



**North Carolina Department of Health and Human Services  
Child Welfare Pre-Service Training**

**Week Six**

**Core Participant's Workbook**

**November 2023**



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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services and revised by Public Knowledge® in 2022 and 2023.

Content in this training was created specifically for child welfare professionals in response to the Administration for Children and Families (ACF) policy regarding the integration of principles of equity, inclusion and diversity into the policies, practices, and training of child welfare workers by the North Carolina Department of Health and Human Services.

The training workshops are interactive in nature, and the focus is on practical knowledge and skills that participants can apply within the workplace while respecting the dignity of others, acknowledging the right of others to express differing opinions, and the right to freedom of speech and association.

The training is not intended to, and should not be understood to, solicit or require an employee to endorse or opine about beliefs, affiliations, ideals, or principles regarding matters of contemporary political debate or social action as a condition of employment and are not intended to, and should not be understood to, solicit or require an employee or applicant to describe their actions in support of, or in opposition to, those beliefs, affiliations, ideals, or principles.

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## Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be “pushed” forward onto the next page. To correct this when you are done typing in the text box, you may use delete to remove extra lines.

## Course Themes

The central themes of the Pre-Service Training are divided across Foundation Training and Core Training topics.

### Foundation Training

- Pre-Work e-Learning
- Introduction to the Child Welfare System
- Identification of Child Abuse and Neglect
- Introduction to Child Development
- Historical and Legal Basis of Child Welfare Services
- Ethics and Equity in Child Welfare
- Key Issues in Child Welfare: Substance Use, Family Violence, and Mental Health
- Overview of Trauma-Informed Practice

### Core Training

- Pre-Work e-Learning
- Child Welfare Overview: Roles and Responsibilities
- Introductory Learning Lab
- Diversity, Equity, Inclusion, and Bias
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Engaging Families Learning Lab
- Quality Contacts
- Overview of Child Welfare Processes: Intake and CPS Assessments
- Intake and CPS Assessments Learning Lab
- Overview of Child Welfare Processes: In-Home Services
- In-Home Services Learning
- Overview of Child Welfare Processes: Permanency Planning Services
- Permanency Planning Services Learning Lab
- Key Factors Impacting Families and Engaging Communities
- Documentation

- Documentation Learning Lab
- Self-Care and Worker Safety

## Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

### Pre-Work Online e-Learning Modules

There is required pre-work for the North Carolina Child Welfare Pre-Service Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. Introduction to North Carolina Child Welfare Script
2. Child Welfare Process Overview
3. Introduction to Human Development
4. Maslow's Hierarchy of Needs
5. History of Social Work and Child Welfare Legislation
6. North Carolina Worker Practice Standards

### Foundation Training

Foundation Training is instructor-led training for child welfare new hires that do not have a social work degree (BSW or MSW). Staff with prior experience in child welfare or a social work degree are exempt from Foundation Training. The purpose of this training is to provide a foundation and introduction to social work and child welfare. After completing Foundation training, new hires will continue their training and job preparation with Core Training. Foundation Training is 28 hours (4 days) in length.

### Core Training

Core Training is required for all new child welfare staff, regardless of degree or experience. This course will provide an overview of the roles and responsibilities of a child welfare social worker in North Carolina, including working with families throughout their involvement with the child welfare system. The course will provide opportunities for skills-based learning labs. Core Training includes 126 hours (18 days) of classroom-based training, completed over six consecutive weeks.

Throughout the pre-service training, learners may have required homework assignments to be completed within prescribed timeframes.

In addition to classroom-based learning, learners will be provided with on-the-job training at their DSS agencies. During on-the-job training, supervisors will provide

support to new hires through the completion of an observation tool, coaching, and during supervisory consultation.

### **Transfer of Learning**

Transfer of learning means that learners apply the knowledge and skills they learned during the training back to their daily child welfare work at their DSS agencies. During the pre-service training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer of learning tool will enable learners to create a specific action plan they can use to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in the reinforcement of new knowledge and skills. Supervisors will assist new workers in the completion and review of their transfer of learning tool and will support workers to apply what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

### **Training Evaluations**

At the conclusion of each week of training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.


**All matters as stated above are subject to change due to unforeseen circumstances and with approval.**

## Week Six, Day One Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	<b>Overview of Child Welfare Processes, Part 3: Permanency and Planning Services (continued)</b>	
II.	Permanency and Permanency Planning (continued)	9:30 – 10:35
	<b>BREAK</b>	10:35 – 10:50
	Permanency and Permanency Planning (continued)	10:50 – 11:40
III.	Monitoring and Reassessment: Permanency Planning Family Services Agreement	11:40 – 12:05
	<b>LUNCH</b>	12:05 – 1:05
	Monitoring and Reassessment: Permanency Planning Family Services Agreement (continued)	1:05 – 1:20
IV.	Achieving Permanency and Safe Case Closure	1:20 – 1:30
V.	Preparing Children for Permanency Learning Lab	1:30 – 1:45
	Achieving Permanency and Safe Case Closure (continued)	1:45 – 2:20
	<b>BREAK</b>	2:20 – 2:35
	Achieving Permanency and Safe Case Closure (continued)	2:35 – 3:15
	<b>Key Factors Impacting Families and Engaging Communities</b>	
VI.	Partnering with Community Services to Support Families	3:15 – 3:45
VII.	Self-Care Exercise & Wrap-Up	3:45 – 4:00

## Welcome



• How are people feeling today?

• What was your main “takeaway” from last week?

• Is there any clean-up we need to do?

• Review agenda and learning objectives for the day

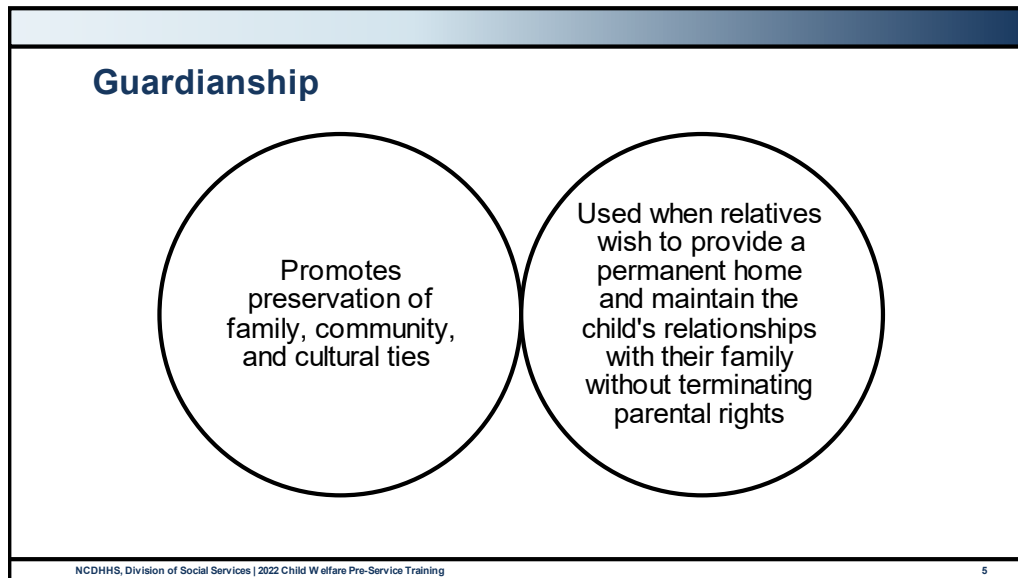
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**Use this outlined space to record notes.**

## Overview of Child Welfare Process, Part 3: Permanency Planning Services (continued)

### Permanency and Permanency Planning (continued)

#### Guardianship

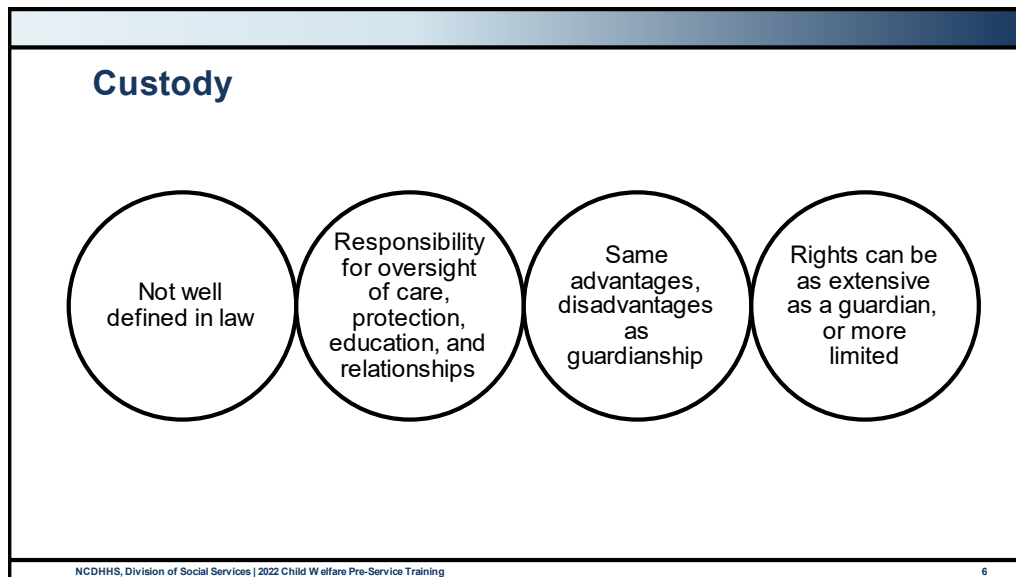


Guardianship is a strategy and permanency option that is used when relatives wish to provide a permanent home and maintain the child's relationships with their family without terminating parental rights. This permanency option promotes the preservation of family, community, and cultural ties and potentially reduces racial disproportionality and disparities in child welfare.



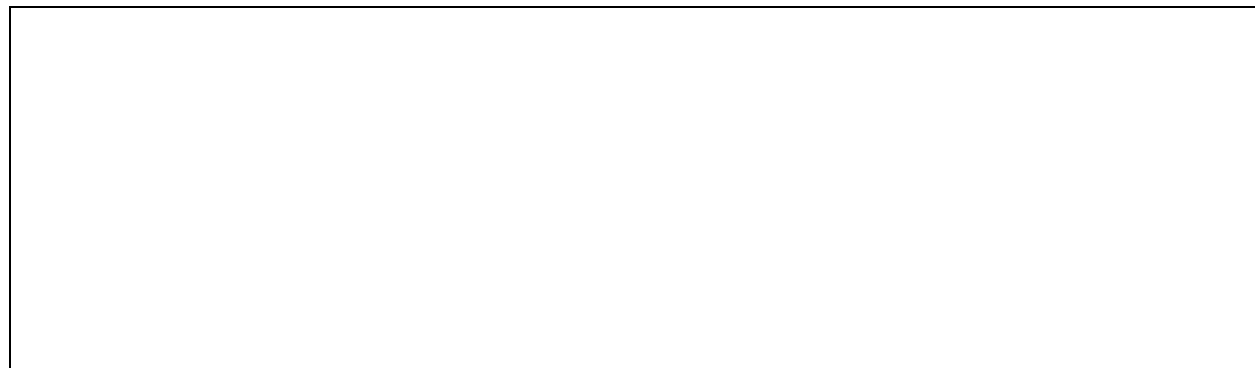


## Custody



Legal custody is an acceptable permanency option, although it does not have the same level of security or permanency as adoption or guardianship. Custody can be challenged before the court and terminated any time there is a change in circumstances, regardless of the fitness of the custodian. When the primary or secondary permanency plan is custody, your agency must:

- Demonstrate diligent efforts to locate a suitable person who is willing to assume custody of the child.
- Provide information to the potential custodian about more permanent and legally secure options, including adoption and legal guardianship.
- Assess the suitability of the home for custodial placement and make a recommendation of your findings.
- Evaluate and discuss any potential conflicts the custodian may have with the child's parents.



### Another Planned Permanent Living Arrangement (APPLA)

**Another Planned Permanency Living Arrangement (APPLA)**

- Services to ensure the child's ongoing safety and well-being needs are met
- Provision of LINKS services
- Access to resources for the youth
- Diligent efforts to help the youth establish strong support network with friends and relatives
- Ensure caregivers are using the Reasonable and Prudent Parent Standard
- Ongoing support for the caregiver to avoid placement disruption

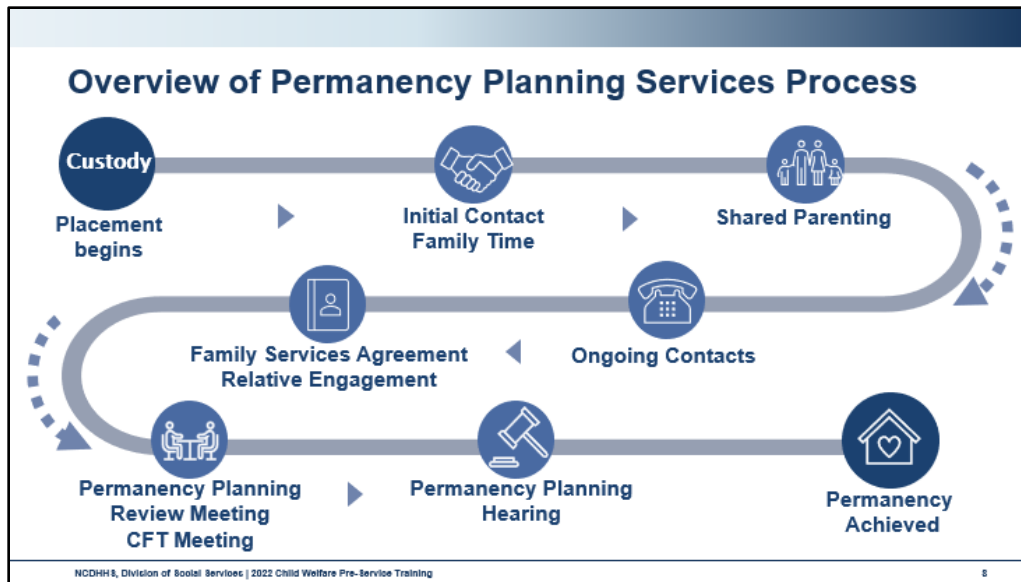
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The Adoption and Safe Families Act of 1997 created the term “another planned permanent living arrangement,” or APPLA, but limited its use to when child welfare agencies and courts had ruled out other permanency options. The Preventing Sex Trafficking and Strengthening Families Act further limited the use of APPLA as a permanency plan.

APPLA is a permanent living arrangement ONLY for a youth aged 16 or 17. To be eligible to have APPLA as a permanency option, youth must:

- Reside in a family setting for at least the previous six concurrent months
- The youth and caregiver have a mutual commitment of emotional support
- The youth has been integrated into the family
- The youth and caregiver are requesting that the placement be made permanent
- Other permanency options, including adoption, guardianship, and custody have been determined to be inappropriate for the situation due to the youth’s long-term needs.





## Permanency Planning Hearings

### Permanency Planning Hearings

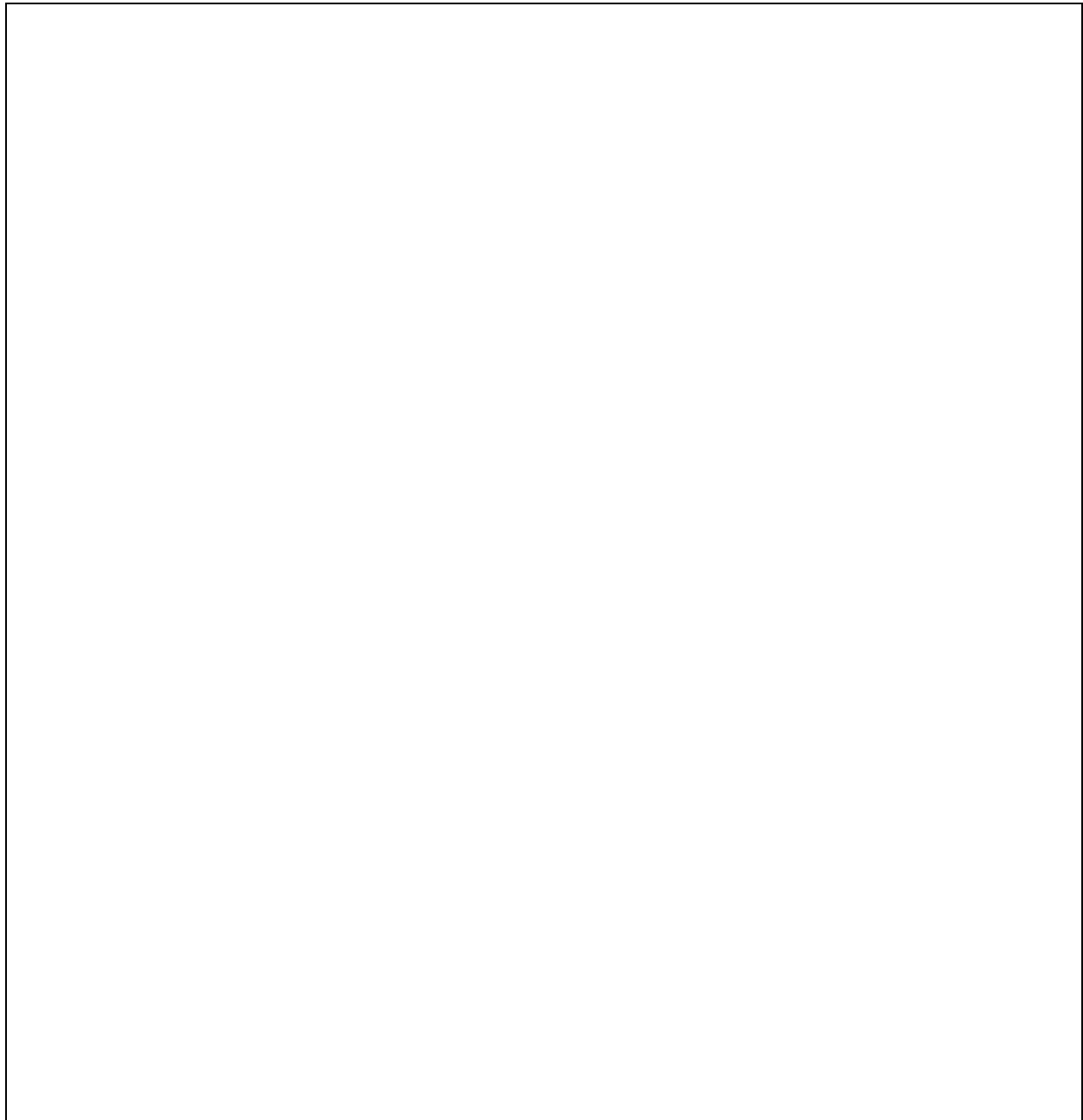
Court Determinations	Timeframes
<ul style="list-style-type: none"> <li>Placement safe and appropriate</li> <li>Service needs addressed</li> <li>Family's compliance with the plan</li> <li>Progress to achieve goals</li> <li>Services to assist the child in successfully transitioning to adulthood</li> <li>Compliance with reasonable and prudent parent standard</li> <li>Reasonable efforts to achieve reunification</li> </ul>	<ul style="list-style-type: none"> <li>Within 90 days from the date of the initial dispositional hearing</li> <li>At least every six months thereafter</li> </ul>

[Court Hearings for the Permanent Placement of Children](#)  
 NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training

The permanency planning and court hearing processes work together to determine what changes need to be made to return a child home or reach some other goal, such as adoption or guardianship. Court hearings, also called permanency planning hearings, are used to review the status and determine the permanent placement of children who have been placed in out-of-home care.

During permanency planning hearings, the court will review your agency's recommendations and reports about the placement. Written reports to the court must document the following:

- Intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made by the agency to return the child to their parents; or
- Efforts to secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent. These include efforts that utilize search technology (including social media) to find family members for children; and
- Steps the agency is taking to ensure the placement follows the Reasonable and Prudent Parent Standard and whether the child has regular opportunities to engage in age- or developmentally-appropriate activities.



### Permanency Planning Review (PPR) Meetings

Permanency Planning Review (PPR) Meetings	
<b>Purpose</b>	<b>Timeframes</b>
<ul style="list-style-type: none"><li>• Review well-being and service needs</li><li>• Review the placement</li><li>• Document progress of the parents</li><li>• Review the most appropriate permanent plan</li><li>• Ensure permanency is achieved</li></ul>	<ul style="list-style-type: none"><li>• Within 60 days of placement</li><li>• Every 90 days thereafter</li><li>• When there is recommended change in the permanent plan outside of regular review schedule</li></ul>

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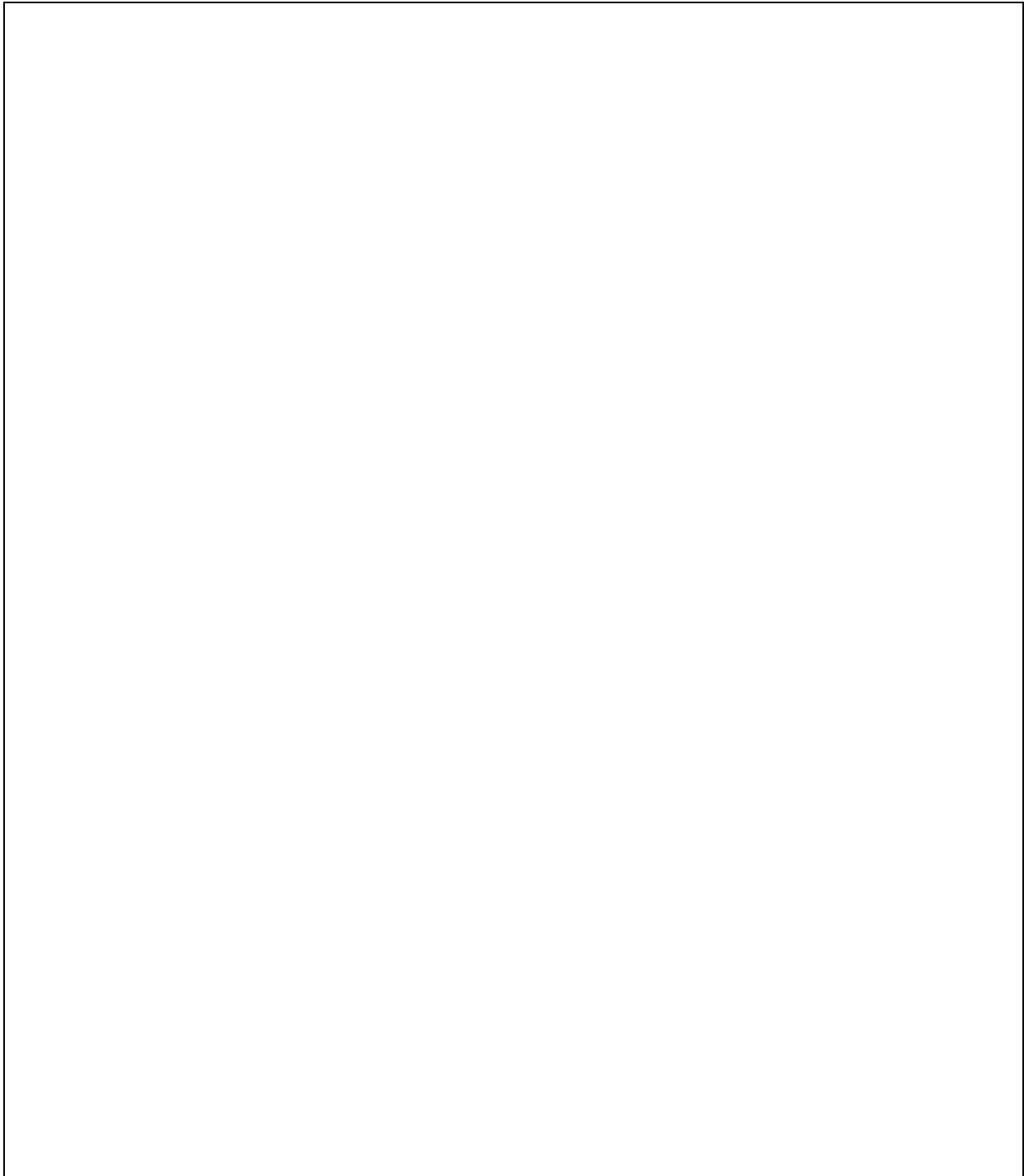
The following individuals must be invited to the PPR and are considered part of the PPR team (keep in mind this is not an exhaustive list and others can be invited as well):

- The child’s parents, unless parental rights have been terminated
- The child
- The child’s placement provider
- Natural supports identified by the family
- Community resource persons, at least one of whom is not responsible for the case management or delivery of services to the child or parents
- The GAL
- If reunification is no longer the primary plan, any identified permanent placement resources must be invited to participate in the PPR



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

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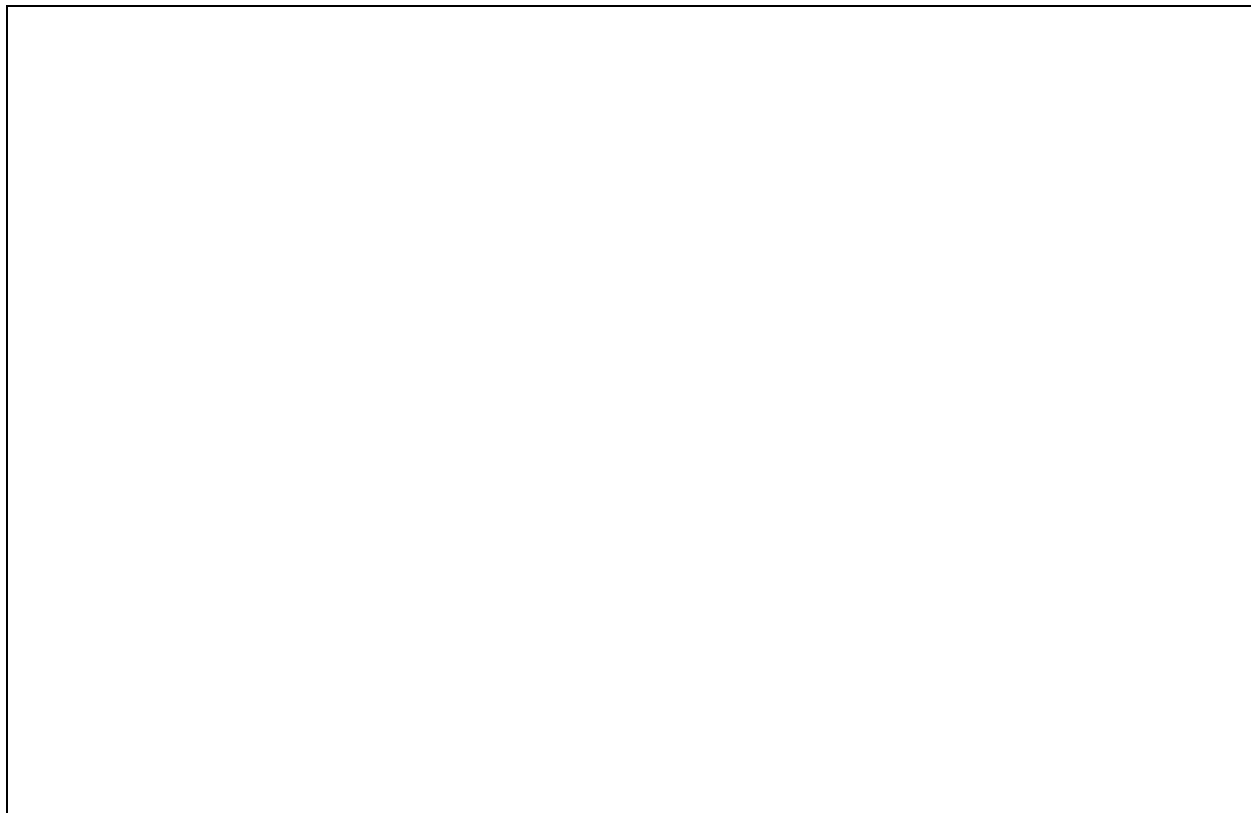
Planning for Permanency with the Family

**Planning for Permanency with the Family**

- Encourage families to bring relatives, fictive-kin, and other supports to PPR meetings
- Always ask children who they want to have on their PPR team
- Make decisions with child and family voice at the forefront

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Family input can help guide social workers toward the most beneficial permanency plan for each child and ensure that children have a support network both during and after they leave out-of-home care.



## Handout: Planning for Permanency with the Family

During the permanency planning process, it is critical for child welfare workers to work closely with children, youth, and families. The Federal Child and Family Services Reviews, which look at child welfare in every State, found that engaging families in permanency planning and timely and quality worker visits were the two most important activities to impact child welfare outcomes, including permanency. Family input can help guide workers toward the most beneficial permanency plan for each child and ensure that children have a support network both during and after they leave out-of-home care.

Permanency planning for children is best done with the involvement of the child's parents and other family members. Family engagement involves all aspects of partnering with children and families deliberately to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is an intentional practice to ensure relationships develop.

One of the purposes of the Permanency Planning Review is to involve parents, relatives, the child, placement providers, community members, and community agencies in examining, assessing, and reviewing the placement of children to ensure a safe, permanent home for the child. It is critical that every one significant to the family is involved in planning for the child and the Permanency Planning Review is a model of that belief. Everyone has an opportunity to express ideas, needs, and concerns, including the child if they wish to be heard. During Permanency Planning Review meetings, parents should be encouraged to bring relatives, fictive-kin, or any other support person they would like to have present at the meeting. A broad definition of family should be used when considering who should be a part of the PPR. Decisions made at PPRs should be made with the child's and family's voices at the forefront.

Children should always be consulted as to whom they would like to have on their team. This is especially important if the child's parents are no longer attending the meetings. The child should have a voice at the meeting and should be encouraged to share their wishes for their future. The more agencies can empower children by including them in the decision-making process, the better those agencies serve them. One of the individuals selected by the child may be designated to be the child's advisor and, as necessary, advocate for the child. It is considered appropriate for the child to participate in a PPR meeting if the child is of sufficient age and maturity, and it is developmentally appropriate for the child to be present.

Foster parents and other placement providers have the most current and complete knowledge of the child's adjustment in foster care. They play a vital role in the planning and decision-making regarding the child's future. They should always be strongly encouraged to attend and participate fully in the Permanency Planning Family Services Agreement planning and review meetings.

Other important individuals to consider in the PPR meetings and as part of the team include:

- Community resource providers: By providing services to children and their families, community resource providers may have information essential to



planning and decision-making.

- Teachers and guidance counselors: The child's teachers and/or guidance counselors should be included in this process.
- At least one resource person who has no direct service or case management responsibilities to the case strengthens case decision-making. Not only does this provide for additional input into the child's case, but an individual with no direct case responsibility is better able to view the "big picture" objectively and make recommendations from the broader community perspective. Community resource persons with no direct case management responsibility can include but are not limited to the following:
  - Mental health representatives
  - School representatives
  - Healthcare providers or representatives
  - Fatherhood initiative representatives
  - Social services representatives, such as Work First or economic services workers

A PPR meeting should be used to discuss and strategize for concurrent planning options at various points throughout the life of the case. While primary plans must reflect reunification, early inclusion of family in understanding and planning for concurrent, long-term placement options can be an appropriate use of the PPR process. Families should be informed about and allowed to plan for all the options they feel can support permanence for their children.

PPR Teams are valuable tools for assessing the strengths and needs of families and children in the early phase of permanency planning. By involving the child's family, relatives, other kin, foster parents, community supports, and all the agencies involved with the child and family in an early assessment process, everyone involved can understand clearly the reasons for the child's removal. Everyone also can understand the issues that need to be resolved for reunification to occur or, if reunification is not the plan, the child's need for permanency. In engaging families in the permanency planning process, your agency will have a clear plan for permanence that is based on a shared decision-making process with the family.

### **Preparing the Child's Family**

- Why remove?
- Reunify?
- Involvement in move
  - information
  - schedule
  - paper trail
  - supports
  - regret
  - planning
- Anger and frustration acknowledged
- Future possibilities

### **Preparing the Child**

- Developmentally accurate
- Provide complete information
- Support over time
- Repetition
- Watch, listen, and analyze
- History

### **Preparing the Placement Provider**

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Make them feel part of the team
- Give them a sense of the future

### **Preparing the Adoptive Caregiver**

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Adoption issues over the lifecycle

*Adapted from: Beeler, NG, Rycus, JS & Hughes, RC. (1988). Effects of abuse and neglect on child development: A training curriculum. Columbus, OH: Institute for Human Service*

Video: Every Kid Needs a Family – Advice to My Younger Self

**Visit: Every Kid Needs a Family**


“You deserve to be loved; you deserve a family.” That’s the consensus of the young adults in this video who share words of encouragement and advice they wish someone had given them when they were much younger.

This short video from the Annie E. Casey Foundation highlights advice that young people who spent time in foster care wish they had known.

**Use this space to record notes.**

### Engaging Youth in Permanency Planning

- Help youth understand family, belonging, and permanency
- Help youth explore permanency
- Encourage family connections
- Be honest and direct
- Recognize family loyalties may affect desires to pursue permanency
- Give youth a voice in permanency planning



Belonging Matters: Engaging Youth in Permanency Planning  
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You have an important role in ensuring that youth explore permanency options and understand the necessity of developing permanent connections for support and resilience as they near adulthood. Child welfare professionals need to help young people in transition fully explore and process what the different options may mean for them so they can make an informed decision—one that represents their best interests and sets them up for success. Discussions with youth about permanency should take place over time, with close youth engagement and input. The following strategies are all

things you can use in your practice to help youth remain engaged in planning and achieving permanency.

**Help youth understand what family, belonging, and permanency mean**

Youth who have grown up without the security of consistent family connections and positive peer support may not fully recognize the necessity of such relationships. You can help ensure they are aware of the benefits and opportunities that come from connectedness and help them recognize and tap into their existing supports, to build the family-like network essential for success. Existing supports may include relatives, a former neighbor or foster parent, a coach, or a friend from their faith community. A sense of belonging provides the security and self-assuredness needed to achieve potential in life. Help the youth you work with understand the basic need to belong and the importance of having a support system to share life's inevitable ups and downs.

**What are some questions you would ask youth to help them understand what family, belonging, and permanency mean to them?**

Ask the youth, "What relationships are most important to you?" rather than "Do you have any relatives or friends you could live with?" This emphasizes identifying connections rather than just placement or permanency options.

**Help youth explore their permanency options: what they want and why**

Child welfare professionals and other adults working with youth in foster care need to help them explore the many options for legal and relational permanency, as well as the feelings of fear, rejection, grief, loss, or abandonment that can create a reluctance to pursue permanency. Professionals working with youth should have ongoing conversations about permanency and the different permanency options. Youth should have an understanding of the basics of permanency. It shouldn't be assumed that youth understand what permanency really is, what it can mean, or how it can serve them specifically. We should not assume that they know the questions to ask. We should be giving them all the information we have in developmentally-appropriate explanations and guidance. Prioritize the youth's desires and clearly define the pros and cons of each permanency option. Support youth as they investigate their options and ensure they establish connections with adults in their lives who can help them. While you may be

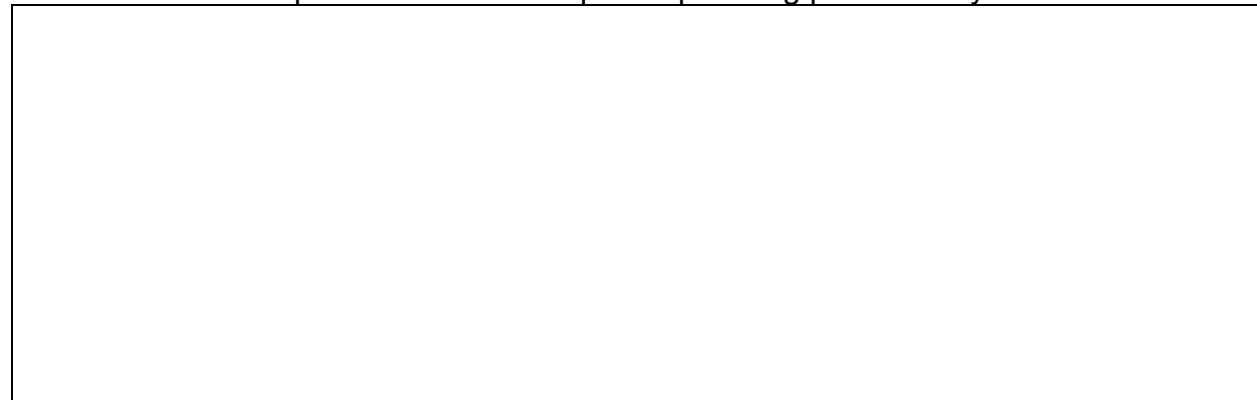
motivated to pursue legal permanency, remember that relational permanency is just as important for the young people you work with. What's important is that youth develop and secure strong bonds with supportive adults that will last a lifetime. When you are establishing a permanency plan, it is important to make sure youth are involved, aware of their options, and given opportunities to express their opinions, as possible and appropriate.

**Recognize that family loyalties may affect youths' desire to pursue permanency**

There are times when you may work with a youth who is resistant and reluctant to explore their permanency options. They may even tell you they don't want to achieve permanency. In many cases, a reluctance to explore permanency options has to do with a youth's fear of betraying family members. It's important to help young people understand that legal or relational permanency doesn't mean replacing family members or cutting ties. Rather, permanency is adding to the "family" of caring individuals who will support them throughout life and help them achieve their goals. You can support youth in navigating their questions, feelings, and conversations surrounding permanency and family loyalties. Convening child and family team meetings may help families work through difficult issues.

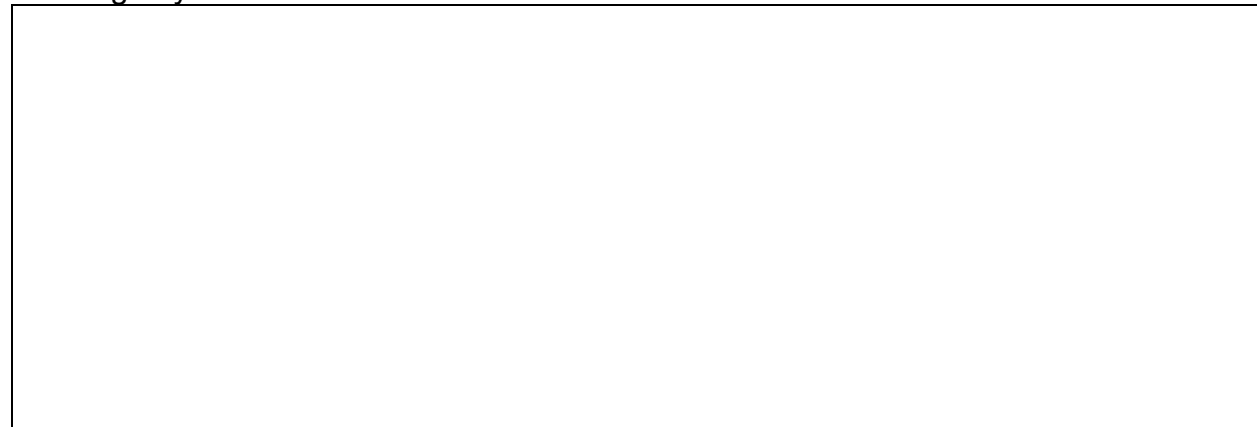
**Encourage birth family connections**

Maintaining connections with the youth's family members is important for many young people seeking permanency and can help ensure the success of permanency efforts. This may help minimize feelings of grief and loss, and the trauma associated with separation, and help young people develop a stronger sense of identity. You can help the child's permanency resource understand the importance of these relationships and help them explore any resistance or fears they may have in helping youth maintain such connections. When needed, help youth seek counseling from qualified therapists to help process what has happened to them and learn how to improve their relationships, if desired. Because sibling relationships are critical to well-being, it can be traumatic when out-of-home care results in sibling separation. A young person's fear of a broken relationship with siblings may influence their feelings about permanency. Helping youth explore their questions and thoughts about what permanency may mean for their sibling connections can help them to be more open to pursuing permanency.



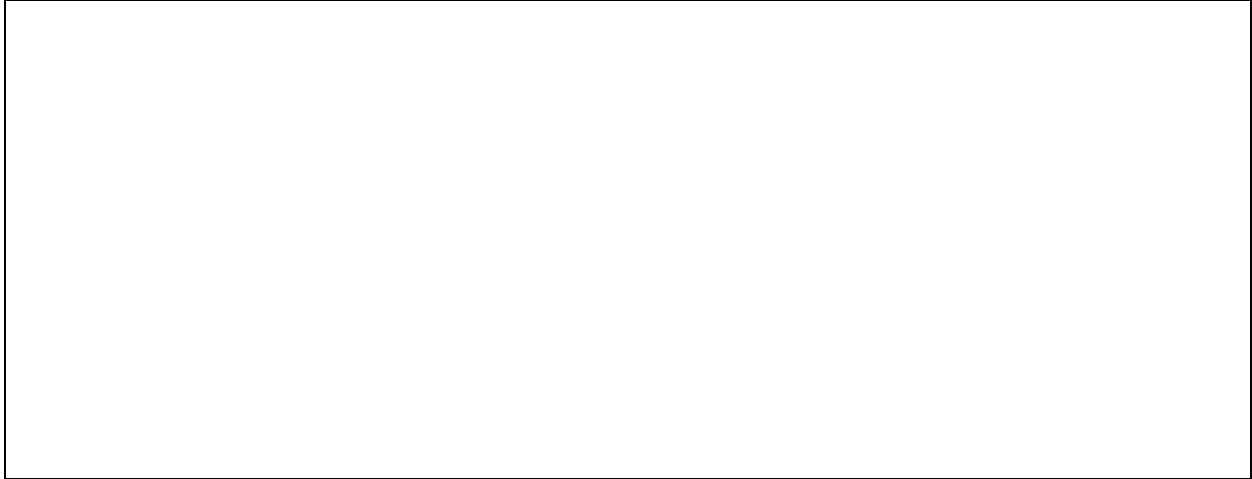
### **Give youth a voice in permanency planning**

As a social worker, it is your responsibility to set goals with youth during case planning. Helping youth identify the dreams that they aspire to reach should be a very active part of the case management process. Social workers, existing connections, such as relatives and mentors, as well as adoptive parents, can help aid in goal setting. We cannot achieve successful legal permanency without relational permanency. Intentionally explore the relationships youth already have by delivering services that allow youth opportunities to develop their existing relationships as well as actively listening to youth.



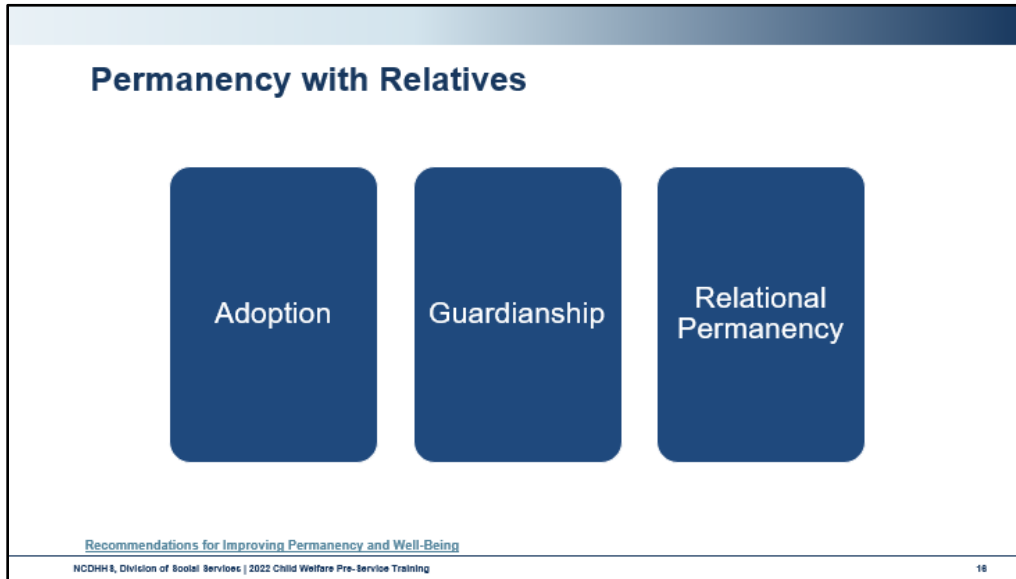
### **Be honest and direct with the youth you serve**

Don't underestimate the importance of direct and authentic communication to build trust with youth and help them understand the reasons behind various permanency recommendations.

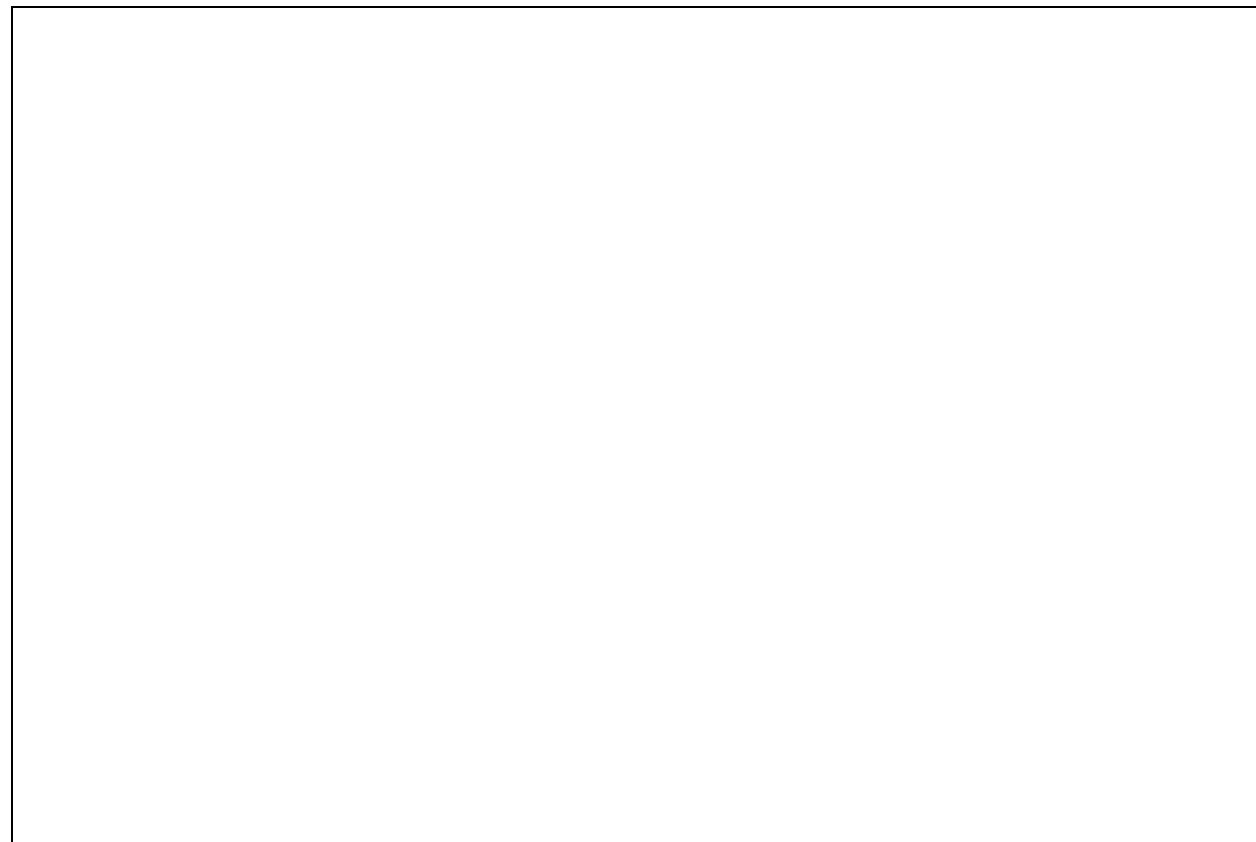


It's important to remember that everyone's story is unique, and you must know the youth you work with by listening to them and advocating for them. One of the most consistent messages from young people who exit the child welfare system is the importance of being heard and advocated for by adults in their lives. This includes helping youth identify what family means to them and considering permanency options that are in their best interests.

