case manager visits the home, she notices bruises on Shana's back. The mother admits that the father visited, but she does not know how the bruises got there.	
4. It is questionable as to whether Mr. and Mrs. Kerp, both serving jail terms, will be out of jail before the year's end. The case goal is reunification. There is no concurrent goal.	
5. John was placed with a foster parent. Relative placements were not pursued, even though he has relatives living in the same county.	
6. Kerry's teachers think he has learning disabilities. He has not been assessed or tested.	
7. A Case Manager working a non-judicial case is conducting a home visit with a mother and 3-month-old infant. When holding the infant, the Case Manager notices the infant appears lighter. The Case Manager removes the infants clothing and finds the child has lost tone and its bones are protruding.	
8. Terry has attended three different schools in the last year.	
9. When a Case Manager goes on a visit, the mother, Mrs. Polo is inebriated and her eight-year old daughter Marcie is fixing dinner.	
10. When making a visit to the home, Jan Peters, the Case Manager, did not ask the mother about 2-year-old Toby's most recent medical and dental visits.	

Family-Centered Practice

- Enhances capacity.
 - Focuses on family as a whole.
 - Establishes partners in the change process.
 - Approaches family in a developmentally sensitive way.
-
-
-
-
-

Foundations for Child Welfare Practice Model

Demonstrate:	Respond:	Enable:
<ul style="list-style-type: none">• Respect• Courtesy• Empathy• Encouragement• Professionalism	<ul style="list-style-type: none">• Promptly• By following through with commitments• By continually seeking to engage	<ul style="list-style-type: none">• Participation and involvement• Family expertise• Feedback (Ask what is needed)• Family Education/ Knowledge (Provide necessary information)

Activity F: Using Family-Centered Practice

Instructions:

1. Read the scenario.
 2. Identify what Family-Centered Practice skills you could use to engage the family.
 3. List any barriers, fears, or apprehensions you may have when using Family-Centered Practice with this family.
-

Scenario:

Susan and Steven, both 18, are the parents to three-month-old Sarah. Susan works during the day and Steven stays home and takes care of Sarah. One day after work Susan comes home to find Steven holding Sarah, who is unresponsive. Upon being admitted to the hospital Sarah is found to have two subdural hematomas consistent with being shaken, a broken femur which appears to be a couple weeks old, two broken ribs, and bruising on her chest and back. Susan and Steven have been the sole caretakers for Sarah and state the injuries must have occurred when Sarah rolled off the couch last night. This explanation does not fit with Sarah's developmental abilities or fully explain all of her injuries. The police are still investigating and no one has been arrested. Sarah was found to be unsafe and an out-of-home safety plan was initiated leading to the court ordered removal of Sarah from both her parents. The case has been transferred to case management services. Susan and Steven are both very upset about the removal.

Whenever they interact with their Case Manager they become belligerent and provide very little information. They claim they don't need any case management services because they have done nothing wrong; all that happened was Sarah fell off the couch and people refuse to believe them.

Family-Centered Practice Skills Worksheet

Identify ways you could use family-centered practice skills to engage this family for each of the three foundation categories.

Demonstrate:

Respond:

Enable:

Based on the egregious nature of the abuse, identify any barriers, fears, or apprehensions that you may have when using family-centered practice with this family:

Family Teams and Family Meeting

Florida law (39.6011, F.S.) provides that “the case plan must be developed in a face-to-face conference with the parent of the child, any court-appointed Guardian ad Litem, and if appropriate, the child and the temporary custodian of the child.”

- Focus on family needs, not symptoms.
 - People are capable of change.
 - All people and families have strengths.
 - A solution generated by a family responds to its uniqueness.
 - A family is more invested in a plan which they generate.
 - Family and friends provide love and caring which helps a family to take supported risks.
 - Caring people in the same room create energy for change.
-
-
-

