

Module 7: Family Engagement Standard – Exploration



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

Table of Contents

Module 7: Family Engagement Standard - Exploration	1
Unit 7.1: Overview of Exploration	4
Exploration Stage - Definition.....	5
Unit 7.2: Scaling Caregiver Protective Capacities	6
Caregiver Protective Capacities.....	6
Behavioral Protective Capacities	7
Cognitive Protective Capacity.....	7
Emotional Protective Capacity	8
Scaling Caregiver Protective Capacities.....	8
Activity A: Scaling Caregiver Protective Capacity	10
Exploration	13
Activity B: Observation of Exploration Stage Interviews.....	15
Unit 7.3: Assessing and Ensuring Child Well-Being	17
Child Strengths and Needs	17
Normal?	18
Child: Ages and Stages.....	19
Factors Influencing Child Strengths and Needs.....	19
Child Strengths and Needs Assessment	20
Scaling of Child Needs: Purpose	20
Scaling Child Needs: Child Needs MET	20
Scaling Child Needs: Child Needs NOT Met.....	20
Activity C: Identifying Indicators of Child Strengths and Needs.....	21
Emotional Trauma	22
Behavioral.....	22
Development and Early Learning (0-6).....	22
Early Development Resource Opportunities.....	22
Academic Status (6-17).....	23
Skills to Access Education Resources and Advocate	23
Case Managers and a Child’s Academic Success	24
Potential Educational Partners.....	24
Educational Questions.....	24
Family Relationships.....	25

Positive Peer/Adult Relationships 25

Physical Health 25

Cultural Identity..... 26

Substance Awareness..... 26

Preparation for Adult Living (13-17)..... 26

Activity D: Scaling Strengths and Needs..... 27

Becoming Allies to Address Child Needs 29

Unit 7.4: Danger Statement, Family Goal and Motivation for Change.....30

 Danger Statement and Family Strategy: Process of What, Not Why? 30

 Family Goal and Danger Statement..... 31

 Activity E: The “What” Questions That Formulate the Danger Statement 32

 VI. REASON FOR ONGOING INVOLVEMENT 32

Unit 7.5: Information Collection/Domains.....33

 Five Essential Competencies Associated with Information Collection:..... 34

 Documenting the Six Information Domains 35

 Activity F: Domain Information for the Sandler/Braun Family..... 36

 Activity I: Formulating the Danger Statement, Family Change Strategy, and Determining
Motivation for Change 43

Unit 7.1: Overview of Exploration

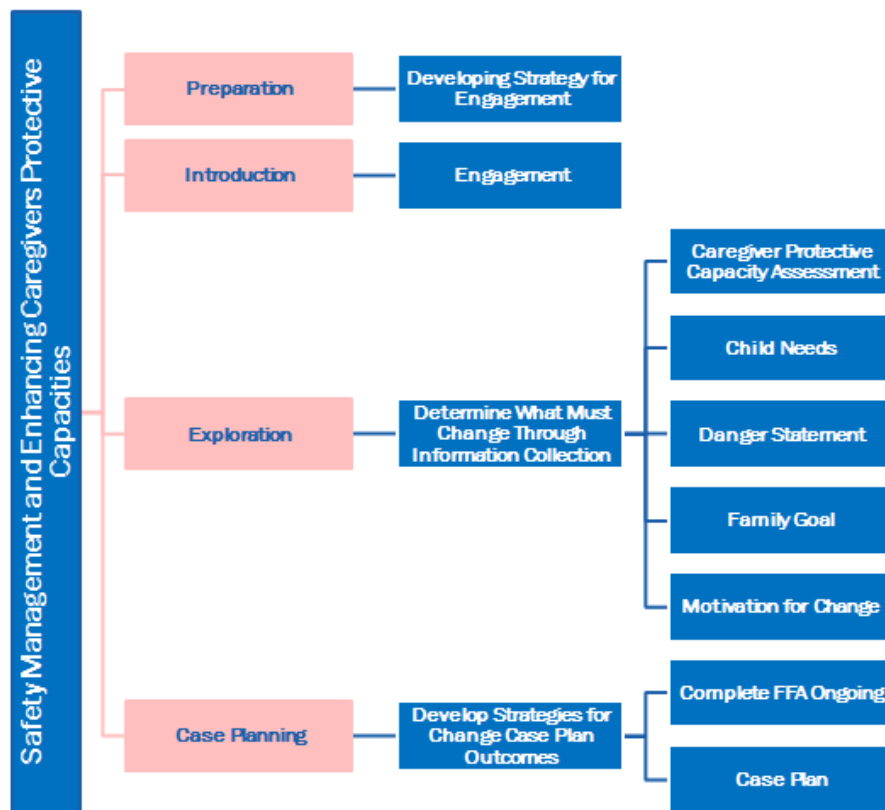
Learning Objectives:

1. Identify the steps in the Exploration stage and the FFA-Ongoing process.

References:

- CFOP 170-9, Chapter 3, Family Engagement Standards for Exploration of Child Strengths and Needs

Family Engagement Standards



Exploration Stage - Definition

Exploration is the act of exploring with the family:

- How they are functioning in relationship to child needs and protective capacities,
 - Identifying family strengths, including positive protective capacities;
 - How danger threats or negative family conditions have manifested.
- What must change.
- Motivation for change, resistance, or ambivalence.