Permanency with Relatives



The most common permanency options with relatives are adoption and guardianship. In fact, when a child cannot be reunified with their family, your agency must give priority to the child’s relatives or fictive-kin who have been assessed and are determined to be an appropriate resource for the child.





Permanency for Special Populations

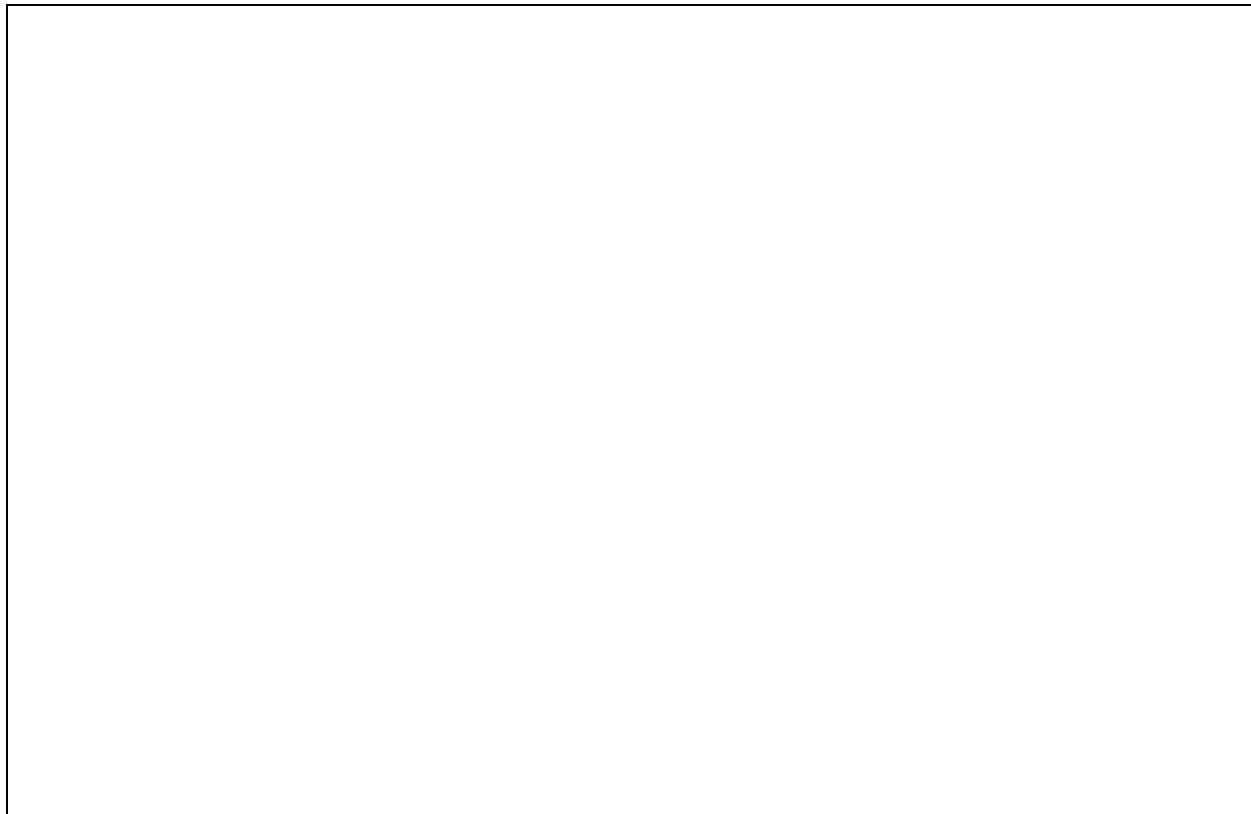
**Permanency for Special Populations**

Children and youth of color	LGBTQIA+ identifying children and youth
Children and youth with disabilities	Parents who are incarcerated

- [Parenting in Racially and Culturally Diverse Adoptive Families](#)
- [Child Welfare Practice to Address Racial Disproportionality and Disparity](#)
- [Child Welfare Practice With Families Affected by Parental Incarceration](#)

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You must approach every family with sensitivity to physical, emotional, cultural, or environmental factors that may make children more vulnerable to abuse and require complex and intentional planning for permanency.



## Handout: Permanency for Special Populations

You must approach every family with sensitivity to physical, emotional, cultural, or environmental factors that may make children more vulnerable to abuse and require complex and intentional planning for permanency. The term "special populations" refers to children and families who are at greater risk because of these factors, including children and youth of color, LGBTQIA+ identifying children and youth, children and youth with disabilities, and parents who are incarcerated. You have an ethical and professional responsibility to recognize your own attitudes and prejudices regarding disability, race, culture, LGBTQIA+, religious beliefs, economic status, homelessness, marital status, and other highly charged beliefs. It is impossible to grow up in a culture without such beliefs. Failure to recognize your own perspective and bias can lead to inaccuracy in perception and, thus, to incorrect assessments and a delay in permanency.

### **Permanency for children and youth of color**

Research has shown that children and youth of color are disproportionately represented in out-of-home care. African American and American Indian or Alaska Native children enter foster care at higher rates than other children, and research shows that permanency is often delayed for these children and families. The following strategies show promise in improving permanency and well-being outcomes for children of diverse racial and ethnic backgrounds who are placed in out-of-home care.

**Kinship care:** We have talked in great detail about the preference and benefits of placing children with relative caregivers when removal from their homes is necessary. In addition to a range of positive permanency and well-being outcomes, kinship placements can promote the preservation of family, community, and cultural ties. Placements with relatives can lead to improved placement stability and permanency. Valuing and pursuing kinship care arrangements promotes racial equity and is essential to ensuring permanency for children and youth and their communities. Therefore, it is critical for child welfare agencies to prioritize kinship placements and provide resources for kinship families.

**Recruitment of resource families:** When children cannot be placed with relatives and must be placed with non-relative foster families, it is ideal to secure homes that are reflective of, and responsive to, children's culture, language, religion, and background. Placing children in culturally reflective and responsive homes may increase their feelings of belongingness, social connectedness, and ethnic-racial identity. In addition, the placement of children with families of like ethnic or racial backgrounds is preferable because these families have historically demonstrated the ability to equip children with skills and strengths to combat the ill effects of racism. The Multi-Ethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 require agencies to pursue the diligent recruitment of resource families who reflect the racial and ethnic diversity of children awaiting homes. When recruiting resource families for American Indian or Alaska Native children, agencies must account for the preferences of the child's Tribe. ICWA requires that agencies seeking foster or pre-adoptive homes give preference to

placements with the child's extended family or to homes licensed, approved, or otherwise specified by the Tribe.

**Reunification:** Promoting family reunification involves utilizing many of the same services needed for prevention: family strengthening, parent education, mental health, substance use services for parents, treatment for domestic violence, and concrete supports such as housing and transportation. Targeting appropriate services for families of diverse racial and ethnic backgrounds involves selecting strengths-based and accessible providers with demonstrated cultural responsiveness and coordinating with other demands on the family, such as employment and childcare. In addition, placement of children with fictive-kin or with foster families that are in or near the children's own neighborhoods may enable parents to visit more easily—a necessity for achieving reunification goals.

**Adoption:** When you are concurrently planning for a child, specifically planning for adoption, or when reunification is not successful, you should utilize effective diligent recruitment strategies to locate adoptive homes for children of diverse racial and ethnic backgrounds. Children must be placed in pre-adoptive families that recognize the importance of the preservation of the child's ethnic and cultural heritage as an inherent right. You should offer training and support to foster and adoptive families in this area to ensure that children have ongoing opportunities to develop an understanding and appreciation of their racial and cultural identity.

There may also be times when children of one race, culture, or ethnic group are placed with adoptive parents of another race, culture, or ethnic group. This is considered a racially and culturally diverse adoption and is often referred to as a "transracial adoption" or "transcultural adoption." Racially and culturally diverse adoption forever changes families and requires a commitment to lifelong learning. Prior to the placement and throughout the parenting journey, parents who have adopted a child of another race, culture, or ethnic group must commit to deepening their own understanding of different races, cultures, and ethnicities to support their child's exploration of their own identity. It is imperative that parents of racially and culturally diverse adoption help the children they adopt to develop their racial and cultural identity by developing strategies and remaining diligent in their child's progress toward a positive and healthy identity.

One strategy to help children develop their identity is to ensure they have as many opportunities as possible to interact with people of the same race and culture and to develop a positive self-image. Children may be more likely to feel connected and comfortable when their circle of playmates, peers, and trusted adults includes people who look like them, and adoptive parents will learn about their child's cultural community by being with other parents and adults who share their child's race or ethnicity. Adoptive parents to a child of another race or culture must consider what they can do differently to meet their child's needs and help them develop a healthy racial and cultural identity. They must develop comfortable ways to talk with their children in age-appropriate conversations about diversity. Such conversations may support their diverse family's

sense of unity. As a child welfare professional, you will need to support adoptive parents to build these skills and prepare them for their racially and culturally diverse adoption.

### **Permanency for LGBTQIA+ identifying youth**

Youth in foster care who identify as LGBTQIA+ may face distinctive challenges in achieving legal and relational permanency. These youth may have been rejected by their families and other support systems due to their sexual orientation or gender expression and may even face discrimination and harassment from peers from within the child welfare system. LGBTQIA+ youth also may confront unique developmental issues, such as navigating the coming-out process. Child welfare professionals who work with youth need to understand the lives and unique challenges of the LGBTQIA+ youth they serve and the implications of their practice on the experiences and outcomes of these youth. LGBTQIA+ youth may have difficulty achieving permanency and research has found that transgender youth have the hardest time achieving permanency.

Child welfare systems must work with the families of origin of LGBTQIA+ youth to support reunification. This may include, for example, connecting these families and youth to counseling services that help to address challenges the family may be experiencing. When reunification is not successful, you need to recruit and identify adoptive families that will be supportive and provide a safe home for LGBTQIA+ youth. This may include the recruitment of adoptive families that identify as LGBTQIA+ themselves. These families represent a pool of highly motivated and qualified prospective foster and adoptive parents and expand the options for permanency for youth.

Many resources are available for caregivers to help them develop competencies and to understand what to expect and how to talk about and positively address issues that affect LGBTQIA+ youth, including providing safe and supportive environments. Like all youth, LGBTQIA+ youth need a safe and stable place to live, freedom to express themselves, and structure and guidance to support them in becoming responsible, healthy adults.

### **Permanency for children and youth with disabilities**

Like other unique populations of children and families, children and youth with disabilities are overrepresented in the child welfare system and experience a higher rate of maltreatment compared with children without disabilities. Additionally, it is also more difficult to find resource families who are trained, prepared, and willing to parent children with disabilities who enter the child welfare system. To successfully find permanent homes for these children, child welfare professionals must understand the prevalence of this population in the system and be able to identify and implement appropriate services to support permanency planning. Similar to locating placement resources for this population of children, permanency for these children will be best achieved by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. For reunification to be successful, the child's family must be able to meet the child's specialized needs. They may need special training by health care professionals

to manage their child's needs. It will be important for you to identify and connect the child's family to services and a support network that will be able to support the family post-permanency.

### **Parents who are incarcerated**

Parents who are incarcerated face a unique set of challenges because they must work within and across both the child welfare and corrections systems. They may experience difficulties in meeting case plan requirements, such as regular visits with their children or completing court-mandated services. Even when reunification appears challenging due to the parent's length of incarceration, you are required to pursue reunification if there is no court order directing you otherwise. Social workers should engage incarcerated parents early and often, from the time of the arrest until release. This first step is time intensive, but it is critical to the success of the overall case plan. You need to work with personnel from other agencies and community organizations, as interagency collaboration often leads to more tailored services for children impacted by parental incarceration and may increase the likelihood of family reunification. You must make every reasonable effort to reunite children with their incarcerated parents, just as you would for any other case.

It may be difficult for incarcerated parents to attend and fully participate in case-planning meetings, court hearings, child and family team meetings, or other appointments. However, their attendance is important, as it allows them to contribute to the decision-making process for their child's case and shows court officials that they are actively involved in their child's life. Incarcerated parents face multiple barriers to having regular contact with their children. Parent-child contact, whether through in-person visits, virtual visits, phone calls, or letter writing, is critical to helping maintain or strengthen parent-child relationships and shows the courts that parents are maintaining meaningful contact with their children, which can ultimately help prevent the termination of parental rights. Like nonincarcerated parents involved with the child welfare system, incarcerated parents often require a variety of services to assist them as they seek to reunify with their children. Obtaining services while incarcerated, however, may be difficult. Depending on the facility, programming can be limited and might not address the specific needs outlined in a parent's case plan. Incarceration affects parents' ability to take the necessary steps to successfully reunify with their children. You must coordinate with case attorneys and corrections staff or parole officers to identify programs that can assist parents in meeting the case requirements for reunification and adjust service plans accordingly. Many facilities offer programs geared toward parenting, mental health, and substance use as well as vocational classes and leisure time aimed at developing prosocial behaviors. Caseworkers can contact correctional facilities staff directly to get written confirmation of a parent's compliance with the programs in his or her case plan.

Video: Every Kid Needs a Family – A Message to Caseworkers

**Visit: A Message to Caseworkers**

Child welfare workers know it can be hard to persuade some teens in foster care that they need family. But they do need family — not only when they are young, but later, when they are adults. Teens and young adults need the emotional support provided by family relationships to thrive.

In this Annie E. Casey Foundation’s three-minute video, young people who spent time in foster care make a compelling argument that workers need to persist in connecting teens with family — because every teen needs a family. This video is a companion to the video we watched earlier about advice that young people wish they had known when they were in foster care.

Young people can have some pretty strong opinions, including about family. As this video, shows, those who as teens might say family isn’t important often change their minds when they become adults. The message from these young adults who grew up in foster care is unequivocal: Hang in there. Be gentle, but please push! When youth insist they don’t need family, workers can persevere and build or strengthen their family relationships. Social workers are a powerful influence. Use your influence to connect youth with their family.

Think about your own experience as a teen growing up, your experience as a worker now, and any experiences you may have working with teens as you answer these questions.

**What about this video resonates with you?**

**Are the experiences described by these young people familiar to you? In what ways?**

**What can you do to connect more youth with family? What barriers do you experience?**

**What are common placement practices for teens in your agency? What more could be done to make sure as many teens as possible are in family placements and are building permanent family relationships that will last a lifetime?**

**What steps can you take to ensure more teens in foster care have strong, lasting family relationships now and as adults?**

**What do you find to be effective in helping teens understand their need for a family?**



Key Takeaways

**Key Takeaways**

- Reunification, Guardianship, Custody, APPLA, RPR, and Adoption
- Concurrent planning
- Required to make reasonable efforts to prevent the removal of a child from their home and to safely reunify them
- Permanency planning hearings and Permanency Planning Review meetings
- Child and their family must be engaged in permanency planning
- Priority given to relatives or fictive-kin who is an appropriate resource for the child

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Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**



### Monitoring and Reassessment with the Family

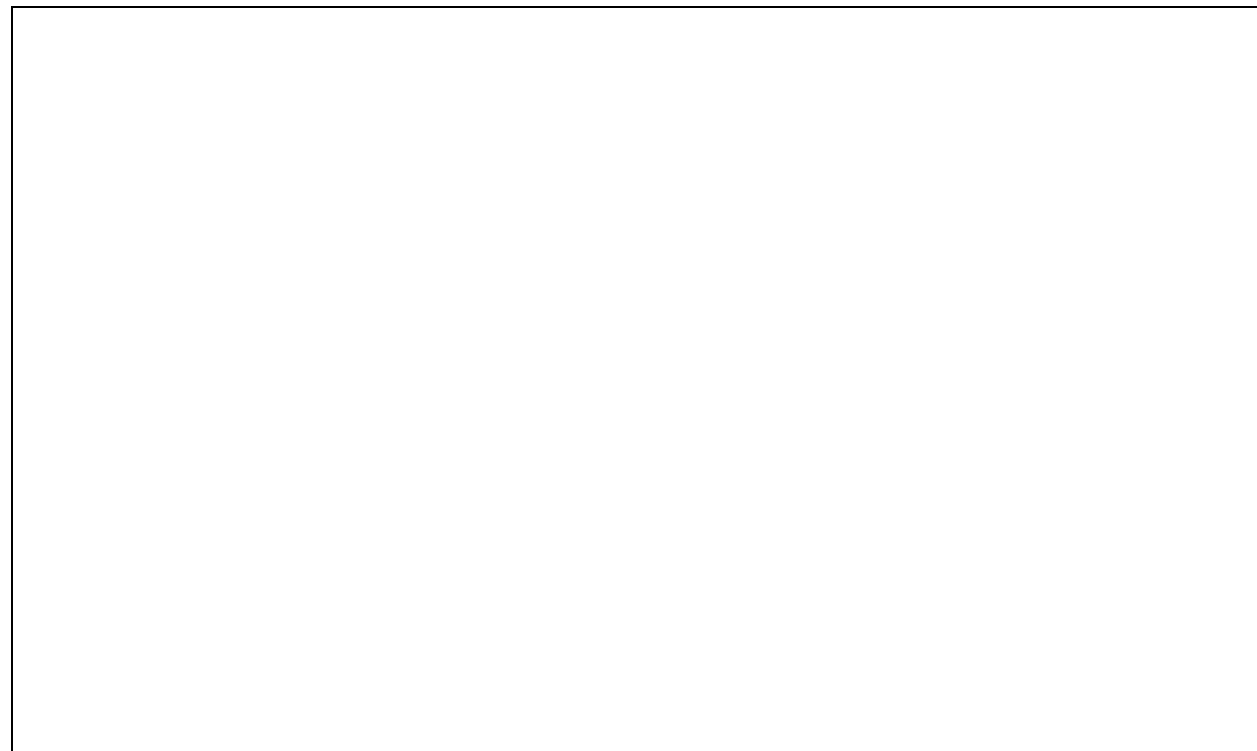
**Monitoring and Reassessment with the Family**

- Quality contacts
- Communication, collaboration, and information gathering
- Protective factors

• [Worksheet: Using Protective Factors as a Lens to Monitor Progress Toward Case Closure](#)  
• [Assessing Progress of Family Service Plans](#)

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The formal reassessment of the family’s Family Services Agreement will occur at the Permanency Planning Review meetings (PPR). The PPR is an opportunity to bring the family and their support together to engage and partner with one another, and to review and update the Permanency Planning Family Services Agreement.



Worksheet: Using Protective Factors as a Lens to Monitor Progress Toward Case Closure



**WORKSHEET: USING PROTECTIVE FACTORS AS A LENS TO MONITOR PROGRESS TOWARD CASE CLOSURE**

Worker name \_\_\_\_\_

Family name \_\_\_\_\_

Date last updated \_\_\_\_\_

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that:

- The family made progress on their own protective factors goals
- The family can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- The family has a plan in place for continuing to build their protective factors once they are no longer involved with the system

The chart below can be used in multiple ways, including:

- In early engagement with caregivers to discuss and agree on the type of growth in protective factors that could be used to indicate progress
- In family team meetings or other conversations with partners who are also supporting the family
- To help staff in documenting growth in family strengths for court reports and other case progress reports
- To support decisions about case closure

The form below includes possible indicators of family progress, with room for your notes.

Questions to ask	Indicators of change as framed by protective factors
Has caregiver functioning acceptably improved?	<b>Strengthened Parental Resilience</b> <input type="checkbox"/> Improved problem solving skills <input type="checkbox"/> Better able to cope with stress/does not allow stress to impact parenting <input type="checkbox"/> Self-care strategies in place
	<b>Social and Emotional Competence of Children</b> <input type="checkbox"/> Caregiver is emotionally responsive to the child(ren) <input type="checkbox"/> Caregiver has created an environment in which the child(ren) demonstrates a sense of safety to express his/her emotions <input type="checkbox"/> Caregiver separates emotions from actions <input type="checkbox"/> Caregiver provokes age-appropriate social-emotional responses and encourages/reinforces social skills <input type="checkbox"/> Caregiver creates opportunities for the child(ren) to explore and solve problems
	<b>Other Indicators and Notes</b>           



CENTER FOR THE STUDY  
OF SOCIAL POLICY'S

**strengthening families**  
A PROTECTIVE FACTORS FRAMEWORK

Questions to ask	Indicators of change as framed by protective factors
<p>Has caregiver's willingness and ability to reach out to others in times of need changed?</p>	<p><b>Strengthened Parental Resilience</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved help-seeking behavior</li> <li><input type="checkbox"/> Receiving mental health or substance abuse services as needed</li> </ul> <p><b>Enhanced Social Connections</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver has supportive relationships</li> <li><input type="checkbox"/> Caregiver has a network he/she can turn to for help</li> <li><input type="checkbox"/> Caregiver has relationship-building skills</li> </ul> <p><b>Concrete Supports</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver is open to accessing and using services</li> <li><input type="checkbox"/> Caregiver has enhanced skills in accessing supports when needed</li> </ul> <p><b>Other Indicators and Notes</b></p>
<p>Does the caregiver have realistic expectations for the child(ren)?</p>	<p><b>Knowledge of Parenting and Child Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver is more confident in his/her parenting skills</li> <li><input type="checkbox"/> Caregiver has a new appreciation for his/her nurturing role</li> <li><input type="checkbox"/> Caregiver has developed a balance between parenting and self-care</li> <li><input type="checkbox"/> Caregiver better understands/encourages healthy development</li> <li><input type="checkbox"/> Caregiver better understands/employs age-appropriate responses to the child(ren)'s behaviors</li> <li><input type="checkbox"/> Child(ren) responds more positively to the caregiver's approach</li> <li><input type="checkbox"/> Caregiver is effectively linked to early childhood resources</li> <li><input type="checkbox"/> Caregiver is involved in the child(ren)'s early childhood activities</li> <li><input type="checkbox"/> Caregiver understands the child(ren)'s special needs and how best to meet those needs</li> </ul> <p><b>Social and Emotional Competence of Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregivers sets clear and age-appropriate expectations/limits</li> <li><input type="checkbox"/> Caregiver has created an environment in which the child(ren) can safely express his or her emotions</li> <li><input type="checkbox"/> Caregiver is emotionally responsive to the child(ren)</li> </ul> <p><b>Other Indicators and Notes</b></p>

## Handout: Monitoring and Reassessment with the Family

Throughout permanency planning services, you should be engaging the family in the change process which will ultimately lead to safe case closure. This means families have the opportunity to reflect on their experience with your agency and ask questions as well as understand what to expect next in the process. Sufficient evaluation of family progress is critical to achieving permanency goals for children. The formal reassessment of the family's Family Services Agreement will occur at the Permanency Planning Review meetings (PPR). The PPR is an opportunity to bring the family and their support together to engage and partner with one another, and to review and update the Permanency Planning Family Services Agreement.

During your work with the family, you and the family will monitor progress on an ongoing basis. For each family served in Permanency Planning Services, a formal reassessment of the risk level, the family strengths and needs, and the family's progress toward achieving the objectives of the Family Services Agreement must be evaluated and documented. The child's safety is assessed on an ongoing basis, and this includes the child's safety in their parent's home, which must be continually assessed if reunification is the plan. The purpose of the reassessment is to review the objectives agreed on by you and the family and to evaluate progress. Evaluating family progress is a collaborative review and should include information from the child's parents, the child, placement providers, services providers, and others who may have relevant information to share. As a result of the reassessment, you and the family may decide that some objectives should be modified. In practice, the family's progress should be evaluated continually, and the Family Services Agreement adjusted accordingly. Families and their priorities, needs, and situations change throughout a family-centered intervention. Case planning and case management is a constantly changing, fluid, and evolving process. Because of this, safety and the family's progress in meeting the objectives of the Family Services Agreement must be continuously assessed.

### Quality Contacts

Quality contacts are one of the primary methods used by social workers to evaluate family progress. Social workers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents, and informal and formal service providers. Regular and consistent contact between you and the family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children. A quality visit with a parent consists of one-on-one contact in an environment conducive to open and honest conversation and the focus should be on issues pertinent to case planning, service delivery, and goal achievement. During this contact, you will assess what the parent is doing (or not doing) to meet their goals, such as the changes they are making and how they will impact the safety of the child. These conversations will aide you in gathering information to assess the family's progress toward achieving case goals and permanency. A quality visit with a child will include an assessment of the safety of the child with their parent. Observe the child and parent interaction and gather information from the child to help you assess the safety of the child.

### **Communication, Collaboration, and Information Gathering**

You are also responsible for ongoing communication, collaboration, and information gathering with the family, team members involved, and the court to effectively evaluate family progress. If the Family Services Agreement is targeting the correct issues and casework practice reflects consistent efforts to engage the family and the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the Family Services Agreement remain appropriate or have been met and whether the strategies, services, and interventions are working effectively or not to achieve lasting child safety and permanency.

### **Protective Factors**

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that the family:

- Made progress on their own protective factors' goals
- Can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- Has a plan in place for continuing to build their protective factors once they are no longer involved with the system

There are a variety of questions you should consider when monitoring the family's progress, which includes:

- To what degree are the tasks being implemented? If they are not being well implemented, are the tasks still relevant? If so, what can be done to help with implementation? If not, how do they need to be changed? Are the services being utilized and are they the right services? Are the service providers focused on the objectives and goals?
- Are the objectives being accomplished? In what ways? Is more progress needed? Are the tasks still relevant to these objectives? Are other tasks needed to help achieve them?
- Are the goals being achieved? Are they still relevant? Do they need modification? If so, what would need to change or be added in terms of objectives and tasks?
- Are the issues still relevant? Are there new issues that have become apparent in the course of the family's involvement with child welfare? If so, are new or modified goals, objectives, or tasks needed? Are the specific safety threats and risks identified earlier being ameliorated? Are family needs being met?
- Are the strengths of the family being used? Has any new information surfaced that adds to the protective capacities and family strengths or questions that were identified? Are the protective capacities and strengths being used to help implement the service plan? Can something be done to improve this?
- What would be the next sign of success? Who has to do what, when, and how to achieve a goal?

When you are gathering information to assess the family's progress, pay attention to new information. Each contact you have with the family provides new information. Pay attention to how new information validates the plan or gives ideas about what to do or not to do. As you learn new information, don't assume that the family has been deliberately evasive. Families don't always know what kind of information you're looking for or what will be helpful. Some new information will be useful, and some may not be. To help you determine if the information is useful think about whether it provides you with better ideas for accomplishing goals. And remember to be flexible and willing to change your mind. It takes confidence in your ability and trust in your intuition and judgment to acknowledge mistakes and revise impressions.



## Setbacks and Motivation

### Setbacks and Motivation

What was different about this setback?

How did the family end the episode to avoid a true setback?

What was learned from the episode that can be used in the future?

What does the family do between episodes to avoid a setback?

When is the family more vulnerable to setbacks?

Are there any larger systems issues that cause a ripple effect?

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We must remember that family members are often trying to overcome ingrained patterns of behavior or addictions. It is not unusual for family members who are making progress to backslide or have a setback—to return to old, nonproductive behaviors. Good intentions and genuine motivation do not always lead to immediate, durable behavior change. The road to success is often strewn with obstacles. As a matter of fact, if family members don't display the behavior that put them at risk, we may never have the opportunity to work on it effectively.

Setbacks can be an expected and normal part of change. However, we must continually monitor and evaluate the effect of the setback on the child's safety and the family's overall progress. Not all setbacks are negative. Each setback can be a “teachable moment,” an opportunity for everyone to learn more about how to prevent the next one and make success more attainable. When there is a setback, it should be examined and analyzed carefully by the family and by yourself. The following questions will help with that analysis:

- What was different about this setback? Any differences, large or small, should be noted so that the family can see that progress is being made.
- How did the family end the episode to avoid a true setback? How did the parent manage to stop at only three drinks this time? This information helps family members realize that they can exert some control over events.
- What was learned from the episode that can be used in the future? What made the situation better or worse? How can it be used next time?
- What does the family do between episodes to avoid a setback? How can these preventive activities or behaviors be increased?
- When is the family more vulnerable to setbacks? Troubleshooting risky times or situations allows the family to pre-plan how to avoid a setback.
- Are there any larger systems issues that cause a ripple effect? How can these issues be addressed?

### A Story of Progress

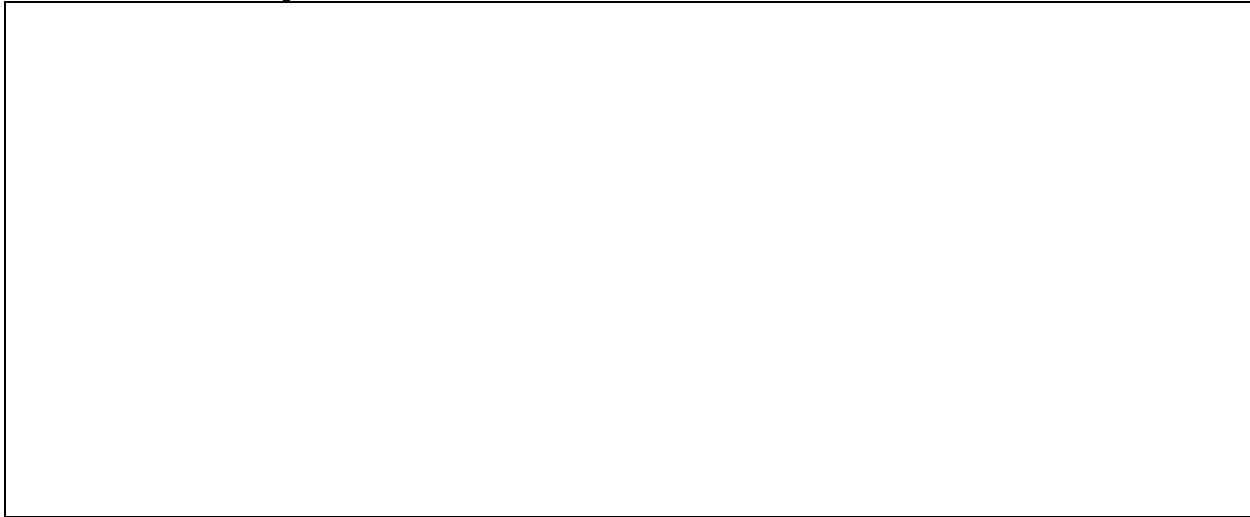
Dr. Carl Henley was a retired professor from the UNC-Chapel Hill School of Social Work. Several years ago, he suffered a rare spinal stroke, which left his left side paralyzed. Medical practitioners were not sure if he would ever regain the use of his left side again, but, from day one, Dr. Henley was convinced that he would recover. His progress has been slow but steady, and today he is not only walking but playing golf! We asked him what tips he had for staying motivated throughout his recovery, and these are his words of wisdom:

- Try not to have unrealistic expectations.
- Burnout comes from trying to solve the entire problem at once.
- Set small, realistic goals so you can enjoy some success along the way
- When progress is slow, people are inclined to give up and say, "What's the use?"
- Keep up with your successes and your "failures," so you know what you do well and where you can improve.
- Celebrate your successes, however small.
- Take time to entertain yourself and do things you enjoy.
- Have a goal, something you are looking forward to, and reward yourself when you get there.
- Don't be afraid to change what you're doing if it isn't working. Talk to someone about your frustrations.
- Recognize that not everything you're going to do is going to be successful. Don't beat yourself up when things don't work out.
- Remember the joke: How many social workers does it take to change a light bulb? Answer: One. But the light bulb must really WANT to change.

These motivational tips can be applied personally and to the families you work with. Remember that your motivation will directly impact the motivation of the families you work with. In addition to teaching them motivational skills, set a good example by taking care of yourself along the way, celebrating your successes, and striving to improve your own practice.

**What other techniques would you add to the list?**

**Which of them do you think will work the best with families?**



*Adapted from: Berg, I. K. (1994). Family-based services: A solution-focused approach. New York: W. W. Norton & Company*

Updating the Permanency Planning Family Services Agreement: Policy Requirements

**Updating the Permanency Planning Family Services Agreement: Policy Requirements**

- Family Strengths and Needs Assessment
- Family Risk Re -assessment
- Family Reunification Assessment
- Update of the current progress toward goals and objectives
- Permanency Planning Review (PPR)

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In Permanency Planning Services, the Family Services Agreement reviews are to be completed prior to each Permanency Planning Review meeting (PPR). At a minimum, reviews must be held:

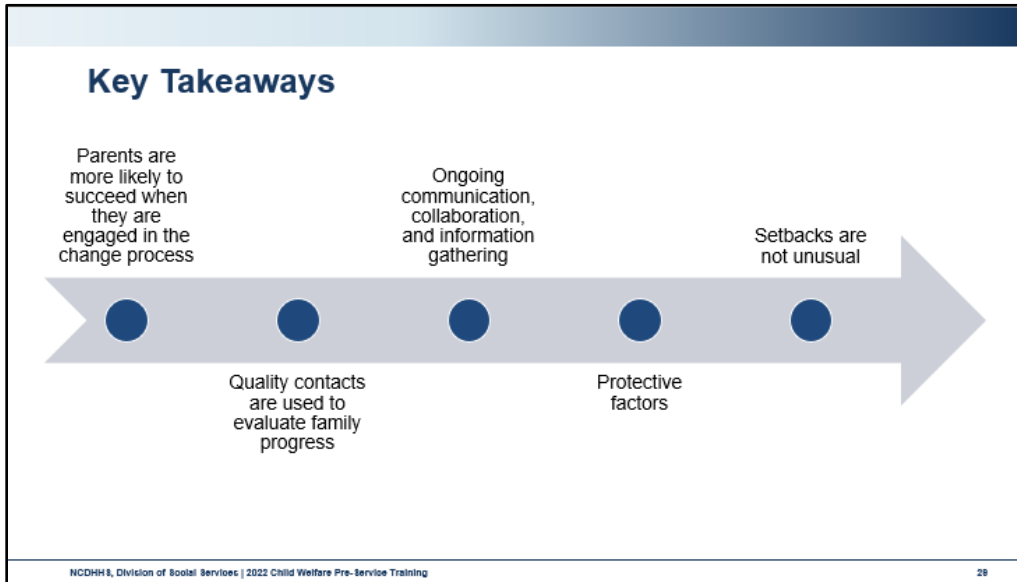
- Within 30 days of placement
- Reviewed within 60 days of placement and updated as needed
- Updated every 90 days thereafter or when circumstances change

For children in DSS custody, required reassessment documentation includes the completion of the following forms:

- Family Strengths and Needs Assessment
- Family Risk Re-assessment (only under certain circumstances)
- Family Reunification Assessment (until the agency is relieved of reunification efforts)
- Update on the current progress toward the goals and objectives in the services agreement
- Documentation of the Permanency Planning Review meeting (PPR)



Key Takeaways



Questions and Reflections

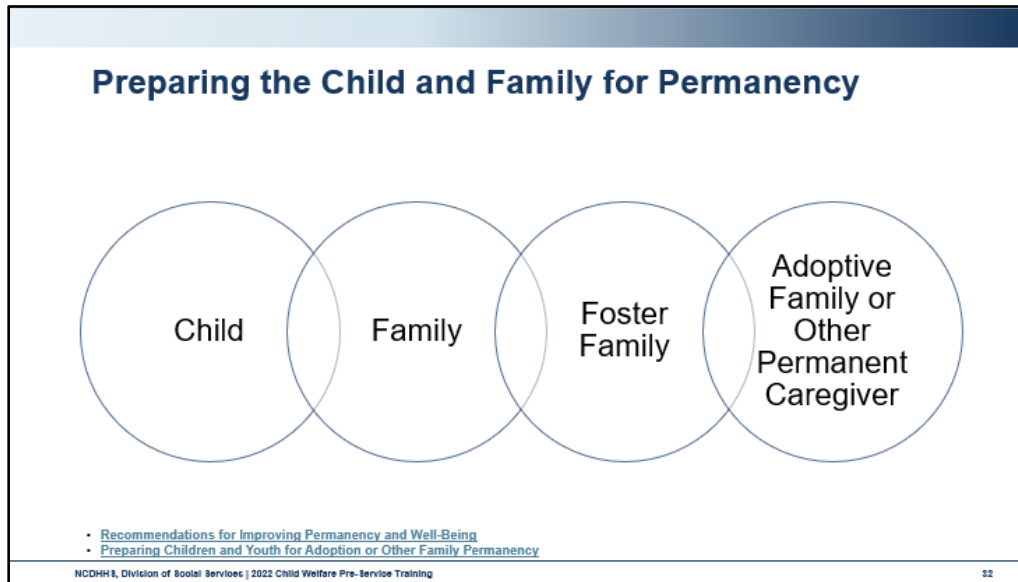
Use this space to record questions and reflections about what you have learned.

## Achieving Permanency and Safe Case Closure

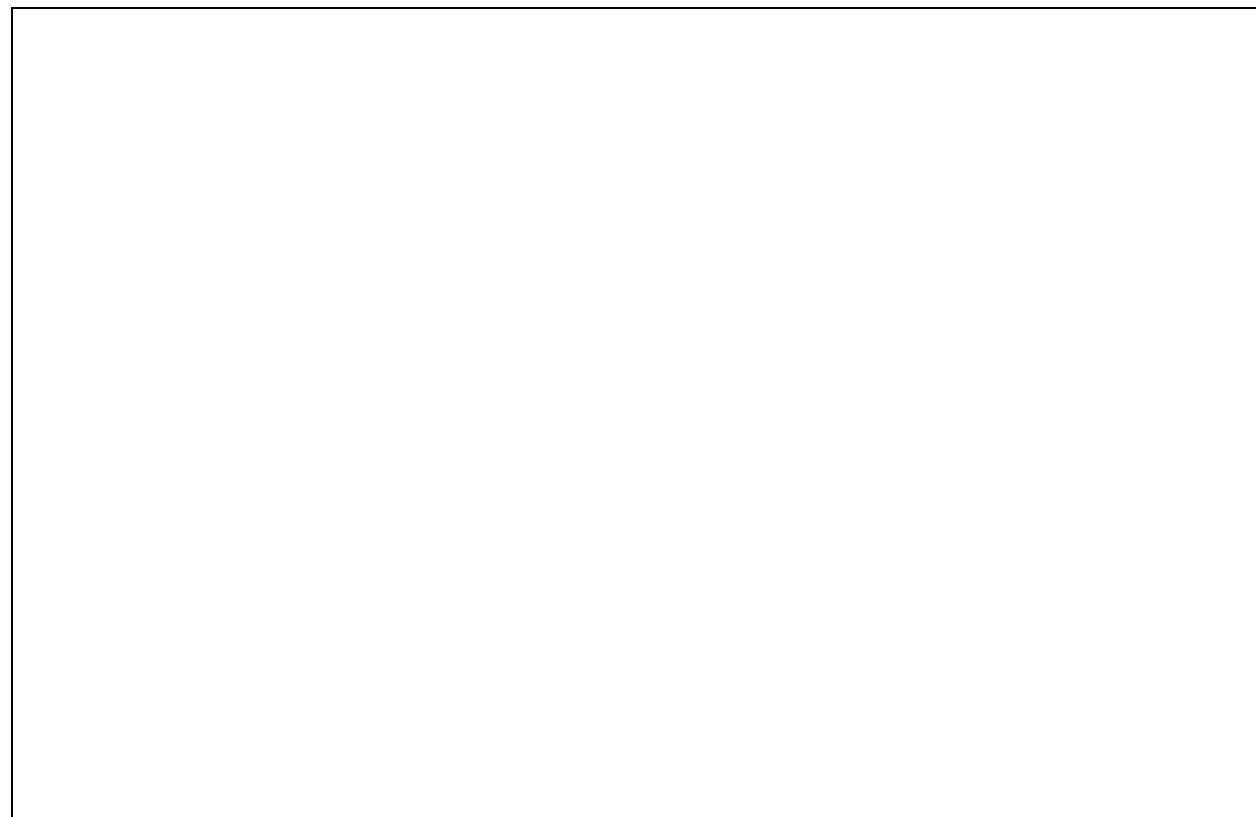
### Learning Objectives

<ul style="list-style-type: none"><li>• Describe the appropriate criteria for safe case closure.</li></ul>
<ul style="list-style-type: none"><li>• Provide examples of ways to plan for an prepare children, families, and placement providers for permanency and safe case closure.</li></ul>
<ul style="list-style-type: none"><li>• Explain the importance of supporting children and their families through case closure to ensure lasting safety, permanency, and well-being.</li></ul>

Preparing the Child and Family for Permanency



Children and families who are nearing permanency require preparation and support to help them understand past events in their lives and process feelings connected to their experiences of abuse and neglect, separation, and loss.



## Handout: Preparing the Child and Family for Permanency

One of the most important decisions a worker makes is the decision to reach permanency and close a case for services. Children and families who are nearing permanency require preparation and support to help them understand past events in their lives and process feelings connected to their experiences of abuse and neglect, separation, and loss. They may be challenged by new surroundings and need to affirm their own identity and allow themselves to create new or different relationships with their birth families or other permanent families as well as others. Achieving permanency is not just an outcome for children and families –it is a process.

### **Preparing the Child**

Whether a child has been in placement for a short or a long period, the move out of care is equally as significant as the move into care. The child may have conflicting feelings about the change in living arrangements. It is your responsibility to help the child express and understand these conflicting feelings and to move gradually toward making the change. Plan with the child, age appropriately, about the kinds of responsibilities the child can take in getting ready for the move. Whether a child is being discharged from family foster care, relative placement, or institutional care, plan with the permanent resource for the move and participate in preparing the child for the changes. Changes in living arrangements usually mean changes in relationships. If it is appropriate, the child may need to visit their former placement after discharge.

Loss and grief: Children who are placed in the child welfare system have complex histories of loss and unresolved grief. The loss of a parent—temporary or permanent—can have a profound impact on a child. In addition to the loss of their parents upon removal from the home, they also may experience the loss of siblings, friends, supportive adults, classmates, pets, familiar surroundings, cultural connections, and more as they transition to permanency.

Uncertainty and confusion: Many children are left to wonder about the circumstances that brought them into care, why their families may not be able to continue caring for them, and who will be there to take care of them and protect them. A child may experience anger, sadness, and even depression. Many children struggle with their changing role within the family system or sibling status when they are removed from their birth family. If children are not reunifying and are instead moving into a different permanent family, they may continue to worry and think about their birth families. They may be confused if their own feelings about a permanent placement do not match others' expectations of how they should react.

Anxiety: Children may feel anxious about the transition to permanency. They may worry about the changes and different situations they will encounter when they return home or move into another permanent resource.



Divided loyalties: Many children, particularly adolescents, have conflicting feelings about permanency, especially if they are being adopted. They may still have strong emotional ties to parents and siblings and may fantasize about or hold out hope for reconciliation even when legal ties have been terminated.

### **Supporting Successful Older Youth Adoption**

Preparation for adoption is important to ensure that children are connecting with potential adoptive families in a meaningful way at least a few times per week. Having consistent time to connect and get to know one another is necessary to evaluate whether the family is the right fit. There should be clear communication about transitions as children prepare for adoption. Transitions can be hard for children and clear communication around the boundaries that both the family and the young person want to set is important. In thinking about adoption, it is important to shift our mindset from the family adopting this child to they are adopting each other, and blending and growing together. Adopting one another also means that potential adoptive parents need to be committed to their own personal and internal work, to learn and grow and understand what they are bringing into this new relationship. It's important to recognize that youth come with their own life experiences, their own trauma, their own relationships, and all that needs to be honored when you are blending that family. There needs to be an emphasis on the fact that young people don't need to sever all their attachments with their family and their culture and their friends just because they're being adopted.

Older youth adoption is unique. Older youth are more conscious about the difficult things they have experienced in their lives, and as a result, they have unique needs related to processing what they are feeling and experiencing. We must address those needs as part of preparing for permanency. From a developmental perspective, the teen years are unique, and we need to prepare families for how to deal with typical teenage behaviors in addition to the complexities that come with being in foster care. It may take more time for older youth to build a lasting relationships, compared to younger children. This is why we need to ensure that we're providing ongoing support for both the young person as well as the family.

### **Preparing the Family for Reunification**

When you are preparing the family for reunification, your agency must request that visitation between the child and parents increase, including unsupervised visitation and a trial home visit. Your agency must also comply with the requirements of Rylan's Law/CPS Observation prior to recommending reunification occur. Your agency must provide the family with any important documents and other items about the child including, but not limited to:

- Medical records
- Medications
- School records

When a child is placed in the home on a trial home visit, you must:

- Update the Family Assessment of Strengths and Needs within 30 days of recommending legal custody be returned to the parents
- The Family Risk Reassessment must be completed in place of the Family Reunification Assessment

Remember that the child and family have changed during the time of placement. Even over a matter of months, the child will have achieved developmental milestones, will have formed new relationships with foster parents, and may have new interests. Families will have adjusted their daily routines around the absence of the child. Parents may have learned new parenting skills that impact familiar family practices. During the planning process, keep the child and family updated about the changes that are occurring. When placement providers are encouraged to work with the child's parents, both the child and the family can benefit from a significant increase in the amount of information shared. As the family moves toward reunification, you must be very sensitive to the fears of the family. They may be afraid they are not ready for the child's return and could lose their child again. Work with the family to assure needed supports are in place. Family Preservation Services may be included during the trial home visit or as part of the aftercare plan to further stabilize the family. County child welfare agencies should aid with transitioning Medicaid and other services the child is receiving, when appropriate.

### **Preparing the Foster Family**

The child's foster family needs to participate in planning for the child's permanency. The foster family plays a pivotal role in assisting in transitioning the child to their permanent living arrangement. The foster family will need support from you and recognition of the contributions they have made in the child's life. The foster family should be informed of why the county has decided to move a child to a permanent placement. Such information and preparation will help the foster family come to an acceptance and understanding of these events, so they can help a child adjust to the move. If it is in the best interest of the child, contact between the child and the foster family should be arranged by your agency after the child has moved to a more permanent placement.

You can support foster parents as they help prepare children for the transition to permanency by providing them with the following tips:

- Read books to the child related to permanency, such as adoption and families.
- Help the child recognize and manage their feelings.
- Provide relevant information to your agency and the child's therapist, if applicable.
- Provide material to you to assist in keeping the child's Lifebook current.
- Remind the child they will always care about them and reinforce a positive self-image for the child.

You must be aware that foster parents may experience their own grief when a child leaves their home. To help reduce and resolve the grief foster parents may feel, ensure that foster parent training or other preparation includes information about what it may be like for them when a child leaves their home, allow the foster parents to participate in the child's transition to a permanent home, and provide support to them during and after the transition. This may also assist in retaining foster parents for future placements.

