

THE INTEGRATION OF SERVICES TRAINING SERIES

MODULE 5: SERVICE INTEGRATION AND COLLABORATION

SESSION 3: CREATING A SERVICE ARRAY: SERVICE INTEGRATION AROUND SPECIFIC ISSUES AND CONDITIONS.

SLIDE 3-1: SESSION TITLE SLIDE

Session 3: Objectives

- Identify impact of specific issues and conditions on parenting.
- Identify formal services and supports that can increase child safety, permanency, and well-being by condition/issue.
- Consider the importance of services and supports along the continuum of the change process.
- Emphasizing service and team responsibility for safety assessment.

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Summarize:

- This session will be highly interactive and will be based on your expertise about what endangers children related to each condition and,
- What services and supports must be provided to children and families to move them to safe and stable lifestyles.
- In looking at developing service arrays for each family, including each condition they may face, we will also underscore the important role of services and supports in assessing and intervening when there are safety concerns.

SESSION 3-2: HOW CONDITIONS IMPACT SAFETY: OR ‘WHY ARE WE HERE IN THE FIRST PLACE?’

**How Conditions impact Safety:
Or ‘Why are we Here in the first place?’**

- The condition is part of an underlying dynamic that led to allegations and verification of child abuse and neglect.
- The condition may not be ‘cured’, but management and recovery within this condition could allow for safe and stable family life.
- Managing and recovery from this condition is worthwhile in order to preserve the child’s attachment and identity, when safety can be created by the family and their supports.

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Say:

- *This slide represents a philosophy that underpins our intervention when we are engaged in assuring safety through family centered practice.*
- *Our role is to be able to work with complex family situations to assure safety but not perfection. Managing safety and risk for children is a job that we hold during initial intervention and,*
- *Ideally, we transfer the responsibility for safety and monitoring back to the family through the course of our work.*
- *In order to do this, we must be clear that we understand this family, in their complexity, and that this understanding leads us to individualized plans that will likely encompass more than one condition.*

SLIDE 3-3: WHAT WE NEED TO KNOW

What we need to know....

- How the conditions in this family impacted this child.
- What it will take to manage the condition, and to resolve what can be resolved, so that child maltreatment does not recur.
- What it will take from the services and supports to provide recovery assistance when vulnerabilities in this family come up again in the future.

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Say:

- *This slide demonstrates the need for individualization.*
- *Every family will have a unique collection of risk and protective factors that need to be taken into consideration.*
- *Our initial work is to identify the impact of the condition on the child or children.*
- *Then we need to work with the family and services/supports to resolve what we can, for example if there are dynamics or conditions that must be resolved or changed, such as sobriety, protection from a batterer, etc., those things must be put in place immediately.*
- *At the same time, without attention the family's vulnerabilities and unique conditions that brought them into the system in the first place may likely come up again and represent recurring or new danger to children.*
- *Our interventions must be informed and staged according to what we know about the family situation and the conditions so that our plans with families provide for immediate and safety for a lifetime.*

TRAINER NOTE

As you move quickly through the four conditions, and as you ask for examples from the groups' identified cases, note which smaller groups provided examples that seem to fit with a particular domain. After the trainer review, you will be assigning four groups (which are likely groups of six, or combinations of two of the triads) to work together to think of how services and supports develop family capacity for assuring safety, so if there are examples that are 'live' within each table/group, the work will be more applicable in real time.

SLIDE 3-4: HEALTH AND DEVELOPMENT

 **Health and Development**

- Key factors that impact safety in the Health and Development Domain:
 - Parent ability to physically and emotionally meet the needs of the child based on the child's developmental phase.
 - Child ability to receive the specific care the child needs for optimum development and growth.
 - Family ability to cope with and minimize toxic stress for optimal functioning and safety.