Exploration seeks to...achieve agreement with parent(s) as to:

- What must change for children to be safe
- How to achieve change
- Parent’s role in achieving change
- Role of others in helping parent(s) achieve change
- How progress will be measured

The role of the Case Manager is critical during exploration as the things you do when conducting an exploration enable you and the caregiver to better understand and address the impending danger, the need for protection, and the role and responsibilities of the caregiver to provide protection.

Unit 7.2:

Scaling Caregiver Protective Capacities

- Learning Objectives:**
1. Define the concept of scaling caregiver capacities.
 2. Demonstrate the ability to scale Caregiver Protective Capacities using a case example.
- References:**
- CFOP 170-1, Chapter 2-5, Caregiver Protective Capacities

What is the significance of assessing caregiver protective capacities in regards to child safety?

Caregiver Protective Capacities

- Caregiver protective capacities are **personal and caregiving behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one's young.**
- Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

What three categories are the caregiver protective capacities divided into?

Behavioral Protective Capacities

Specific action, activity, or performance that is consistent with, and results in, protective parenting and protective vigilance.



- Controls Impulses
 - Takes action
 - Sets aside own needs for child
 - Demonstrates adequate skills
 - Adaptive as a parent/legal guardian
 - History of protecting
-
-
-

Cognitive Protective Capacity

Specific intellect, knowledge, understanding and perception that results in protective parenting and protective vigilance.



- Is self-aware
 - Is intellectually able
 - Recognizes threats
 - Recognizes child's needs
 - Understands protective role
 - Plans and articulates plans for protection
-
-
-

Emotional Protective Capacity

Specific feelings, attitudes, identification with child and motivation that results in protective parenting and protective vigilance.



- Meets own emotional needs
 - Is resilient
 - Is tolerant
 - Expresses love, empathy, sensitivity to the child
 - Is stable
 - Is positively attached with the child
 - Is aligned and supports the child
-
-
-

Scaling Caregiver Protective Capacities

- **CPI-Family Functioning Assessment**

- Based on six domains of information;
- Limited information known at the time in relation to what can be known;
- Determination of Yes or No;
- Indicators of being “enhanced” or “diminished”.

- **CM-Ongoing Family Functioning Assessment and Evaluation**

- Based on four domains of information;
 - Extensive information to be known;
 - Determination of degree of functioning from a limited to extensive perspective.
-
-
-

The scaling is built upon four scales, with the “D” rating being the most diminished and “A” being the most enhanced.

Scaling Criteria:

- A: Parent/Caregiver consistently acts thoughtfully regardless of outside stimulation, avoids whimsical responses, and thinks before they take action. Parent/Caregiver is able to plan in their actions when caring for children and making life choices. CPC is enhanced and is not affecting child safety.
- B: Parent/Caregiver regularly acts thoughtfully regardless of their own urges or desires, avoids acting as a result of outside stimulation, avoids whimsical responses, thinks before they take action, and are able to plan when caring for children and making life choices. When parent/caregiver does act on urges/desires, they do not result in negative effects to their children or family. In other words, CPC is enhanced and at times may affect conditions in the home, but not child safety.
- C: Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, are and not able to plan, resulting in their actions having negative effects on their children and family. CPC is diminished and at times has affected child safety.
- D: Parent/Caregiver frequently (daily) acts upon their urges/desires, is highly influenced by outside stimulation, does not think before taking action, and do not plan. Parent/caregiver’s inability to control their impulses results in negative effects on their children and family. CPC is diminished and at a level that is pervasively affecting child safety.

Activity A: Scaling Caregiver Protective Capacity

Instructions:

1. Read the scenarios below and using your Caregiver Protective Capacity Definitions, scale the capacity as an A, B, C, or D.
-

Scenario 1:

Two-year-old Angel learns how to undo the latch on her front door and leaves the home unsupervised. Her father was cooking dinner and thought she was in the other room playing with toys. He notices Angel is missing about two minutes after she leaves the home and finds her outside playing in the front yard. He immediately goes to the store and buys a latch for the door and an alarm that will go off when the door is opened to prevent Angel from leaving the home unsupervised again.

Rating: _____

Scenario 2:

Jane, who is developmentally delayed, just gave birth to her first child. She was not aware that babies do not have neck control and does not know how often her baby needs to eat. When asked if she planned to breastfeed she said she was just planning to feed her baby whatever meal she was eating and was not aware that infants needed breastmilk or formula.

Rating: _____

Scenario 3:

Eleven-year-old Junior and his mother, Katie, report having a close relationship and Junior says he feels comfortable talking to his mother about whatever is going on in his life. When Junior is bullied in his after school program, he immediately tells his mother. Katie does not want Junior to be bullied again so she changes her work schedule so Junior no longer needs to attend the after school program.