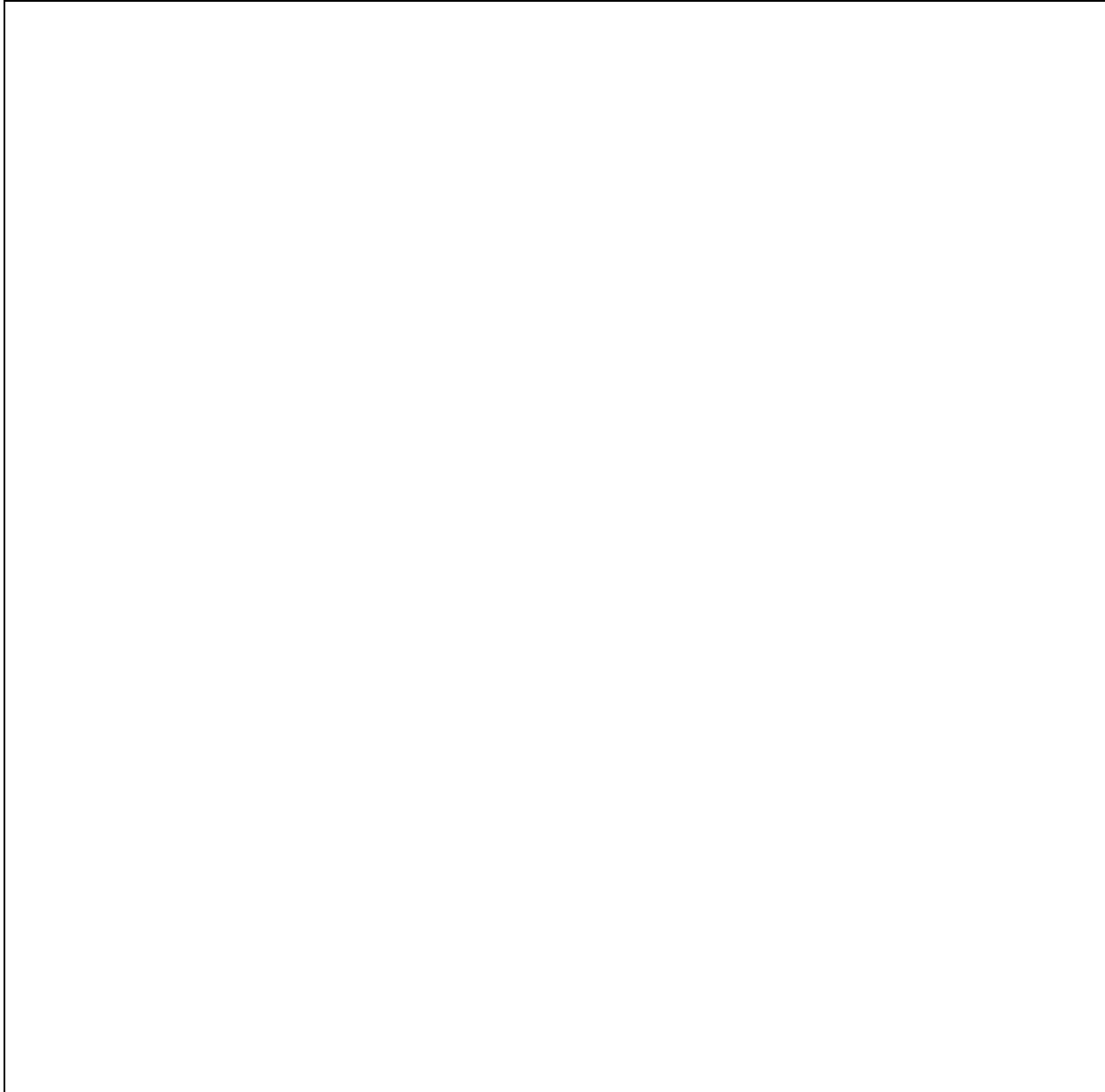
**Preparing the Adoptive Family or Other Permanent Caregiver**

When reunification is not possible, the child may reach permanency through adoption or other means. These permanency resources must also be prepared for permanency. If the adoptive family or other permanent caregiver has not lived with the child, you must arrange for a transitional period of visitation to help the child and family learn about each other. The adoptive family or other permanent caregivers must be provided with all information that is relevant to the child's history, relationships, behaviors, health, interests, and educational needs. Non-identifying information about the child's birth family must be provided to the adoptive family so the child will be able to know the reason for their adoption. The agency must make post-adoption services available to every adoptive family. These services must be provided to facilitate the integration of the child and family and to resolve problems they may encounter. The agency must provide regular and ongoing support, monitoring, and/or counseling of the family as appropriate. A referral to Family Preservation Services may be appropriate for post-adoption services.

## Preparing Children for Permanency Learning Lab

Imagine you are getting ready to prepare a child for permanency. Think about some of the ways you can prepare children for permanency.

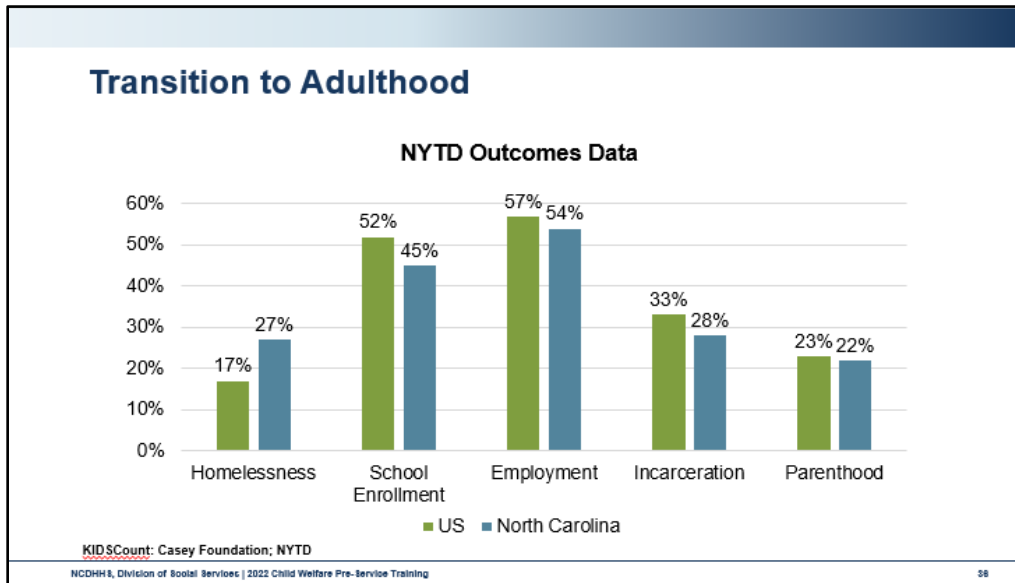
**What are some specific techniques or things you can do?**

A large, empty rectangular box with a thin black border, intended for the user to write their responses to the question above.

These are tools you can have in your “toolbox” as strategies you can use to prepare children for permanency.

## Achieving Permanency and Safe Case Closure (continued)

### Transition to Adulthood



When youth leave the foster care system and transition to adulthood with limited connections or without the support of positive, caring adults, they have an increased risk of facing the following challenges:

- Unstable housing or homelessness
- Lack of adequate elementary and secondary education
- Lack of employment and job training
- Problems with physical health, behavioral health, and general well-being
- Lack of access to health care
- Justice system involvement
- Lack of social connections

When you hear these statistics, what sticks out to you the most? What is the most concerning?

North Carolina LINKS

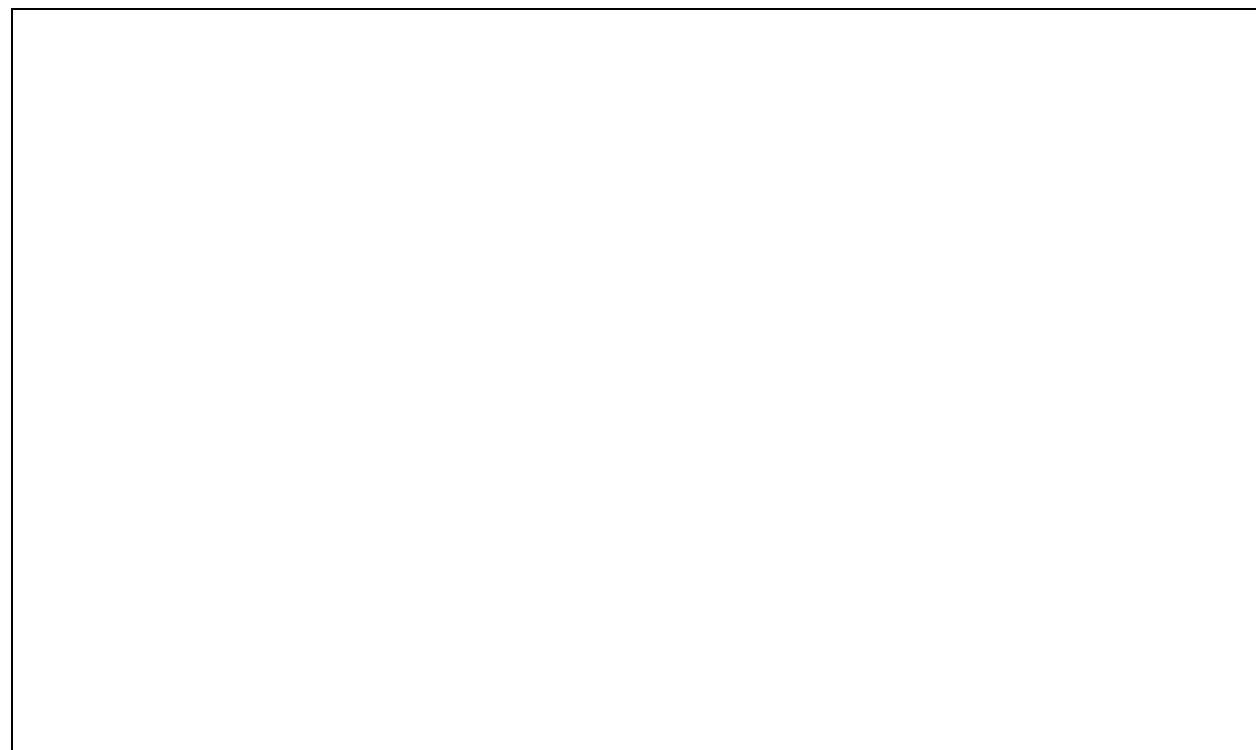
**NC LINKS**

All youth leaving foster care will have:

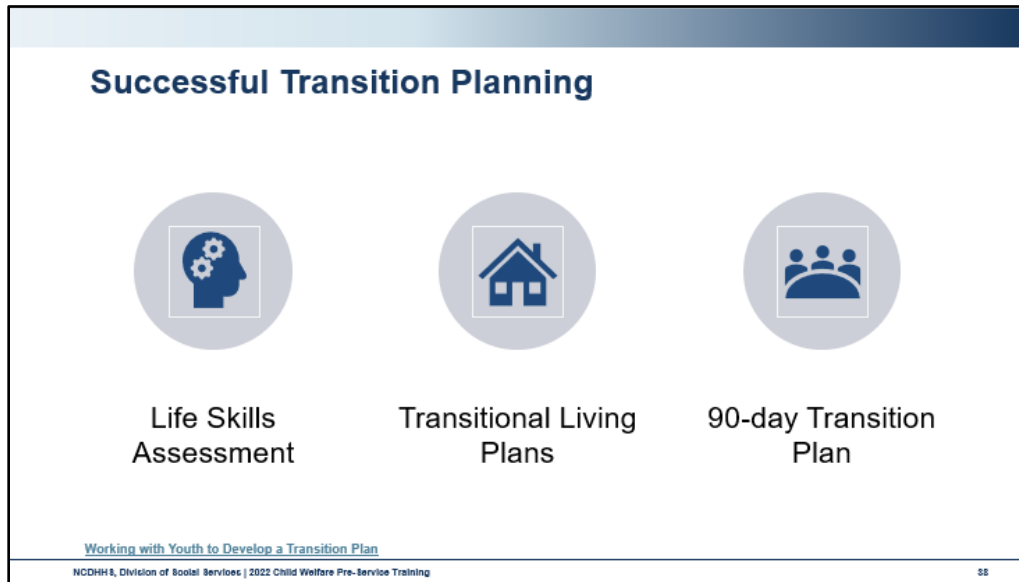
- Sufficient economic resources to meet daily needs
- Safe and stable place to live
- Academic or vocational/educational goals
- Connectedness to supportive persons and the community
- Avoid illegal/high risk behaviors
- Postpone parenthood
- Access to health services and insurance

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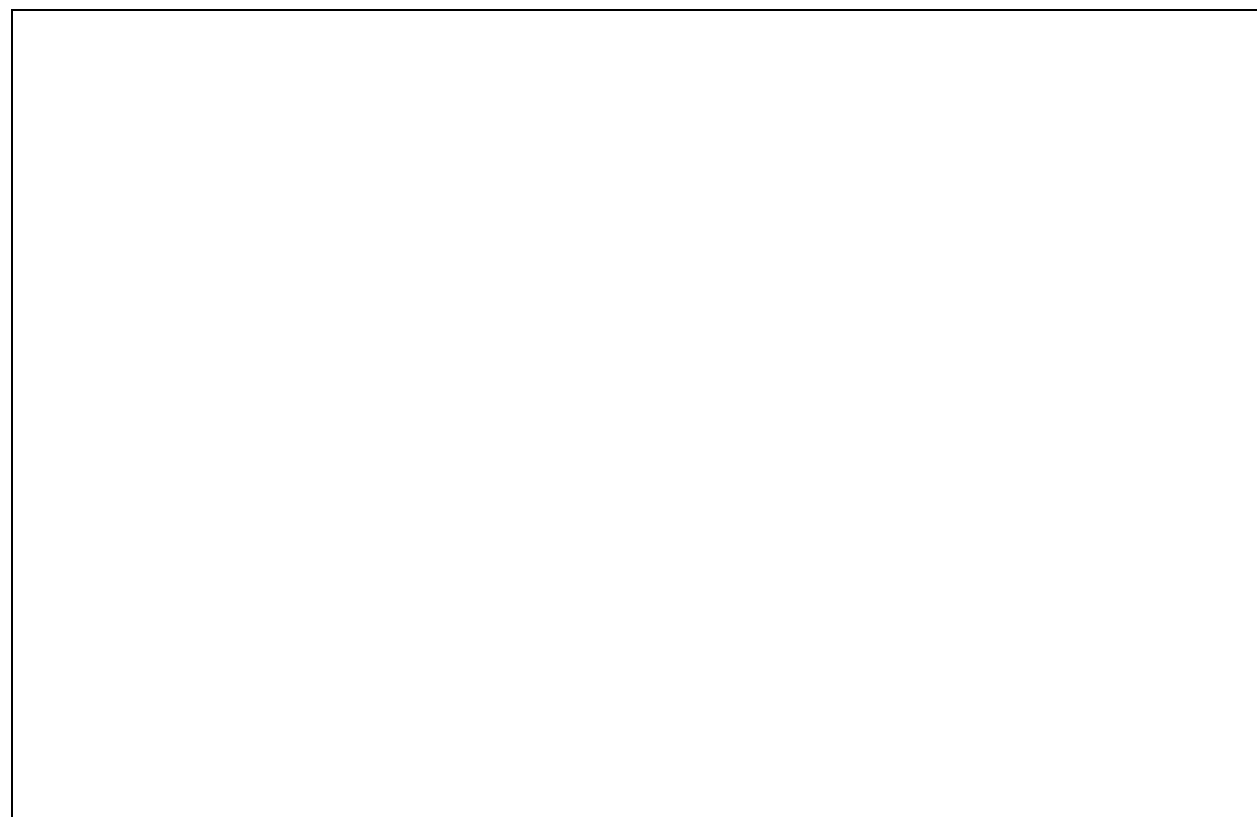
The LINKS program is based on positive youth development principles. In this approach, the LINKS social worker intentionally creates and allows opportunities for youth to experience growth-enhancing interactions with their environment. Every county is required to designate one or more persons who will assure that required LINKS services are provided to their county youth and young adults.



Successful Transition Planning



It is crucial that child welfare professionals working with youth view transition planning as a process that unfolds over time and through close youth engagement rather than as a checklist of items to accomplish.



Video: Youth Perspectives

**Visit: Youth Perspectives**

In this video, you will hear from a LINKS coordinator in Franklin County, NC as she explains LINKS services and how these services help youth in care. You will also hear foster youth talk about learning independent living skills, one of the aspects of the Transitional Living Plan we just discussed.

Listen for some of the independent living skills that youth share and the services that LINKS can provide to improve outcomes for youth.

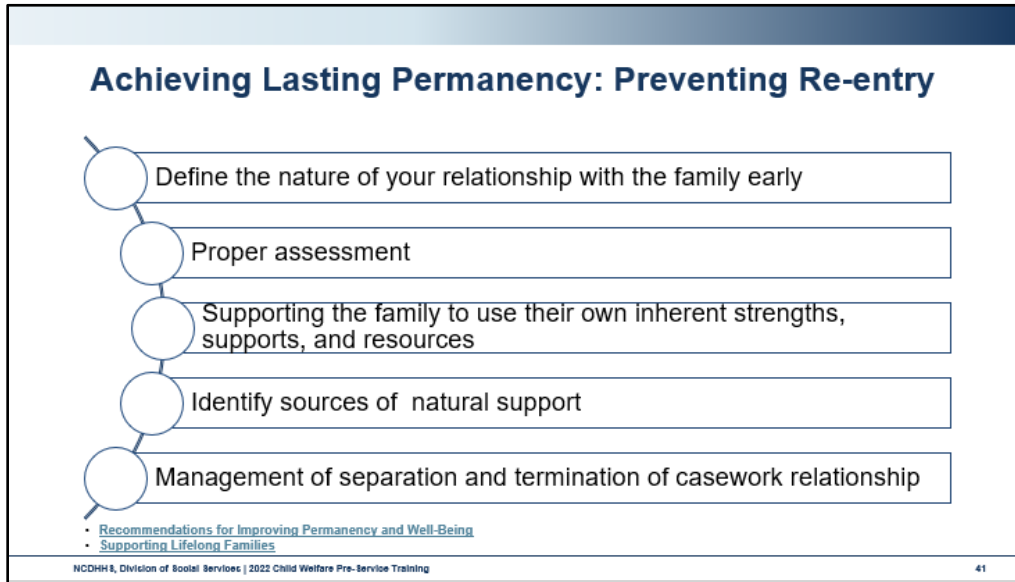
**What are some of the services and skills discussed in the video?**

**What is one independent living skill discussed in this video?**

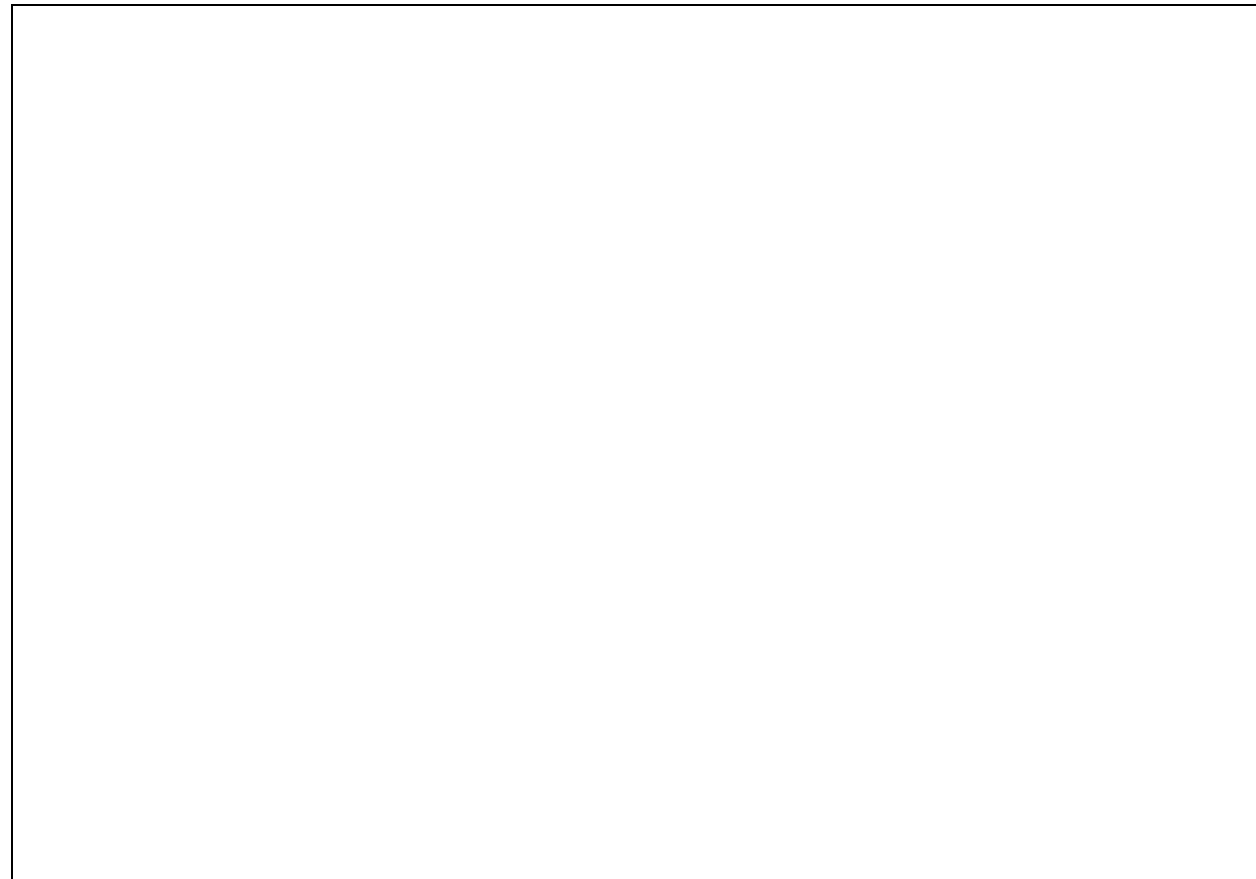
**What questions do you have about LINKS or Transitional Living Plans?**



Achieving Lasting Permanency: Preventing Re-entry



The goals of reunification include the lasting safety, stability, and well-being of the entire family and the prevention of re-entry to foster care.



## Handout: Achieving Lasting Permanency: Preventing Re-entry

Facilitating safe case closure can take skill and practice. Families may feel anxious to know that your agency will no longer be involved in their lives. They have come to rely on you and your agency for support, advice, and referrals to services and resources. However, as the case nears permanency, there are some strategies you can use to facilitate a healthy transition to permanency that will lessen some of these feelings for the child and family and will result in lasting permanency that reduces the likelihood children will reenter care. Some of these strategies include:

- Define the nature of your relationship with the family early in the casework process
  - You should help the family to understand that purpose of the casework relationship is to help family members utilize their own strengths and resources and learn new ways to help themselves; and, that it will end when that purpose has been achieved. This will help prevent the family from feeling that the caseworker has “changed the agreement” and abandoned them.
- Proper assessment of the factors which have contributed to the need for child protection
  - The specific factors that contributed to safety, risk, abuse, or neglect must be identified, and services must be provided to address these factors. A thorough assessment is critical to assure that services are relevant. Without this assessment, services are often haphazard, they are not goal-directed, and they will not significantly change the precipitants of maltreatment. This increases the likelihood that maltreatment will reoccur.
- The Family Services Agreement should include helping the family to use their own inherent strengths and supports and resources that “naturally” exist within their environment
  - Most social workers believe that the families they serve are anxious to “be rid of the social worker.” In reality, many families view the social worker as helpful and as a source of support, even though they may never verbalize these feelings. As a result, there may be an increase in family problems and dysfunction when permanency and case closure is imminent. Achieving permanency and closing the case may be viewed by the family as a threat. They may not want to end casework involvement.
  - Through your relationship with the family, they have learned that other people can be trusted and will help them. This will help family members to establish or strengthen relationships in their own family or community. You should reaffirm that “I’m not the only person in the world who is trustworthy, who is helpful, or who can care about you.” Linkage with naturally occurring support systems can provide the family with relationships, which can exist over long periods.

- If the family can be taught to rely with confidence on their own strengths and resources and can be helped to access and utilize supports and resources in their families and communities, it is less likely that the withdrawal of casework services will be experienced as stressful or as a loss. Natural sources of support may vary between cultural groups and communities. You should identify those sources of support that are present within the family's own cultural and reference group. Such supports can include:
  - Connections with family and extended family
  - Development of friendships
  - Membership in a church and a relationship with a pastor or minister
  - Development of relationships with staff of community centers
  - Access to other community services.
- Proper management of separation and termination of the casework relationship at the time of permanency and case closure.

#### **Aftercare Services**

- Family preservation services
- Adoption assistance
- Post-adoption support
- Guardianship assistance
- LINKS services and funding
- Foster Care 18 to 21 services
- Respite services

### **Preparing for a Successful Closure**

- Start preparing for closure on the first day of service.
- Focus on building a support system for the family throughout the intervention.
- Discuss the family's feelings about ending their connections with the agency. Point out the family's successes.
- Prepare for possible setbacks.
- Develop a plan for ending agency involvement with the family.
- Beware of the "termination crisis."
- Celebrate with the family by recognizing their accomplishments.

### **Safe Case Closure Consideration**

The following are situations or conditions under which case closure should be considered or implemented:

- Family is coping-not cured
- Acceptable attainment of plan objectives
- Basic needs are being met
- Support system is developed which will exist after you leave
- Necessary services from other agencies are in place
- Family has identified one advocate whom they trust
- Plan for future crisis management has been identified
- Risk levels have been reduced or eliminated

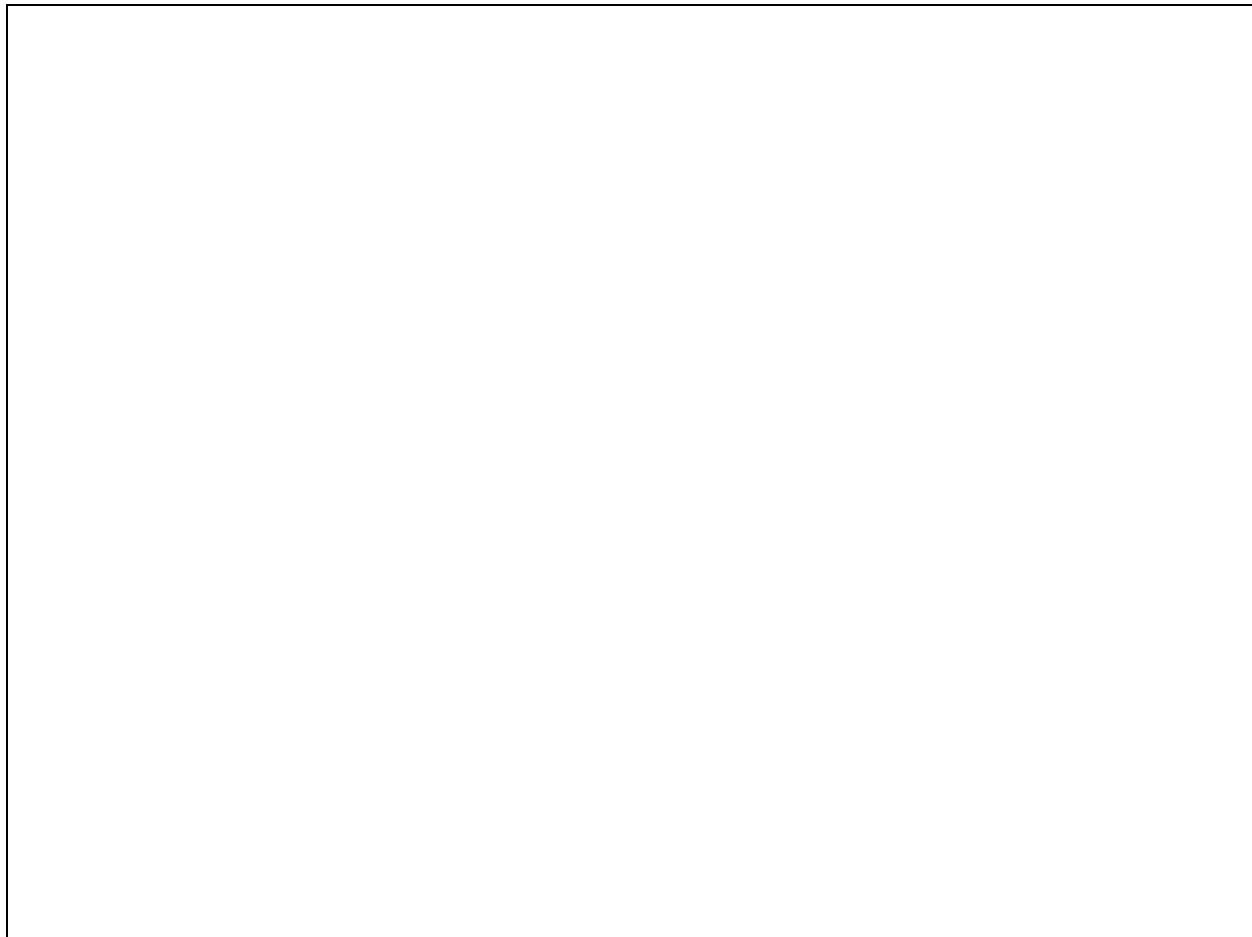
### **Questions to Consider**

- Have the contributing factors to risk or maltreatment been addressed and eliminated or reduced to a minimal level of risk?
  - Have the service providers and other persons significant to the case been contacted and has discussion occurred around current family functioning, current risk level, or any remaining concerns?
- or
- Have the children been placed into other permanent family situations in which there is no risk of maltreatment?

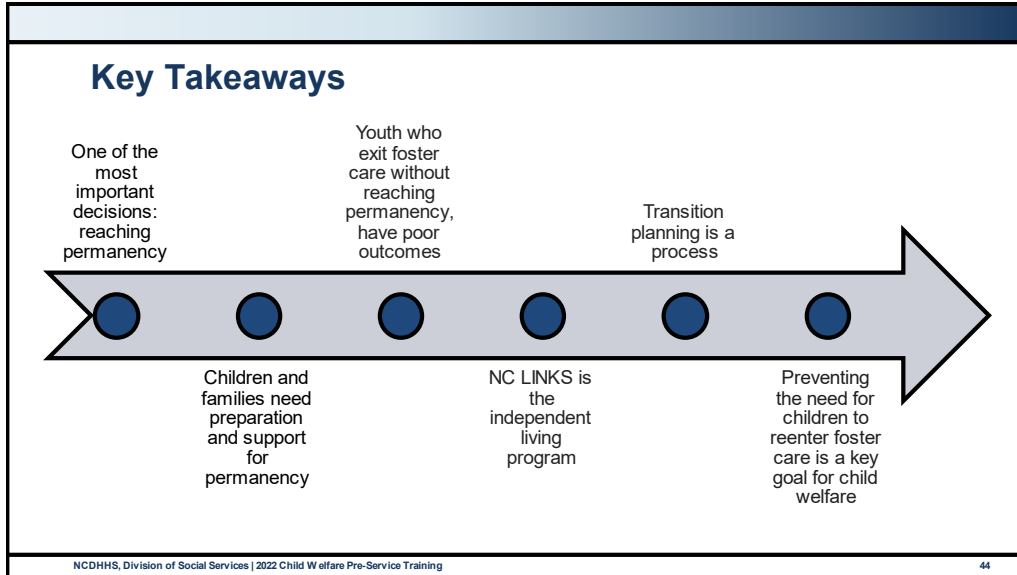
### Achieving Permanency

Remember that as families make progress toward reunification, it is important that child welfare agencies, courts, and other service providers work across disciplines to assess the family's strengths and needs to determine when it is safe and appropriate to return a child home. Working with the family, you will examine such variables as whether the safety issues that resulted in out-of-home placement have been addressed, whether parents and children have received the services outlined in the case plan, whether parents have met other case plan requirements, whether there is a plan in place to keep children safe once they return home, and more.

Safe and stable reunification does not begin or end with the return of children to the care of their parents. You should give careful consideration to assessing the family's capacity for keeping children safe and their readiness to reunify, including planning for post-reunification services. However, when children are not able to safely reunify with their families, finding a permanent family becomes the primary goal.



### Key Takeaways



### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Key Factors Impacting Families and Engaging Communities

### Partnering with Community Services to Support Families

#### Learning Objectives

<ul style="list-style-type: none"><li>• Define community partnerships.</li></ul>
<ul style="list-style-type: none"><li>• Explain the importance of community partnerships in achieving safety, permanency, and well-being, including prevention of maltreatment.</li></ul>
<ul style="list-style-type: none"><li>• Describe strategies to identify community partners, build partnerships, and maintain community partnerships.</li></ul>

## Importance of Community Partnerships

**Importance of Community Partnerships**

Collaboration is “a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone.”

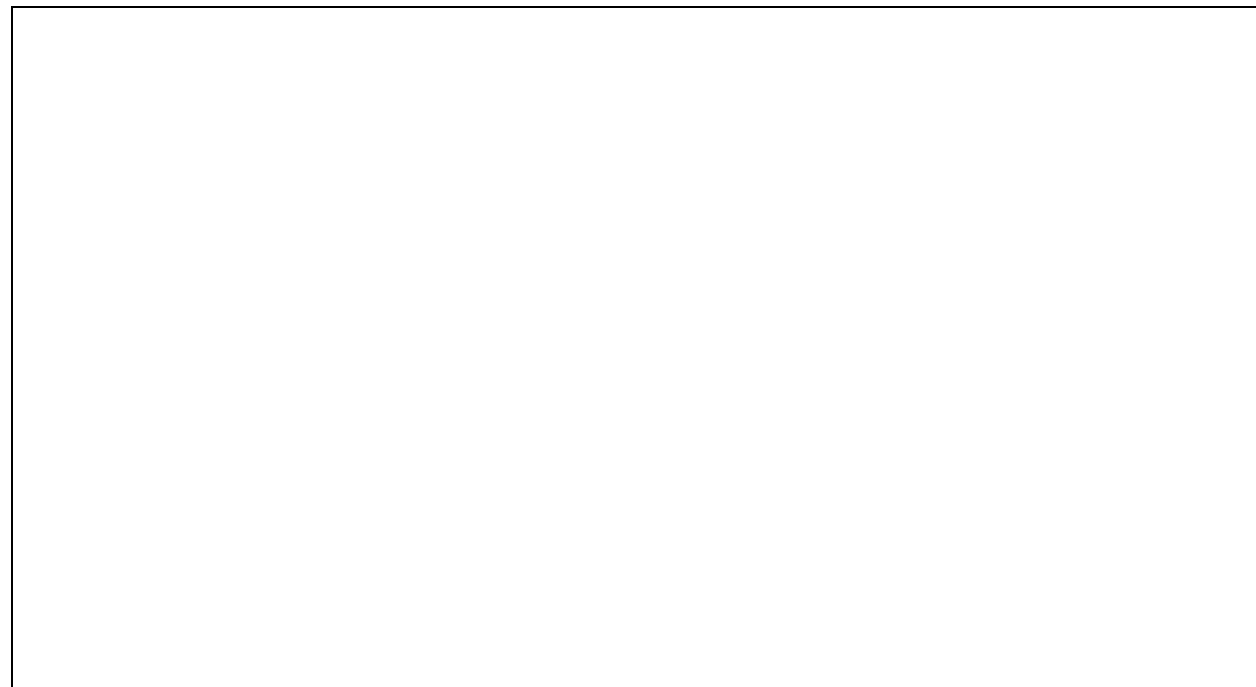
ACF: Community Partnerships

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Community partnerships may work to:

- Prevent child maltreatment and reduce its recurrence
- Offer a network of support and a range of services for families in which maltreatment has occurred or is at risk of occurring
- Provide individualized responses tailored to a family’s strengths and needs

Encourage shared responsibility for ensuring safety, permanency, and well-being





### Identifying Community Partnerships

Committed, hard-working members are the foundation of a thriving community partnership. They should represent a diverse group of people from various agencies, organizations, and community groups, as well as individuals who are involved with populations similar to those being served or are concerned about related issues.

**Brainstorm and identify who in your community or what agencies within your community would be beneficial to have strong partnerships with.**

**What are some of the benefits to the children and families you serve that you can imagine would occur as a result of these partnerships?**

There are some very important partners we need to build and maintain relationships with: the families we serve, their support systems, and our out-of-home care providers (foster parents). Our older youth make great partners. Sharing their voice and their stories can help build a community of support.

Video: Building and Sustaining Community Partnerships

**Visit: The Fostering Hope Initiative**

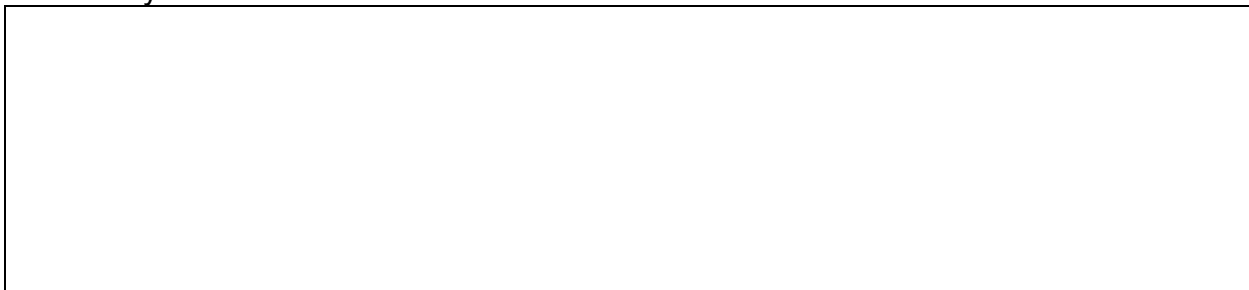
Building and sustaining community partnerships is an ongoing challenge. Partnerships evolve and add/or remove members as the needs of child welfare, the community, or the target population change. The partnership should work to maintain the interest and the commitment of existing members, as well as to seek out, when necessary, new members who embrace the vision of the partnership. The partnership also should continuously work to obtain the resources necessary to carry out its activities and anticipate challenges that may arise. To sustain a community partnership, it is necessary to keep members interested and involved.

There are numerous ways to maintain high interest, including:

- Ensuring that the meetings are productive, brief, and focused
- Staying on track and continuing to work toward the goals outlined in the strategic plan
- Highlighting successes and milestones so that activities or programs or the demographics of the members can see progress and achievements
- Being flexible and willing to adapt to changes
- Asking members for their input on ways the partnership can improve

So, how do you do this on a case-by-case level? You begin by using your family-centered practice principles and the North Carolina Child Welfare Practice Standards of engaging, communicating, and planning. Just like with families, community partnerships require trust, mutual respect, and being open and honest. When community partnerships are established and nurtured it is hoped that families within the community will receive services before ever coming to the attention of child welfare, but in the cases that do come to the local DSS, those families' needs can be met locally. A strong service array requires both formal and informal service providers. You may find a retired teacher who can tutor, a neighbor who would like to be a mentor, a school that will start a parent support group, or a girls' empowerment club. It really is amazing what a community can come together and do!

In this video, we will hear about the Foster Home Initiative. This is a unique program that addresses family and child safety and well-being that was developed by the community it serves.



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to write their questions and reflections.

## Self-Care Exercise

### Activity: Mindfulness Activity – Breath, Sound, Body Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

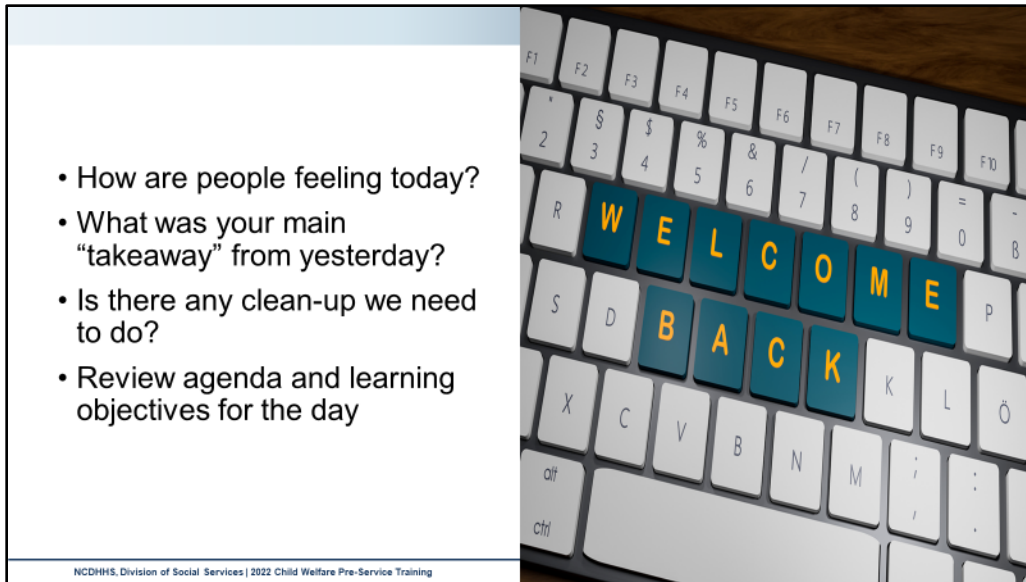
- <https://www.uclahealth.org/marc/mpeg/Body-Sound-Meditation.mp3>
- UCLA Guided Meditations: <https://www.uclahealth.org/marc/mindful-meditations#english>

## Week Six, Day Two Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	<b>Key Factors Impacting Families and Engaging Communities (continued)</b>	
II.	Addressing Biases and Assumptions Related to Domestic Violence, Substance Use, Child Sexual Abuse, and Human Trafficking	9:30 – 10:15
	<b>BREAK</b>	10:15 – 10:30
III.	Engagement and Service Matching for Families Impacted by Substance Use Disorder	10:30 – 11:15
IV.	Engagement and Service Matching for Families Impacted by Domestic Violence	11:15 – 12:00
	<b>LUNCH</b>	12:00 – 1:00
V.	Engagement and Service Matching for Families Impacted by Mental Health Concerns	1:00 – 1:45
VI.	Engagement and Service Matching for Families Impacted by Sexual Abuse	1:45 – 2:15
	<b>BREAK</b>	2:15 – 2:30
VII.	Engagement and Service Matching for Families Impacted by Human Trafficking	2:30 – 3:00
	<b>Documentation</b>	
VIII.	Quality Documentation	3:00 – 3:35
IX.	Documentation Learning Lab	3:35 – 3:50
X.	Confidentiality	3:50 – 4:00

## Welcome



- How are people feeling today?
- What was your main “takeaway” from yesterday?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

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**Use this space to record notes.**

## Key Factors Impacting Families and Engaging Communities (continued)

Addressing Biases and Assumptions Related to Domestic Violence, Substance Use, Child Sexual Abuse, and Human Trafficking

### Learning Objectives

<ul style="list-style-type: none"><li>• Identify common truths and myths related to domestic violence, substance use, child sexual abuse, and human trafficking.</li></ul>
<ul style="list-style-type: none"><li>• Identify own biases related to domestic violence, substance use, child sexual abuse, and human trafficking.</li></ul>
<ul style="list-style-type: none"><li>• Explain how biases can negatively impact our work with children and families.</li></ul>

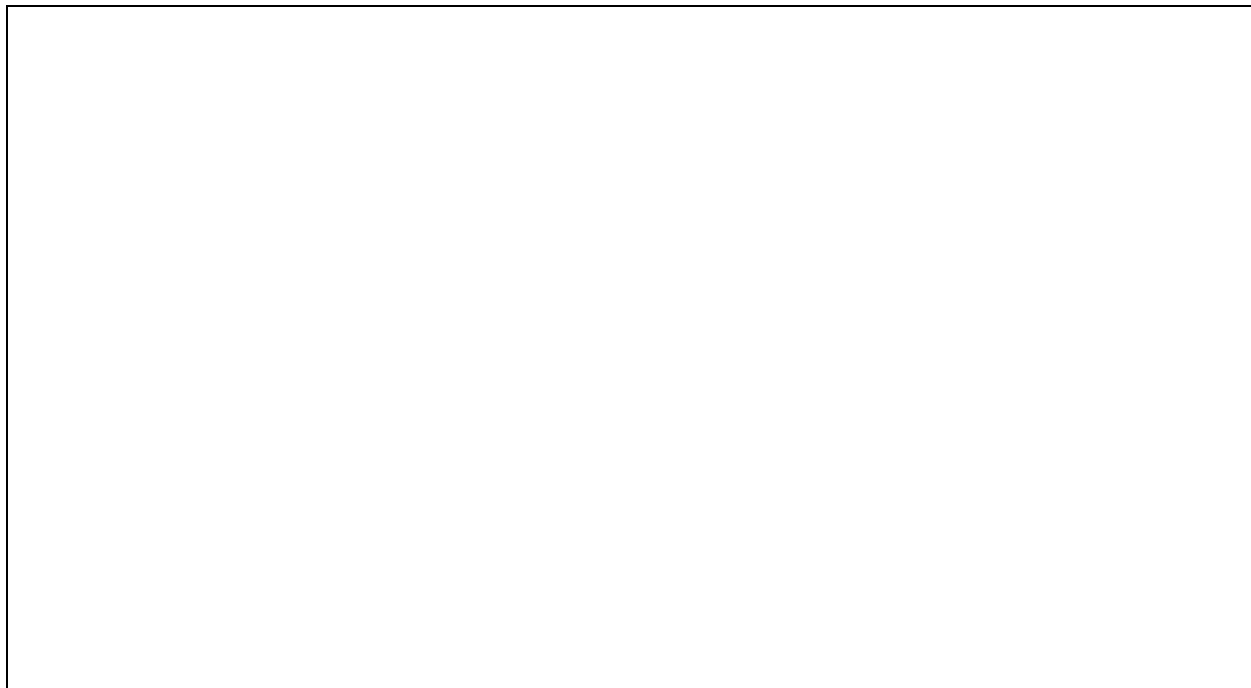
Review: What is Bias?

**Review: What is Bias?**

- **Systemic Bias** (also called institutional bias): The inherent tendency of a process to support a particular outcome.
- **Implicit Bias**: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
- **Explicit Bias**: Conscious beliefs and thoughts.

Kirwan Institute, Implicit Racial Bias 101: Exploring Implicit Bias in Child Protection  
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Systemic biases are barriers maintained by institutions while implicit and explicit biases are ones upheld by individuals. Child welfare professionals must address their own biases when working with families. Research suggests that one way to reduce or prevent bias in our decision-making process requires recognizing our biases. We must use tools and self-reflection as the means through which we must discover these biases.





Substance Use: Truths and Myths

**Substance Use: Truths & Myths**

---

Addiction only happens to a certain type of person.

---

People who misuse substances need a tough love approach.

---

Severe Substance Use Disorder is a disease.

---

People can quit using drugs and/or alcohol any time they want.

---

Rehab can work the first time.

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1. Addiction only happens to a certain type of person.  
Truth     Myth
2. People who misuse substances need tough love.  
Truth     Myth
3. Severe Substance Use Disorder is a disease.  
Truth     Myth
4. People can quit using drugs and/or alcohol any time they want.  
Truth     Myth
5. Rehab can work the first time.  
Truth     Myth

Domestic Violence: Truths and Myths

**Domestic Violence: Truths & Myths**

---

Domestic violence is rare.

---

Couple's counseling is part of domestic violence treatment.

---

Victims grew up in violent homes and don't know any different.

---

Most people who abuse their partners are not as well educated.

---

Women can perpetrate intimate partner violence.