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Say:

- *The slide shows examples of core health and development needs.*
- *What we know from our training on health and development is that the impact of health and development can prevent parents from safely parenting.*
- *This may occur when the parent has a health issue or history that keeps him/her from meeting the needs of the child.*
- *This can also be a result of specific high needs on the part of the child due to a medical condition or due to the result of child abuse or neglect, for example diabetes, spina bifida, shaken baby syndrome, etc.*
- *In addition, the tremendous and toxic stressors present for families in our system can further challenge their ability to parent.*

Ask:

Based on your work, and on the cases you identified this morning, what are some of the ways that health and development play a part in families entering the child welfare system? Give us some examples in a nutshell....

Build on examples and **summarize:**

- The impact of parental or child health and development issues on safety is that the parent's ability to meet the child's needs is compromised and endangers the child.
- Reinforce that there are parents with health issues and developmental delays who can safely care for their children because they have found ways to meet the needs of the children within the context of their condition or situation. At the same time, there are parents who meet extreme medical needs of their children every day, who never enter the child welfare system. The difference is that the family has already struggled and adapted to safely care for their child.

Ask:

Let's think about the Hill family for a moment. Within this family, there are some health issues for Evian (seizure disorder) and for BJ (asthma and allergies).

How does the work we do with this family need to incorporate awareness of these issues?

- *Using relative for respite and care when she is concerned about the environment for BJ*
- *Providing and monitoring medication needs for Evian.*
- *Ensuring continuity of medical care through a primary care provider.*

How has Ms. Hill already shown her own capacity to address the needs her children have?

- *In ongoing monitoring and assuring medical attention.*

What else would need to be assured for BJ and Evian at case closure?

- *Ms. Hill needs to be able to advocate with school staff as to how her children's medical needs might be apparent in the classroom, and how to appropriately respond.*
- *Relatives need to know how to meet the children's medical needs when they are providing care.*
- *It is possible that visitation between BJ and his father, Brian, could progress to shared custody. Working with Brian and staff who supervise visits to understand signs of distress and treatment for BJ would be important.*
- *Continuing supervision of visits after case closure through working with family court and community providers if we have ongoing concerns about safety for the children while with Brian.*

**GROUP ACTIVITY: HILL FAMILY HEALTH-
FORMAL AND INFORMAL SUPPORTS**



FLIPCHART: INFORMAL SUPPORTS



FLIPCHART: FORMAL SUPPORTS

Say:

- *In the case of the Hill family, there are important informal supports we can build on to provide for the needs of both children, as well as important services to include in planning. Let's begin a list of possible informal supports and services that could be helpful to the Hill family. [Capture on Flipchart as we go through the conditions]*

Some examples:

- Ms. Hill's mother, BJ's former foster mother and father, and Ms. Hill know BJ's routine, signs of distress, and how to care for him and prevent asthma attacks.
- Ms. Hill and the former foster parents have successfully managed Evian's seizures.
- Additional resources that may be included in planning with the family around these issues include:
 - School
 - Medical personnel (Doctor/hospital)
 - Child care providers
 - Brian's family (BJ)
 - Potentially the extended family of the other children or Evian's father if visitation changes.
 - Neighbors in case Ms. Hill needs emergency assistance.
 - Ms. Hill does not have a car in case of emergency, so perhaps a friend or family member who can be 'on call'.

Ask:

- *Given what we have discussed about health and development issues, who are the important service providers who may be involved with any family based on these issues? Chart responses under formal services and include:*

- School
- Medical Services
- Medical Home providers
- Hospital personnel
- Dental providers
- Rehabilitation services

Ask:

- *In addition, the family's informal supports can be important players in developing a lifelong plan. **What are some other supports in the informal realm, or the community, that you find are helpful on an ongoing basis for families?***
 - *Parents whose children have the same condition.*
 - *Parents who have the same condition as the parent in this family.*
 - *Extended family*
 - *Peers to the child*
 - *Support groups*
 - *Online supports*
 - *Church*
 - *Community groups and organizations*

Say:

This is a good list. We are going to keep these health lists up and then we will work with them in small groups to really uncover some of the creative ways that we can work to further integrate services to address concerns with health and development.