Rating: _____

Scenario 4:

Carrie is a mother of 6-year-old twins, Jason and Jamie. Every other week or so, her friends ask her to go to happy hour because they know she is dealing with a difficult divorce and want to cheer her up. Carrie cannot always afford a babysitter but still wants to drink with her friends to relieve stress. When there is no babysitter, Carrie takes her children with her and leaves them in the car for the 1-2 hours she spends at happy hour. She parks in the shade, leaves the windows part-way down, and provides the children with snacks and drinks. Today, the children were found walking down the street by police because they were scared when it began to get dark and had no way to contact their mother.

Rating: _____

Scenario 5:

Justin and Anna are parents of six-year-old Josh, who was recently diagnosed with severe Autism. Both parents are sometimes frustrated by their son’s special needs, but are able to understand why he acts out. Justin and Anna recognize when they are getting upset and take a “time out” by asking the child’s aunt and uncle to watch him for a few hours. They have started seeing a therapist who works with Josh and also addresses family needs, such as giving Justin and Anna techniques to better understand and manage their son’s behavior. Josh appears to be well-taken care of and the therapist has no concerns for his safety.

Rating: _____

Identifying Diminished Caregiver Protective Capacities

Domains Inform The Caregiver Protective Capacities

<p>MALTMETMENT AND NATURE OF MALTMETMENT</p> <p>What is the extent of the maltreatment?</p> <p>What surrounding circumstances accompany the alleged maltreatment?</p>	<p>How do parent behaviors relate to the maltreatment?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...recognizes threats Emotional...is stable and able to intervene Behavioral...demonstrates adequate skills Behavioral...history of protecting Cognitive...able to articulate a plan for protection Emotional...is positively attached to the child</p>	<p><u>Impending Danger Threshold Criteria:</u></p> <p>The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threats is based on a specific description of how negative family conditions meet the danger threshold criteria. The danger threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the danger threshold and become impending danger threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc., that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.</p> <ul style="list-style-type: none"> • Observable • Vulnerable Child • Out-of-control • Imminent • Severe
<p>CHILD FUNCTIONING</p> <p>How does the child function on a daily basis? Include physical health, development, emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.</p>	<p>How is the child vulnerable?</p>	<p>Is the child vulnerable?</p> <ul style="list-style-type: none"> • Dependent on others for protection • Exposed to circumstances that child is powerless to manage • Susceptible to a threatening person in authority over the child • Children from 0-6 years • Older children unable to protect themselves or seek protection from others • Children with physical, emotional, developmental needs 	
<p>ADULT FUNCTIONING</p> <p>How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.</p>	<p>How does adult behavior protect the child?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...is intellectually able Cognitive...recognizes threats Cognitive...able to articulate a plan for protection Emotional...meets own emotional needs Emotional...is stable and able to intervene to protect child Emotional...is resilient as a caregiver</p>	
<p>PARENTING</p> <p>General – What are the overall, typical, parenting practices used by the parents/legal guardians?</p> <p>Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?</p>	<p>How are they protective as a parent?</p>	<p>Behavioral...sets aside own needs for child Behavioral...demonstrates adequate skills Behavioral...adaptive as a parent/caregiver Behavioral...history of protecting Cognitive...is self-aware Cognitive...is intellectually able Cognitive...recognizes child's needs Cognitive...understands protective role Cognitive...able to articulate a plan for protection Emotional...tolerant as a caregiver Emotional...expresses love, empathy, sensitivity to the child Emotional...is stable and able to intervene to protect child Emotional...is positively attached to the child, is supportive and aligned with the child</p>	



Exploration

- Overview of Exploration
- Existing Caregiver Protective Capacities
- Diminished Caregiver Protective Capacities
- Determining what must change

Exploration Stage: Explore with Parents what Must Change (Danger Statement) and Establish Family Strategy to Achieve Change

To identify and discuss with caregivers what must change with respect to diminished caregiver protective capacities associated with danger threats and to determine what caregivers are willing to work on at this point.

<u>Overview of Exploration</u>	<u>Existing Caregiver Protective Capacities</u>	<u>Diminished Caregiver Protective Capacities</u>	<u>Determining What Must Change</u>
<ul style="list-style-type: none"> <input type="checkbox"/> Case Status. <input type="checkbox"/> Timeframes established by law. <input type="checkbox"/> Review and clarify purpose. <input type="checkbox"/> Caregiver perception. <input type="checkbox"/> Engagement. <input type="checkbox"/> Address safety management issues. 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss areas of effective parenting. <input type="checkbox"/> Discuss areas of child needs and how parent is meeting needs. <input type="checkbox"/> Consider difference or fluctuation in caregiver performance. <input type="checkbox"/> Consider how existing caregiver protective capacities can be used to promote change. 	<ul style="list-style-type: none"> <input type="checkbox"/> Broad discussion of any areas of concern related to adult/parent functioning. <input type="checkbox"/> Consider relationship between specific diminished caregiver protective capacities and impending danger. <input type="checkbox"/> Create discrepancies and raise caregiver self-awareness. <input type="checkbox"/> Seek mutuality. <input type="checkbox"/> Reinforce self-determination. <input type="checkbox"/> Craft Danger Statement with Family. <input type="checkbox"/> Identify Family Strategy with Family (Family Goal, Ideas to Achieve Change, Potential Barriers). 	<ul style="list-style-type: none"> <input type="checkbox"/> Summarize diminished caregiver protective capacities associated with impending danger. <input type="checkbox"/> Identify areas of agreement and disagreement. <input type="checkbox"/> Seek willingness to continue participation.