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1. Domestic violence is rare.  
Truth     Myth
  
2. Couple's counseling is part of domestic violence treatment.  
Truth     Myth
  
3. Victims grew up in violent homes and don't know any different.  
Truth     Myth
  
4. Most people who abuse their partners are not as well educated.  
Truth     Myth
  
5. Women can perpetrate intimate partner violence.  
Truth     Myth

Child Sexual Abuse: Truths and Myths

**Child Sexual Abuse: Truths & Myths**

---

Most men who commit sexual offenses do not know their victim.

---

Most child sexual abusers use physical force or threat to gain compliance from their victims

---

Most child sexual abusers find their victims by frequenting places like schoolyards and playgrounds.

---

Child sexual abusers are only attracted to children and are not capable of appropriate sexual relationships.

---

False reports of rape or child molestation are common, for many reasons.

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1. Most men who commit sexual offenses do not know their victims.  
Truth     Myth
2. Most child sexual abusers use physical force or threats to gain compliance from their victims.  
Truth     Myth
3. Most child sexual abusers find their victims by frequenting places like schoolyards and playgrounds.  
Truth     Myth
4. Child sexual abusers are only attracted to children and are not capable of appropriate sexual relationships.  
Truth     Myth
5. False reports of rape or child molestation are common, for many reasons.  
Truth     Myth

Human Trafficking: Truths and Myths

**Human Trafficking: Truths & Myths**

---

Human trafficking is the result of poverty and inequality.

---

Ages sixteen to eighteen are the average ages for teens to become involved in sex trafficking.

---

Often victims of human trafficking are kidnapped or abducted.

---

North Carolina is ranked in the top 10 states for cases of human trafficking.

---

Due to North Carolina agricultural areas, labor trafficking is the most common form in the state.

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1. Human trafficking is the result of poverty and inequality.  
Truth     Myth
2. Ages sixteen to eighteen are the average ages for teens to become involved in sex trafficking.  
Truth     Myth
3. Often victims of human trafficking are kidnapped/abducted.  
Truth     Myth
4. North Carolina is ranked in the top 10 states for cases of human trafficking.  
Truth     Myth
5. Due to North Carolina's agricultural areas, labor trafficking is the most common form of human trafficking in the state.  
Truth     Myth

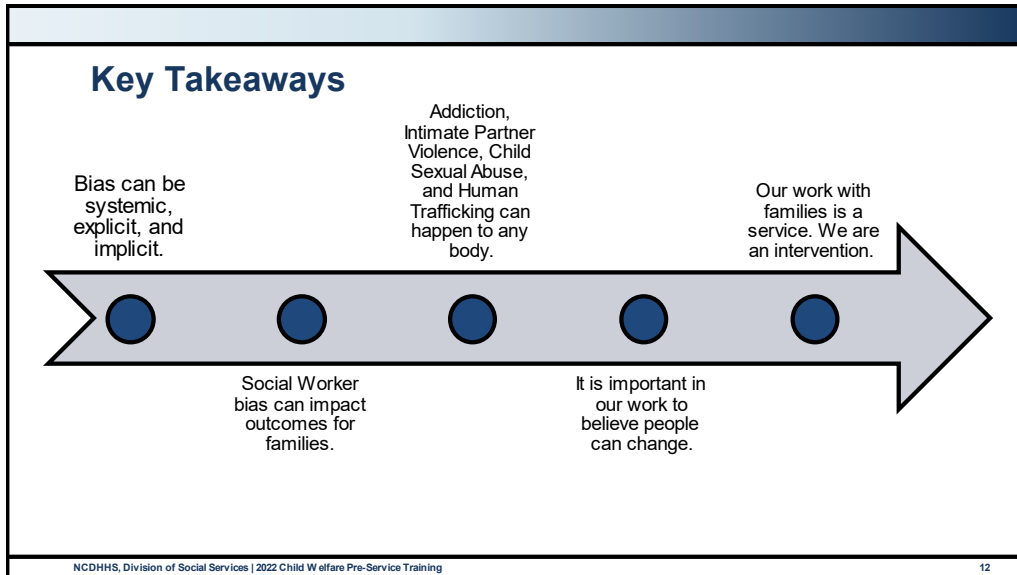
Activity: Self-Reflection – Who Can Change?

**Place an X next to the person you believe is capable of change.**

The person who is ...

- homeless?
- diagnosed with a mental illness?
- misusing drugs?
- a domestic violence survivor?
- perpetrator of partner violence?
- perpetrator of child abuse?

Key Takeaways



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Engagement and Service Matching for Families Impacted by Substance Use Disorder

### Learning Objectives

- |   |
|---|
| <ul style="list-style-type: none"><li>• Identify strategies for building rapport with children and families impacted by substance use.</li></ul>  |
| <ul style="list-style-type: none"><li>• Explain the role of the child welfare worker in the screening and treatment referral process for children and families impacted by substance use.</li></ul> |

Definition of Substance Use

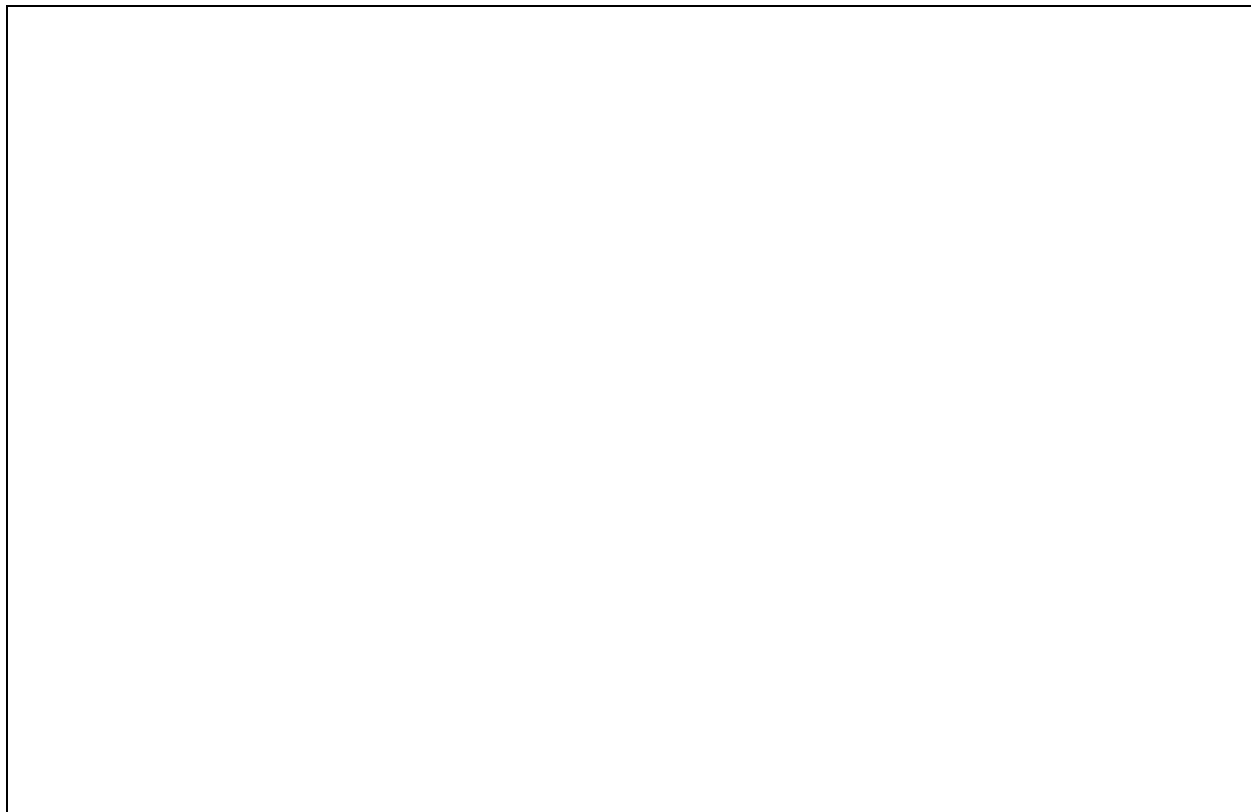
**Definition of Substance Use**

- The use of illegal drugs or the use of prescription or over-the-counter drugs, alcohol, or tobacco for purposes other than those for which they are meant to be used, or in excessive amounts.
- Substance misuse may lead to social, physical, emotional, and job-related problems.

[Substance Misuse \(apha.org\)](#)

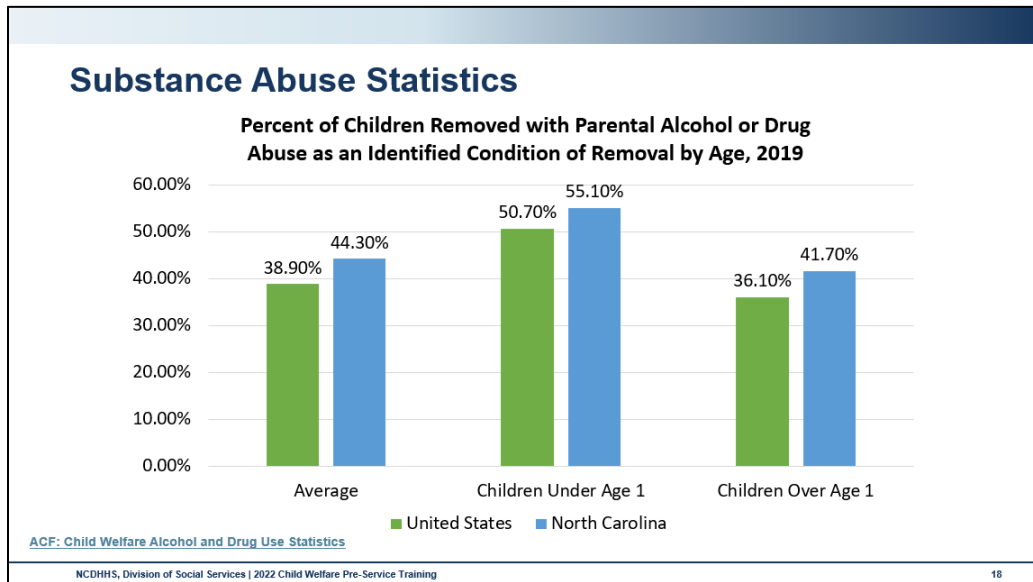
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The DSM-V classifies Substance Use Disorder as a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

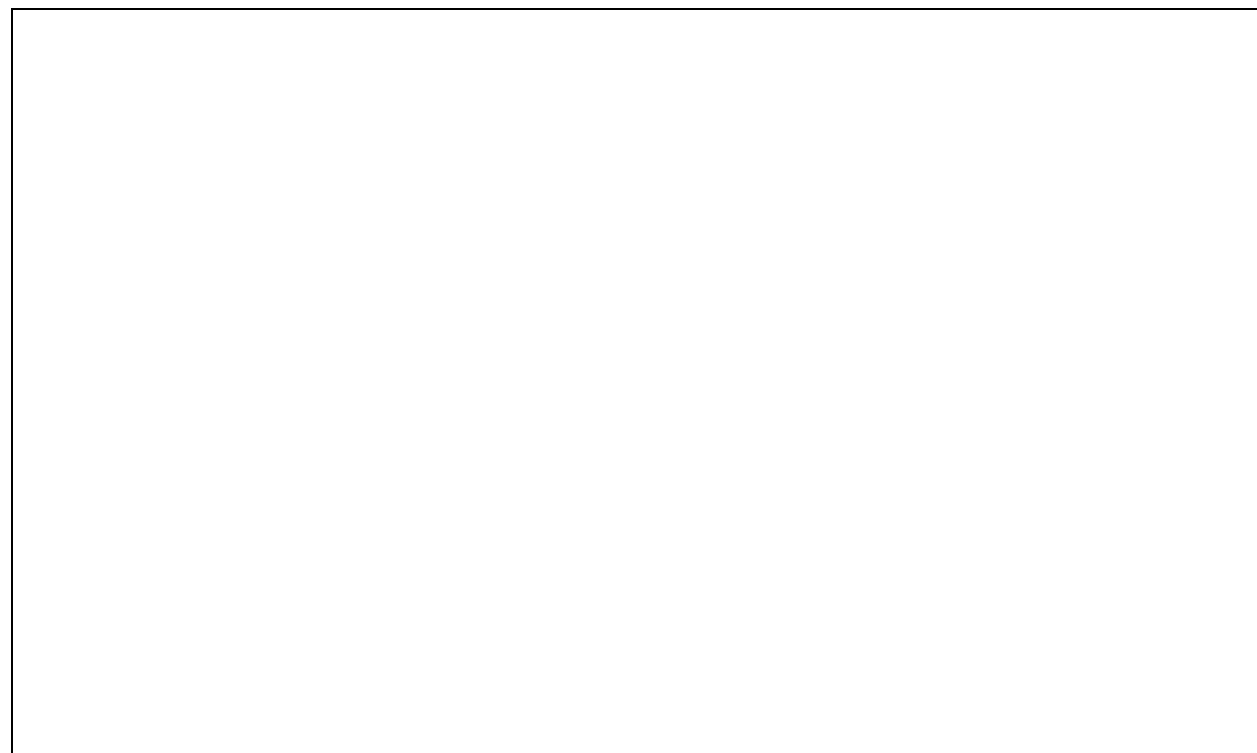




Substance Abuse Statistics



As of 2019, the national average percentage of children removed from their homes and placed in out-of-home care due to a parent’s alcohol or drug use was 38.9%. Compared to the United States as a whole, North Carolina is higher than the national average. In North Carolina, the percentage of children removed from their homes with parental alcohol or drug abuse as a condition of removal was 44.3%.



Video: [Overdose Deaths Rise in North Carolina](#)

**Visit: [Overdose Deaths Rise in North Carolina](#)**

In this short news clip, you will see a report by Queen City News that aired on March 22, 2022, about the rapid increase in drug overdose deaths in North Carolina in 2020 and the impact of the COVID-19 pandemic on substance misuse.

**What are your initial reactions to the news clip?**

**How do you think this rapid increase impacts the children and families we work with?**

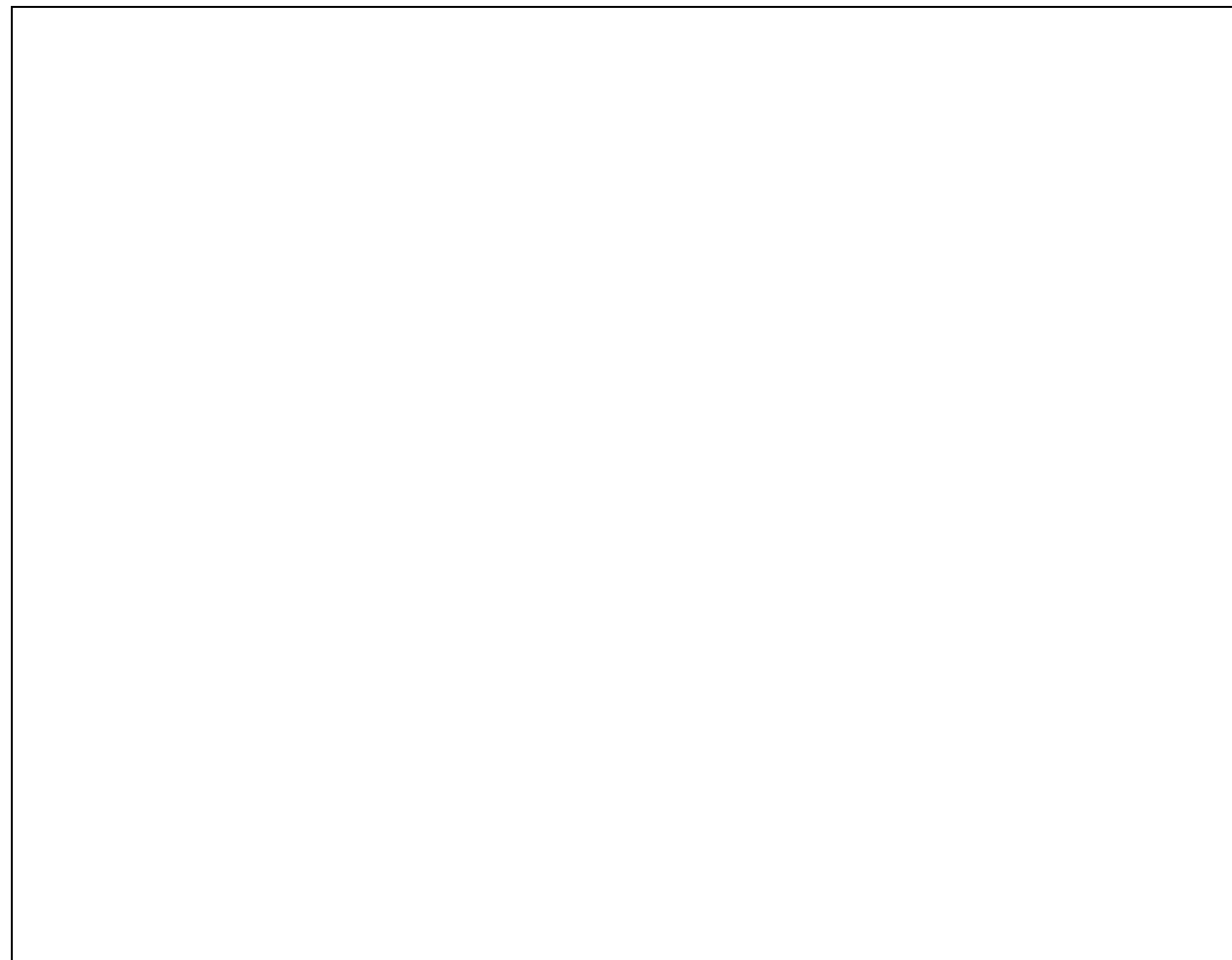
**How might this impact your work and the services you provide to families?**

Commonly Used Substances in North Carolina

**Commonly Used Substances in North Carolina**

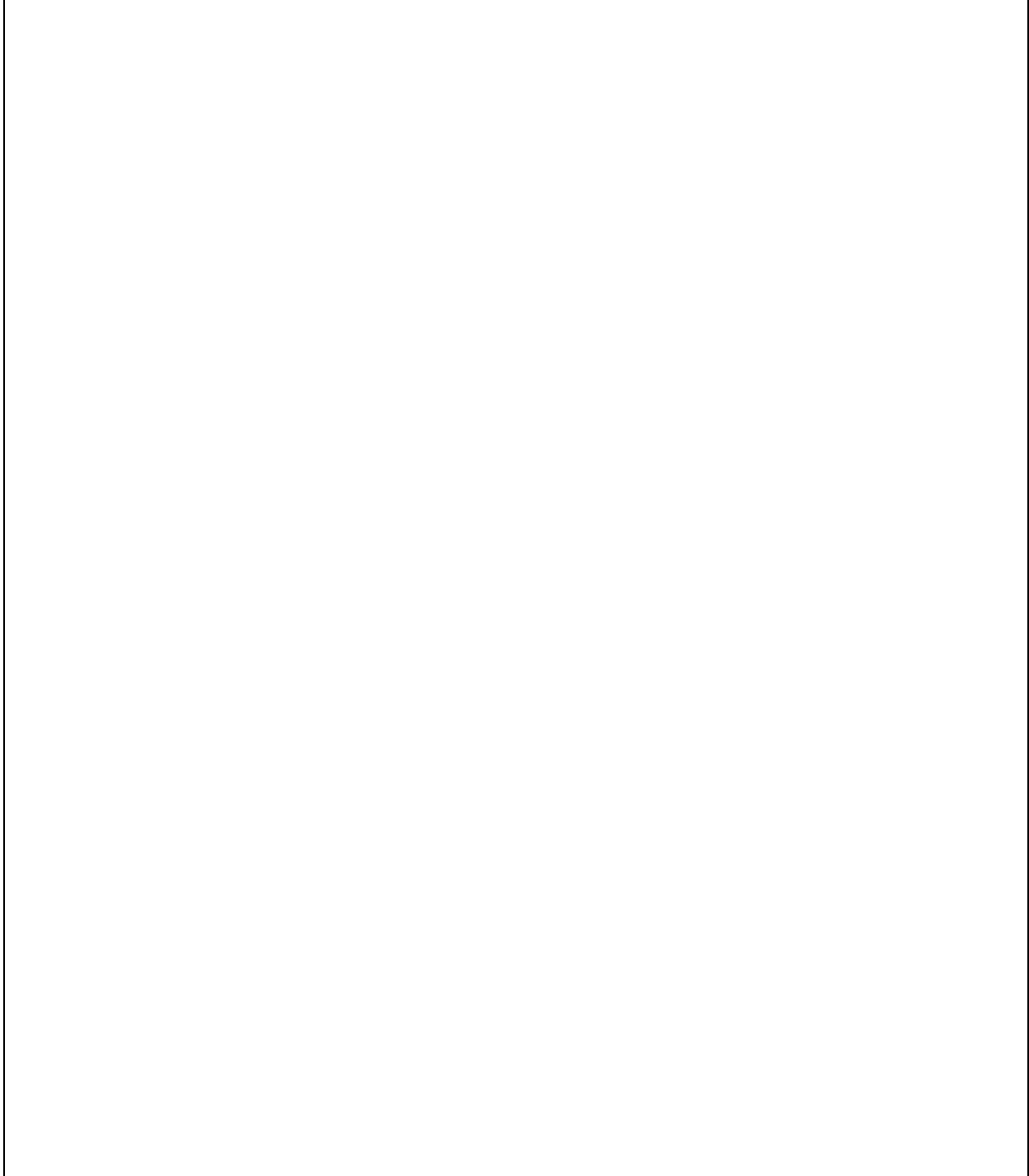
<b>Marijuana</b> Approximately 20,000 marijuana-related arrests a year statewide	<b>Cocaine</b> About 8,000 people a year admitted to drug treatment centers for cocaine use	<b>Heroin</b> Often used after becoming addicted to more expensive legal prescription drugs
<b>Methamphetamine</b> Number of deaths associated with meth has risen sharply in recent years	<b>Prescription Drugs</b> High frequency due to easy availability; expected to increase in coming years	

<https://theblanchardinstitute.com/drug-alcohol-abuse/>  
NCDHHS, Division of Social Services | SFY 2021-22 Child Welfare Webinars 20



Activity: Engaging Families Impacted by Substance Use Disorder

Think of ways you are already practicing engaging families impacted by substance abuse disorder using a family-centered approach.

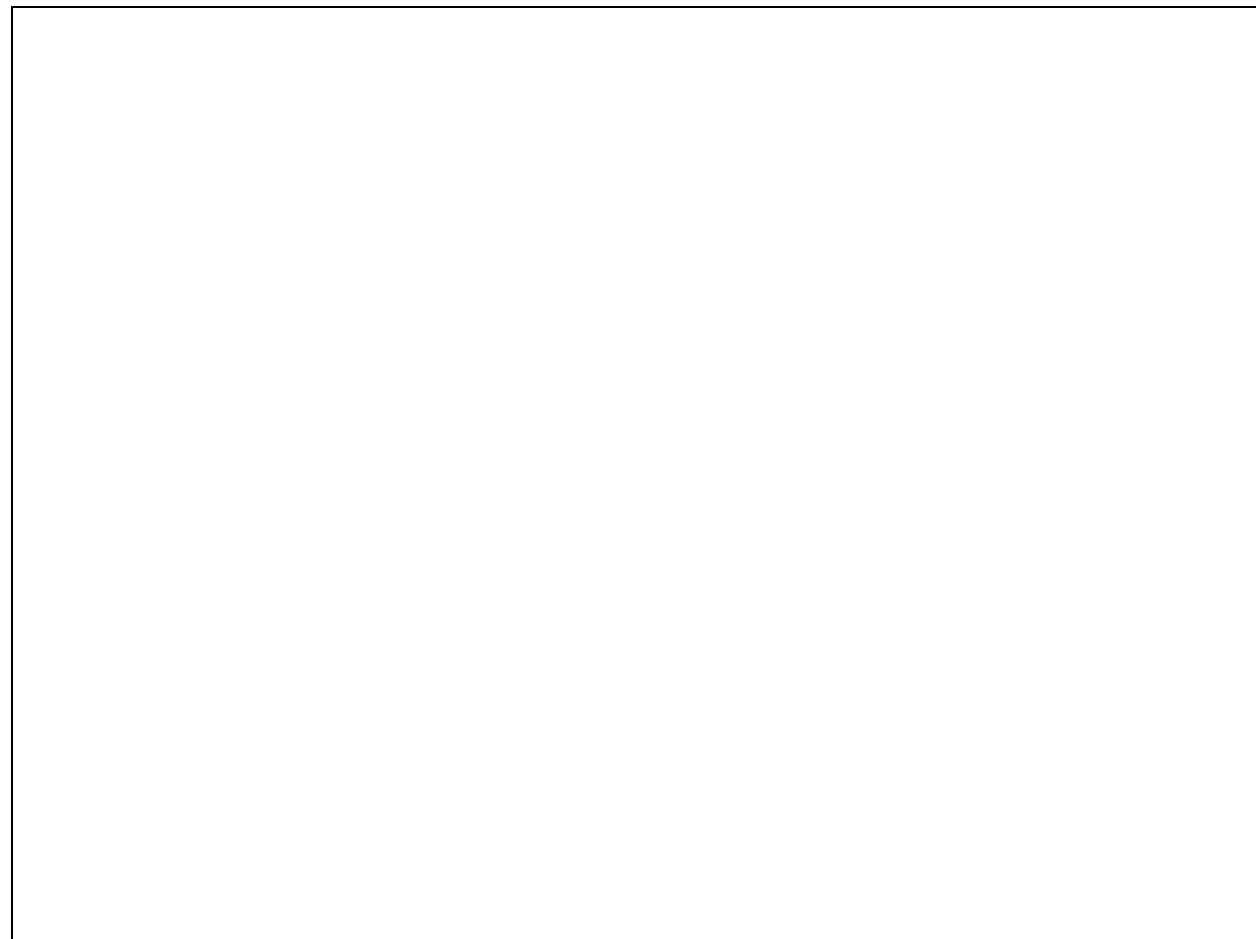
A large, empty rectangular box with a thin black border, intended for the user to write their responses to the activity prompt.

Understanding Engagement of Families Affected by Substance Use Disorders

**Understanding Engagement of Families Affected by Substance Use Disorders**

- Engage in conversation
- Provide active support in early recovery
- Link to peer or recovery support
- Support the children
- Provide warm hand-offs and maintain communication

Understanding Engagement of Families Affected by Substance Use Disorders  
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## Handout: Understanding Engagement of Families Affected by Substance Use Disorders

## Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips



National Center on  
Substance Abuse  
and Child Welfare



1

**Engage in conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use “person first” language and avoid using labeling terms such as “addict.” Use a conversational approach with open-ended questions such as the following:

- ▶ “Tell me more about ...”
- ▶ “As part of our work with families, we ask all families about ...”
- ▶ “I’m noticing that ...”
- ▶ “How can I help you with ...”
- ▶ “I’m concerned about you because ...”

**Provide active support in early recovery.** Substance use disorders (SUDs) may affect cognitive functions (e.g., memory) and result in behavior that is often perceived as “resistant.” Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents to attend SUD treatment, court, visitation, and parent strengthening programs. Help the parent make and keep appointments by marking their calendar/schedule and providing reminders and incentives. Identify barriers for making an appointment, such as competing service priorities or lack of transportation, and work together to formulate solutions.

2

3

**Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often held by persons in recovery from SUDs and with child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

**Support the children.** Help children develop an understanding of SUDs that is supportive and nonjudgmental. Convey information about their parents’ substance misuse in a way that defines the disorder, not the person, and is appropriate to the children’s developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- ▶ “Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don’t understand when they drink too much or use drugs, but this doesn’t mean that they don’t love you.”
- ▶ “You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent’s drinking or drug use.”
- ▶ “There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone.”
- ▶ “Let’s think of people who you might talk with about your concerns. You don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member.”

4

LEARN MORE



**Provide warm hand-offs and maintain ongoing communication.** A warm hand-off is a strategy to actively engage and link parents to treatment and other needed services. A warm hand-off reduces miscommunication and ensures that parents understand the process and have adequate information and support to engage in services. Warm hand-offs also involve following up with the parent and provider to ensure that the referral was successful. Follow-up communication with SUD providers during the child welfare case can also support parent engagement in the assessment, treatment, and recovery continuum of services.



## TO LEARN MORE

The National Center on Substance Abuse and Child Welfare has many technical assistance resources including publications, webinars, and tools that child welfare workers, court professionals, and communities can use to better serve families affected by SUDs. These are available at: <https://ncsacw.samhsa.gov>

*Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers* helps child welfare workers understand SUDs and how to support and facilitate treatment and recovery. To access this guide, please visit: <https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals* is a self-paced and free tutorial that provides specific information about SUDs, engagement strategies, and the treatment and recovery process for families affected by SUDs. Continuing Education Units are available upon completion. To take the tutorial, go to: <https://ncsacw.samhsa.gov/tutorials/tutorialDesc.aspx?id=27>

The Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse websites offer comprehensive information about treatment for SUDs. To learn more, visit:

<https://www.samhsa.gov/treatment/substance-use-disorders>

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>



National Center on  
Substance Abuse  
and Child Welfare

Visit: <https://ncsacw.samhsa.gov>

Email: [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

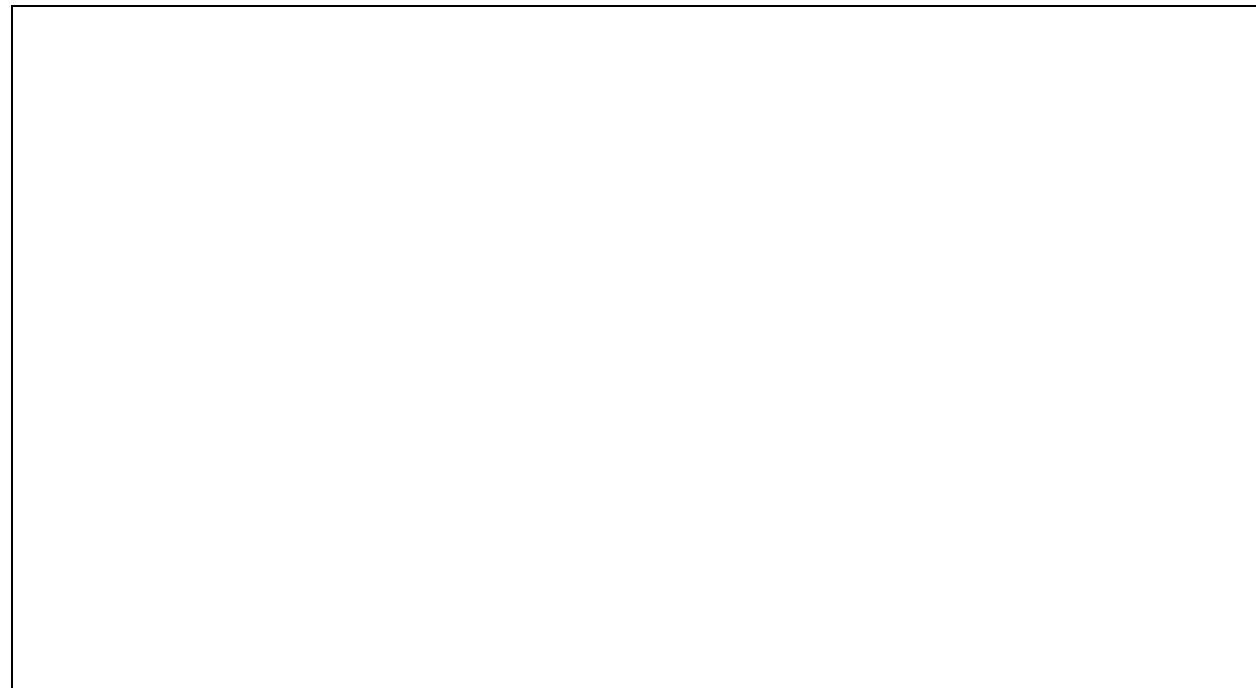
Call: 1-866-493-2758

**Acknowledgments:** This technical assistance tool was developed by the National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW is a technical assistance resource center jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. Points of view or opinions expressed in this guide are those of the authors and do not necessarily represent the official position or policies of SAMHSA or ACYF.

## Identifying Families Impacted by Substance Use: Screening and Assessment of Children

<b>Identifying Families Impacted by Substance Use: Screening and Assessment of Children</b>	
<b>Screening</b>	<b>Assessment</b>
<ul style="list-style-type: none"><li>• Information gathering</li><li>• Identify the possibility of a substance use issue</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive</li><li>• More definitively determine if a substance use problem is present</li><li>• Develop a plan to address substance us problem</li></ul>
<small><ul style="list-style-type: none"><li>• <a href="#">Child Welfare Gateway: Identifying and Preventing Substance Use in Youth in Foster Care</a></li><li>• <a href="#">Child Welfare Gateway: Assessing Child and Youth SUD</a></li></ul></small>	
<small>NCDHHS, Division of Social Services   2022 Child Welfare Pre-Service Training 23</small>	

Screening can identify the possibility of a substance use issue, although that does not mean a family member has been diagnosed as having a Substance Use Disorder. This is where assessment is helpful – they are more comprehensive and allow you as professionals to determine more definitively if a substance use problem is present and then develop a plan to address it.





Screening and Assessment of Parents

**Identifying Families Impacted by Substance Use:  
Screening and Assessment of Parents**

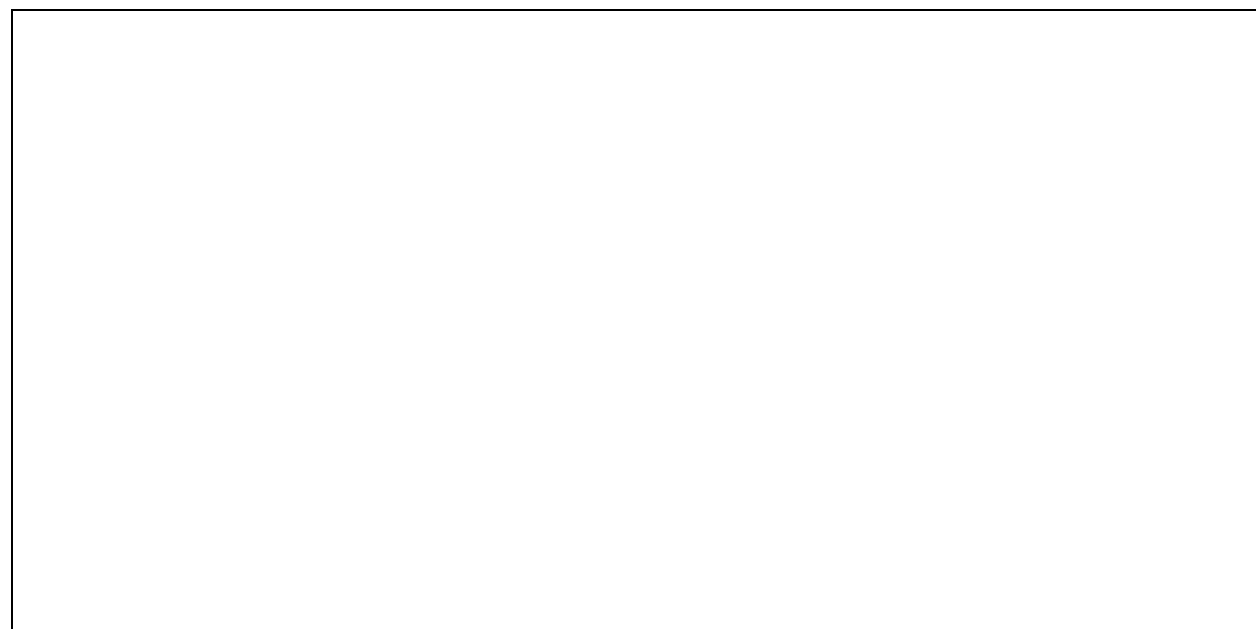
- Random drug tests
- Self-reports
- Observations
- Comprehensive substance abuse assessment
- Child safety and risk assessment

• Assessing Parental SUD  
• Child Welfare Gateway: Substance Use by Parents and Caregivers

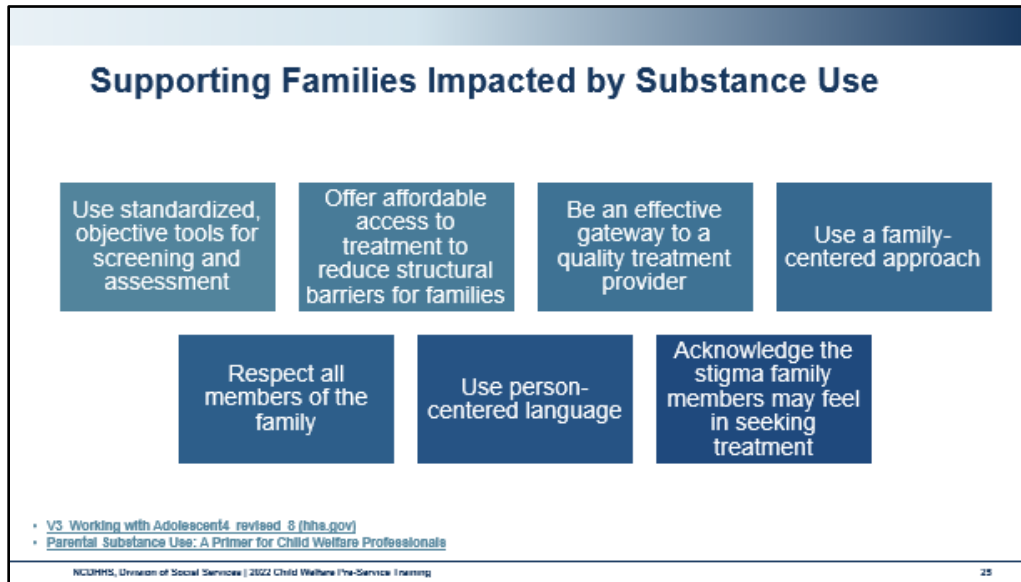
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A thorough assessment of the parent is helpful in determining if alcohol or drug use is impairing a parent’s judgment and ability to provide for a child. Examples of assessments are:

- Random drug tests
- Self-reports
- Observations by treatment providers, caseworkers, or other professionals
- A comprehensive substance abuse assessment
- Child safety and risk assessments

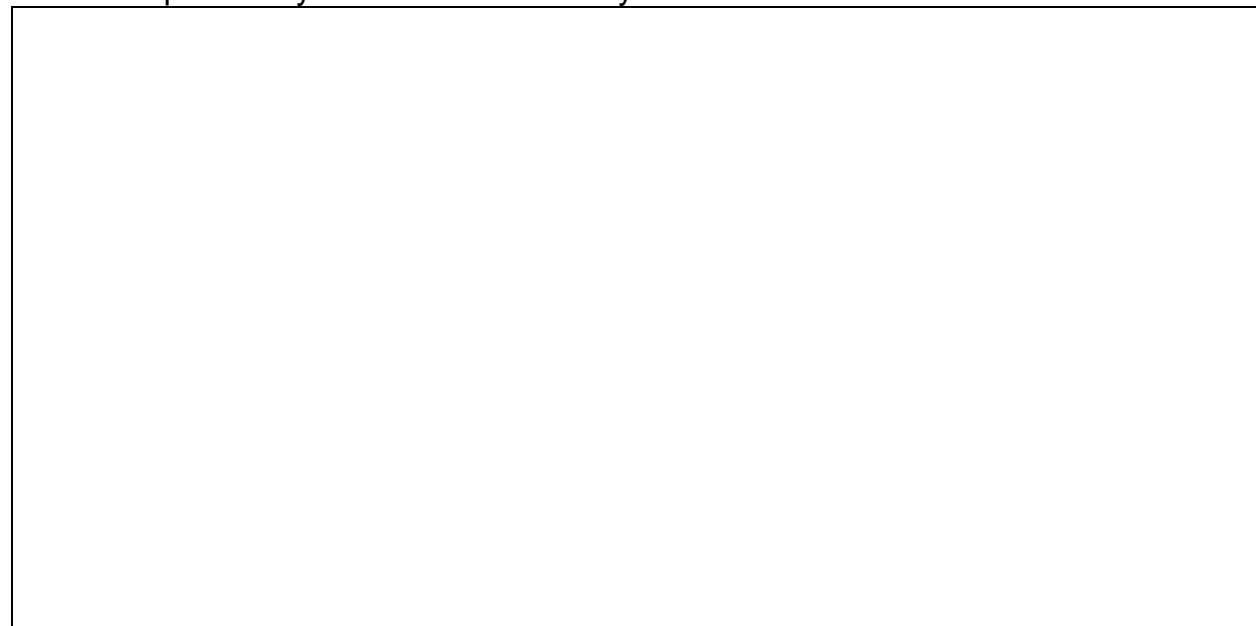


Supporting Families Impacted by Substance Use




Tips for working with families impacted by Substance Use Disorders or substance misuse:


- Acknowledge the stigma a family may feel in seeking treatment for substance use
- Use person-centered language (e.g. “person with a Substance Use Disorder” rather than “addict”)
- Avoid guilt and shame tactics
- Emphasize strengths and promote resilience
- Respect every individual in the family




Peer and Community Support for Recovery

**Peer and Community Support for Recovery**

 Substance use disorders can negatively affect a parent's ability to provide a stable, nurturing home and environment.

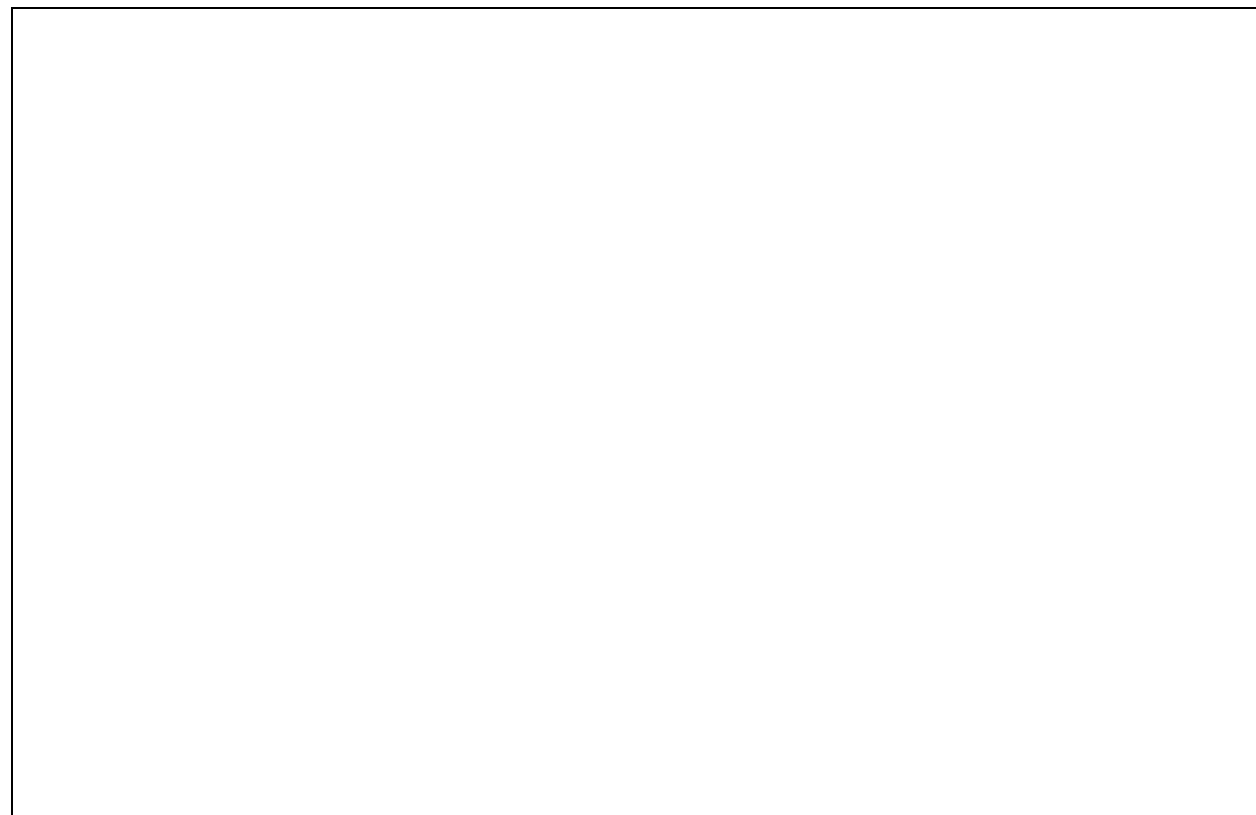
 Families affected by parental substance misuse have a lower likelihood of successful reunification with their children.

 The lack of coordination and collaboration between child welfare agencies, community partners, and substance misuse treatment providers, undermines the effectiveness of agencies' response to families.

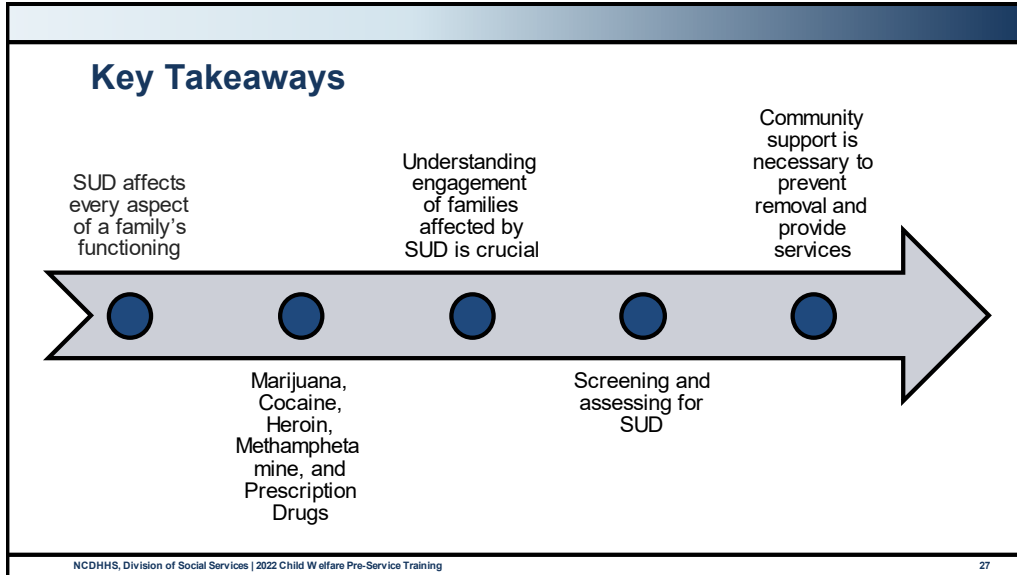
<https://ncsacw.acf.hhs.gov/files/toolkitpackag/mod1/module-1-families-slides-508.pdf>  
NCA SW Toolkit

NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 28

Child welfare workers, courts, substance use disorder treatment providers, and community partners need to work together to address parents' substance use disorders to prevent removal and provide services to support safety, permanency, and well-being.



### Key Takeaways



### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Engagement and Service Matching for Families Impacted by Domestic Violence

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Identify interventions that protect children from domestic violence while strengthening families and maintaining family continuity.</li></ul>                            |
| <ul style="list-style-type: none"><li>• Explain techniques that engage families in the decision-making process and help to develop partnerships with community service providers and the courts.</li></ul>       |
| <ul style="list-style-type: none"><li>• Describe how to create effective Family Service Agreements and safety plans that build networks of support to help strengthen families and keep children safe.</li></ul> |

Definitions of Domestic and Family Violence

**Definitions of Domestic Violence and Family Violence**

**Domestic Violence**

- the misuse of power by one individual to achieve and maintain control over another individual in an intimate family relationship

**Behavioral Definition**

- "a pattern of assaultive and/or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners."