SLIDE 3-5: MENTAL HEALTH ISSUES

Mental Health Issues

- Key factors around child safety related to mental health can include:
 - Episodes or ongoing impairment in parents' ability to meet children's needs.
 - Challenges for parents who are raising children with demanding mental health issues.
 - Ongoing needs for advocacy on behalf of children with emotional disturbance in the community.

Say:

- *Now we turn to mental health issues.*
- *We know that there are specific ways that mental health concerns, including trauma, can impact parenting and safety.*
- *Effective plans will address all of these domains.*
- *We also know that living in recovery and managing mental health concerns can be a changing landscape for families. Mental health issues can recur or re-emerge differently over time.*

Ask:

Using the Hill family as an example, what are some of the mental health issues and behavioral issues or needs you saw or anticipate that could impact this family's functioning?

Endorse and seek:

- *Mother's trauma in military*
- *Diagnosed ADD on part of Martin and Evian*

Ask:

What types of ongoing supports need to be there for this family to help with these issues?

Endorse and Seek:

[Add suggestions to the ongoing list of supports/services for the Hill Family]

- *Mental health trauma informed counselor*
- *Pediatrician/psychiatrist*
- *Ongoing evaluation to see if an ADD diagnosis is appropriate and if treatment continues to work through puberty.*

Ask:

Based on your work, and on the cases you identified this morning, what are some of the ways that mental health issues play a part in families entering the child welfare system? Give us some examples in a nutshell....

Build on examples and **summarize:**

- The impact of parental or child mental health issues on safety is that the parent's ability to meet the child's needs may be compromised and may endanger the child.
- Reinforce that there are parents with mental health issues who can safely care for their children because they have found ways to meet the needs of the children within the context of their condition or situation.

GROUP ACTIVITY: HILL FAMILY MENTAL HEALTH- FORMAL AND INFORMAL SUPPORTS



FLIPCHART: INFORMAL SUPPORTS



FLIPCHART: FORMAL SUPPORTS


Say:

Again, we are going to make a list. There are some common themes across all of our conditions, so let's really hone in on the specific supports that you know of to help families struggling with mental health issues.

- Generate and record a list of formal services to include:
 - Psychiatric care
 - Psychological sources
 - Social Workers/Therapists
 - Mental Health Centers
 - Pharmacies
 - Schools
 - Day Treatment/Psychiatric programs
 - Residential programs
 - Insurance (during and post-intervention)
 - Vocational Rehabilitation Programs.
- Generate and record a list of informal supports to include:
 - Extended family
 - Adults with the same issue
 - Support groups in the community
 - Peers and classmates (children)
 - Neighbors (neighborhood watch)
 - Online supports

Thank the group for the examples and lists and post them.

SLIDE 3-6: DOMESTIC VIOLENCE

 Domestic Violence

- Key factors to consider in families where there is Domestic Violence are:
 - Direct danger to children who are parented by a batterer.
 - Danger of being exposed to and present during violent episodes.
 - Impact of witnessing and living with a batterer.
 - Impact of witnessing harm and life-threatening situations against the survivor.
 - Assuring safety during and after intervention.

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Say:

- *Now we turn to domestic violence.*
- *We know that there are specific dangers and impacts where working with families involved in DV.*
- *Effective plans will address all of these domains.*
- *Of special note is the safety concern for all family members: In integrating services and working with the whole family, safety must come first.*

- *This means that information sharing is going to have specific limitations to protect survivors and children from the batterer.*
- *The team will have to have some specific safeguards around information and access throughout the process of intervention, as we discussed on our day on Domestic Violence.*

GROUP ACTIVITY: HILL FAMILY DOMESTIC VIOLENCE- INFORMAL AND FORMAL SUPPORTS



FLIPCHART: INFORMAL SUPPORTS



FLIPCHART: FORMAL SUPPORTS

Say:

Let's look back at the Hill family. What are your major concerns about this family related to DV?