Activity B: Observation of Exploration Stage Interviews

Directions:

1. Watch the two videos of Angela Russell and her interaction with Brandy, the Case Manager.
2. Take notes of the skills Brandy uses to engage Angela, as well as the information that Brandy obtains from Angela.
3. Answer the questions below.
4. Be prepared to share your reflections on the skills used and information collection in relation to CPC's.

What skills did you identify Brandy (Case Manager) utilizing during the interview?

Utilizing the chart "Family Engagement Standards Exploration" check off which areas Brandy covered during her interview with Ms. Russell?

<u>Overview of Exploration</u>	<u>Existing Caregiver Protective Capacities</u>	<u>Diminished Caregiver Protective Capacities</u>	<u>Determining What Must Change</u>
<input type="checkbox"/> Case Status. <input type="checkbox"/> Timeframes established by law <input type="checkbox"/> Review and clarify purpose. <input type="checkbox"/> Caregiver perception. <input type="checkbox"/> Engagement. <input type="checkbox"/> Address safety management issues.	<input type="checkbox"/> Discuss areas of effective parenting. <input type="checkbox"/> Discuss areas of child needs and how parent is meeting needs. <input type="checkbox"/> Consider difference or fluctuation in caregiver performance. <input type="checkbox"/> Consider how existing caregiver protective capacities can be used to promote change.	<input type="checkbox"/> Broad discussion of any areas of concern related to adult/parent functioning. <input type="checkbox"/> Consider relationship between specific diminished caregiver protective capacities and impending danger. <input type="checkbox"/> Create discrepancies and raise caregiver self-awareness. <input type="checkbox"/> Seek mutuality. <input type="checkbox"/> Reinforce self-determination. <input type="checkbox"/> Craft Danger Statement with Family. <input type="checkbox"/> Identify Family Strategy with Family (Family Goal, Ideas to Achieve Change, Potential Barriers).	<input type="checkbox"/> Summarize diminished caregiver protective capacities associated with impending danger. <input type="checkbox"/> Identify areas of agreement and disagreement. <input type="checkbox"/> Seek willingness to continue participation.

Which Caregiver Protective Capacities were discussed during the interview?

How would you Scale these Protective Capacities?

Unit 7.3:

Assessing and Ensuring Child Well-Being

Learning Objectives: 1. Define the different child strengths and needs.

2. Scale the child strengths and needs.

References: • CFOP 170-1, Chapter 2-9, Child Strengths and Needs

• CFOP 170-9, Chapter 3, Assessment of Child Functioning

Child Strengths and Needs

- Set of indicators directly related to a child’s well-being and success.
- Each indicator is rated based upon information that is provided in the narrative description of child functioning.
- The ratings provide a way for the Case Manager to identify areas that need attention in the case plan and to measure changes over time.

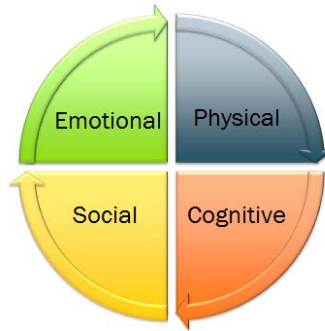
What do we mean when we say “Child Strengths and Needs”?

Importance of Child Strengths and Needs

- Establishing safety, permanency, and well-being
- Case Planning
- ASFA requires state address needs of children

As a Case Manager, why is it important to know the strengths and needs of the children you are working with?

Developmental Domains



Physical: Refers to the child’s physiological or actual body growth. Physiological, or physical, development includes such things as the child’s height, weight, body hair, breasts, hips, etc. and development of their body structure, which includes muscles, bones, and organ systems.

Cognitive Development: Refers to the development of the child’s thinking, judgment and perception. This includes what a child knows, understands and remembers. Most importantly, cognitive or intellectual development is the domain that deals with the way a child processes information, solves problems, and thinks abstractly.

Emotional and Social Development (Socio-Economical and Developmental Concerns):

Refers to self-esteem, emotional relations, and appropriate mood and affect for age and the situation. This includes interactions with others, development of relationships, the ability to follow social roles and norms, and the ability to interact within groups.

Normal?