Definitions of Domestic Violence

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Family violence is considered to be any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. It is important to recall that family can be broadly defined to include nuclear members of the family as well as extended family and close relationships, therefore violence can be perpetrated by and between any combination of members of the family including those of different sexual orientation, same sex orientation, adult to child or youth, and child or youth to adult.



The Power and Control Wheel

### The Power and Control Wheel

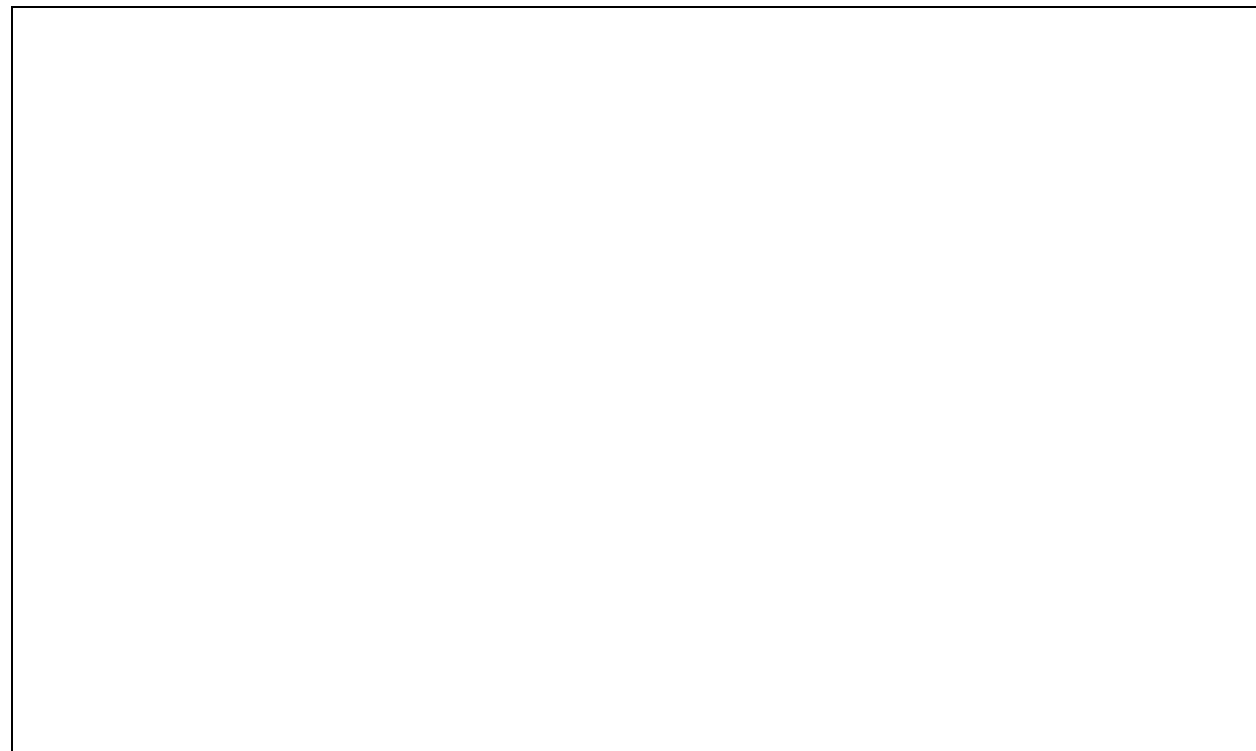
- Subtle, continual abusive tactics are difficult to identify on the surface
- Abuse becomes normalized
- Abused person can be confused by conflicting behaviors and may not trust their own feelings
- Abusers hide the abuse and present themselves differently to others

Developed for:  
 National Center on Domestic Violence  
 2002 Child Welfare Pre-Service Training  
 2002/02/01

Produced and distributed by:  
 NATIONAL CENTER  
 on Domestic and Sexual Violence  
 1875 Broadway, Suite 200  
 New York, NY 10019  
 Tel: 212-693-7273  
 Fax: 212-693-7274  
 www.nccdv.org

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The power and control wheel serves as a diagram of tactics that an abusive partner uses to keep their victims in a relationship. The outer ring represents physical and sexual violence while the inside of the wheel is made up of subtle, continual behaviors over time.



Handout: The Power and Control Wheel



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218-722-2781



Domestic Violence and Cross-Cultural Considerations

### Domestic Violence and Cross-Cultural Considerations

**Culture shapes:**

- An individual’s experience of violence and the effects on children and youth
- Whether perpetrators accept responsibility
- Whether services are equally accessible to all
- Our own responses within the culture of the systems and organizations in which we work

Cross-Cultural Considerations

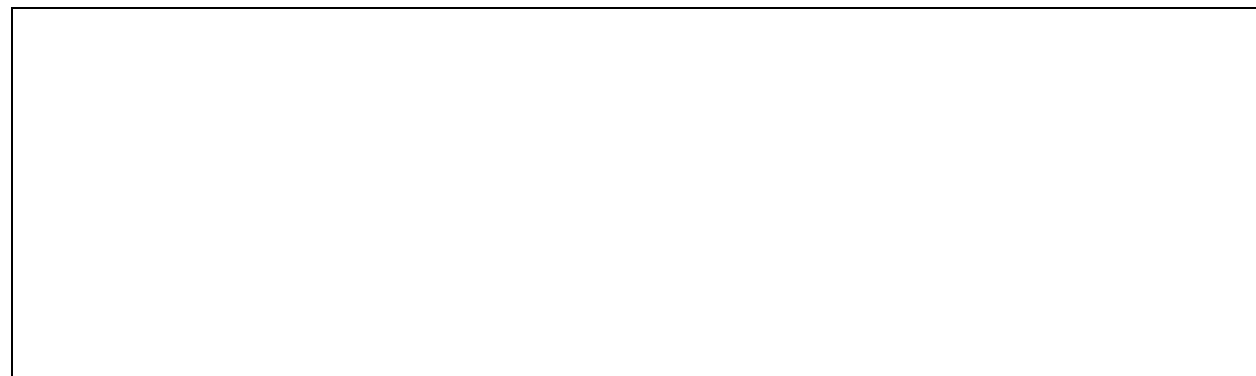
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### Domestic Violence and Cross-Cultural Considerations

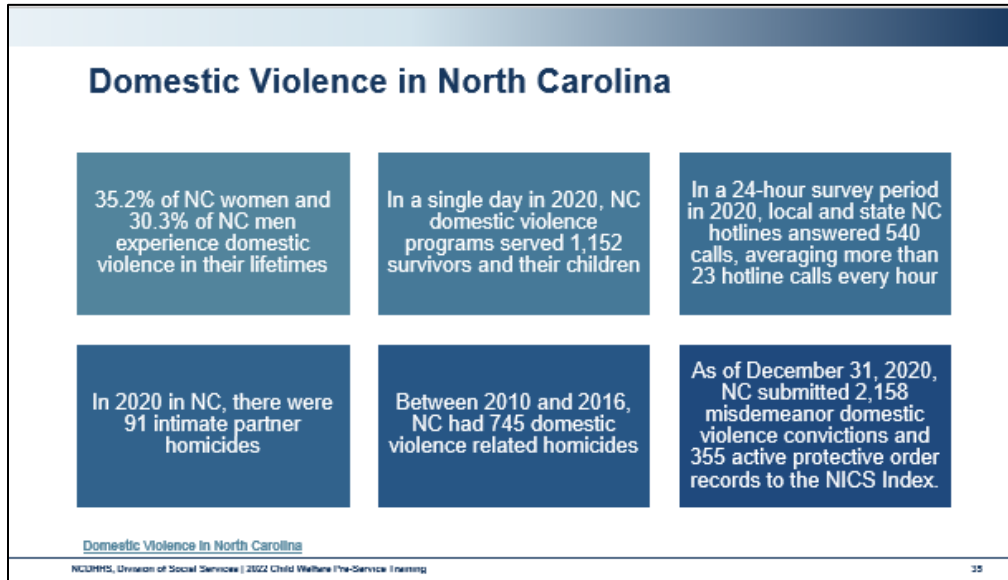
**Cultural Considerations**

- Does our staff represent the diversity of the populations we serve?
- Do we ask families how we could better meet their unique needs and consistently incorporate their feedback into our practice?
- Do we understand the history that guides a particular community’s perception of services? Have we taken steps to create plans that will meet the needs of individuals from that community?
- Do we have outreach strategies to reach under-served communities?
- Do we have a plan for accessing relevant language, deaf and hard of hearing interpreters?
- Do we avoid asking children to interpret our communications with their mothers?
- Do we consistently examine our shelter spaces, decorations, food, recreational and printed materials, and personal care items for cultural relevancy?

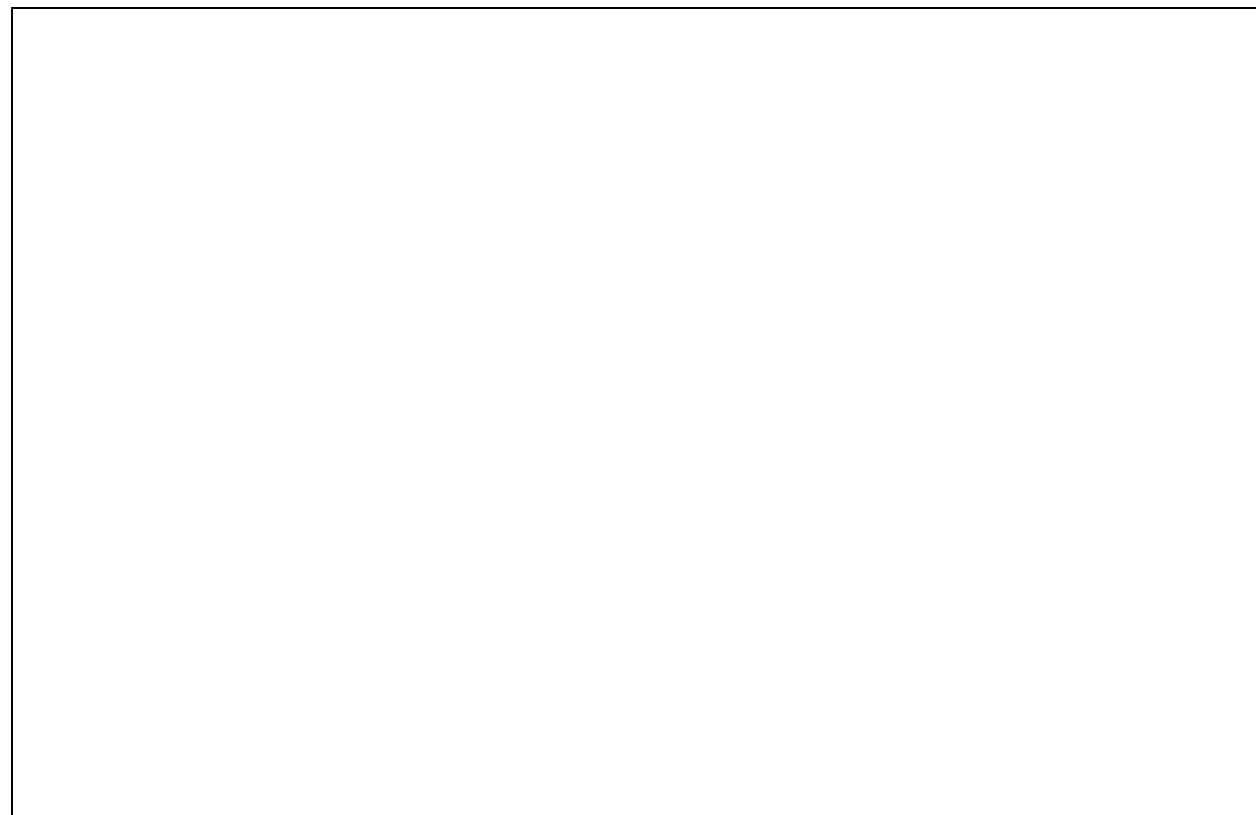
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Domestic Violence in North Carolina



The national coalition against domestic violence has published fact sheets for each state based on data reported by the respective states' department of public health and safety. Fact sheets can be accessed here: <https://ncadv.org/state-by-state>.



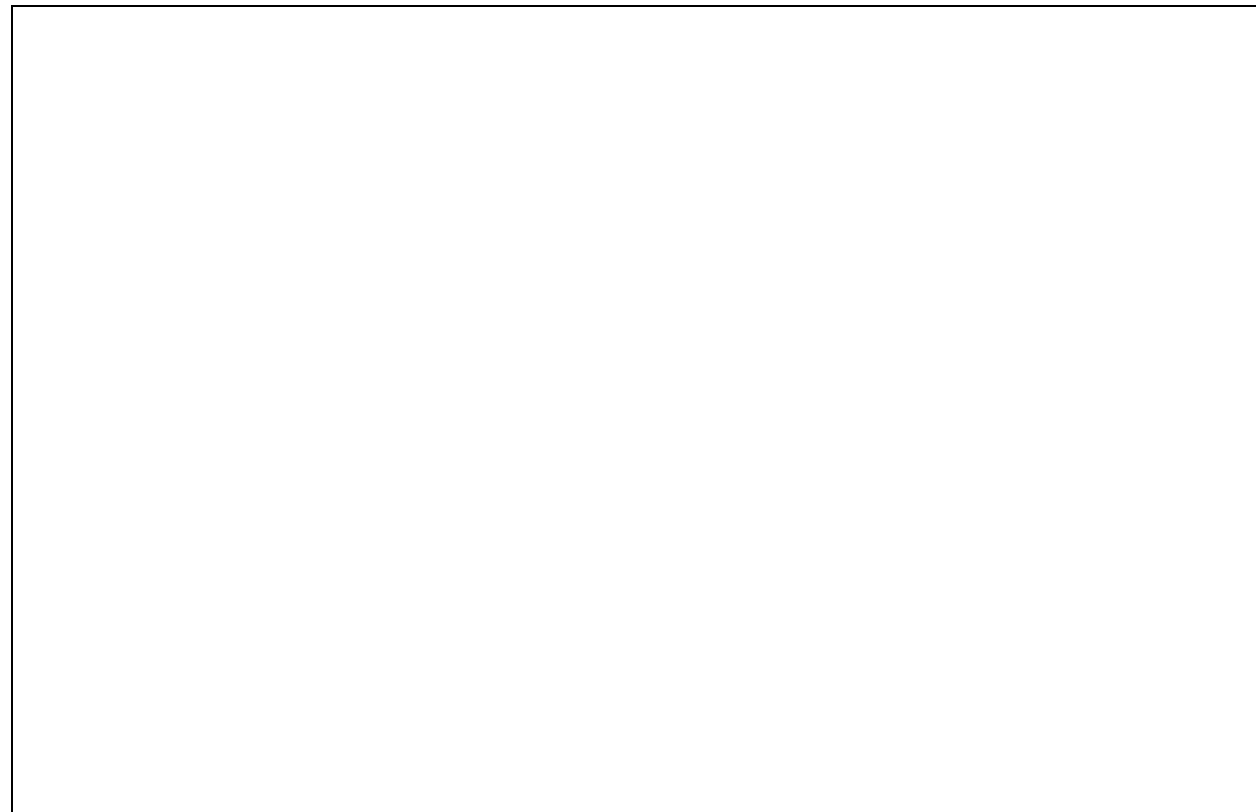
Respecting the Family's Structure

**Engaging Families Affected by Domestic Violence and Respecting the Families' Structure**

- Relationship-Based**
  - The relationships we form are at the heart of our work.
- Family-Centered**
  - Our mindset and actions embrace the whole family, as defined by each person for themselves.
- Strengths-Oriented**
  - We believe in our potential to change and grow within the context of supportive relationships, and we see the strengths and resilience in each of us, including our ways of coping and surviving.
- Trauma-Informed**
  - We understand how traumatic experiences affect us and what might be helpful in supporting our natural resilience and healing.

Guide for Engaging and Supporting Parents Affected by Domestic Violence  
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The National Center on Domestic Violence, Trauma & Mental Health recommends a framework for our approach to engaging and supporting parents and families affected by domestic violence that is built on four core elements.



Elements of Engagement and Support

### Elements of Engagement and Support

**Relationship-Based**

- Focus on the relationship and be emotionally present.
- Listen attentively.
- Tune into what is front and center for the person at the moment.
- Ask yourself:
  - How task-focused am I?
  - How aware am I of the relational aspect of my role?

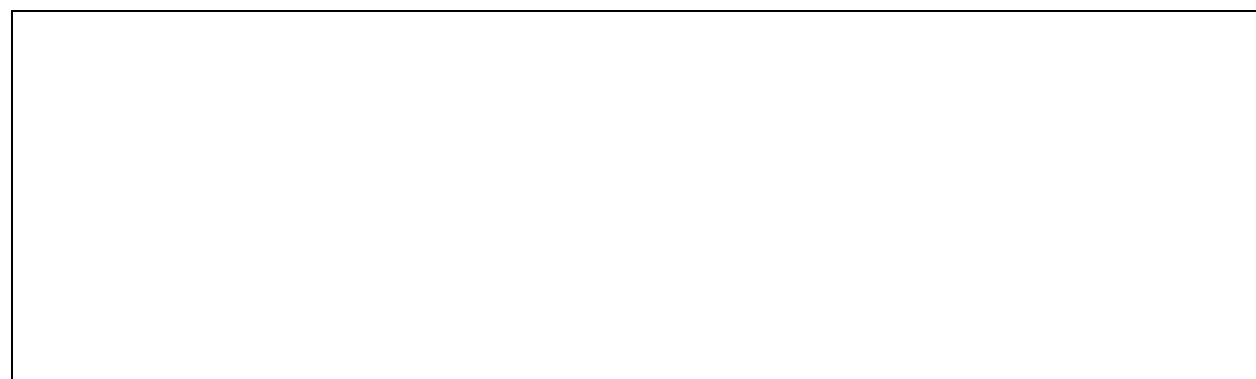
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### Elements of Engagement and Support (continued)

**Family-Centered**

- Focus daily practice on the parent-child relationship.
- Consider tasks and actions that support parent-child relationships and help foster the family's resilience.
- Provide individualized, culturally responsive, flexible, and relevant services for families.
- Ask yourself:
  - How can I use this task to better support the parent-child relationship?

Guide for Engaging and Supporting Parents Affected by Domestic Violence  
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## Elements of Engagement and Support *(continued)*

### Strengths-Oriented

- Consider the individuals' own experiences, strengths and resources.
- Consider their capacity for adaptive coping, creativity and perseverance in the face of past and ongoing trauma.
- Affirm what is already working well within the parent-child relationship.
- Ask yourself:
  - Do I routinely observe parenting strengths?
  - Am I able to share my observations directly with parents?

[Guide for Engaging and Supporting Parents Affected by Domestic Violence](#)

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## Elements of Engagement and Support *(continued)*

### Trauma-Informed

- Provide information about the potentially traumatic effects of domestic violence on children's ongoing, healthy development.
- Help parents build or rebuild stronger bonds with their children to foster their children's resilience and healing within a nurturing and responsive parent-child relationship.
- Develop awareness about the potential impact of our work on ourselves and seek organizational supports

[Guide for Engaging and Supporting Parents Affected by Domestic Violence](#)

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Activity: Strategies for Engagement

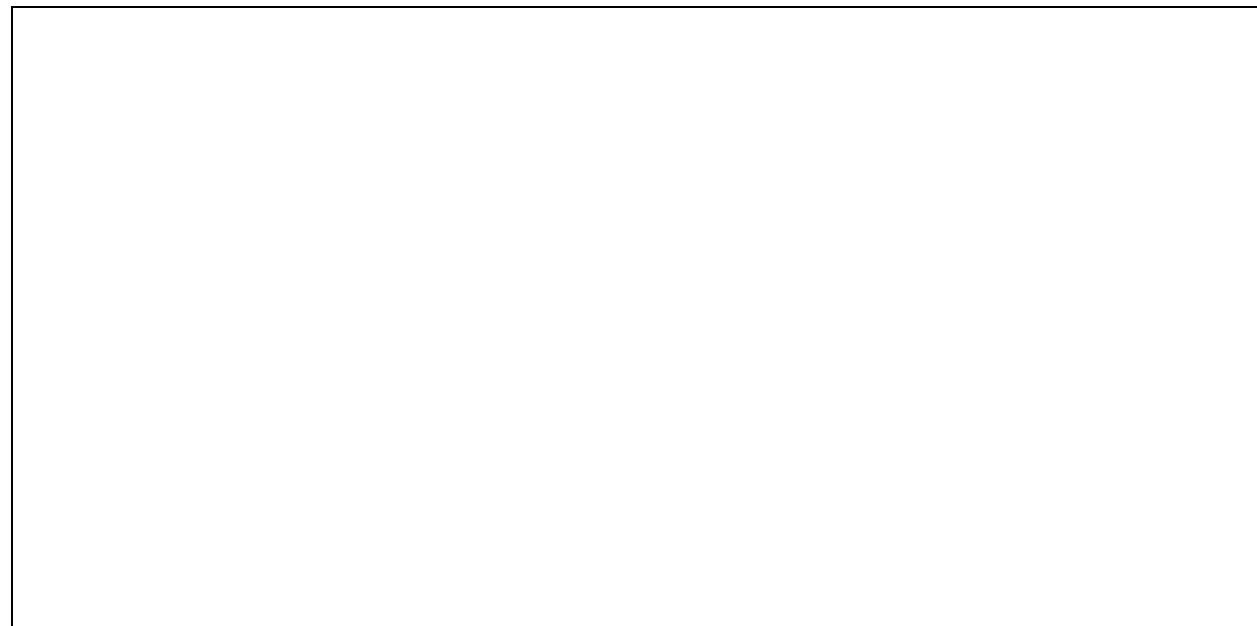
**Review the strategies listed for your group’s assigned category. Work with your group to identify specific questions or statements that can be used when engaging with families and record them on the corresponding flip chart.**

**Tips for Engaging Survivors**

1. Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
2. Validate strengths, including any observed positive parenting or protective efforts.
3. Recognize that you may have reactions to learning about violence. It’s important to avoid showing those reactions through body language or facial expressions.
4. Ask what actions worked in the past to keep the survivor and children safe and what supports their family and community can offer.
5. Ask questions to better understand the survivor’s story, the context of her/his circumstances and decisions, and the survivor’s hopes are the relationship with the perpetrator.
6. Ask open-ended questions about the abuse. Ask about controlling and possessive behaviors, name-calling, or verbal abuse before asking about physical abuse and threats.
7. Ask what would be helpful to the survivor and the children.
8. Ask about any experiences the children have had or changes the survivor has observed that may be a result of the abuse.
9. Be honest about confidentiality, the role of child welfare, and any benefits and limitations to sharing information about domestic violence with child welfare.
10. Be honest about the possibility or likelihood of removal without using it as a threat or to gain the compliance of the survivor.

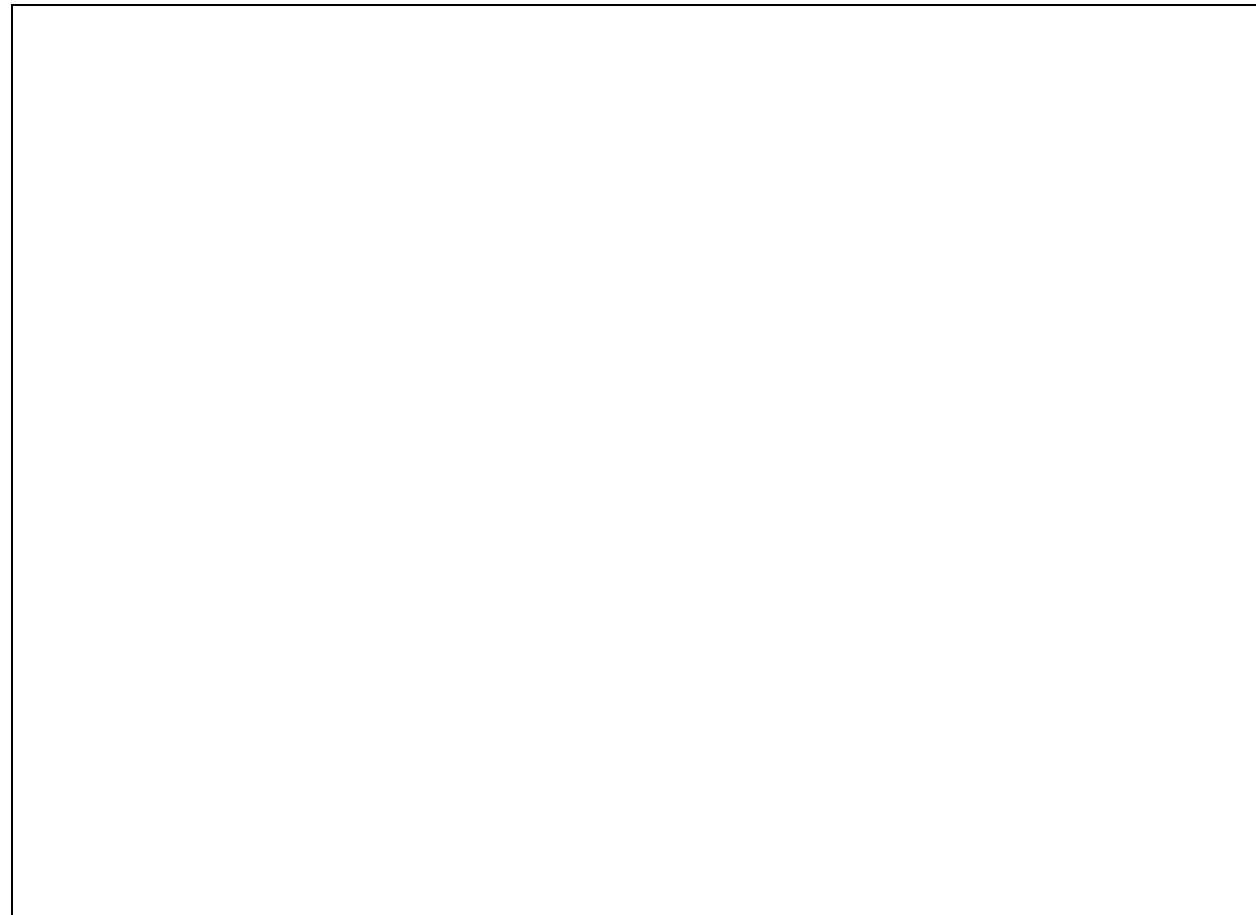
**Tips for Engaging Perpetrators**

1. When safe to do so, engage with perpetrators and their support, including providers, regularly throughout the life of the case.
2. Observe perpetrators with their children, if they have access, and conduct home visits.
3. Attempt to learn about the perpetrator before initial engagement. Determine whether a history of threats or violence with child welfare, law enforcement, or community agencies exists.
4. Evaluate your own safety, realizing that not all perpetrators are dangerous to child welfare workers. If there is a safety concern, consult with your supervisor and develop a strategy for your safety.
5. Ask perpetrators about the type of parent they would like to be and what they are willing to do to be a safer person for their child(ren).
6. Be aware of a perpetrator’s attempts to manipulate by blaming the survivor and attempting to gain support for abusive behavior.
7. Never share personal information or personal feelings about the survivor with the perpetrator.
8. Engage in an intentional and focused way on the perpetrator’s behaviors and point out contradictions compared to their stated values.
9. Remember to engage perpetrators as parents. When appropriate, ask about their understanding of the children’s education, medical needs, routines, and personalities.
10. Ask the perpetrator to sign a case plan and refer back to the plan in all engagements to monitor behavioral change. Have a signed case plan or protective plan with perpetrators and use the plan throughout the life of the case to monitor and discuss the perpetrator’s behavioral changes.



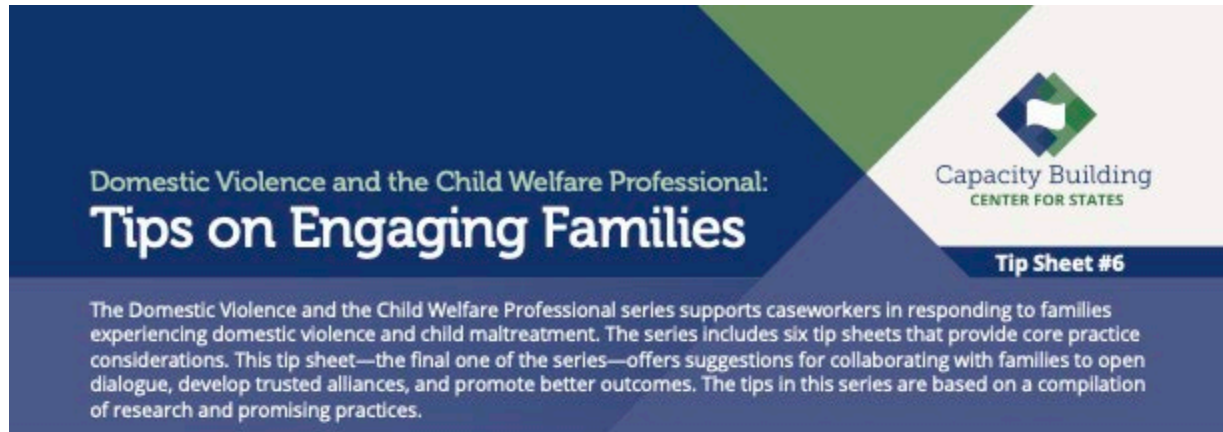
**Tips for Engaging Children**

1. Ask a combination of direct questions and open-ended questions to give children multiple pathways to express themselves.
2. Remember that children may not respond in the way you would expect. Empower children to talk about what they've experienced but remember that children have a range of emotions about their parents and may have changing or unexpected ways in which they respond to talking about their families or domestic violence.
3. Ask the children how they feel in age-appropriate and developmentally appropriate ways. Ask verbally, using a feelings chart, art, or play-based strategies.
4. Ask children about what helps them feel safe and incorporate this information into a safety plan.
5. Assess whether children hold themselves responsible for intervening, or not, in the violence, and correct any misconceptions.
6. Remind children that domestic violence is never their fault.
7. Ask children about their hopes and worries for their family.
8. Never make promises that cannot be kept, including those about safety.
9. End each engagement with a child in a way that leaves the child with a sense of hope.





## Handout: Tips on Engaging Families



**Domestic Violence and the Child Welfare Professional:  
Tips on Engaging Families**

Capacity Building  
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**Tip Sheet #6**

The Domestic Violence and the Child Welfare Professional series supports caseworkers in responding to families experiencing domestic violence and child maltreatment. The series includes six tip sheets that provide core practice considerations. This tip sheet—the final one of the series—offers suggestions for collaborating with families to open dialogue, develop trusted alliances, and promote better outcomes. The tips in this series are based on a compilation of research and promising practices.

**Engagement: Strategies that Promote Positive Outcomes**

Domestic violence literature supports, overall, a collaborative approach to overcoming barriers to engaging families (Carter, 2003; DeBoard-Lucas, Wasserman, Groves, & Bair-Merritt, 2013). Engagement requires empathy for perpetrators and survivors and an understanding of how to support children and youth to mitigate the impact of trauma (Child Welfare Information Gateway, 2014; Washington Department of Social and Health Services, 2010). Appropriate engagement techniques can strengthen the relationship between child welfare organizations and the families they serve. As engagement increases, so does the safety of survivors (Blumenfeld, 2015).

While the tips reflect research and practice knowledge from the field, caseworkers are advised to follow agency policies and protocols and the guidance of their supervisors in conducting casework.

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1. Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
2. Validate strengths, including any observed positive parenting or protective efforts.
3. Recognize that you may have reactions to learning about violence. It's important to avoid showing those reactions through body language or facial expressions.
4. Ask what actions worked in the past to keep the survivor and children safe and what supports their family and community can offer.
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### References

- Blumenfield, S. (2015). *Guide for engaging & supporting parents affected by domestic violence: Enhancing parenting capacity & strengthening parent-child bonds*. Chicago, IL: National Center on Domestic Violence, Trauma & Mental Health. Retrieved from [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/04/NCDVTMH\\_GuideEngagingSupportingParents.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/04/NCDVTMH_GuideEngagingSupportingParents.pdf)
- Carter, L. S. (2003, October). *Family team conferences in domestic violence cases: Guidelines for practice*. San Francisco, CA: Family Violence Prevention Fund. Retrieved from <http://www.childwelfaregroup.org/documents/FTCinDVCasesFVPPF.pdf>
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- DeBoard-Lucas, R., Wasserman, K., Groves, B. M., & Bair-Merritt, M. (2013). *Promising futures: 16 trauma-informed, evidence-based recommendations for advocates working with children exposed to intimate partner violence*. Washington, DC: Futures Without Violence. Retrieved from <http://promising-futureswithoutviolence.org/files/2012/07/16-Evidence-Based-Strategies-for-Advocates.pdf>
- Washington State Department of Social and Health Services. (2010). *Social worker's practice guide to domestic violence*. Olympia, WA: Children's Administration. Retrieved from [https://wscadv.org/wp-content/uploads/2015/05/social\\_workers\\_practice\\_guide\\_to\\_dv\\_feb\\_2010.pdf](https://wscadv.org/wp-content/uploads/2015/05/social_workers_practice_guide_to_dv_feb_2010.pdf)



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Domestic Violence and the Child Welfare Professional: Tips on Engaging Families

## Ensuring Everyone's Safety

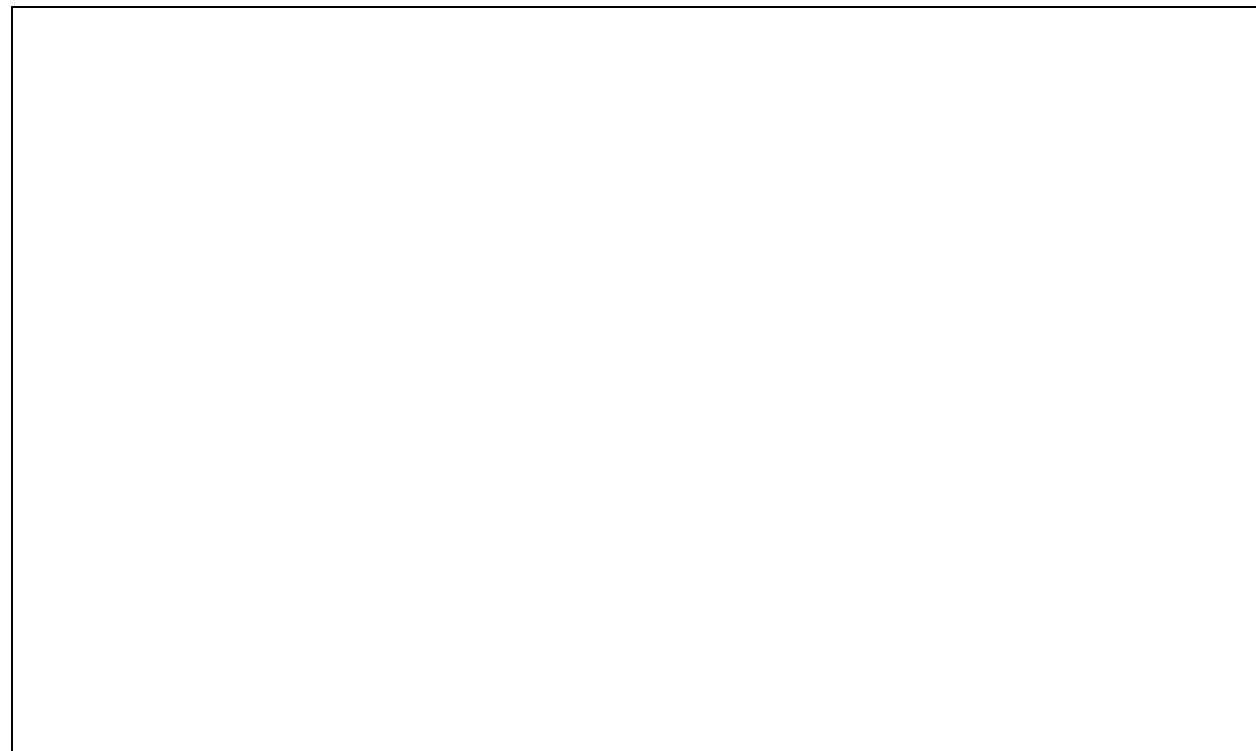
### Ensuring Everyone's Safety

Interactions with nonoffending parent or caretaker:	Interactions with children:	Interactions with alleged perpetrator:
<ul style="list-style-type: none"><li>• The non-offending parent/adult victim must never be interviewed, develop safety plans, or meet with the perpetrator of violence against them.</li><li>• Use the Personalized Domestic Violence Safety Plan (DSS-5233) in safety planning with the non-offending parent/adult victim and assisting in the development of service agreements.</li><li>• The county child welfare services agency should make decisions on where and how domestic violence safety plans are maintained.</li></ul>	<ul style="list-style-type: none"><li>• The child(ren) must not be interviewed in the presence of the alleged perpetrator of the domestic violence incident.</li><li>• Information obtained from the non-offending parent/adult victim or child(ren) that may jeopardize their safety must not be shared, especially with the alleged perpetrator of domestic violence.</li></ul>	<ul style="list-style-type: none"><li>• Focus on information from third party reports such as law enforcement, medical providers, or the Administrative Office of the Courts.</li><li>• Follow up on legal accountability and/or treatment and other service referrals.</li><li>• Convey to the alleged perpetrator that they will be required to take steps to stop the violence and ensure that the child(ren) are safe.</li><li>• Avoid debates and arguments with the alleged perpetrator and focus on how to ensure the child(ren)'s safety with them.</li><li>• Set limits within the interaction and document behaviors that make setting limits necessary and their capacity to respect those efforts.</li></ul>

[https://policies.ncdshs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/cross-function\\_-december-2021-edif.pdf#view](https://policies.ncdshs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/cross-function_-december-2021-edif.pdf#view)

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We must be sure to identify and use interventions that protect children from domestic violence while strengthening families and maintaining family continuity. This process should include making safety plans to build networks of support that will strengthen families and keep children safe.



Creating Effective Service Plans

**Creating Effective Service Plans**

**Develop and Monitor a Coordinated Services Plan**

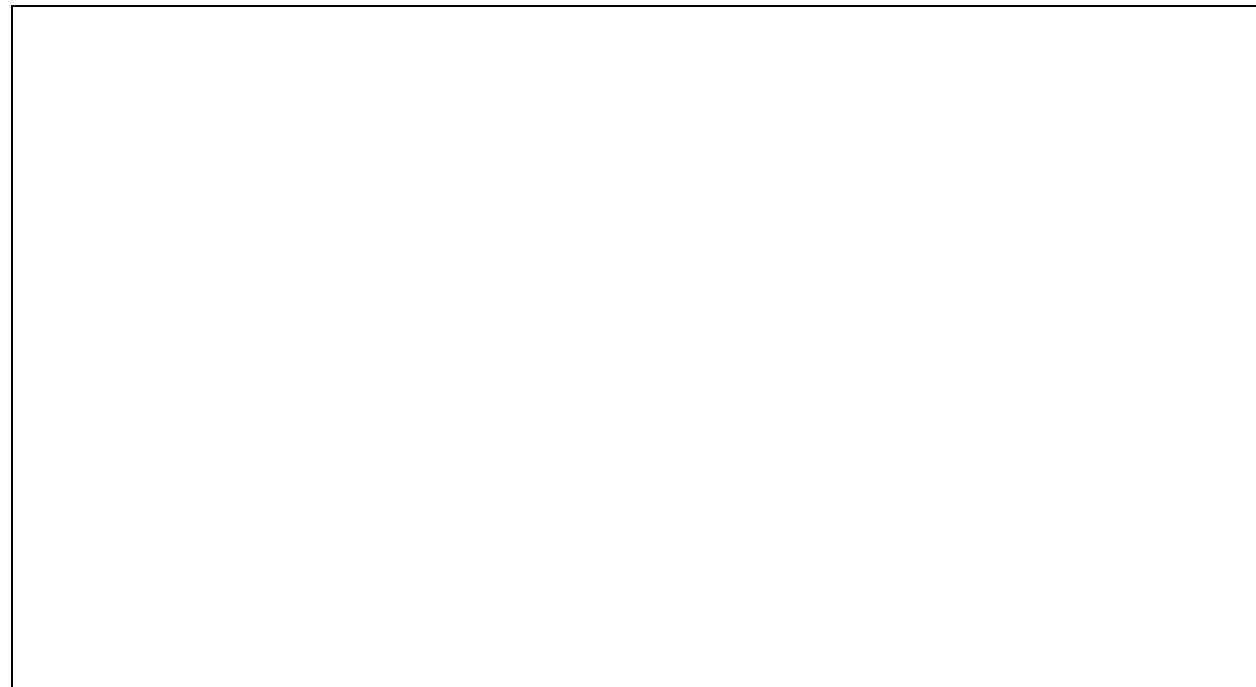
- Seek out and utilize the consultation of a domestic violence expert throughout the life of the case.
- Communicate with a domestic violence perpetrator's probation or parole officer regarding any current abuse.
- Reach out and make connections with school social workers and teachers to gain information about the child(ren)'s day-to-day functioning.
- Work closely with Work First to create plans together. This is especially true when Work First may already be providing or can assist in referring a family for domestic violence services.

[https://policies.ncdhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/cross-function\\_-december-2021-edition.pdf](https://policies.ncdhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/cross-function_-december-2021-edition.pdf)

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North Carolina has 3 assessment tools containing scaled assessment questions that should be utilized to support the determination of safety and risk factors:

- The Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235)
- The Domestic Violence Perpetrator Assessment Tool (DSS-5234), and
- The Children's Domestic Violence Assessment Tool, (DSS-5237)
- These assessment tools are available in your Forms Workbook





## Cross-Collaboration of Services and Systems

### Cross Collaboration of Services and Systems

#### General principles for creating community partnerships

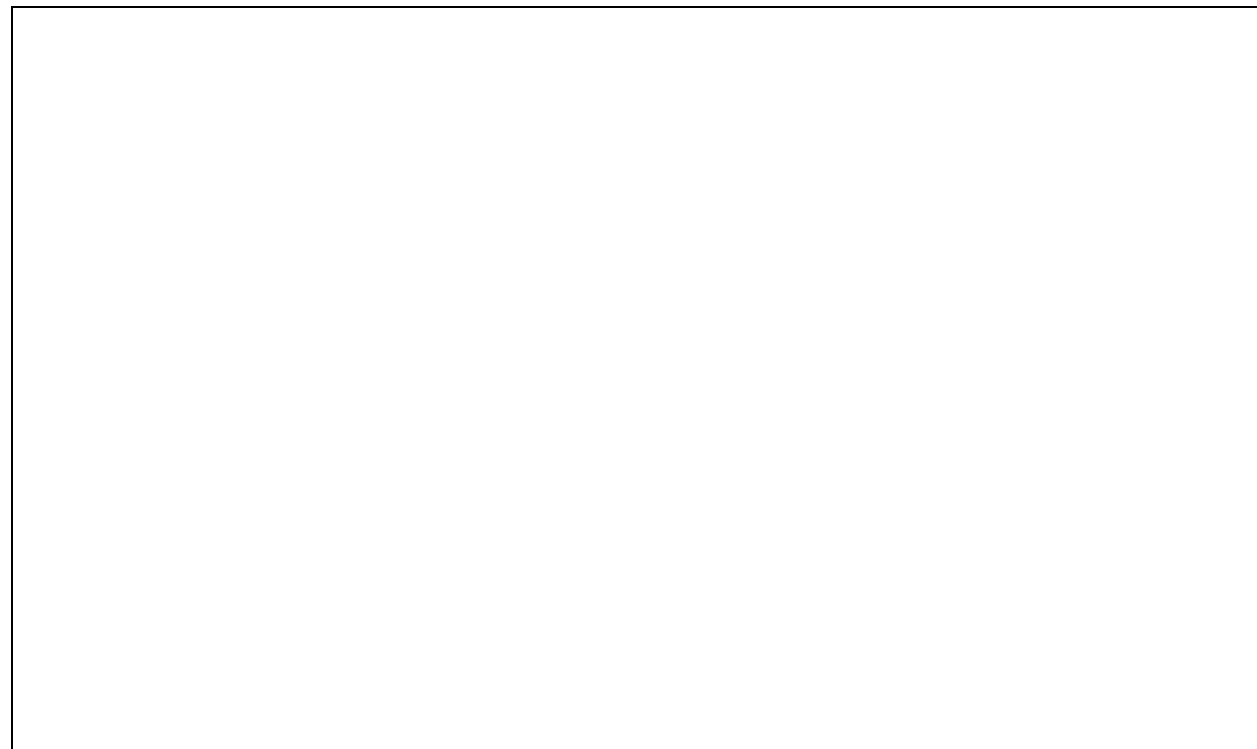
- **Finding common ground** – talking to one another and asking questions to clarify misconceptions and confusion about each system.
- **Creating a shared mission** – working toward developing a collective vision and mission for ending domestic violence in their communities.
- **Developing leadership** – identifying people, among themselves or within the community, who are influential, impassioned, and committed to leading the charge of the collective group.
- **Taking action** – working together to identify gaps in services, available and needed resources, and strategies for creating or improving a comprehensive response for families in need.

#### Awareness and use of national and local resources

<https://www.childwelfare.gov/pubPDFs/domesticviolence2018.pdf>

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It is crucial to be aware of national and local guidelines, protocols, and other resources for improving collaboration among domestic violence, child welfare, courts, law enforcement, schools, health care, and community and faith-based organizations. There are a number of national domestic violence resources, and each North Carolina county has local resources available to families.