Seek and endorse:

- *Ms. Hill may reunify with Mr. Hill*
- *Ms. Hill may enter another relationship with DV*
- *Mr. Hill may remain abusive and engage in ongoing threats and abuse with Ms. Hill, his children, or another partner*
- *Impact on all family members of their experience on future functioning and safety*

Say:


In light of these concerns, who do we want available to support the parents and the children on an ongoing basis?

Examples include:

- DV Shelter, advocate, and services to help Ms. Hill and children in recovery
- Peer support group for Ms. Hill and for children
- Court and Legal system: uphold custody and visitation decisions that insure safety for parent and children, insist on completion and follow up for Mr. Hill related to battering
- Law Enforcement: enforce injunctions and custody issues if necessary
- Develop community visitation plan upon case closure
- Family and friends to support Ms. Hill in her efforts to achieve safety and encourage her to move forward

- Family and friends to support Mr. Hill in engagement in treatment and maintaining a violence free future
- Family and friends of Mr. Hill if and when visitation or custody allows him more access to children
- TANF and Support Enforcement so that Ms. Hill can maintain a household for the children as she becomes employable
- Again, we are going to make a generic list. There are some common themes across all of our conditions, so let's really hone in on the specific supports that you know of to help families experiencing DV
- Generate and record a list of services to include:
 - DV Programs
 - DV Advocate
 - BIP Programs
 - Law Enforcement
 - Courts (protection orders)
 - Housing
 - Employability
 - Schools
 - Corrections
 - Victim Assistance Programs
 - TANF
 - Employability and self-sufficiency programs
 - Therapy for adults and children
- Generate and record a list of supports to include:
 - Extended family
 - Adults with the same issue
 - Support groups in the community
 - Activities and programs to build self-esteem
 - Neighbors (neighborhood watch)
 - Online supports
 - Resources for safety/escape plan for survivor and children.

SLIDE 3-7: SUBSTANCE ABUSE ISSUES

 **Substance Abuse Issues**

- Key factors around child safety related to substance abuse can include:
 - Episodes or ongoing impairment in parents' ability to meet children's needs.
 - Child(ren)'s exposure to dangerous people in the case of illicit drugs or addicts in the home.
 - Danger of lapse and relapse in the future.
 - Underlying causes and triggers for use/lapse/relapse and the addiction create future vulnerabilities for parents and children.

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Say:

- *Now we turn to substance abuse.*
- *We know that there are specific ways that substance abuse can impact parenting and safety..*
- *Effective plans will address all of these domains.*
- *We also know that living in recovery and managing potential lapse and relapse is critical for keeping children safe post-intervention, and that the vulnerability or pull towards the addiction is going to remain powerful and present for a long time, if not a lifetime.*
- *Helping a family heal from substance abuse and addiction, in and of itself, can also be a long term process for families.*

Ask:

Based on your work, and on the cases you identified this morning, what are some of the ways that substance abuse and addiction issues play a part in families entering the child welfare system? Give us some examples in a nutshell....

Build on examples and **summarize:**

The impact of substance abuse and addiction on safety is that the parent's ability to meet the child's needs is compromised and endangers the child.

Ask:

Back to the Hills: Any ideas about how we would make our list more robust to address our early concerns that Ms. Hill may use substances to deal with stress and to explore substance abuse for Mr. Hill?

- *SA evaluation for Mr. Hill if indicated.*
- *Trauma informed MH counselor (co-occurring capable) able to help Ms. Hill manage her substance use and mental health issues.*
- *Self help groups for Ms. Hill, and if indicated, 12 step groups for older children.*

GROUP ACTIVITY: HILL FAMILY SUBSTANCE ABUSE- FORMAL AND INFORMAL SUPPORTS



FLIPCHART: FORMAL SUPPORTS



FLIPCHART: INFORMAL SUPPORTS

Say:

- *Substance Abuse was co-occurring but not a predominant factor in intervention in this case, whereas in some families, the addiction and resulting criminal or social consequences is more prominent when we intervene, so let's think together on our broader list (the other two flipcharts) about supports and services that can be integrated to support family change in any family where addiction may be part of the family dynamic.*
- *Again, we are going to make a list. There are some common themes across all of our conditions, so let's really hone in on the specific supports that you know of to help families struggling with mental health issues*
- *Generate and chart a list of Services to include:*
 - FIS (Family Intervention Specialists)
 - Substance Abuse Treatment
 - Intensive outpatient programs/Inpatient programs
 - Legal system
 - Corrections
 - Therapists for all family members.
 - (AA/Alanon/Alateen/NA: these could be services or supports, as they are unpaid and do not require a referral)
- *Generate and record a list of supports to include:*
 - Extended family
 - Adults with the same issue
 - Support groups in the community
 - Online supports
- *Note that, like DV, changing the substance abuse sometimes means changing 'people, places' and things', so some of the formal and informal supports may involve developing a new life situation to support sobriety/non-use, for example, housing or moving, developing new friends, re-acquainting oneself with new peers who will support the recovery lifestyle.*

- Whether the addict or user gets to recovery, these services and supports can still provide a team for the child and other parent.
- Thank the group for the examples and lists and post them.

TRANSITION

Now that we have explored the resources we have to work with, let's think about how to really craft a team that the family can own throughout our practice wheel.

Materials:
Flipchart Paper
Participant Guide Worksheets

ACTIVITY 3-1: Working the Practice Wheel Part Two

PURPOSE: To think about the elements of the practice wheel and identify how integration and collaboration can be achieved at each phase of the case, related to specific concerns and issues.

TIME: 30 minutes

DIRECTIONS:

Step 1: Divide the group into four, using your knowledge of their 'sample families' from the AM activity. Assign each group a 'condition' and give them the lists of services and supports for their assigned 'condition.'

Step 2: Refer the groups to page 15 in the participant guide and give each group one piece of flipchart paper. Also, refer them to the slide and handout of the practice wheel. Tell them that their mission, is to map out how services and supports can be integrated so that the family has a sense of a collaborative team to support them in the process of change. You will also be looking at how the family can sustain the supports after the agency case is closed, either maintaining supports after reunification, or maintaining supports after alternate permanency outcome is achieved.

Step 3: Give the groups 20 minutes to half an hour to identify what the services and supports can contribute to each phase of the practice wheel, and how the DCM can best work with the family to integrate the work.

Participant Guide
Module 5, p. 15



Step 4: Have each group, in rotation, describe in detail one element of the practice wheel beginning with engagement. For example, the health group reports on engagement in detail. Then the other groups add in any unique elements that are specific to their condition. Then rotate to another group to describe the second element of the practice wheel. Continue until you have covered all of the elements.

Process and summarize:

- Thinking about our work on this activity, you can see how the DCM role in the beginning is very specific to building relationships and helping families identify what and who would work for them in their best effort to change.
- As we also see, over time, the team changes. Some members leave because their work is done, i.e. paid assessors at case commencement. Other members come and go depending on their usefulness in terms of helping the family achieve or advance their goals.
- Over time, we will add more members as well: both because the family trusts us more and allows us to know more of their true supports, and because the needs of the child and family change.
- One example may be that the parent withdraws from the change process, and a new team must be crafted around the child's need for alternate permanency plans.
- Another example may be that, during the course of work on substance abuse or mental health issues, traumatic events are revealed that require different treatment and supports.
- Still, we keep the child and family held close in our minds with a goal of self-sufficiency.
- Our interventions to build a collaborative team and approach are focused on:
 1. Build recovery based on conditions needed to sustain recovery,
 2. Building self-efficacy for families so that they can plan for safety, permanency, and well-being, knowing their vulnerabilities, and
 3. Family independence.

TRANSITION

Acknowledge that this is a deep piece of work we have accomplished, and much of today has crosswalked real cases and the concepts of family centered practice wherein we are shifting our role to become increasingly effective. In our final session, we will work in small groups or triads to intensively look at the cases you brought forward in our first activity. Our next activity will allow you to leave with validation for what you already do and an action plan for continuing to deepen your practice.