- Statistical concept
- Typical or expected for the majority of members of a group
- Identified traits and processes displayed by most children within timeframes

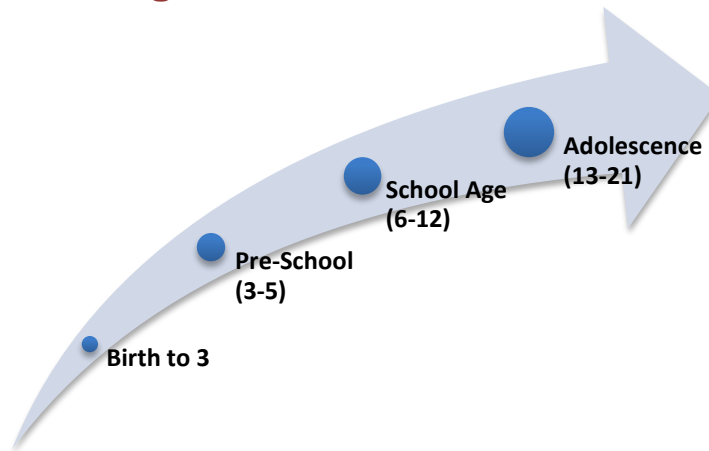
In terms of child development, consider what we often hear from pediatricians—“Your child is in the 80 percentile for height and weight.” That means your child falls within the range of normal - with him/her being taller and heavier than 80% of other children of the same age. Note: 5 percentile and 95 percentile are the typical extremes of “Normal.”

We might hear of children in the 10 percentile range—that would be 10% on the low end, edging close to the extreme. Considering weight and height – 10 percentile may mean that the child is underweight for his/her height and age. The same concept is applied when we examine ages and stages for children.

How children develop and achieve milestones, and when they should develop those milestones, are based upon the concept of normal.

Can you think of any examples of “normal development” in regards to a 2-year-old? What would we expect to see a 2-year-old doing?

Child: Ages and Stages



Factors Influencing Child Strengths and Needs

Environmental factors:

Environmental factors include the physical environment, support, nurturing and caring we receive. This occurs both in the internal environment such as the home and the external environment such as the community where the child resides.

Biological factors:

Biological factors include gender, overall health, and mental health. Everyone inherits a unique combination of genetic code from their biological parents which plays a significant role in their development. An example of a biological factor is down syndrome.

Interpersonal Relationships:

Interpersonal relationships include internal relationships such as one’s family of origin and external relationships such as friends, extended family, and other social networks outside of the family of origin.

Child Abuse and Neglect:

How do you think child abuse and neglect could affect the child’s strengths and needs?

Child Strengths and Needs Assessment

- Part of the FFA-Ongoing and Progress Updates
 - Measure extent certain desired conditions are present in a child's life
 - Includes scaling of 10 defined child strengths and needs
 - Responsibility for child needs
-
-

Scaling of Child Needs: Purpose

- Well-Being
- Permanency
- Safety

The focus on the scaling is twofold:

- Understanding the scaling levels themselves, AND
 - The parent/caregivers attention to the need.
-
-

Scaling Child Needs: Child Needs MET

- **A:** Demonstration of the exceptional ability in this area OR that the need is being addressed by the parent.
 - **B:** Demonstration of average ability in this area OR that the parent is attempting, or has made attempts to meet the need.
-
-

Scaling Child Needs: Child Needs NOT Met

- **C:** Demonstration of need for increased support or attention in this area: could be for both child and parents response.
 - **D:** Demonstration of need for intensive support in this area; could be for both child and parent response.
-
-

Activity C: Identifying Indicators of Child Strengths and Needs

Directions:

1. Working within your groups, review the child needs and scaling in your CFOP as you complete the worksheet.
2. For each child need, identify behavioral examples of how the child need may manifest with children they are working with.
3. Remember, our assessments are to observe both the strengths and needs of children, so please consider both the strengths and needs for children when identifying your examples.

Child Need	Indicators
Emotion/Trauma	
Behavior	
Child Need	Indicators
Academic Status	
Positive Peer/Adult Relationships	
Family Relationships	
Child Needs	Indicators
Physical Health	
Cultural Identity	
Substance Awareness	
Preparation for Adult Living	

Emotional Trauma

- Management of emotions
 - Self-regulation
 - Response to stress
 - Coping skills and techniques
 - Physical symptoms of trauma
-
-

Behavioral

- Empathy
 - Right from wrong
 - Impact of behavior on self and others
 - Actions towards others
 - Societal expectations/norms
-
-

Development and Early Learning (0-6)

- Cognitive abilities:
 - Language development
 - Physical skills:
 - Riding a bike
 - Dressing
-
-

Why would it be so important to have 0-6 year olds assessed for their educational and developmental needs?

Early Development Resource Opportunities

- Children’s Medical Services
- Florida Early Steps Program
- County Health Departments
- Healthy Families Florida
- Head Start
- Voluntary Prekindergarten (VPK)
- Florida Quality Child Care Programs

Academic Status (6-17)

- Academic advancement:
 - Reading
 - Math
 - Language
 - Advancement to next grade level
-
-

How could a school provide you with information that pertains to child safety?

How could a school provide you with information that relates to child well-being?

Skills to Access Education Resources and Advocate

- When a student in foster care changes schools, an average of four to six months of educational progress is lost.
- Youth who had even one fewer change in living arrangement per year were almost twice as likely to graduate from high school before leaving foster care.