## Handout: Domestic Violence Resources

Types	County	Agency	Telephone Number
Men	Alamance	Alamance County DV Prevention	336-570-4633
Men/Women	Brunswick	DV Offender Program	910-395-7838
Men/Women	Buncombe	ANEW-A New Way	828-552-3771
Men/Women	Cabarrus	Genesis...A New Beginning	704-720-7770
Men/Women	Caldwell	Stay Kalm	336-262-9054
Men/Women	Caswell	HOPE DVIP	336-631-1948
Men	Catawba	Family Guidance Center	828-322-1400
Men	Chatham	Partner Violence Intervention	919-245-3309
Men/Women	Cherokee	Meridan Behavioral Health	828-339-1520
Men/Women	Clay	Meridan Behavioral Health	828-339-1520
Men	Cleveland	IMPACT	704-999-6130
Men/Women	Cumberland	Resolve-DV Intervention Program	910-677-2528
Men/Women	Cumberland	Peace Project	910-829-9017
Men	Davidson	Lifeskills Counseling	336-224-0863
Men/Women	Davie	Alternatives	704-798-9460
Men/Women	Duplin	Insight DVIP	910-596-0931
Men/Women	Durham	True Care, Inc.	919-667-1554
Men	Durham	Partner Violence Intervention	919-245-3309
Men/Women	Forsyth	Cool Program	336-776-0322
Men/Women	Forsyth	HOPE DVIP	336-631-1948
Men/Women	Franklin	Choosing to Change	919-850-2105
Men	Gaston	IMPACT	980-721-7268
Men/Women	Granville	Higher Aspiration Behavioral Health	336-500-2403
Men	Greene	S.A.F.E. in Lenior	252-523-5573
Men/Women	Guilford	DVIP	336-387-6161
Men	Harnett	HALT	919-272-8791
Men/Women	Haywood	Meridan Behavioral Health	828-339-1520
Men	Henderson	Safelight, Inc.	828-693-3840
Men	Hoke	Hoke County Domestic Violence	910-875-5590
Men/Women	Iredell	Stay Kalm	336-262-9054
Men/Women	Iredell	AKOMA Program	980-446-0004
Men/Women	Jackson	Meridan Behavioral Health	828-339-1520
Men	Johnston	HALT	919-272-8791
Men	Lenoir	S.A.F.E. in Lenior	252-523-5573
Men	Lincoln	IMPACT	704-999-6130

Men/Women	Macon	Meridan Behavioral Health	828-339-1520
Men/Women	Mecklenburg	New Options for Violent Actions	704-336-4344
Men	Mecklenburg	IMPACT	980-721-7268
Men	Mecklenburg	Baitual Hemayah, Inc.	704-249-3790
Men	Montgomery	Rewire DVIP	980-354-4222
Men/Women	Nash	Choosing to Change	919-850-2105
Men/Women	New Hanover	Domestic Violence Offender Program	910-395-7838
Men/Women	Onslow	Domestic Violence Offender Program	910-395-7838
Men	Orange	Partner Violence Intervention	919-245-3309
Men/Women	Pender	Domestic Violence Offender Program	910-395-7838
Men/Women	Polk	Steps to Hope	828-894-2340
Men/Women	Randolph	New Horizon Treatment Center	336-628-4636
Men	Robeson	CHOICES	910-739-8622
Men	Rockingham	AMENDS Program	336-342-5238
Men/Women	Rockingham	HOPE DVIP	336-631-1948
Men/Women	Rowan	Alternatives	704-798-9460
Men/Women	Rowan	Genesis...A New Beginning	704-636-0838
Men	Rutherford	Preferred Choice Healthcare, Inc.	828-287-7806
Men/Women	Sampson	INSIGHT DVIP	910-596-0931
Men	Stanley	Rewire DVIP	980-354-4222
Men/Women	Stokes	HOPE DVIP	336-631-1948
Men/Women	Surry	Stay Kalm	336-262-9054
Men/Women	Swain	Meridan Behavioral Health	828-339-1520
Men/Women	Transylvania	DVIP of SAFE	828-885-7233
Men/Women	Union	STOP	704-282-5006
Men	Union	IMPACT	704-999-6130
Men/Women	Vance	Choosing to Change	919-850-2105
Men/Women	Wake	DOSE	919-821-0790
Men/Women	Wake	Choosing to Change	919-850-2105
Men/Women	Warren	Choosing to Change	919-850-2105
Men	Wayne	Wayne Uplife DVIP	919-735-4262
Men/Women	Wilkes	Stay Kalm	336-262-9054
Men/Women	Yadkin	HOPE DVIP	336-631-1948

### Key Takeaways

**Key Takeaways**

- Effective engagement includes being relationship-based, family-centered, strengths-oriented, and trauma-informed.
- It is essential to understand the importance of assessing for levels of dangerousness not only for the survivor and family, but for the caseworker as well, in planning for safety.
- Develop and monitor a coordinated services plan for every case with domestic violence.
- There must be cross collaboration to develop principles, procedures, and treatment programs to improve outcomes for children, youth, and families.

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### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

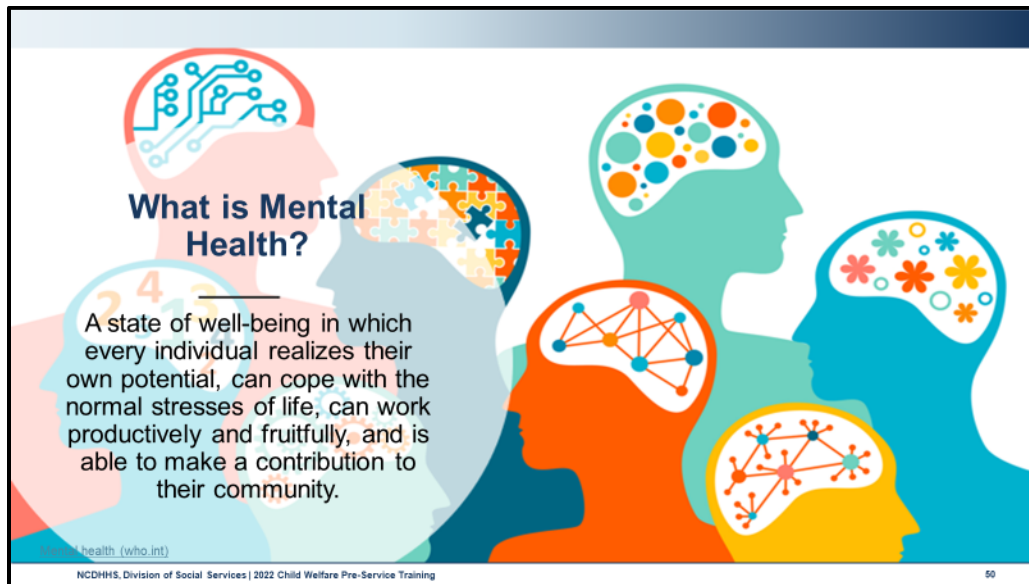


## Engagement and Service Matching for Families Impacted by Mental Health Concerns

### Learning Objectives

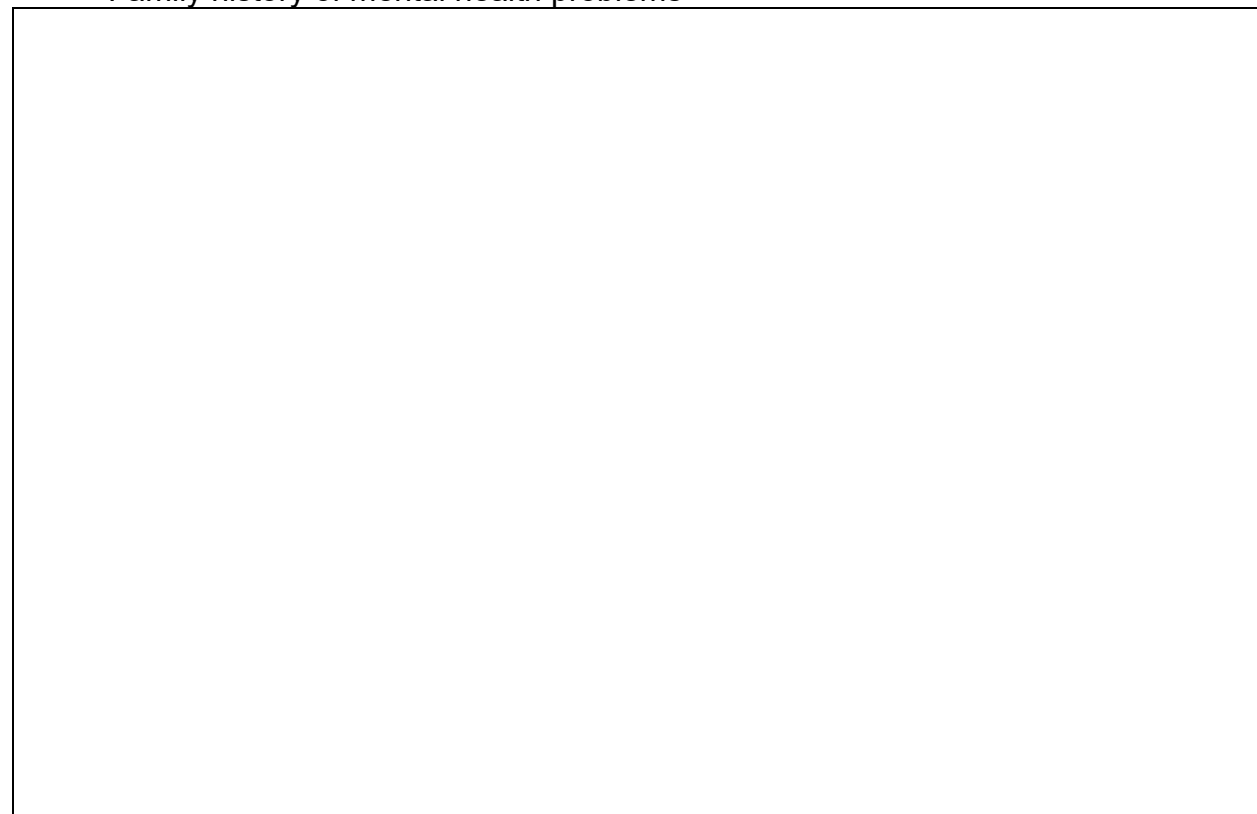
- Describe the most common mental health needs and diagnoses of children and parents in the child welfare system, and the impact mental health has on their physical and emotional well-being.
- Identify resources and services for families dealing with mental health needs.

## What is Mental Health?

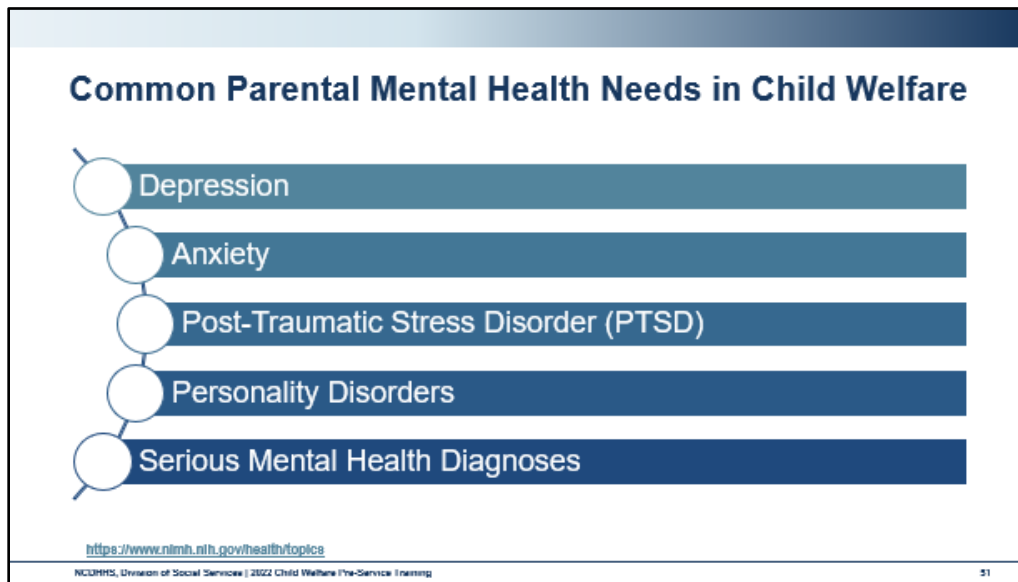


Many factors contribute to mental health needs, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems



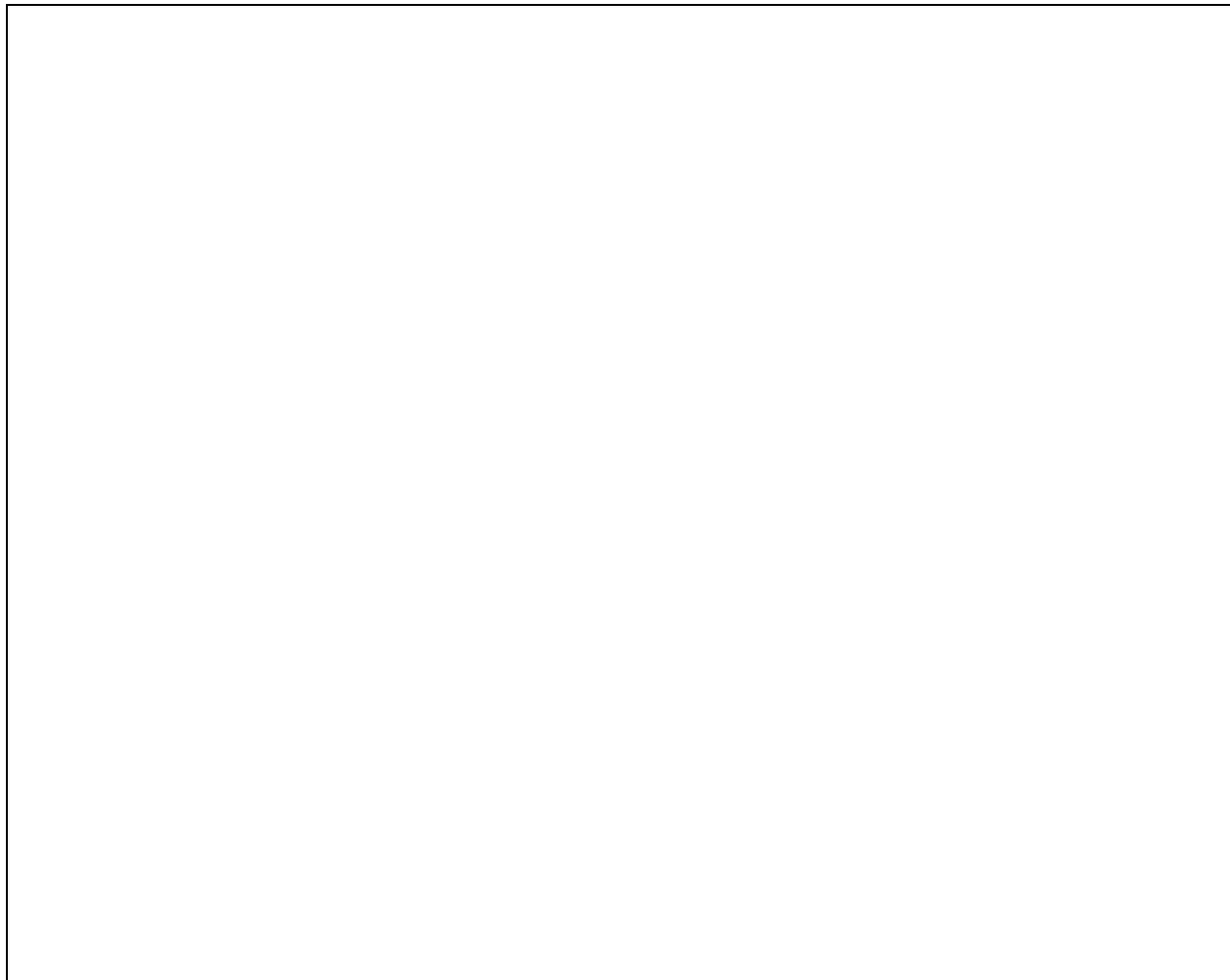
## Common Parental Mental Health Needs in Child Welfare



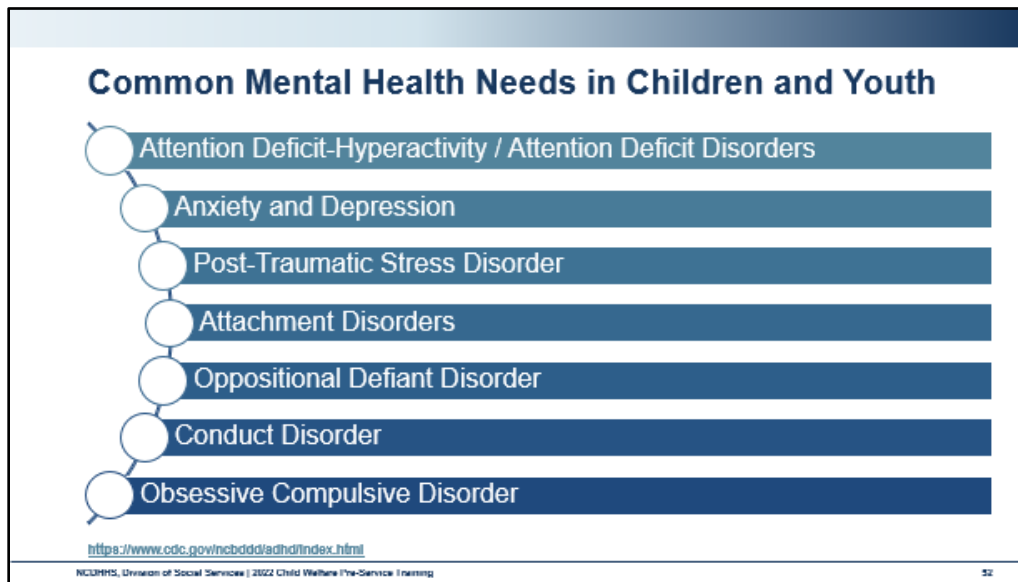
- **Depression is a disorder of the brain.** There are a variety of causes, including genetic, biological, environmental, and psychological factors. Depression can happen at any age. Depression is more than just a feeling of being sad or "blue" for a few days. More than 19 million teens and adults in the United States have depression, and the feelings do not go away. These feelings persist and interfere with everyday life.
- **Anxiety disorders are conditions where anxiety does not go away and can get worse over time.** Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal stress reaction. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision. Anxiety can help you to cope by giving you a boost of energy or helping you focus. But for people with anxiety disorders, the fear is not temporary and can be overwhelming and effect their daily functioning. Panic disorders and phobias are sub-classifications within anxiety disorders.
- **Post-traumatic stress disorder (PTSD) is a condition that some people develop after they experience or see a traumatic event.** The traumatic event may be life-threatening, such as combat, a natural disaster, a car accident, or sexual assault. But sometimes the event is not necessarily a dangerous one. For example, the sudden, unexpected death of a loved one can also cause PTSD. Researchers don't know why some people get PTSD and others don't. PTSD is usually diagnosed if symptoms occur longer than four weeks and interfere with daily living.
- **Personality disorders are a group of mental illnesses.** They involve long-term patterns of thoughts and behaviors that are unhealthy and inflexible. The

behaviors cause serious problems with relationships and work. People with personality disorders have trouble dealing with everyday stresses and problems. They often have stormy relationships with other people. Personality disorders can be difficult to treat. Examples of the most common personality disorders are: Borderline Personality, Anti-social Personality, and Obsessive-Compulsive Personality.

- **Serious Mental Health Diagnoses are the most difficult to treat.** The most common serious mental health diagnosis for parents who encounter child welfare is Schizophrenia. It is a serious brain illness. People who are diagnosed with Schizophrenia may hear voices that aren't there. They may think other people are trying to hurt them. Sometimes they may say things that might not make sense. This disorder makes it hard for them to keep a job or take care of themselves or others.



## Common Mental Health Needs in Children and Youth



ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention and may act without thinking about what the result will be. In other words, being impulsive, or overly active. Children with ADHD do not just grow out of these behaviors. The symptoms continue, can be severe, and can cause difficulty at school, at home, or with friends.

While some fears and worries are typical in children, persistent or extreme forms of fear and sadness could be due to anxiety or depression. Anxiety and depression have increased over the past 10 years. Children with anxiety disorders have fears and worries that do not go away and that interfere with their daily lives at home and school. Like anxiety disorders, children who have been diagnosed with depression experience their symptoms over time, and these symptoms interfere with their daily life. Extreme depression can lead to suicide.

When children experience a traumatic event, they can have difficulty coping with the stress the event caused. A child could experience trauma directly or could witness it happening to someone else. When children develop long-term symptoms from a stressful event, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD).

Attachment Disorders are disorders that can develop in young children who have problems attaching emotionally to others. Parents, caregivers, or physicians may notice that a child has problems with emotional attachment as early as their first birthday. Most children with attachment disorders have had severe problems or difficulties in their early relationships. They may have been physically or emotionally abused or neglected. Some have experienced inadequate care in an institutional setting or other out-of-home

placement. Others have had multiple traumatic losses or changes in their primary caregiver. A related disorder is Reactive Attachment Disorder (RAD). Children with RAD are less likely to interact with other people because of negative experiences with adults in their early years. They have difficulty calming down when stressed and do not look for comfort from their caregivers when they are upset. These children may seem to have little to no emotions when interacting with others.

Oppositional Defiant Disorder (ODD) usually starts before 8 years of age, but no later than 12 years of age. Children with ODD are more likely to act oppositional or defiant around people they know well, such as family members, a regular care provider, or a teacher. Children with ODD show these behaviors more often than other children their age. Examples of ODD behaviors include:

- Often being angry or losing one's temper
- Often arguing with adults or refusing to comply with adults' rules or requests
- Often resentful or spiteful
- Deliberately annoying others or becoming annoyed with others
- Often blaming other people for one's own mistakes or misbehavior

Conduct Disorder (CD) is diagnosed when children show an ongoing pattern of aggression toward others, and serious violations of rules and social norms at home, in school, and with peers. These rule violations may involve breaking the law and result in arrest. Children with CD are more likely to get injured and may have difficulties getting along with peers. Examples of CD behaviors include:

- Breaking serious rules, such as running away, staying out at night when told not to, or skipping school
- Being aggressive in a way that causes harm, such as bullying, fighting, or being cruel to animals
- Lying, stealing, or damaging other people's property on purpose

Both ODD and CD are classified as Behavior Disorders in the DSM.

An obsessive-compulsive disorder (OCD) is when a child has unwanted thoughts, and the behaviors they feel they must do because of these thoughts, happen frequently, take up a lot of time (more than an hour a day), interfere with their activities, or make them very upset. These thoughts are called obsessions and the behaviors are called compulsions. A common myth is that OCD means being really neat and orderly. Sometimes, OCD behaviors may involve cleaning, but many times someone with OCD is too focused on one thing that must be done over and over, rather than on being organized. Obsessions and compulsions can also change over time.

Connection Between Parental and Children’s Mental Health

**Connection Between Parental Mental Health and Children’s Mental Health**

**A recent studied showed:**

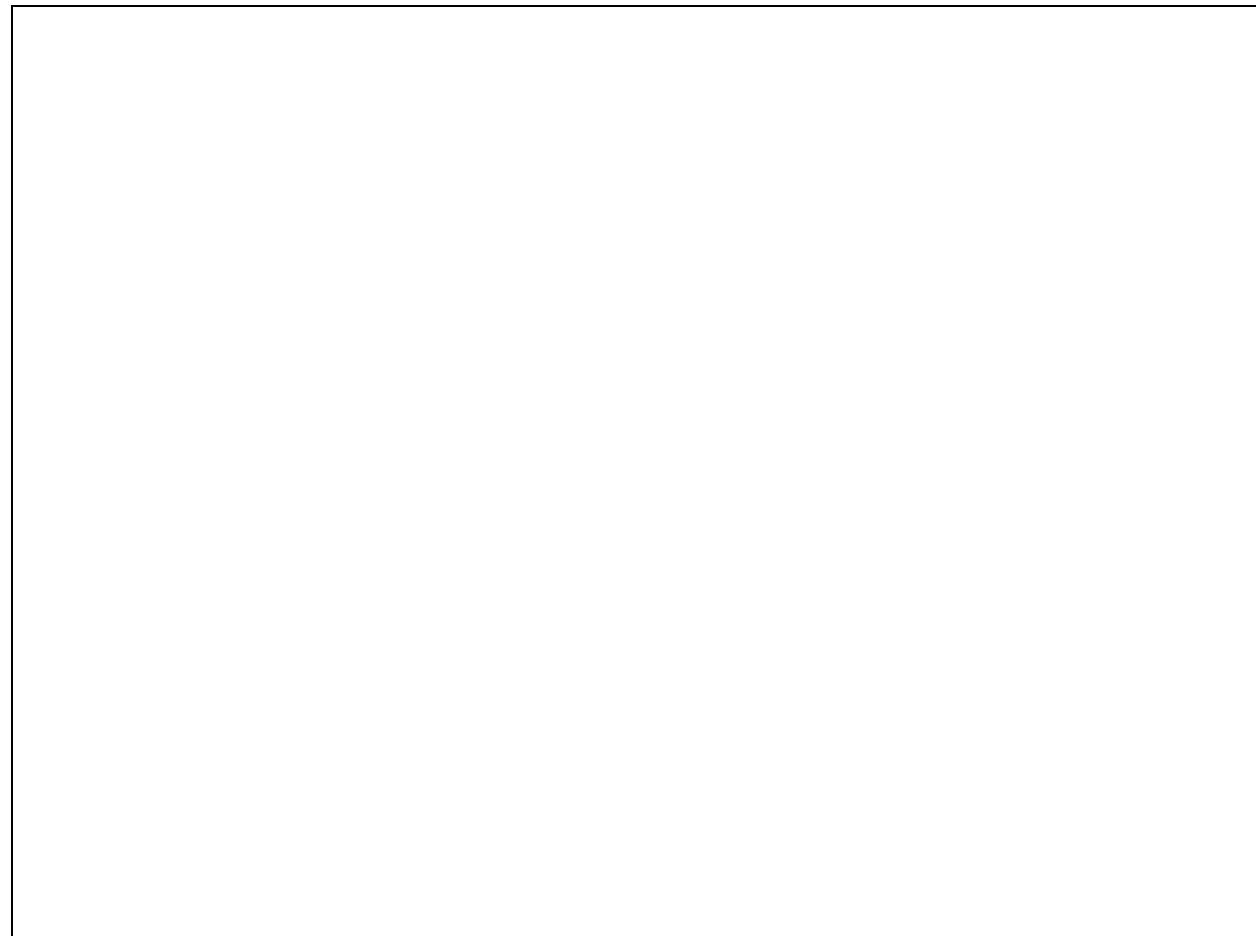
- 1 in 14 children has a caregiver with poor mental health

**And those children were more likely to have:**

- poor physical health,
- mental, emotional, or developmental disability
- experiences such as exposure to violence or family disruptions including divorce
- family living in poverty

<https://www.cdc.gov/childrenmentalhealth/features/mental-health-children-and-parents.html>

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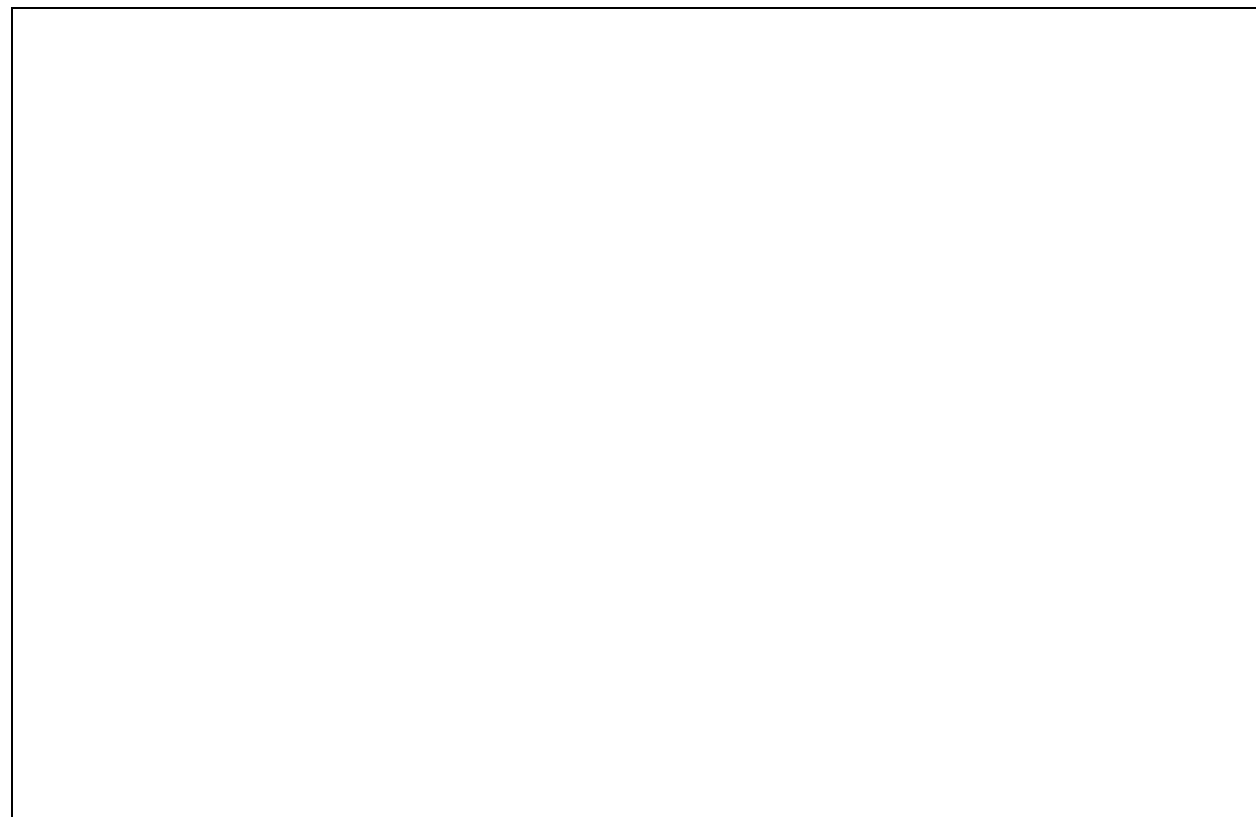
Trauma and ADHD

Trauma and ADHD		
Symptoms of ADHD	Symptoms of Trauma	Symptoms of Both
<ul style="list-style-type: none"><li>• Hyperactivity</li><li>• Impulsivity</li><li>• Forgetfulness</li></ul>	<ul style="list-style-type: none"><li>• Dissociation</li><li>• Nightmares</li><li>• Flashbacks</li><li>• Sudden bursts of anger</li></ul>	<ul style="list-style-type: none"><li>• Agitation/irritability</li><li>• Impulsivity/risk taking</li><li>• Disorganization</li><li>• Poor self-esteem</li><li>• Inattention</li><li>• Risky behaviors</li></ul>

Trauma and ADHD

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Past trauma, especially childhood trauma, has been linked to a possible increased risk for ADHD development and severity of symptoms. Childhood trauma responses often mimic ADHD and have led to an increase in misdiagnosis of ADHD.





Parenting Children with Mental Health Needs

**Parenting Children with Mental Health Needs**

- Symptoms in children are not always visible
- Children may hide symptoms
- Make a referral for an appointment with a mental health professional as soon as possible
- Certain symptoms without the influence of drugs or alcohol require immediate medical attention

• [NAMI](#)  
• [Psychology Today](#)

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Video: [The Stigma of Raising a Child with Mental Illness](#)

**Visit: Stigma of Raising a Mentally Ill Child**

In this video, Scott Pelley, a journalist and CBS correspondent, talks with a group of parents about the difficulties of raising a child with mental illness and their fight to get treatment for their children.

As you watch this video, listen to the stories that the mothers share, and the stigma associated with parenting a child with mental illness.

**What did you hear about stigma?**

**What's the difference between raising a child with a physical illness and raising a child with a mental illness?**

Resources, Services, and Interventions

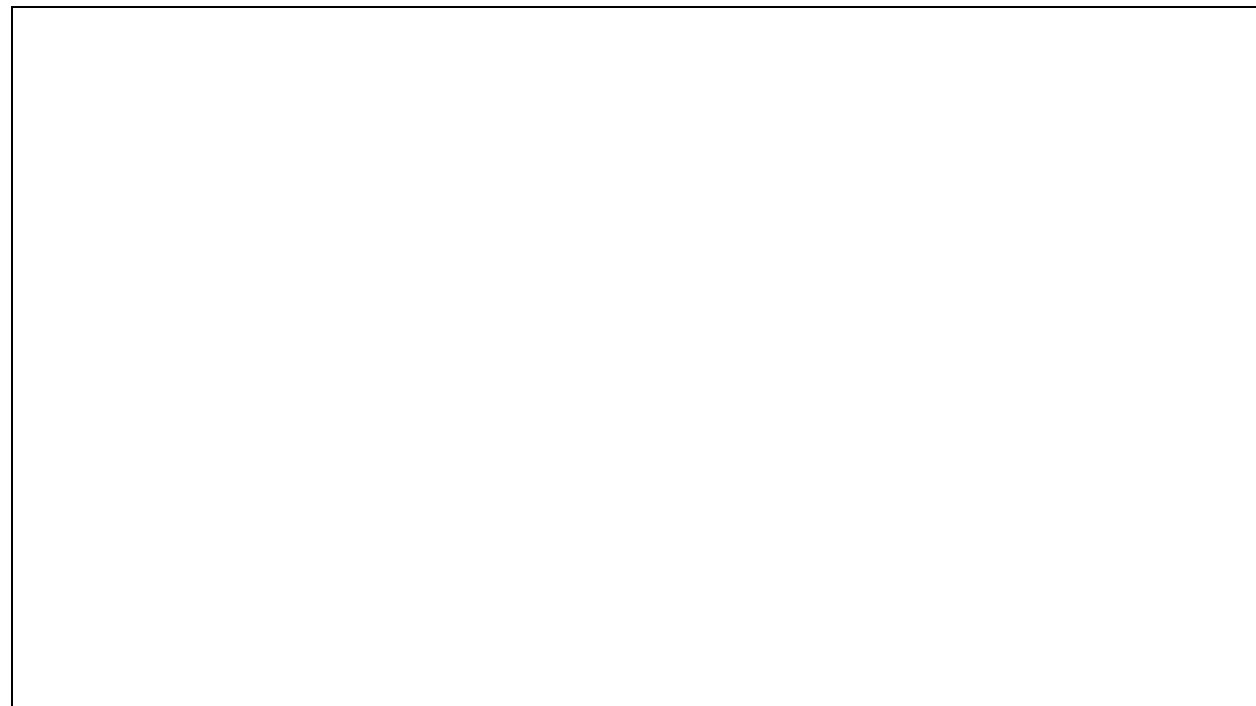
**Resources, Services, and Interventions**

- Treatment is not a one-size-fits-all solution
- For many people, the most effective treatment is counseling and medication
- Family support and treatment involving family is crucial
- Attention should be given to co-occurring disorders – they can be difficult to treat

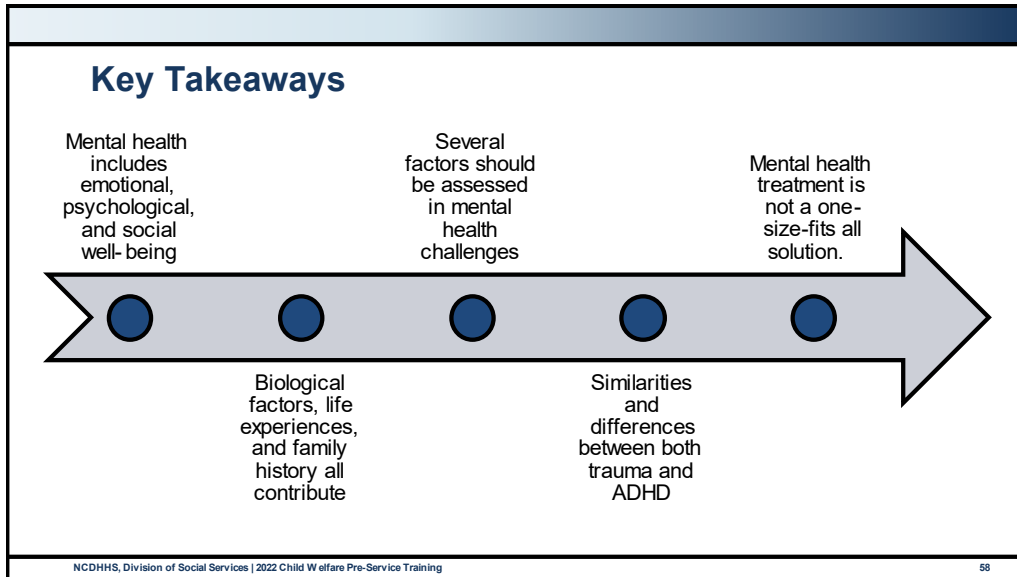
<https://www.samhsa.gov/find-help/treatment>

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The National Institute for Mental Health’s Mental Health Information page provides helpful information about specific conditions and disorders, and their symptoms. SAMHSA has a Behavioral Health Treatment Services Locator and an Early Serious Mental Illness Treatment Locator, making it easier to find treatment options and professionals in a family’s area. SAMHSA also provides access to various hotlines, as well as resources for Substance Abuse and Mental Health Prevention: <https://www.samhsa.gov/find-help/treatment>.



### Key Takeaways



### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Engagement and Service Matching for Families Impacted by Sexual Abuse

### Learning Objectives

<ul style="list-style-type: none"><li>• Define child sexual abuse.</li></ul>
<ul style="list-style-type: none"><li>• Identify common characteristics, behaviors, and needs of children who have experienced child sexual abuse.</li></ul>
<ul style="list-style-type: none"><li>• Explain common parenting needs that arise when a child has been sexually abused.</li></ul>
<ul style="list-style-type: none"><li>• Identify and link families to needed resources.</li></ul>

## Child Sexual Abuse Definitions and Signs

**Child Sexual Abuse Definitions and Signs**

- Child sexual abuse is a sexual act imposed on a child under the age 18 by an adult.
- There may or may not be physical signs or evidence of sexual abuse.
- Some children who have been sexually abused exhibit overly sexualized behavior, but this is not always a sign of sexual abuse.
- The “evidence” in most sexual abuse cases is the child’s story.

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The NC policy definition of child sexual abuse: as any person under 18 years of age whose parent, guardian, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, second-degree rape first-degree sexual offense, second-degree sexual offense, intercourse and sexual offenses with certain victims; consent no defense, unlawful sale, surrender, or purchase of a minor, crime against nature, incest, preparation of obscene photographs, slides or motion pictures of the juvenile, employing or permitting the juvenile to assist in a violation of the obscenity laws; dissemination of obscene material to the juvenile; displaying or disseminating material harmful to the juvenile; first and second-degree sexual exploitation of the juvenile, promoting the prostitution of the juvenile, and taking indecent liberties with the juvenile regardless of the age of the parties.



Responding to Disclosures

### Responding to Disclosures

- Remain calm, keep emotions in check
- Limit questions
- Let the child tell you in their words – LISTEN
- Don't make assumptions
- Don't make promises, It's okay to say, "I don't know"

Adapted from: NATIONAL HEADQUARTERS 15757 North 78th Street Suite B · Scottsdale, AZ 85260 · T 480-22-8212 · F 480-22-7061 · [www.childhelp.org/SpeakUpBeSafe](http://www.childhelp.org/SpeakUpBeSafe) Disclosures for Parents July 2011

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### Skills and Resources for Parents

Common resources that are recommended for child sexual abuse victims and their families:

- Individual counseling with a trained sexual abuse therapist
- Group therapy for children and adults
- Non-offending parent-child joint therapy
- Child Advocacy Centers
- Child advocates
- Trauma-informed therapies

[Parenting a Child or Youth Who Has Been Sexually Abused](#)

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## Handout: Responding to Disclosures

### **When a child discloses sex abuse:**

- Remain calm.
- Don't show strong reactions of shock or fear or discomfort.
- Don't "over-question" the child or demand details or place blame on the child.
- Listen and don't make assumptions. Listen more than you talk and avoid advice-giving or problem-solving.
- Don't put words in the child's mouth or assume you know what they mean or are going to say. Let the child use language they are comfortable with.
- Let the child set the pace, don't rush them.
- Show interest and concern
- Make no promises but do tell the child what you will do next
- Don't stop the child in the middle of the story to go get someone or do something else.

### **Other helpful things to keep in mind are:**

- Reassure and support the child and his/her decision to disclose the sexual abuse, regardless of what the child shares
- Provide support for the child that he/she has done nothing wrong...that this is not their fault
- Be as specific as possible about what will happen next...i.e., who else they will talk to, etc.
- Write down, as soon as possible, exact quotes from the child.
- At the conclusion of the discussion with the child, discuss the child's disclosure with your supervisor immediately to determine the appropriate next steps.

### **Many factors influence how children think and feel about the sexual abuse they experienced, how it affects them, and how they develop resilience. Some of these factors are:**

- The age of the child
- The duration of the abuse
- Who perpetrated the abuse
- Does the non-offending parent believe and support the child

### **Here are some tips that you can share with parents:**

- Respect every family member's comfort level with touching, hugging, and kissing. Encourage children and adults to respect the comfort and privacy of others.
- Be cautious with playful touch, such as play fighting and tickling. This type of play may be uncomfortable or trigger memories of sexual abuse.
- Be mindful that some children who have experienced sexual abuse may not have healthy boundaries. Teach your children and the entire family about healthy age-appropriate boundaries.
- Teach children and youth the importance of privacy. Remind children to knock before entering bathrooms and bedrooms and model privacy and respect.

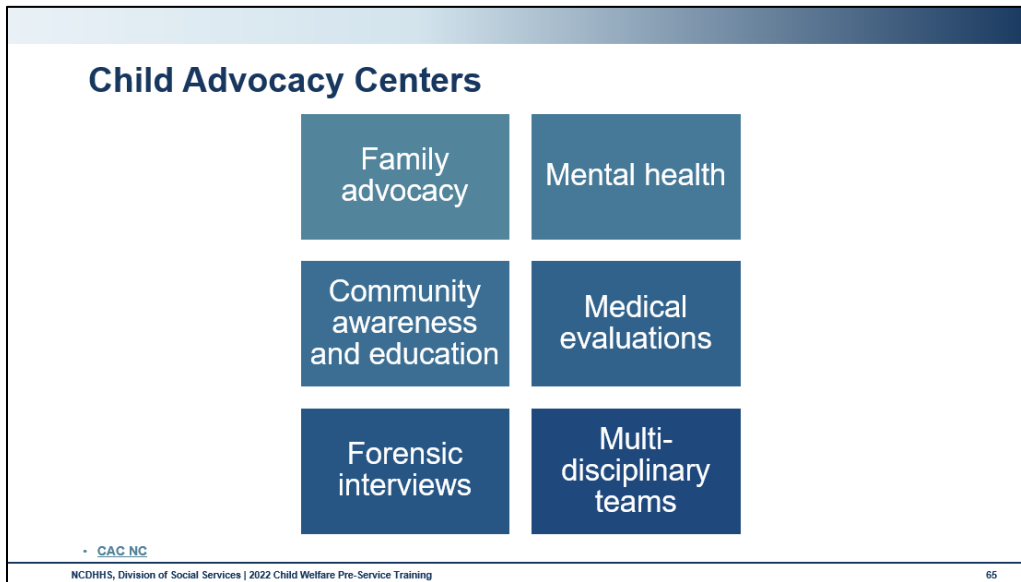


- Keep adult sexuality private. Adult caretakers need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are around, including what they watch on TV or other devices

**As social workers, you will need to assist families in finding the appropriate support and resources for their children and themselves. Common resources that are recommended for child sexual abuse victims and their families are:**

- Individual counseling with a trained sexual abuse therapist
- Group therapy for children and adults
- Parent-child joint therapy
- Child Advocacy Centers
- Child Advocates
- Trauma-informed therapies

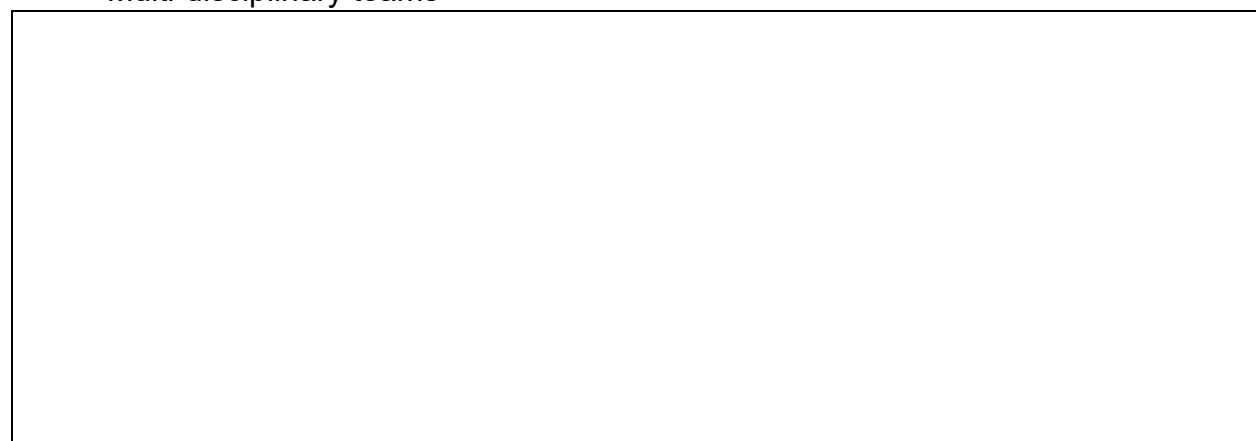
Child Advocacy Centers



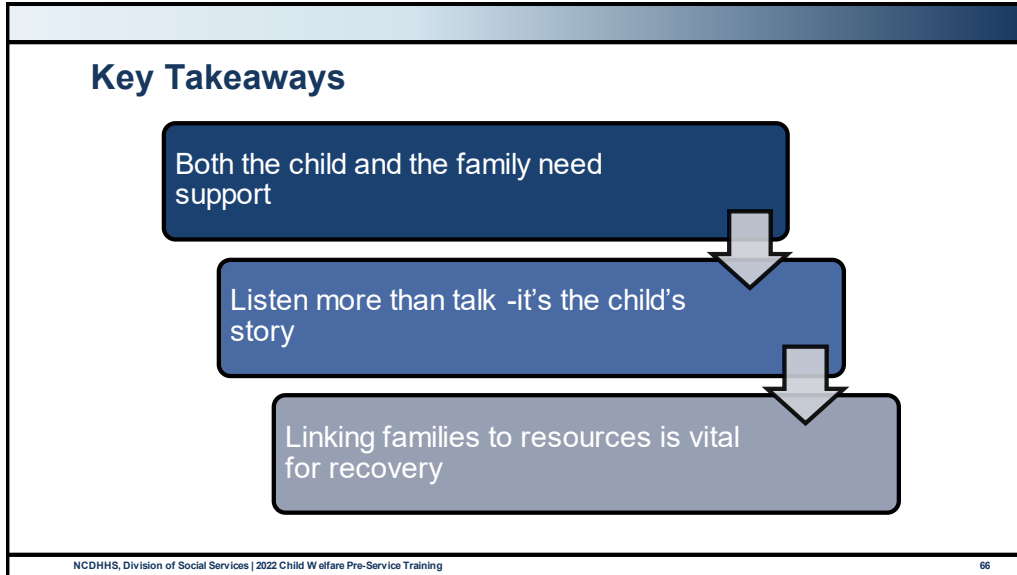
Child Advocacy Centers (CACs) are a resource for social workers to aid in child welfare cases as appropriate for the individual case. However, the role of the CAC does not replace the requirements of child welfare workers to complete CPS assessments and to assess for the child’s safety.