For children in out-of-home care, the likelihood of:

- being absent from school is 2x that of other students
 - 17-18 year old foster youth experiencing an out-of-school suspension rate is 2x that of other students
 - 17-18 year old foster youth being expelled is 3x that of other students
 - foster youth receiving special education is 2½ - 3½ x that of other students
 - Youth in state care have disabilities at a greater rate than the general population
 - perhaps as high as 28% or more.
-
-

Case Managers and a Child's Academic Success

Case Managers need to:

- Have a basic understanding of how to work within the school system
 - Advocate for placement and school stability, needed educational services, and participation in school activities
 - To provide child with a feeling of normalcy and well being
-
-

Potential Educational Partners

- ✓ Child's parent(s)/caregivers
 - ✓ Child's teacher
 - ✓ School counselor
 - ✓ School nurse
 - ✓ Before and after care staff
 - ✓ Special education professionals
 - ✓ School secretary
 - ✓ Guardian ad Litem
 - ✓ Education parent surrogate
-
-

Educational Questions

Is child:

- Performing on grade level?
- Passing all subjects?
- Displaying any behavioral issues?

Does child:

- Have friends at school?
- Have needs that require a 504 plan or IEP?
- Have parental involvement in school success?

What are some questions you can ask of school personnel to help in your assessment?

Family Relationships

- Parent/child relationship
- Sibling relationships
- Dynamic family relationships
- Support and guidance from family
- Sense of family identity



Positive Peer/Adult Relationships



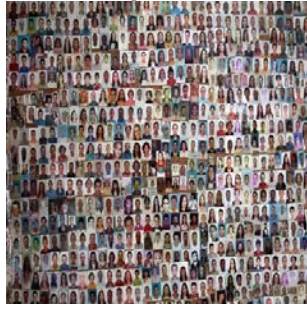
- Interactions with others
- Demonstrated social skills
- Peer pressure: life choices

Physical Health

- Provision of basic and appropriate health care
- Physical symptoms of health concerns
- Dental and visual needs
- Medical and dental established providers/provision for care



Cultural Identity



- Race
 - Class
 - Ethnicity
 - Religion
 - LGBTQ
 - Identified cultural identity
 - Sense of cultural identity
 - Desire for cultural identity
-
-

Substance Awareness

- Self
- Others
- Treatment
- Awareness of effects
- Recovery



Preparation for Adult Living (13-17)



- Life skill development:
 - Housing
 - Employment
 - Financial
 - Educational
 - Support
 - Planning
-
-

Activity D: Scaling Strengths and Needs

Directions:

1. Review each scenario below and identify the appropriate category the scenario belongs to and what rating you would give each child.
 2. Be prepared to discuss as a class.
-

1. Sixteen-year-old Eric was held back in Kindergarten and Second grade and is now flunking the eighth grade. His teacher says that he is on a fifth grade reading level and is in danger of falling even further behind.
 - Category:
 - Rating:
2. Six-year-old Susan says her mother loves her and when asked what she would do if anyone ever hurt her she says she would tell her mom about it.
 - Category:
 - Rating:
3. Matt is a type 1 diabetic and is insulin dependent. He sometimes forgets to take insulin and does not follow his diet. His blood sugar is often high, but he has never fainted or been hospitalized.
 - Category:
 - Rating:
4. Four-year-old Brenna has lots of friends at school. Her teacher describes her as very social and is one of the most popular children in class.
 - Category:
 - Rating:
5. Three-year-old Sammy is severely speech-delayed. After three months of speech therapy, he is beginning to show some progress and is only one year behind now.
 - Category:
 - Rating:
6. Fourteen-year-old James was adopted from China and doesn't feel like he completely fits in with his Caucasian family. He has begun researching Chinese culture on the internet but hasn't told his adoptive parents yet.
 - Category:
 - Rating:

7. Fifteen-year-old Julie is very aware of her mother's cocaine use as her mother has been using for the last ten years. She can explain the negative effect this has had on their lives and she states she will never try drugs.
 - Category:
 - Rating:

8. Seventeen-year-old Darren is about to age out of foster care. He has never worked before and has no interest in finishing high school, but believes he is going to get a great paying job and has found an apartment that costs 1000 dollars a month to rent. He says he can't wait to move out of his foster home and be on his own.
 - Category:
 - Rating:

9. Fourteen-year-old Peter is getting expelled from the third school in two years for getting angry and hitting staff. He has been in four foster homes in the last 6 months due to angry outbursts and tantrums that lead him to get violent towards staff and other children.
 - Category:
 - Rating:

Becoming Allies to Address Child Needs

What are some sample questions that you could ask a caregiver to help them identify what their child's strengths and needs are?

What are some sample questions that you could ask a caregiver that would evoke a caregiver's description of a more desired state (need for change) relative to child needs?

There are several ways that this information can be imparted to the parent:

- One way is to ask the parent, "If this (problem) were affecting your child, what could the effect be?"
- A second way is during a time when the Case Manager is with the child and the parent, the Case Manager can ask the child, "Can you tell your mom how you feel when (the problem) is happening?"
- A third choice is to share with the parent what the child told you the effect of the problem was. This can be powerful when it is shared with empathy, not judgment or condemnation. And, the child should know you are going to do this so they don't feel a trust has been violated.

Unit 7.4:

Danger Statement, Family Goal and Motivation for Change

- Learning Objectives:**
1. Describe what a danger statement is and how to develop one.
 2. Describe what a family goal is and how to develop one.
 3. Identify how to develop a family change strategy using the danger statement, family goal and motivation for change.

References: • CFOP 170-9, Chapter 4, Family Engagement Standards for Exploration

Danger Statement and Family Strategy: Process of What, Not Why?

Danger Statement: To understand WHAT must be different for parents in order for intervention to cease.

Family Goal: To identify and verbalize how the family will be functioning when all the children are safe, including consideration of barriers, support, and ideas for intervention.

What would be different for your child tomorrow, if these problems were resolved tonight while you were sleeping?

What would be different about your child? Your partner? You?

Family Goal and Danger Statement

VI. REASON FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

This is the statement of the danger that has resulted in the agency involvement—what is going on in the home, why and how that has resulted in children being unsafe.

VII. FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

This is the goal that the family will be working to achieve. Ultimately this is what the family will be doing and/or accomplish in order for agency involvement to cease.

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

These are the ideas that are identified as potential aids for achieving the family strategy.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/or the family team's perspective.

These are the barriers that may arise that would challenge the achievement of the family strategy.

Danger Statement:

Family Goal:

Ideas:

Potential Barriers:

Activity E: The “What” Questions That Formulate the Danger Statement

Instructions:

1. Watch the Russell video segments.
 2. Based on the information in the video segments and what you have learned about danger statements, write a danger statement for the Russell family.
- What must be different?
 - What can the parents do?
 - What are the parents willing to do?
 - What will the family “look” like for the agency to not be involved?
-

VI. REASON FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

VII. FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/or the family team's perspective.

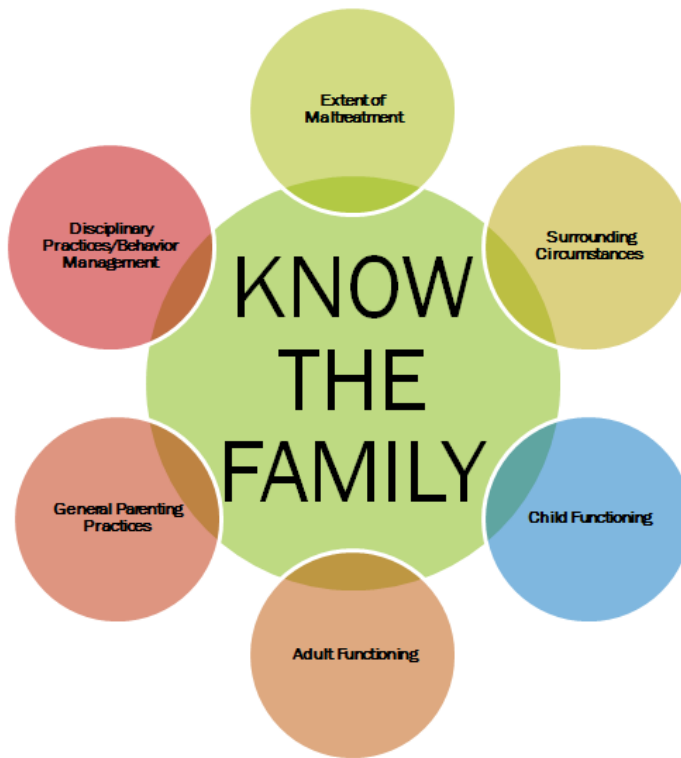
Unit 7.5: Information Collection/Domains

Learning Objectives:

1. Explain how the five worker competencies effect information collection.
2. Demonstrate documentation of the FFA-Ongoing domains.

References:

- CFOP 170-1, Chapter 2-4, Information Domains
- CFOP 170-1, Chapter 2-9, Child Strengths and Needs
- CFOP 170-1, Chapter 2-10, Stages of Change



Five Essential Competencies Associated with Information Collection:

1. I know what I must learn about a family. I know what information I must collect on each case I am assigned.

2. I understand the purposes or reason for needing to know this information.

3. I demonstrate the ability to gather the information.

4. I demonstrate the awareness that everything I do before and during information collection influences the quantity and quality of the information I will collect.

5. I can discuss and write about the information I collected logically, succinctly, and in a way that justifies my conclusions.

Documenting the Six Information Domains

Professional Judgment:

- Accurate Reflection – Positive and Negative
- Objective and Neutral
- On the “record” of information and decision making
- Reconciled to provide clarity

Activity F: Domain Information for the Sandler/Braun Family

Instructions:

1. Read Family Engagement Standards for Exploration Sandler/Braun Notes.
 2. Based on this information and information you already know about the family complete domain information on the Sandler/Braun FFA-Ongoing. This includes the following sections:
 - a. Child Functioning
 - b. Adult Functioning
 - c. General Parenting/Discipline or Behavior Management
-

NOTES FOR CASE MANAGEMENT Family Engagement Standards for Exploration Sandler/Braun Notes

02.24.2014, 04:15

Worker Creating Note: Reid, Spencer

Category: Case Management

Announced HV

Address: 209 Kettinger Ct Florida City, FL

Goal: Introduction and prep for Family Team Meeting

Explained CM role: safety management, family assessment, co-construct case plan, on-going case plan monitoring and modification. Provided information about what the family could expect from CM to include announced and unannounced visits to the home; service provider contact; collateral interviews; ongoing communication as to what family feels is working or not working; service provider referrals and assessment of progress.