CACs can offer the following collaborative services and programs:

- Family advocacy
- Mental health
- Community awareness and education
- Medical evaluations
- Forensic interviews
- Multi-disciplinary teams



Key Takeaways



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Engagement and Service Matching for Families Impacted by Child Human Trafficking

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Explain the different forms of child human trafficking.</li></ul>                            |
| <ul style="list-style-type: none"><li>• Identify common risk factors that may indicate or lead to child human trafficking.</li></ul> |
| <ul style="list-style-type: none"><li>• Identify the warning signs of child human trafficking.</li></ul>                             |
| <ul style="list-style-type: none"><li>• Identify potential needs and services related to child human trafficking.</li></ul>          |

Defining Human Trafficking

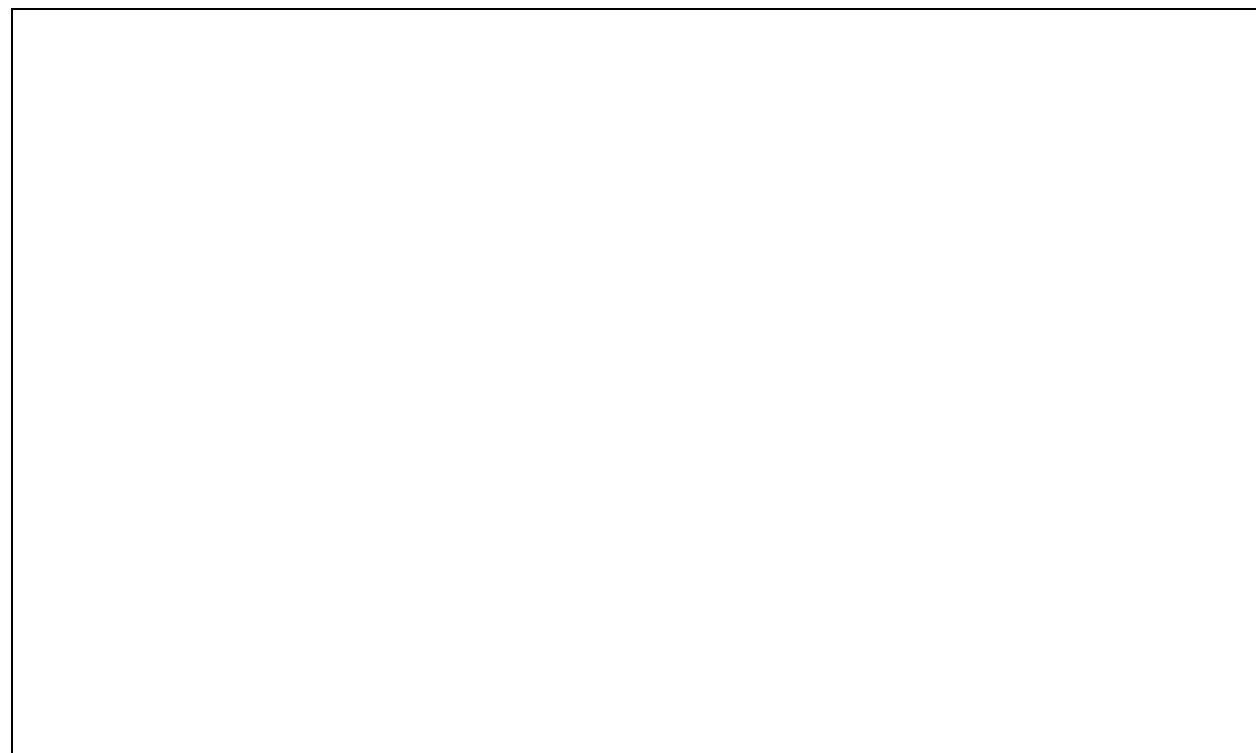
**Defining Human Trafficking**

Human Trafficking is both sexual exploitation and labor exploitation

“A child who is sold, traded, or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator.”  
NC DHHS Policy Manual

Human Trafficking and Child Welfare: A Guide for Caseworkers  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 71

Child welfare agencies must identify, document in case records, and determine appropriate services for children and youth who are believed to be, or at risk of being, victims of human trafficking. This includes children and youth for whom your agency has an open case, but who have not been removed from the home, children who are involved with permanency planning, and youth who are receiving links services.



Policy Requirements

**Policy Requirements**

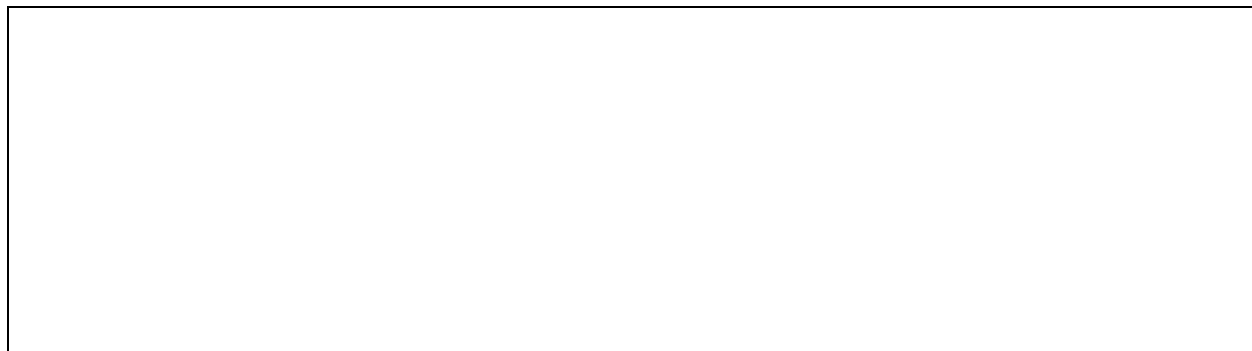
County child welfare workers must collaborate with human trafficking victim organizations and advocates to address the unique circumstances and safety issues for children who are victims of human trafficking.

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Our policy states that within 24 hours of accepting a report with allegations involving human trafficking or when the county DSS becomes aware that a child(ren) may have been trafficked, it must:

- Check the National Center for Missing and Exploited Children to see if the child(ren) or youth has been reported missing;
- Check the North Carolina Center for Missing Persons to see if the child(ren) or youth has been reported missing;
- Check with the appropriate local law enforcement agency to see if the child(ren) or youth has been reported missing/runaway;
- Notify the U.S. Department of Health and Human Services Office on Trafficking in Persons (OTIP) to facilitate the provision of interim assistance if the child(ren) is a foreign national.

In situations where the perpetrator of human trafficking is not the parent, guardian, custodian, or caretaker, the social worker must assess and address the parent’s ability and/or willingness to keep the child safe.

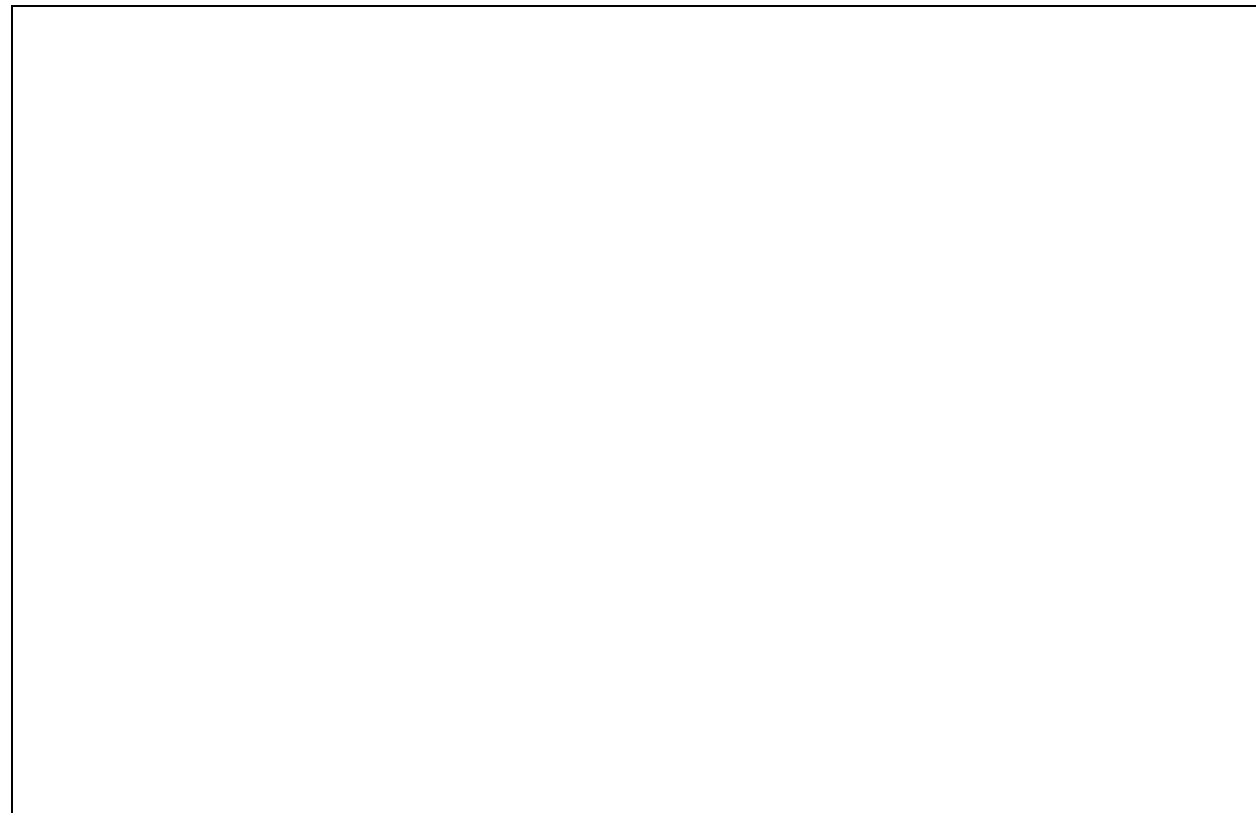


Child Human Trafficking: Risk Factors

<b>Child Human Trafficking: Risk Factors</b>	
History of child maltreatment	Involvement with Child Welfare
Involvement with Juvenile Justice	History of running away
Homelessness	Financial problems and poverty
Inadequate relationships	Self or familial substance use
Self or familial mental health concerns	Identify as LGBTQIA+
Unmet basic needs of love and belonging	Low self-esteem and lack of identity

Human Trafficking and Child Welfare: A Guide for Caseworkers  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 73

This list is not exhaustive, and a child’s experience with one or more of these factors is not a definite indication that they have been or will be trafficked. Additionally, the absence of these risk factors is not an indication that a child has not been trafficked or is not at risk of being trafficked.



Warning Signs and Indicators of Child Human Trafficking

**Warning Signs and Indicators of Child Human Trafficking**

- Living with employer
- Poor living conditions
- Multiple people in cramped space
- Inability to speak to individual alone
- Answers appear to be scripted and rehearsed
- Employer is holding identity documents
- Signs of physical abuse
- Submissive or fearful
- Unpaid or paid very little
- Under 18 and in prostitution
- Wearing new clothes of any style or getting hair or nails done with no financial means to do this independently
- A young person with a tattoo which he or she is reluctant to explain

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NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 74

These are some key red flags that could alert you to a potential trafficking situation that should be reported.





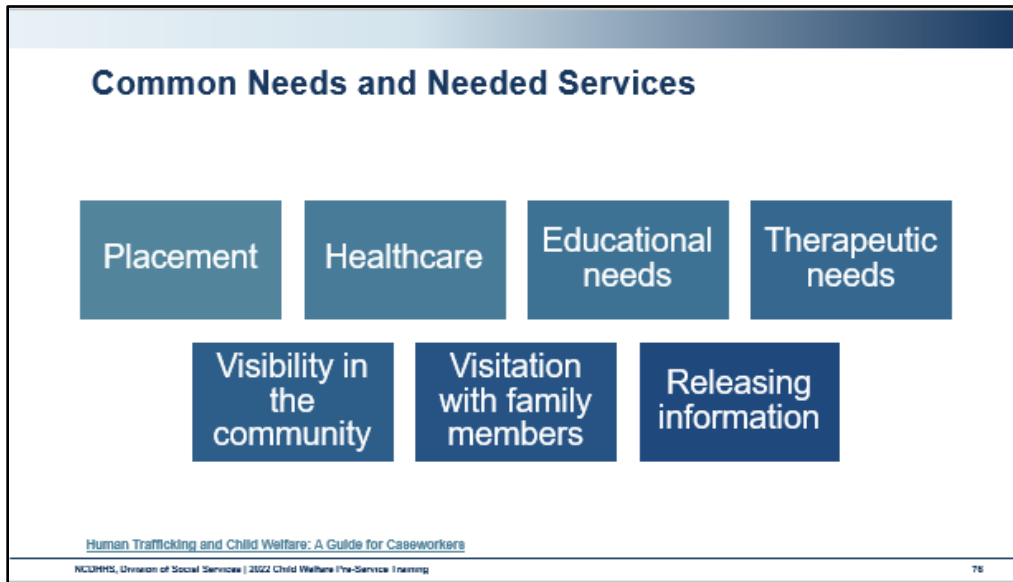
Video: [Faces of Human Trafficking: Focus on Youth](#)

**Visit: Focus on Youth**

This video highlights the specific vulnerabilities, risk factors, and needs of youth, with a focus on the diverse range of professionals who are in a position to identify exploited youth and connect them with appropriate services.

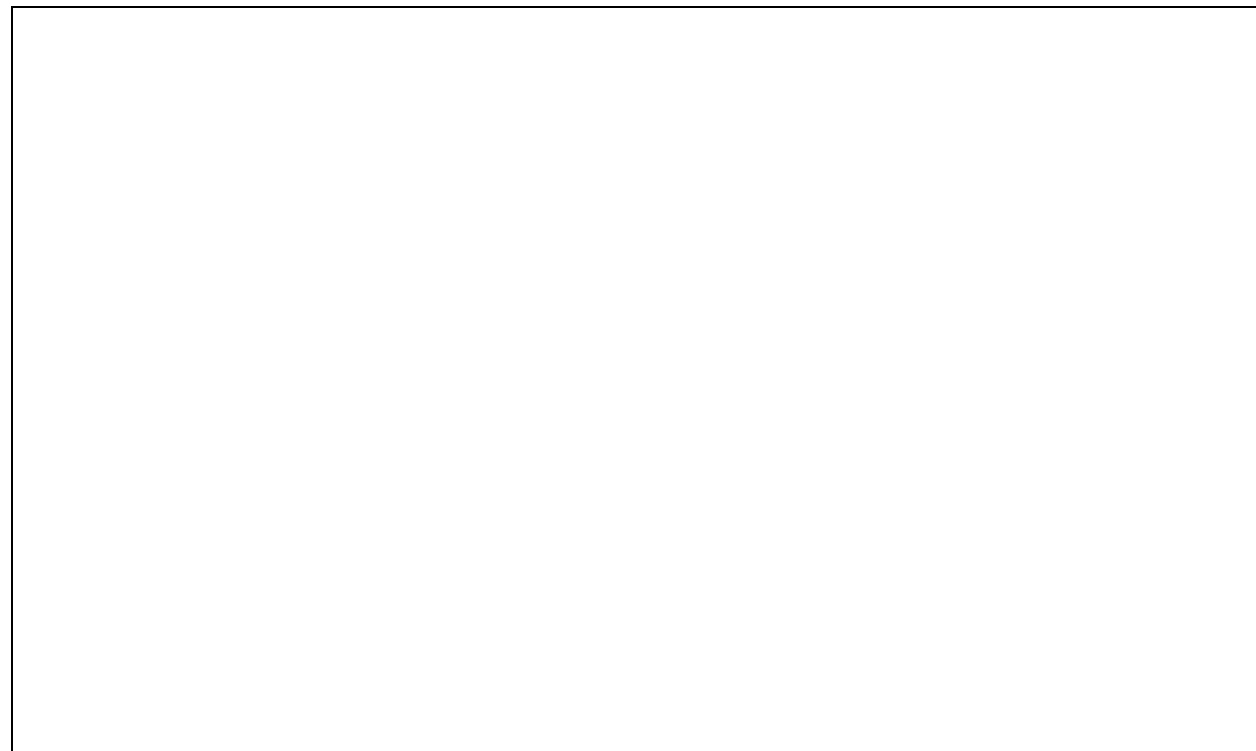
**Pay careful attention to the discussion about the unique need of victims of human trafficking. Use this space to record notes.**

Common Needs and Needed Services

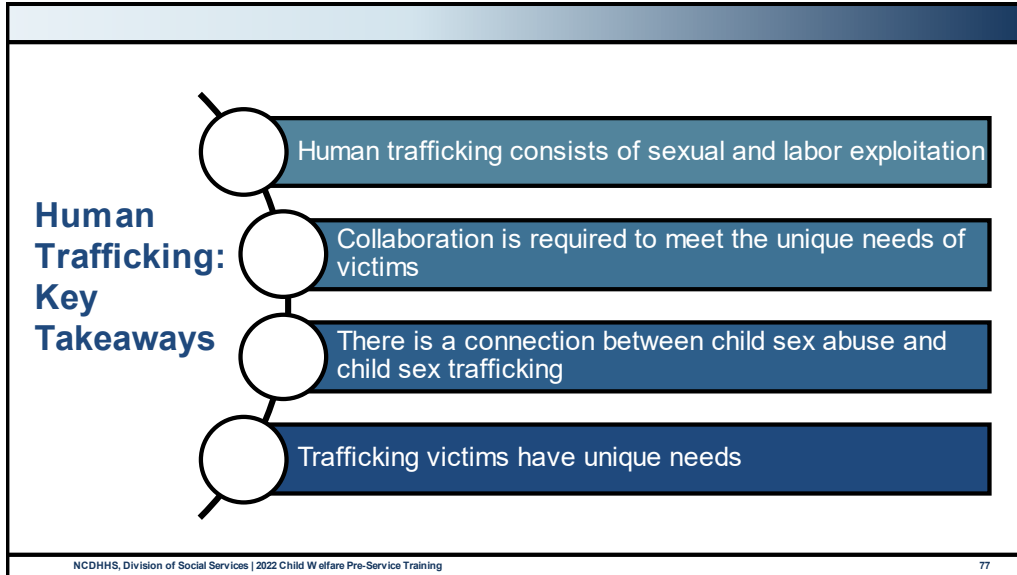


Immediate safety issues may include, but are not limited to:

- Access of the trafficker to the child;
- Child’s lack of safe housing or a safe place to stay;
- Safety issues in the home of the parent, guardian, custodian, or caretaker; and
- Risk of the child running away.



Key Takeaways



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Documentation

### Quality Documentation

#### Learning Objectives

- |   |
|---|
| <ul style="list-style-type: none"><li>• Explain the importance of clear, concise, and accurate documentation.</li></ul>         |
| <ul style="list-style-type: none"><li>• Identify the components of court-ready documentation.</li></ul>                         |
| <ul style="list-style-type: none"><li>• Identify the importance of objectivity and the use of facts in documentation.</li></ul> |

## Types of Documentation

### Types of Documentation

- Narrative – Captures actions and activities completed**
- North Carolina Child Welfare Forms and Other Forms**
  - Intake Form (DSS-1402)
  - Risk Assessment (DSS-5230)
  - Assessment (DSS-5010) with case decision
  - Family Assessment of Strengths & Needs (DSS-5229)
  - Safety Assessment (DSS-5231)
  - In-Home Services Home Visit Record (5236)
  - Monthly Permanency Planning Contact Record (DSS-5295)
- Documents from Service Providers and Collaterals**
  - Criminal reports
  - Medical records
  - School records
  - Treatment plans
- Court Reports and Court Orders**

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North Carolina child welfare forms and other forms. Examples include but are not limited to:

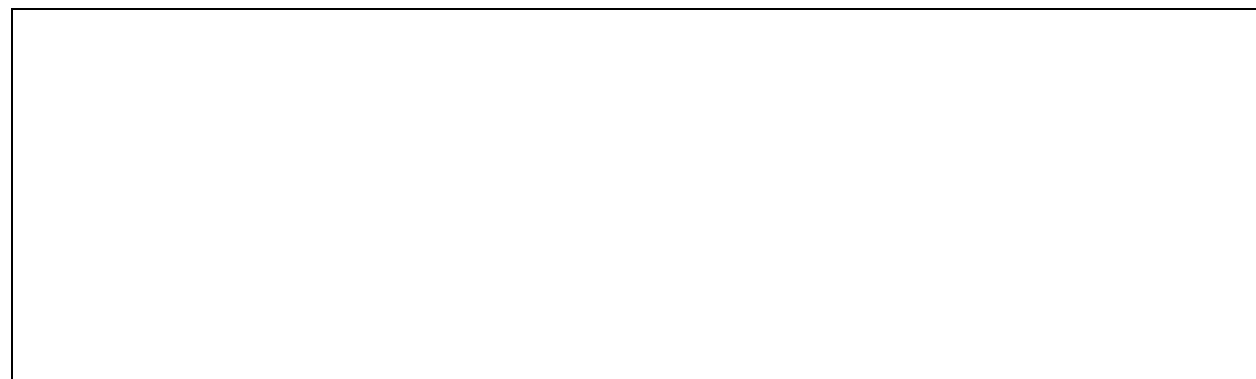
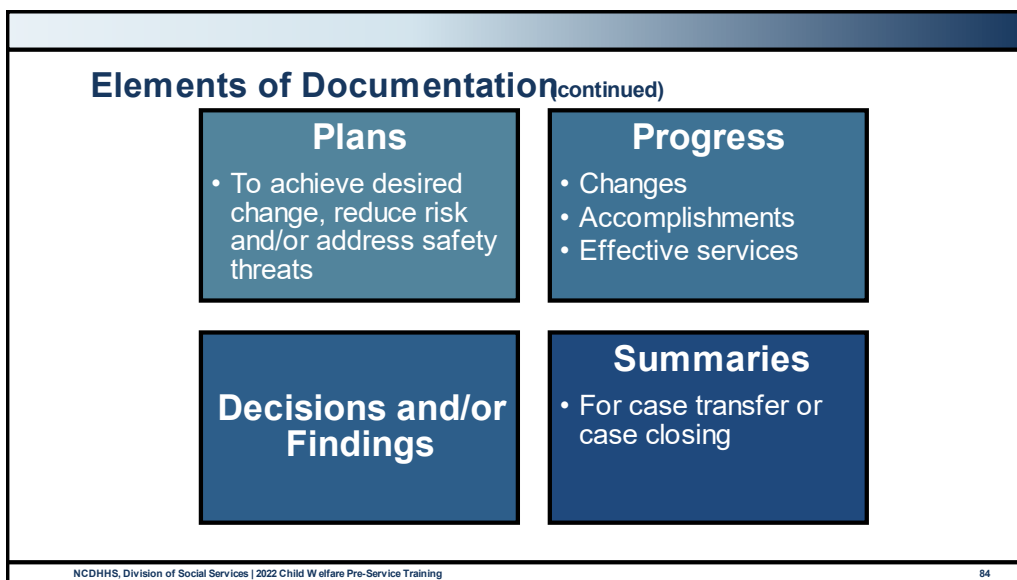
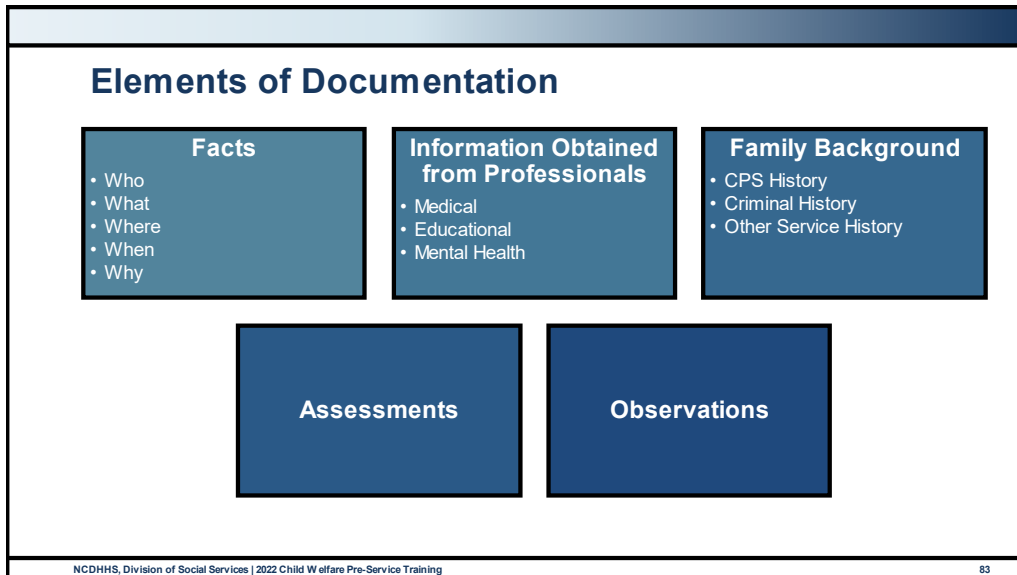
- Intake form (DSS-1402)
- Risk Assessment (DSS-5230)
- CPS Assessment Documentation Tool (DSS-5010) with case decision
- Family Assessment of Strengths and Needs (DSS-5229)
- Safety Assessment (DSS-5231)
- Monthly In-Home Contact Record (5236)
- Monthly Permanency Planning Contact Record (DSS-5295)

Documents from service providers and collaterals. Examples include are but not limited to:

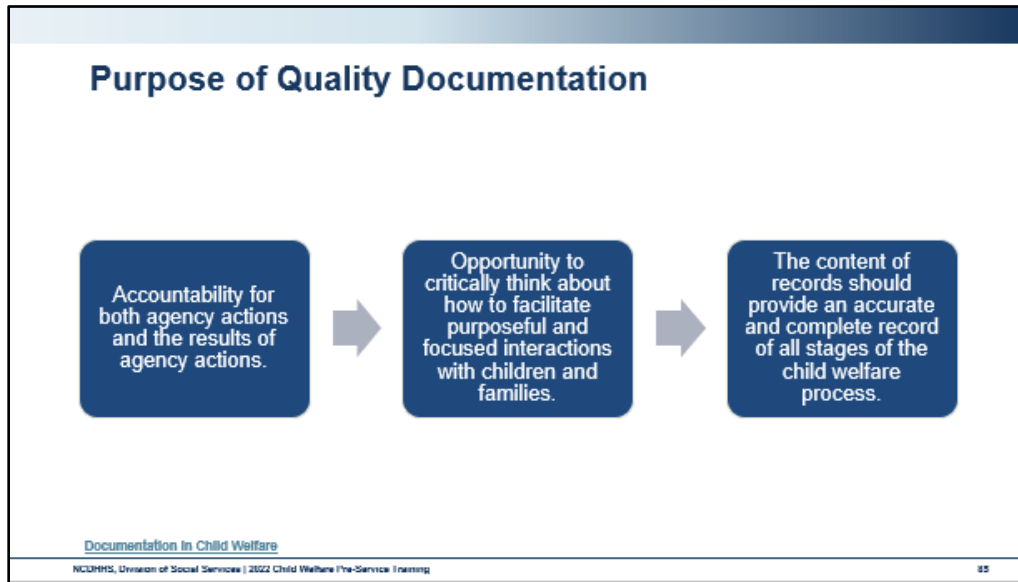
- Criminal reports
- Medical records
- School records
- Treatment plans
- Court reports and court orders



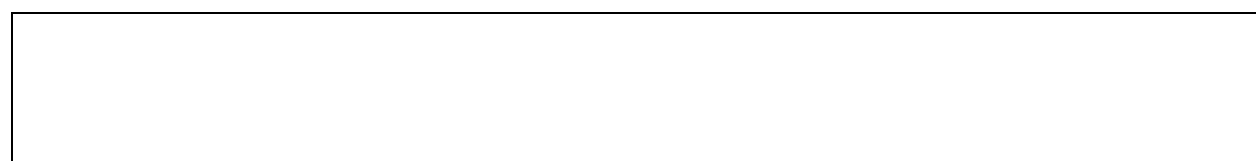
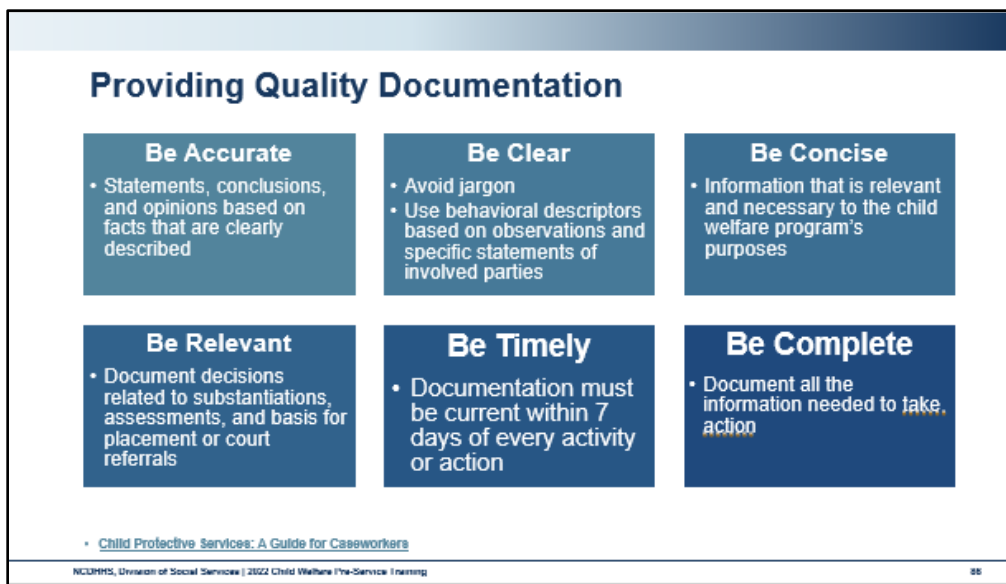
Elements of Documentation



Purpose of Quality Documentation



The purpose of quality documentation is to provide accountability for both what the agency does and the results of what the agency does. Documentation also facilitates a way for the social worker to critically think about how to facilitate purposeful and focused interactions with children and families. The content of records should provide an accurate and complete record of all stages of the child welfare process.



## Handout: Quality Documentation Tips

Utilize this check list to ensure you are creating quality documentation:

- **Be Accurate** – Statements, conclusions, and opinions must be based on facts that are clearly described.
- **Be Clear** – Jargon should be avoided, and the descriptions of circumstances should be written using behavioral descriptors based on observations and specific statements of involved parties.
- **Be Concise** – Records should only contain information that is relevant and necessary to the CPS program's purposes.
- **Be Relevant** – Documentation of decisions with respect to the substantiation of the alleged maltreatment, risk and safety assessments, and basis for any placements in out-of-home care or court referral if necessary
- **Be Timely** - Documentation, including narrative, must be current within 7 days of every activity or action.
- **Be Complete** – documentation contains all the information needed to take action, for example, contact names, dates, times, and locations.



Planning for Documentation

**Planning for Documentation**

Quality documentation requires concentration and effort

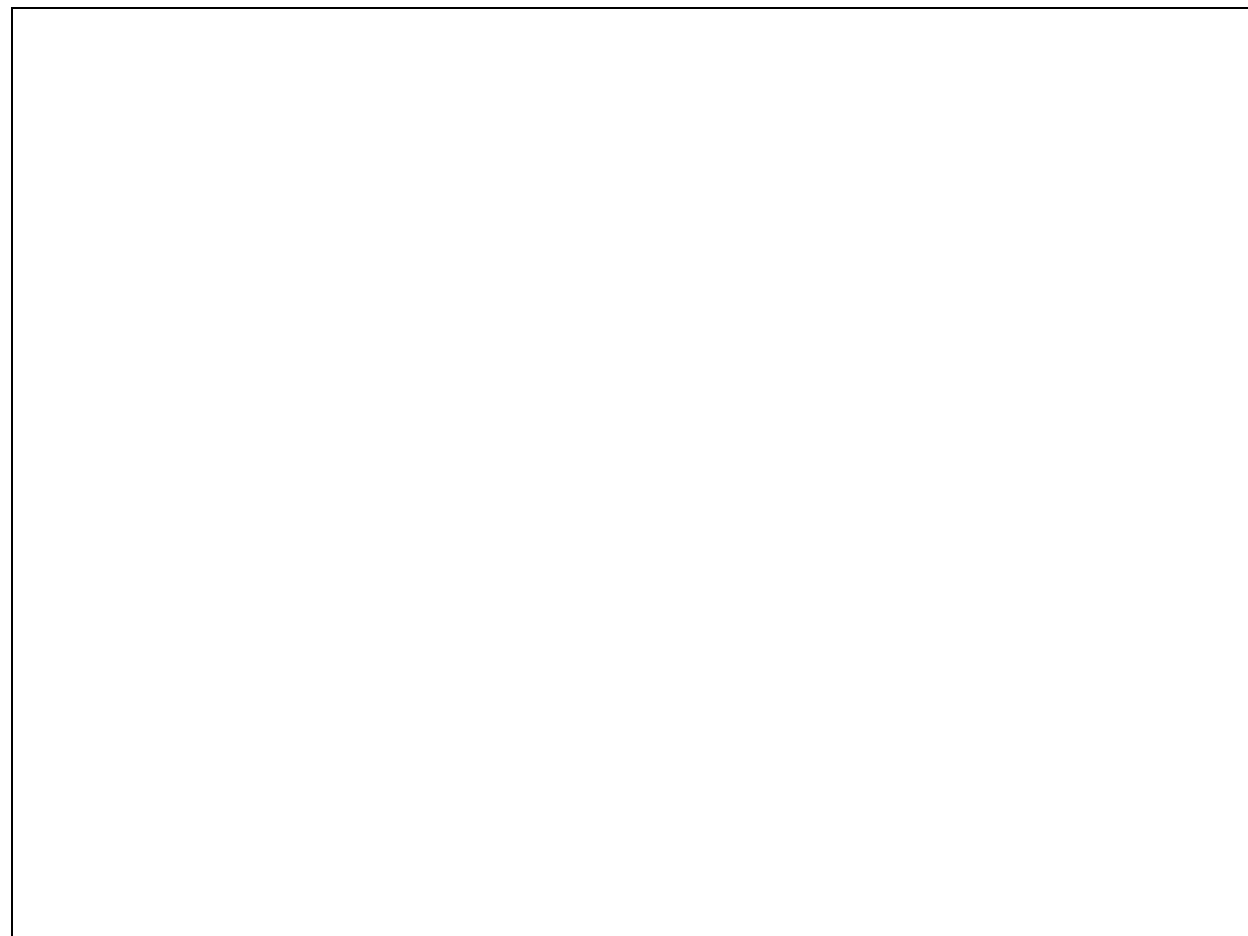
Create a plan and purposeful approach to documentation

Be creative with where and when you record notes

- Use the time between home visits
- Use wait times during office visits
- Dictate phone calls while you are on the phone
- Reserve the first hour of the day for documentation; few visits happen at that hour

Documentation in Child Welfare

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Creating Court-Ready Documentation

Creating Court-Ready Documentation	
✗ Avoid:	✓ Be Specific:
Opinions:	Use objective, descriptive language:
"The parent is <b>not concerned</b> about safety."	"The children's hair looked <b>matted and unkempt</b> . They were dressed in shorts and tee shirts that were <b>heavily stained and soiled</b> but <b>appropriate for the season and climate</b> ."
Vague or Generic Descriptions:	Focus on behavior using behavior descriptions and family-specific language:
"The parent is <b>non-compliant</b> ."	"Sandy <b>relates affectionately</b> to her children. She was <b>observed picking up baby Jonathan and consoling him</b> when he woke up and started crying."
Boilerplate Language:	Help the court understand decisions and recommendations:
"The child was dressed <b>appropriately</b> , and the house was <b>clean</b> ."	<ul style="list-style-type: none"> <li>• What <b>led</b> to your conclusions?</li> <li>• What would <b>change</b> your conclusions?</li> </ul>

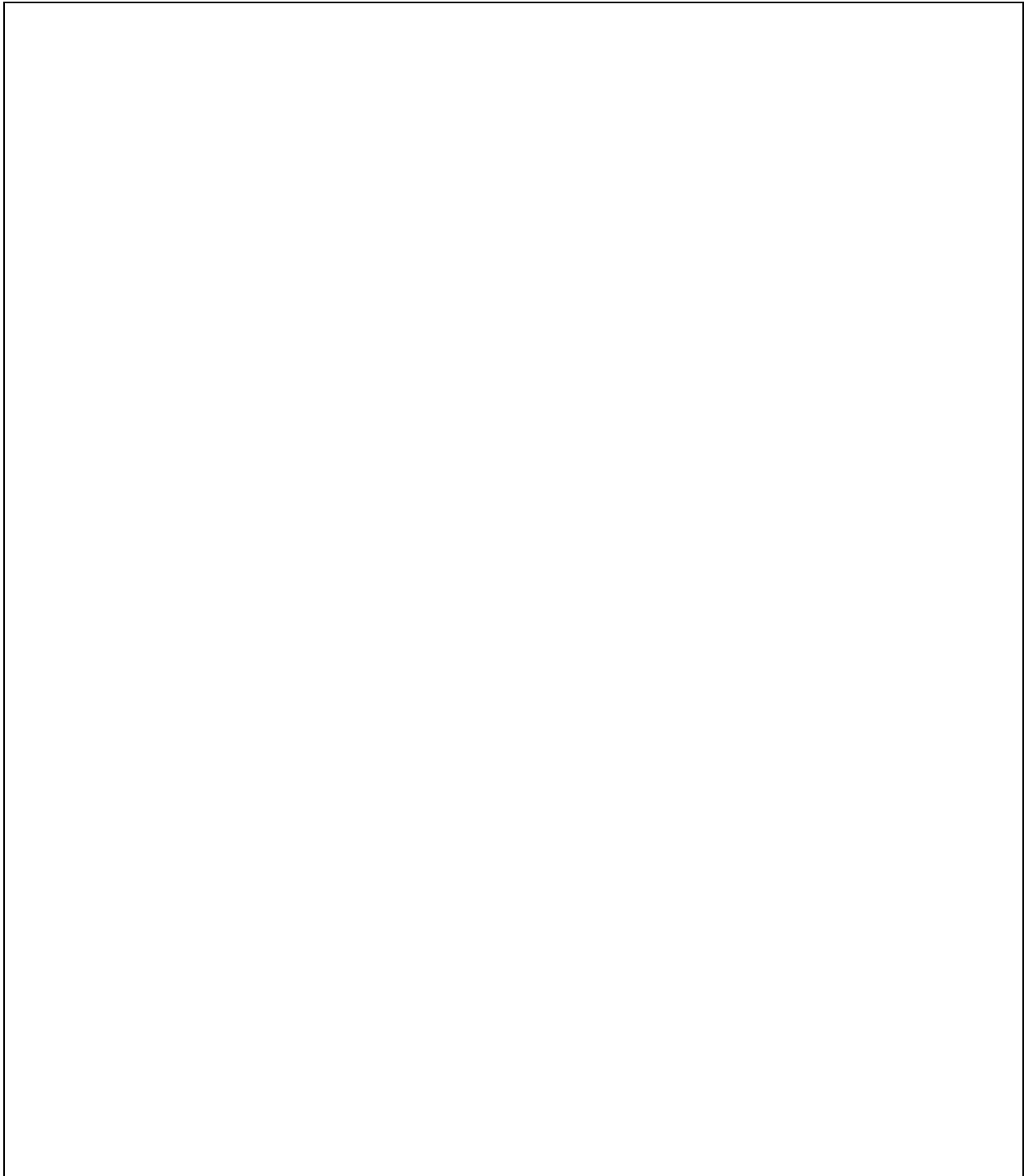
Documentation in Child Welfare  
NCDHHS, Division of Social Services | SFY 2021-22 Child Welfare Workers 88

Focus on behavior and use behavior descriptions and family-specific language to describe exactly what family members are saying and doing, as well as what they are not doing that is needed to ensure safety and meet the goals of the family’s plan - “Sandy relates affectionately to her children. She was observed picking up baby Jonathan and consoling him when he woke up and started crying.”

Help the court understand your decisions and recommendations - Describe what you saw or heard that led to your conclusions. Also, describe what you would need to see or hear to change your conclusions.

Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

A large, empty rectangular box with a thin black border, intended for the user to write their questions and reflections. The box occupies most of the page's vertical space below the introductory text.

## Documentation Learning Lab

## Activity: Creating Court-Ready Documentation

	<b>Behavioral Description</b>	<b>Family-Specific Language</b>
1. <i>Joe is manipulative.</i>	<i>When Joe's father says no, Joe sometimes asks his mother.</i>	Due to risk factor of history of excessive corporal discipline, parents agree they need to discuss decisions together and provide a consistent response to Joe's behavior. They have not demonstrated the ability to do this to date. Parents state they do not have time to attend parenting classes and don't think they can learn to parent sitting in a class.
2. <i>Joe is disrespectful.</i>	<i>Joe's parents say he is sometimes disrespectful.</i>	
3. <i>Joe's parents need to set firm limits.</i>	<i>When Joe began throwing things at his sister, his parents tried yelling at him to stop but he did not listen.</i>	
4. <i>Mary is depressed.</i>	<i>Mary says that sometimes she has a hard time getting up in the morning and feels "like it's not worth trying since no one is going to help me".</i>	Because children were removed due to inadequate supervision, Mary agrees that it is not safe for her to stay in bed during the day when her children are home.
5. <i>Sarah is anti-social and hides out in her room.</i>	<i>Sarah's aunt says Sarah is "antisocial" and "hides out in her room". Sarah states that she feels safe in her room.</i>	Social worker discussed with aunt the importance of helping Sarah feel safe and welcome in the home, given Sarah's history of sexual abuse by her uncle.
6. <i>The family doesn't get along.</i>	<i>Family members say that they would like to get along better.</i>	Social worker and aunt together read a flyer on psychological safety for children who have experienced trauma. Aunt agreed to consider how to help Sarah feel more safe and to talk about this topic again at next visit.

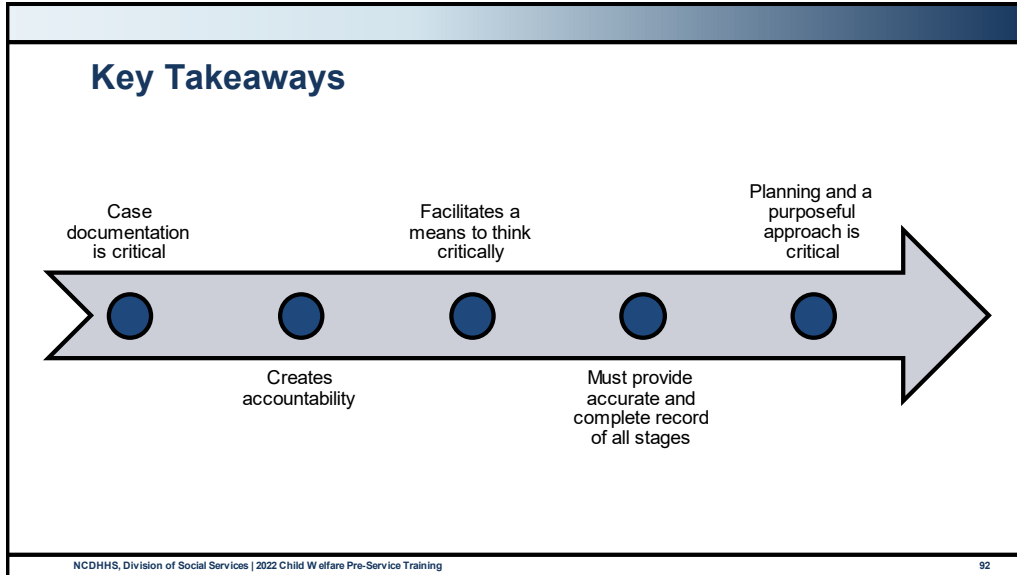
*Adapted from: NC Division of Social Services, December 9, 2014, Webinar and NCDSS, 2012 (CPS Assessment in Child Welfare Services)*

## Worksheet: Skills Practice

Typical Language	Court-Ready Language
1. <i>The house is filthy.</i>	1.
2. <i>The children's behavior is out of control.</i>	2.
3. <i>Mrs. Smith used appropriate discipline during the visit.</i>	3.
4. <i>Mrs. Smith cannot manage her children's behavior.</i>	4.
5. <i>John isolates himself from the rest of the foster family.</i>	5.
6. <i>Mr. Jones was intoxicated.</i>	6.

Adapted from: NC Division of Social Services, December 9, 2014, Webinar and NCDSS, 2012 (CPS Assessment in Child Welfare Services)

Key Takeaways



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Confidentiality

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Describe a client's right to confidentiality.</li></ul>  |
| <ul style="list-style-type: none"><li>• Describe situations when information can and cannot be released and the steps that must be taken when confidentiality is breached.</li></ul> |

Maintaining Confidentiality

**Maintaining Confidentiality**

- Client's rights to confidentiality and disclosure
- Protect the confidentiality of all information
- Store files in a secure location
- Use of technology in communication

NA SW Code of Ethics  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 96

As social workers, we must protect the confidentiality of all information obtained in our work with the family. Confidential information includes everything that is shared with you verbally during home visits and in court and written information in the family's file. Family files must be stored in a secure location, so these records are not available to others who are not authorized to have access to the records. Confidential information about a child or their family CANNOT be discussed with your friends, neighbors, or your relatives, other professionals, on social media, or with others who are not specifically authorized to receive the information. Anyone receiving or sharing information must do so according to a signed consent to release information.





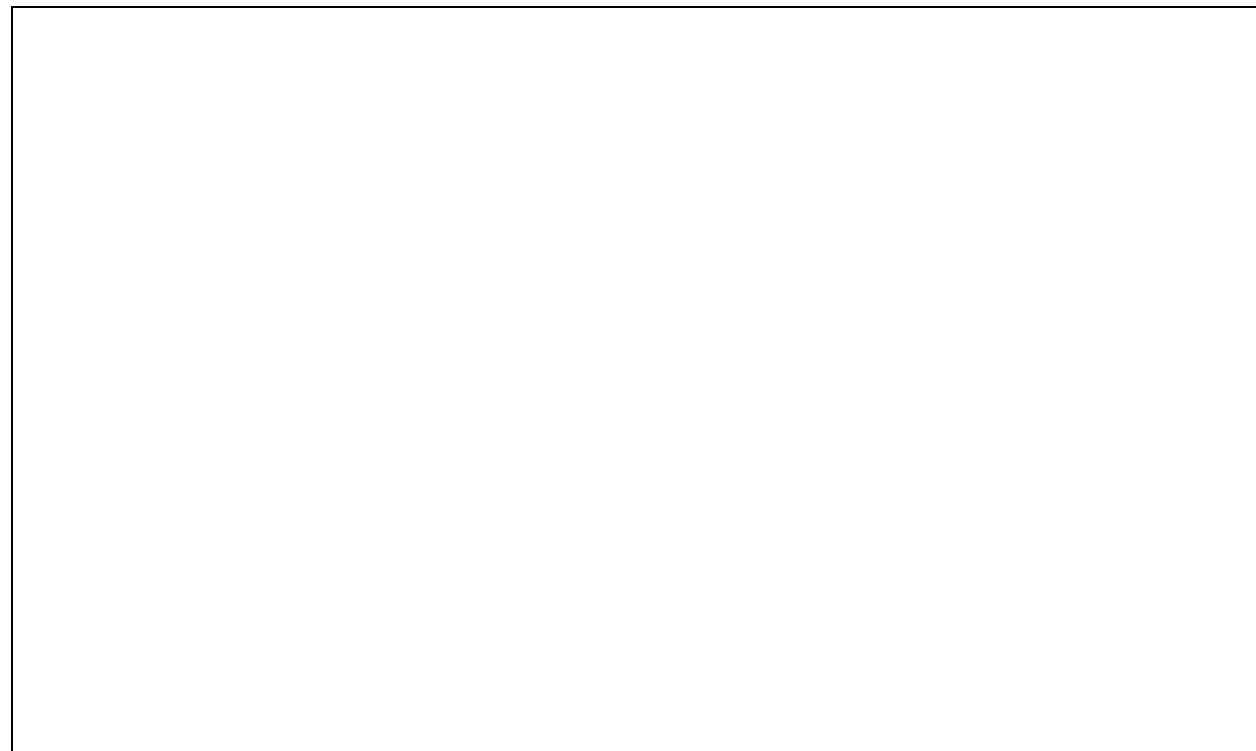
Disclosure of Confidential Information

**Disclosure of Confidential Information**

- Must have valid consent to disclose information
- Duty to report if someone discloses:
  - They are going to harm or kill another person
  - Abuse or neglect of a child, person with a disability, or a senior citizen
  - They have a plan to commit suicide and admit to wanting to commit suicide
- Disclose the least amount of information necessary
- When feasible, inform the family about the disclosure and potential consequences

NA SW Code of Ethics  
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There are times when you may disclose confidential information, but only when you have valid consent from the family or a person legally authorized to consent on their behalf. There are also exceptions to confidentiality requirements when you are legally required to disclose confidential information.