CM met with family in living room; Byron was watching T.V. and Shane was in a walker. James was in his room playing video games. CM explained that CM agency uses family team meetings to develop and monitor case plans and that CM will discuss more about that w/family. Melanie said both grandmothers are their family's primary source of support.

Melanie stated that James is very disrespectful and knows how to push Bruce's buttons. Bruce was helping James with homework and was going slow, making smart comments, Bruce blew up, went after James and ended up chasing him upstairs. This is what made police and child Protection come. Bruce agreed that he had probably had too much to drink that day and might have been short-tempered.

Melanie stated that the report in 2012 happened when James became argumentative and told Bruce that he didn't have to listen to him and that he would do what he wanted to do then turned to leave and go back inside. Bruce reached for James to continue talking to him and James yelled that he hated Bruce. Bruce then struck James on the cheek with an open

hand. During discussion on this date, neither parent believes alcohol was an issue or contributing factor on that occasion.

Parents acknowledged that while Bruce does not “usually” strike James in the face, he does regularly use physical discipline and does spank him on the buttocks w/ an open hand or a belt. Parents agree that the mother experiences discomfort with any discord in the family; she is described as a rescuer and pleaser; she is uncomfortable redirecting James or Byron and often allows their tantrums. Both are seeing the younger sibling Byron emulating James’ behavior and the mother not correcting, intervening or redirecting.

Parents feel that James is routinely disrespectful, mainly with his mother Melanie and Step Father Bruce. James’ negative attention seeking behavior, outbursts and attitude transfers outside the home (grandmother had to send him home after visiting due to behavior, grandparents cut visit short due to disruptive behavior).

The parents felt parenting services provided in 2012 was somewhat helpful, pointed out the value of providing positive reinforcement for good behavior. Melanie felt the provider did not know enough about parenting a child with ADHD and did not appreciate how hard it can be. The provider was not able to change James’ behavior.

Bruce said alcohol probably had a little to do with it the most recent report. “I had a bad day at work and was under a lot of stress and maybe had too much to drink. I know I was wrong and I brought all this on the family.” Melanie observed to be silent and looking down when Bruce said “one time event.”

CM told mother that Florida City Elementary school had list of volunteer afterschool tutors that would come to the home up to four times a week to help James after school with homework. She will call school and work out details.

Bruce said safety plan could be quite a burden on the grandmothers and he hates to drag his friend into it too; will be happy when no longer necessary. CM said that family can choose to let James have overnights with his MG. Bruce okay with Ed Barth and agreed to allow him to check in with Bruce every day at 6 PM to see how things are going.

Discussed next steps re: working with parents on their goals for the family and case plan. Parents agreed that both grandmothers should be invited the family meeting to develop case plan. Family signed updated safety plan that CM brought; CM left a copy for family.

CM met with James privately; explained that CM role was to help the family. Said that his stepfather’s behavior towards him was a problem that would be worked on; that while parents are responsible for establishing rules and expectations; that kind of violence was not okay. CM asked James how the current safety plan was working; did he feel safe. James said he thought that his stepfather was mad at him but that he hadn’t said anything about it to James. He feels safe at home with grandmother around. CM said that CM wanted to have future talks with him to help figure out what would make things better for his family. CM asked Bruce if he would be willing to help CM with that. James agreed. Explained that

CM wanted to work with James on how to protect himself in the future should his stepfather be drinking and getting violent. Told James that CM hoped we could build a good relationship and that he would feel free to be truthful with CM.

Sandler-Braun FFA-Ongoing: Domain Information

Instructions: Read exploration notes for the Sandler/Braun family. Next synthesize this information and the information you already know about the family and complete the information collection domains in the FFA-Ongoing: Child Functioning, Adult Functioning, Adult Functioning, General Parenting, and Discipline/Behavior Management.

III. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

SANDLER, JAMES

BRAUN, BYRON

BRAUN, SHANE

IV. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

BRAUN, MELANIE

BRAUN, BRUCE

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians?
Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

BRAUN, MELANIE

Bruce Braun:

Activity I: Formulating the Danger Statement, Family Change Strategy, and Determining Motivation for Change

Instructions:

1. Complete the following sections of your Sandler/Braun FFA-Ongoing:
 - VI. Reasons for Ongoing Involvement Danger Statement
 - VII. Family Change Strategy
 - XII. Motivation for Change
 - XIV. Current Safety Plan Assessment for Sufficiency
 2. Be prepared to discuss.
-

VI. REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

VII. FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

XII. MOTIVATION FOR CHANGE

Adult	Motivation
Braun, Melanie Sandler	
Braun, Bruce	