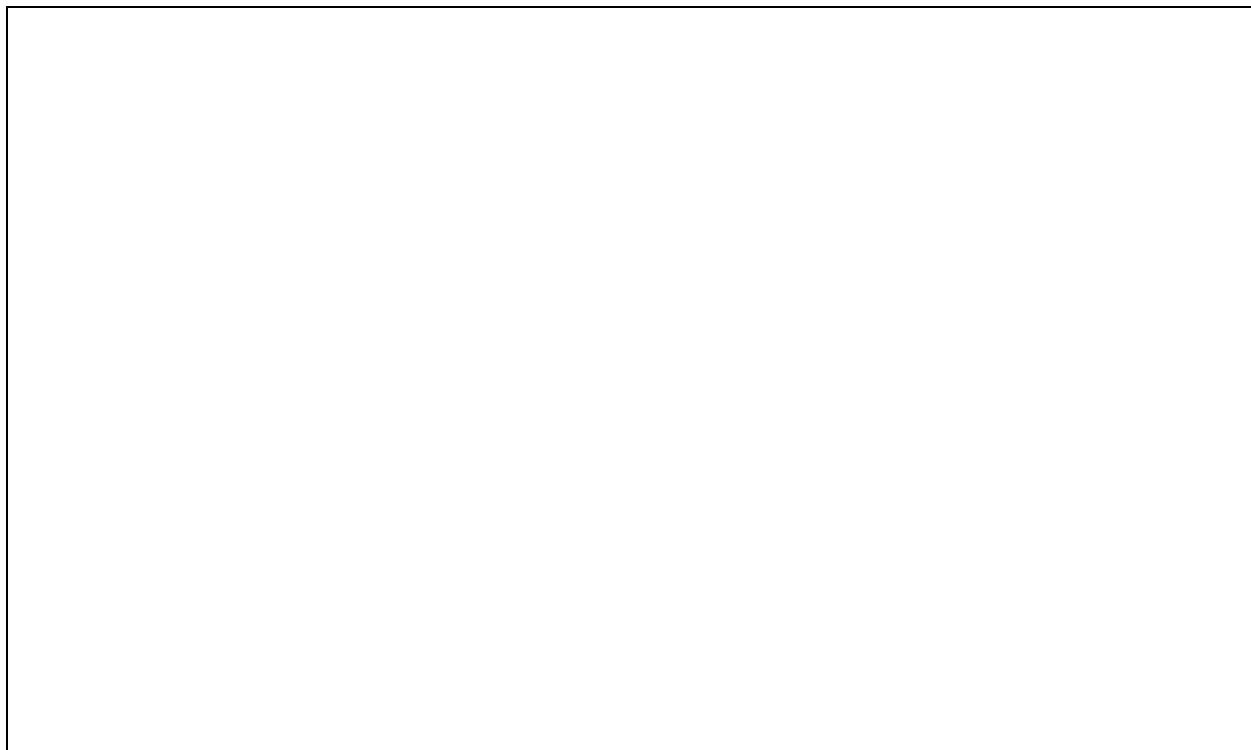
Breaches of Confidentiality

**Breaches of Confidentiality**

- Breaches of confidentiality are a serious violation.
- Review your agency's policy and procedures for notifying families of any breach of confidential information.
- Notify families in a timely manner.

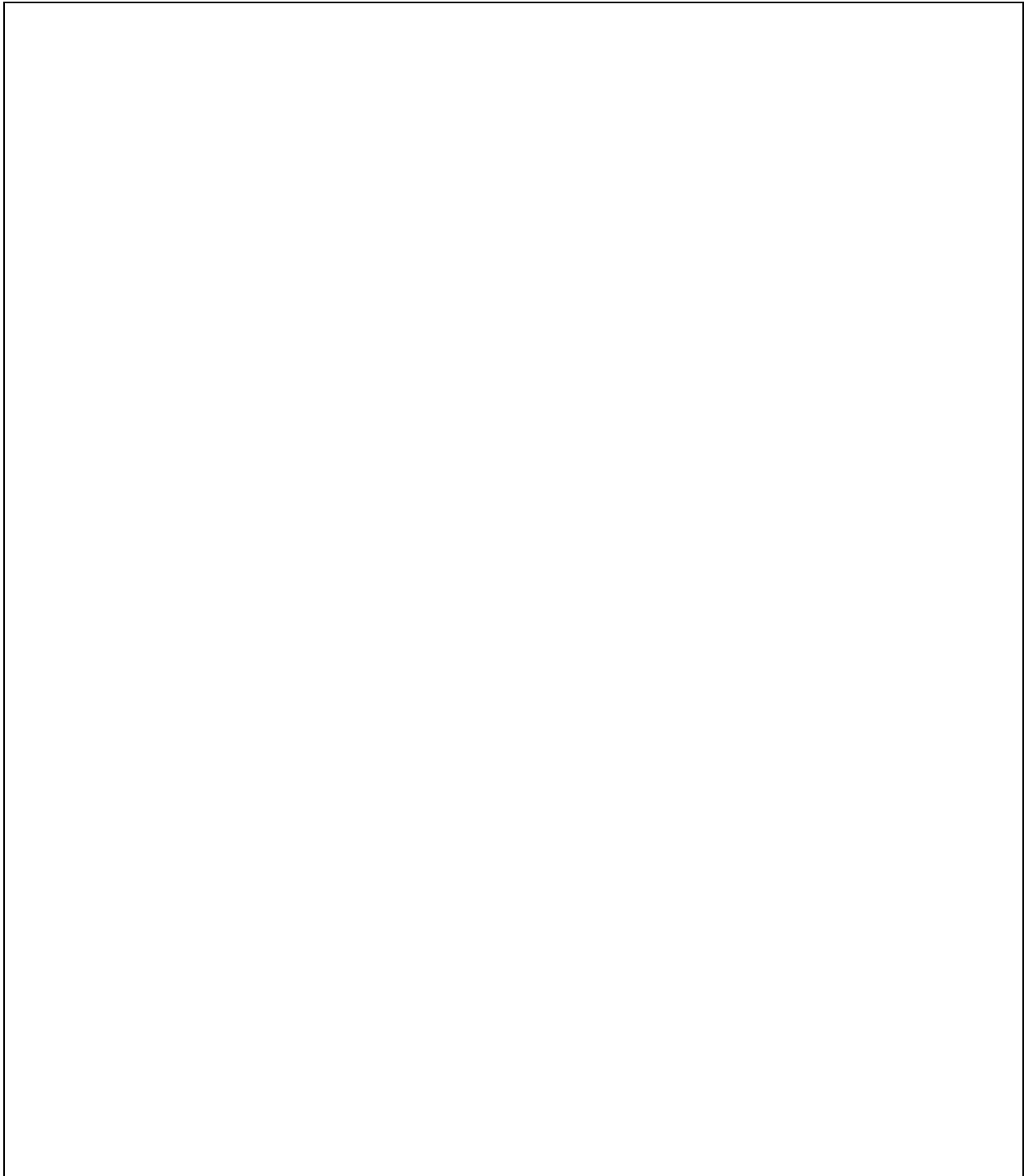
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A breach of confidentiality is considered malpractice and should be taken very seriously. Your agency should have policies and procedures in place for notifying families of any breach of confidential information promptly. You should review your agency's policy and talk with your supervisor to be sure you understand your agency's requirements should a breach of information occur.



Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

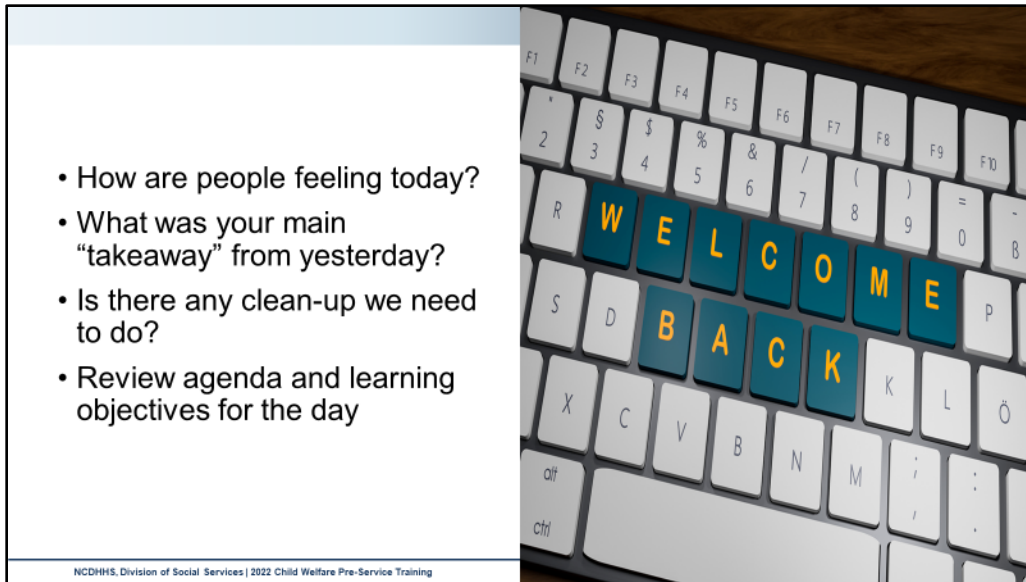
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## Week Six, Day Three Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	<b>Documentation (continued)</b>	
II.	Documentation Learning Lab	9:30 – 10:15
	<b>BREAK</b>	10:15 – 10:30
	<b>Self-Care and Worker Safety</b>	
III.	Secondary Traumatic Stress and Vicarious Trauma	10:30 – 11:15
IV.	Worker Safety	11:15 – 11:45
	<b>LUNCH</b>	11:45 – 12:45
V.	Planning for Self-Care and Idea-Sharing	12:45 – 1:30
	<b>Core Training Wrap-Up</b>	
VI.	Debrief and Wrap-Up	1:30 – 2:15
VII.	Self-Care Exercise	2:15 – 2:30

## Welcome



- How are people feeling today?
- What was your main “takeaway” from yesterday?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

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**Use this space to record notes.**

## Documentation (continued)

### Learning Objectives

<ul style="list-style-type: none"><li>• Create clear, concise, and accurate documentation.</li></ul>
<ul style="list-style-type: none"><li>• Identify the components of court-ready documentation.</li></ul>
<ul style="list-style-type: none"><li>• Identify the importance of objectivity and the use of facts in documentation.</li></ul>

Documentation Learning Lab (continued)

Documentation Models – G.I.R.P.

The G.I.R.P. documentation format is simply an acronym used to guide social workers in creating well-rounded documentation.

Handout: G.I.R.P. Model for Documentation

<b>Goal</b>	<i>What is the purpose of the contact (tied to service agreement) and what type of contact is it? For example, a child and family team meeting, a home visit, court, or a phone call. Is the physical site where the services are provided? What does the social worker intend to accomplish? Basically, your documentation should reflect, “Who went where to do what”?</i>
<b>Interventions</b>	<i>Your documentation should include the specific interventions/skills training services provided. For example, referrals, treatment, teaching, coaching, and modeling.</i>
<b>Results</b>	<i>What were the results of the meeting or visit? How effective was the intervention? Your documentation should reflect concrete, measurable, specific, and descriptive notation. Documentation should also include the family’s responses and progress.</i>
<b>Plan</b>	<i>The social worker should end the narrative with a plan. Include any changes or revisions to the service agreement and the plan to accomplish remaining objectives and activities. For example, “The social worker ended the meeting by scheduling the next visit.”</i>

Documentation Models – P.A.P.E.R.

The P.A.P.E.R. model is also used to encourage a strengths-based dimension to your documentation.

Handout: P.A.P.E.R. Model for Documentation

<b>P</b> urpose	<i>Document the purpose/reason for the contact with the family.</i>
<b>A</b> ssessment	<i>Include assessment of the overall family situation during the contact. Engage other family systems in the information- gathering process. And assess for strengths and needs.</i>
<b>P</b> lan	<i>Collaborate with the family to plan, implement, monitor, and amend services.</i>
<b>E</b> ncourage	<i>Include how you confirmed the family as experts in their situation and specific techniques used to encourage, motivate, and empower.</i>
<b>R</b> esults	<i>Document a clear, concise summary of the result of the contact including specific interventions and skills training services provided.</i>





### Documentation Models – S.E.E.M.A.P.S.

As a reminder, this model divides the family's life into seven domains or dimensions and ensures coverage of many of the possible areas in which the family may have issues and sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned.

### Handout: Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to

assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health, and a Summary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

### **Social**

Who lives in the house?

How are people connected to each other?

What is the feeling when you enter the house (comfortable, tense, etc.)?

How do people treat one another?

How do they speak to and about one another to someone outside the family?

How far away is this home from other homes?

Would it be likely that people would be able to visit here easily?

Who does visit the family?

Ask questions to determine what individuals, organizations, and systems are connected to the family. Are those people/organizations/systems helpful or not?

What does the family do for fun?

What stories do they tell about themselves?

What kind of social support systems the family can depend on?

How does the family use resources in the community?

How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends?

Do the children attend school regularly?

Are there behavior problems at school?

Can children discern between truths and lies?

Do the children have age-appropriate knowledge of social interactions?

Do the children have age-appropriate knowledge of physical or sexual relationships?

Are preteen or teenage children sexually active?

Do not forget the importance of non-traditional connections a family may have.

### **Economic**

Are adults willing to discuss their finances after a period of getting acquainted?

Does the family have adequate income and/or resources to meet basic needs?

Do adults in the home know how to access benefits programs for financial support?  
Is the family receiving food stamps, child support, TANF, or LIEAP? If not, are they eligible?

Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Are bills paid on time?

What are the income sources in the family?

What is the strongest economic skill each person in this family displays?

Do they have enough money to make it through the month?

Does the parent subsystem agree about the destination of any monies available?

Are adults employed? If so, are they content with the job they have?

### **Environment / Home**

How does the residence look from the outside (kept up; in disrepair; etc.)?

What is the surrounding area like?

Are there places for children to play?

Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)?

What is the feeling you get when you arrive at this residence?

Are there any safety concerns in the neighborhood?

In the residence, is there any place to sit and talk?

Are there toys appropriate for the ages of the children who live there?

Can you tell if someone creates a space for children to play?

Is there a place for each person to sleep?

Is it obvious that people eat here?

What kind of food is available in the home?

Are there any pictures of family members or friends?

Is there a working phone available to the family?

Is there a sanitary water supply available to the family?

Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)?

Is there a heating and/or cooling system in the home?

What are the best features of this environment?

Is the family aware of weapons safety issues?

### **Mental Health**

Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation?

Do members of this family have a history of emotional difficulties, mental illness, or impulse problems?

Does anyone take medication for any other mental health condition?

If so, are they able to afford the medication, and do they have continued access to medical care for refills?

Are the people you interview able to attend to the conversation?

Are there times when they seem emotionally absent/distant during conversation?

Are family members clearly oriented to time and location and coherent?

Are there indicators that persons in this family have substance use concerns?

Do adults have an appropriate understanding of child development?  
How do people in this family express anger?  
Are family members able to discuss and describe emotions?  
What is the major belief system in this family?  
Does anyone in the family express any concern about their own mental health or the mental health of a family member?  
Has anyone ever received counseling or been under the care of a physician for a mental health problem?  
Is there any history of mental illness in the family?

### **Activities of Daily Living**

Do family members understand “Safe Sleeping” habits (for infants under the age of 18 months)?  
Is the children’s clothing adequate (appropriate as to: weather, size, cleanliness, etc.)?  
What activities does the family participate in?  
How does the family spend its free time?  
Do adults in this family know how to obtain, prepare, and feed meals to children in this family? What is the family’s native language? If it is not English, do they have language barriers to accessing resources?  
Does the family engage in some activities of a spiritual nature?  
Are adults able to connect usefully with their children's schools, doctors, and friends?  
Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home?  
Does the family have reliable means of transportation (car, public transportation)?  
Do people in this family have the ability and willingness to keep the home safe and reasonably clean?  
What skill does this family demonstrate the most?  
Do parents know how to discipline their children or adolescents?  
Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget?

### **Physical Health**

Do the children appear healthy?  
Do the children appear on target with their height and/or weight?  
Are there any special medical concerns faced by family members?  
If so, who knows how to treat or administer those concerns?  
How do people in this family appear?  
Do they tend to their hygiene regularly?  
Does anyone appear fatigued or overly energetic?  
Is anyone chronically ill, taking medication, or physically disabled?  
Is anyone in this family using illegal drugs or abusing prescription drugs?  
Do people in this family eat healthy food and/or get regular exercise?  
Does anyone in this family use tobacco products?  
Are there any members of the family who appear to be significantly obese?  
Are there any members of the family who appear to be significantly underweight?  
How long has it been since members of the family had a physical examination?

Are there older children who continue to have bedwetting problems?  
Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)?  
Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards?  
Do small children ride in safety seats or use seatbelts?  
What is the healthiest thing this family does?  
What are the skin tone, hair quality, and color of lips (especially with infants) with family members? Have the children had vaccinations?  
Are they up to date?  
Does anyone in the family have mobility issues?  
What is the family's perception of their own physical health?  
Does the family have medical and/or dental insurance coverage? If so, who is the provider? If not, is the family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?  
Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

**Summary of Strengths**

What are the major interpersonal strengths of this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Were there substance abuse or domestic violence issues in the homes of the adult family members? How were adult family members disciplined?

Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work every day, drawing a picture, making friends, cooking a balanced meal, etc.

These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.

Activity: Brenda's Story

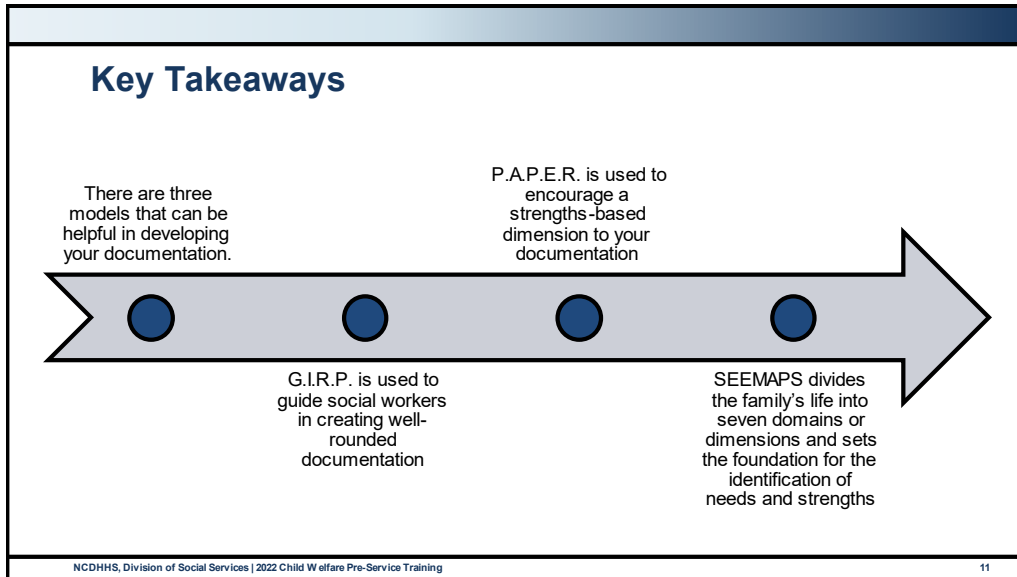
- Review the Documentation Model handout assigned to your group
- Take general notes as you watch the video of Brenda's Story.  
<https://www.youtube.com/watch?v=jt9c2RP61Sq>
- Use the Model assigned to your group to develop documentation of the following:

**ACEs**

**Underlying issues**

**Behaviors influenced by Brenda's exposure to trauma**

### Key Takeaways



### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Self-Care and Worker Safety

### Secondary Traumatic Stress and Vicarious Trauma

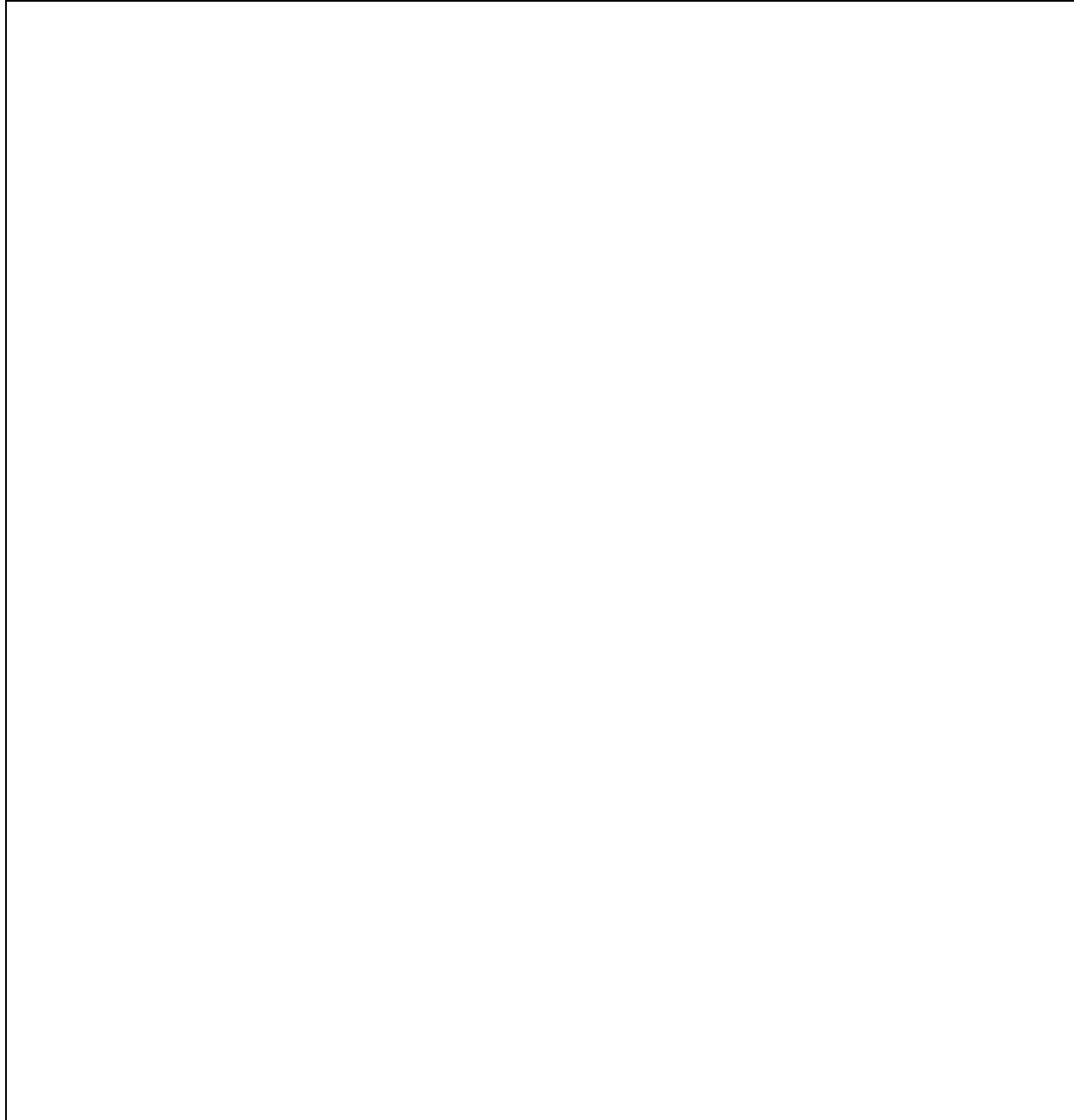
#### Learning Objectives

<ul style="list-style-type: none"><li>• Define vicarious traumatization and secondary traumatic stress.</li></ul>
<ul style="list-style-type: none"><li>• Explain the differences between vicarious traumatization and secondary trauma.</li></ul>
<ul style="list-style-type: none"><li>• Identify the impacts of vicarious traumatization and secondary traumatic stress on child welfare workers.</li></ul>
<ul style="list-style-type: none"><li>• Identify agency supports, resources, and services that address secondary traumatic stress.</li></ul>
<ul style="list-style-type: none"><li>• Identify potential impacts of vicarious traumatization and secondary traumatic stress on decision-making.</li></ul>



## Trauma in Child Welfare

One aspect of child welfare social work that makes the job challenging is exposure to trauma. The children and families we serve often have histories of trauma that impact their current functioning. Working with people who have experienced trauma, and sometimes being directly exposed to trauma as part of your job, can have an impact on you personally and as a professional. This phenomenon is generally referred to as Secondary Traumatic Stress (STS).



## Terminology

## Secondary Traumatic Stress

Emotional distress that results when an individual hears about the firsthand trauma experiences of another.

[STS: Understanding the Impact of Trauma Work on Professionals](#)  
[STS: Fact Sheet for Workers](#)  
[Trauma Toolkit: STS](#)

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## Compassion Fatigue

The physical and emotional exhaustion experienced by those who care for others who are in distress.

[STS: Understanding the Impact of Trauma Work on Professionals](#)  
[STS: Fact Sheet for Workers](#)

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Secondary Traumatic Stress, or STS, is emotional distress that results when an individual hears about the firsthand trauma experiences of another. It is indirect exposure to threatening events that can result in the presence of posttraumatic stress symptoms. The National Child Traumatic Stress Network recognizes that STS is a common occupational hazard for professionals working with traumatized children. Compassion fatigue is the physical and emotional exhaustion experienced by those who care for others who are in distress. It is a less clinical and less stigmatizing term and is often used interchangeably with Secondary Traumatic Stress.

## Handout: Secondary Traumatic Stress

Secondary traumatic stress disorder, or Compassion fatigue, is a natural but disruptive by-product of working with traumatized clients. It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD). Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it. The symptoms of compassion fatigue may include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. Additionally, compassion fatigue is associated with a sense of confusion, helplessness, and a greater sense of isolation from supporters than is seen with burnout. It is preventable and treatable, however, if unaddressed, the symptoms can result in problems with mental and physical health, strained personal relationships, and poor work performance.

Evidence of compassion fatigue can be difficult to recognize in oneself or even in others. Symptoms often include a combination of cognitive, behavioral, emotional, and physical features. They may also involve a spiritual component such as questioning meaning or loss of faith. Common examples include:

**Common Compassion Fatigue Symptoms**

<b>Cognitive</b>	<b>Emotional</b>
Lowered concentration	Guilt
Apathy	Anger
Rigid thinking	Numbness
Perfectionism	Sadness
Preoccupation with trauma	Helplessness
<b>Behavioral</b>	<b>Physical</b>
Withdrawal	Increased heart rate
Sleep disturbance	Difficulty breathing
Appetite change	Muscle and joint pain
Hyper-vigilance	Impaired immune system
Elevated startle response	Increased severity of medical concerns

These kinds of symptoms can be alarming and personally overwhelming to anyone experiencing them. However, once recognized, compassion fatigue can be addressed and resolved, and the caregiver or helper can heal and even grow from the experience.

### **Why Secondary Traumatic Stress is Important for Human Services Agencies**

Understanding secondary traumatic stress (STS), its effects on staff, and how to alleviate its impact is of concern to agency and organizational leaders. Being exposed to traumatic and troubling events, sometimes daily, influences one's personal and professional life. Staff acquire different ways to cope — some are adaptive, others are not. STS can decrease staff functioning and create challenges in the working environment. Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.

### **Relevant Interventions and Approaches**

Addressing compassion fatigue needs to occur at both the individual and organizational levels and falls into two categories: prevention and treatment. Helpers can adopt lifestyle and work habits that help them maintain strong practice approaches and personal boundaries that can be protective in relation to a helping role. Sometimes even the most seasoned and personally balanced professionals find themselves struggling with secondary traumatization.

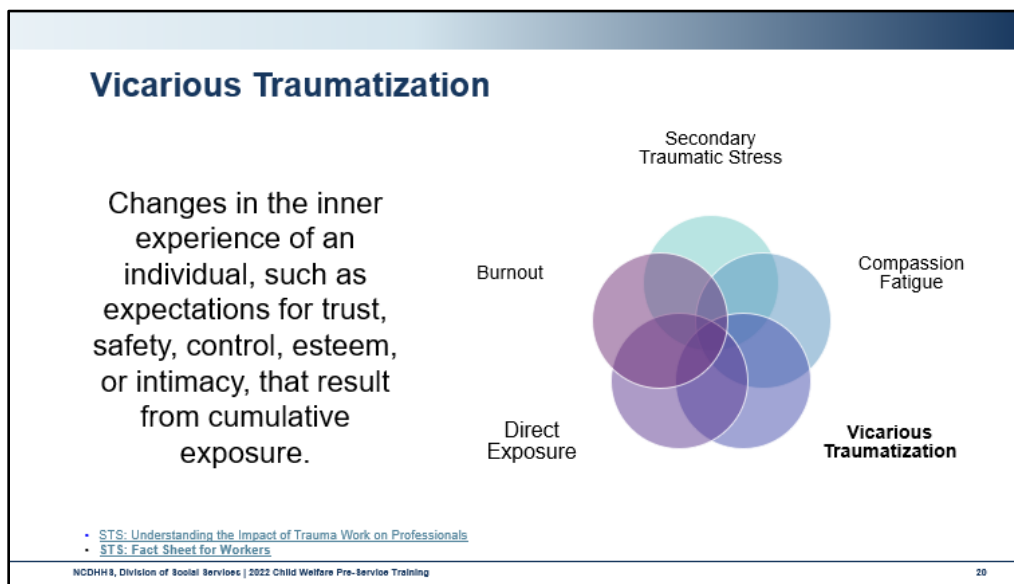
### **Individual Prevention Strategies to Consider:**

- Life balance — work to establish and maintain a diversity of interests, activities, and relationships.
- Relaxation techniques — ensure downtime by practicing meditation or guided imagery.
- Contact with nature — garden or hike to remain connected to the earth and help maintain perspective about the world.
- Creative expression — things like drawing, cooking, or photography expand emotional experiences.
- Assertiveness training — learn to be able to say “no” and to set limits when necessary.
- Interpersonal communication skills — improve written and verbal communication to enhance social and professional support.
- Cognitive restructuring — regularly evaluate experiences and apply problem-solving techniques to challenges.
- Time management — set priorities and remain productive and effective.
- Plan for coping — determine skills and strategies to adopt or enhance when signs of compassion fatigue begin to surface.

### **Individual Treatment Strategies to Consider:**

- Focusing on self-care — maintaining a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects.

- Journaling — writing about feelings related to helping or care giving and about anything that has helped or been comforting can help make meaning out of negative experiences.
- Seeking professional support — working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.
- Joining a support group — talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.
- Learning new self-care strategies — adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms.
- Asking for help — asking social support or co-workers to assist with tasks or responsibilities can hasten healing.
- Recognizing success and creating meaning — identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.



Vicarious trauma occurs after empathic engagement with a traumatized client and changes the inner experience of a practitioner. This term focuses less on trauma symptoms and more on cognitive changes that occur following cumulative exposure to another person's trauma. The symptoms of vicarious trauma are disturbances in the cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

## Direct Exposure

Exposure to trauma while carrying out daily work responsibilities. Includes events that involve a direct threat to oneself or witnessing threats to others.

• [STS: Understanding the Impact of Trauma Work on Professionals](#)  
• [STS: Fact Sheet for Workers](#)

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Direct exposure is exposure to trauma while carrying out daily work responsibilities. It can involve a threat to oneself or witnessing a threat to others. Direct exposure is different from the other terms we are discussing today because the traumatic event directly impacts the social worker involved.

Direct exposure can result in post-traumatic stress symptoms.

If you directly witness or experience a traumatic event as a part of your work with DSS, it is important to notify your supervisor and debrief soon after the event. Together you can develop a plan to support you in the immediate aftermath.

**Burnout**

The result of a high workload with little support and few resources. Symptoms of burnout include emotional exhaustion, cynicism, depersonalization and loss of job satisfaction.

Secondary Traumatic Stress

Burnout

Direct Exposure

Compassion Fatigue

Vicarious Traumatization

• [STS: Understanding the Impact of Trauma Work on Professionals](#)  
• [STS: Fact Sheet for Workers](#)

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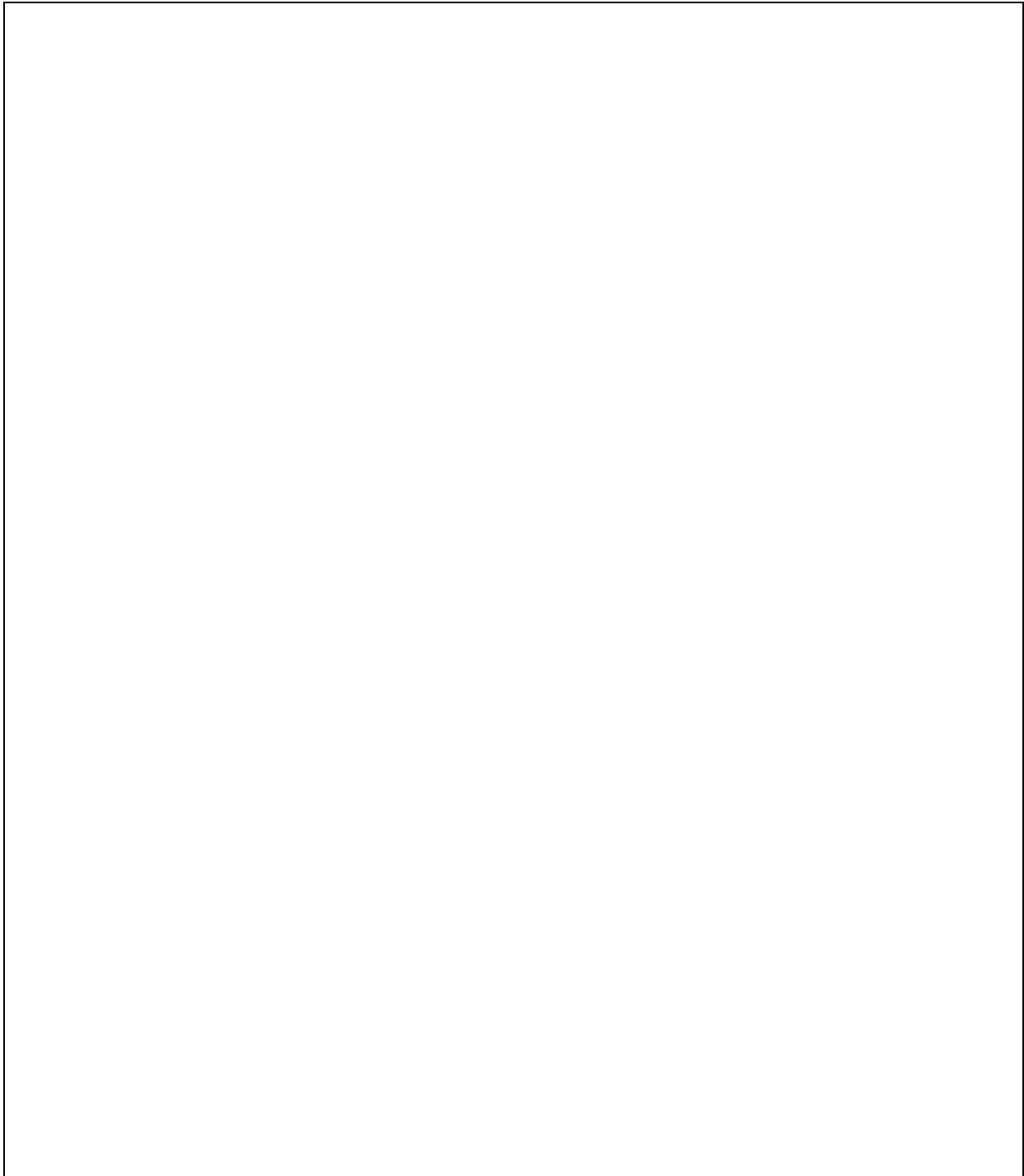
Burnout usually occurs over time and results from work-related circumstances, such as high caseloads, organizational challenges, and lack of supportive supervision.

The symptoms of burnout include:

- Feelings of helplessness or hopelessness
- Disillusionment
- Negative self-concept
- Negative attitudes toward clients, work, and other areas of life
- Chronic stress
- Decreased coping abilities
- Feelings of isolation
- Feelings of stagnation
- Frustration

Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

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Activity: The Ironic Inequity

**How would STS and burnout impact your ability to work with families?**

**How would STS and burnout impact you personally?**

**What would you like to know about how to prevent STS and burnout?**

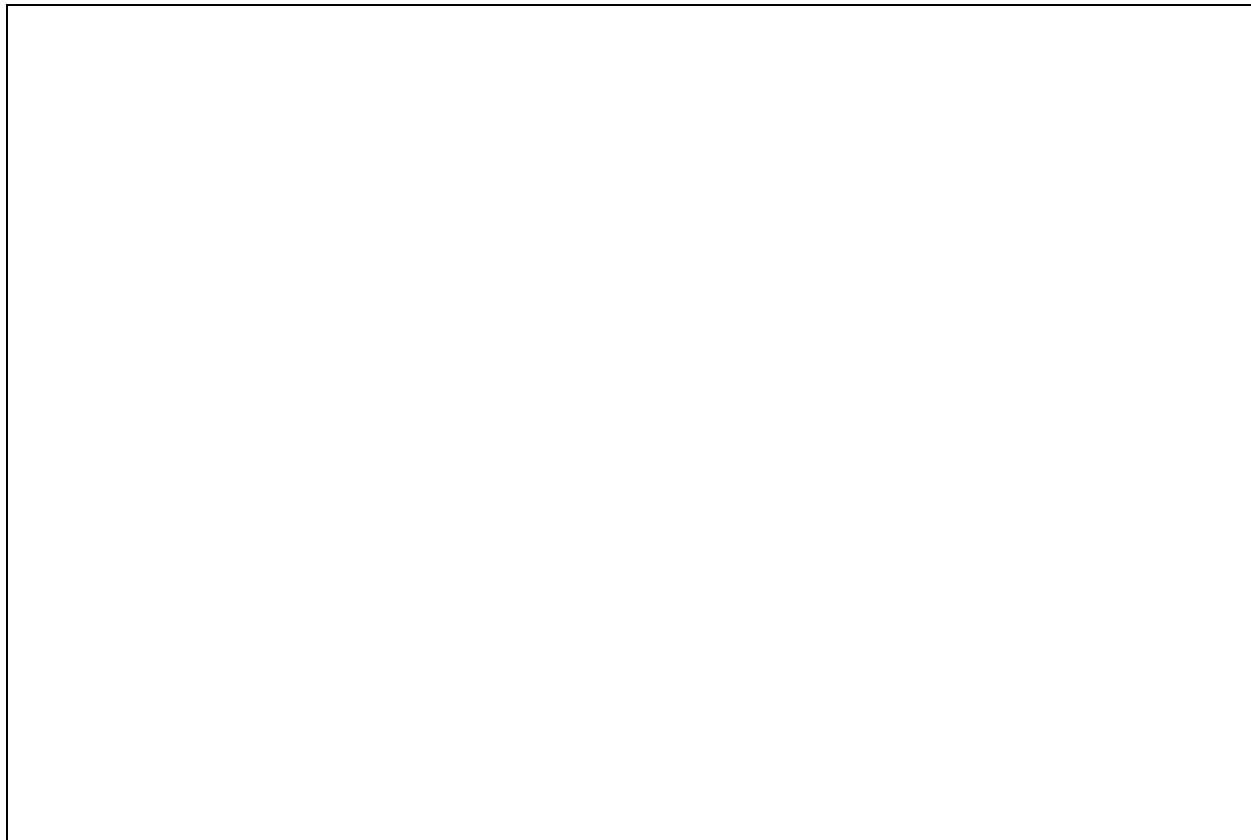
**Examples of things you CANNOT fix for children and families:**

Addressing Secondary Traumatic Stress

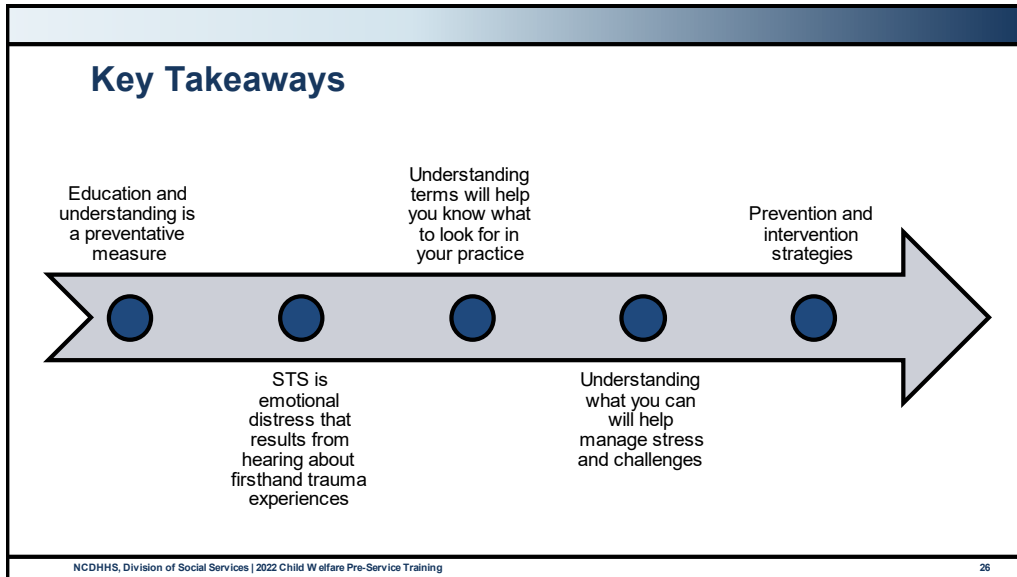
Addressing Secondary Traumatic Stress	
<b>Prevention</b>	<b>Intervention</b>
<ul style="list-style-type: none"><li>• Psychoeducation</li><li>• Clinical supervision</li><li>• Ongoing skills training</li><li>• Informal/formal self-report screening</li><li>• Workplace self-care groups</li><li>• Balanced caseload</li><li>• Flextime scheduling</li><li>• Self-care accountability buddy system</li><li>• Use of evidence-based practices</li><li>• Exercise and good nutrition</li></ul>	<ul style="list-style-type: none"><li>• Cognitive behavioral interventions</li><li>• Mindfulness training</li><li>• Reflective supervision</li><li>• Caseload adjustment</li><li>• Informal gatherings following crisis events</li><li>• Change in job assignment or workgroup</li><li>• Referrals to Employee Assistance Programs</li></ul>

STS: Fact Sheet for Workers  
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Some of the strategies listed on the slide are within your control, and some are more related to supervision or your DSS agency. Having an understanding of what might help will equip you to advocate for your needs as you continue with your work.



### Key Takeaways



### Questions and Reflections

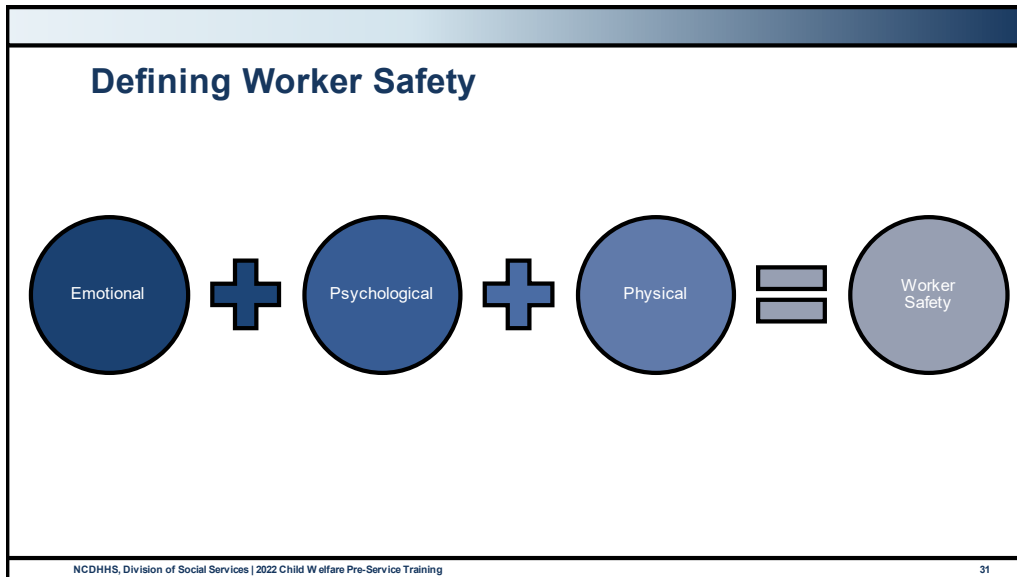
**Use this space to record questions and reflections about what you have learned.**

## Worker Safety

### Learning Objectives

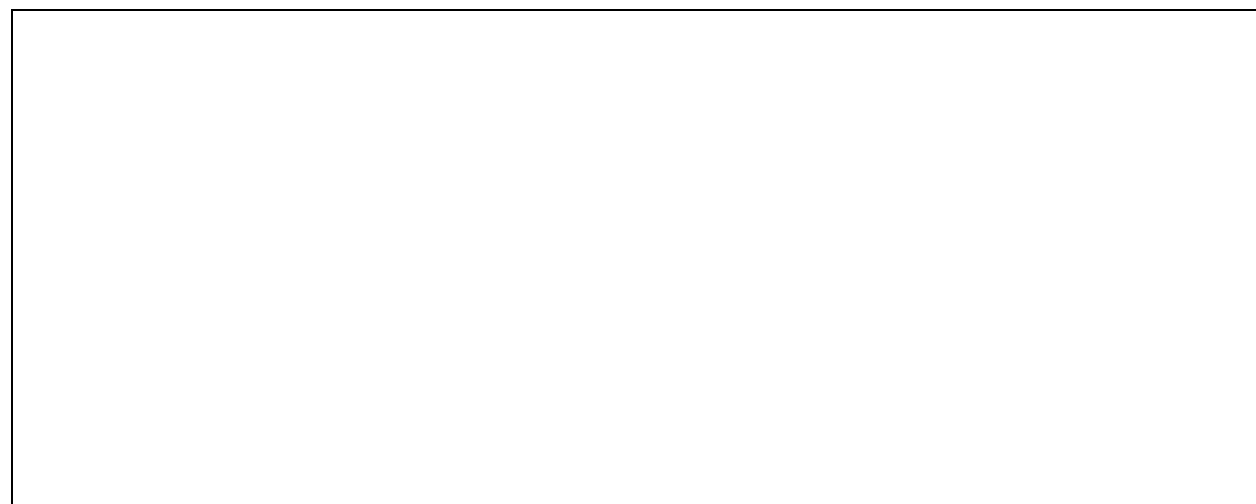
- |  |
|--|
| <ul style="list-style-type: none"><li>• Discuss strategies that promote physical and emotional safety.</li></ul>   |
| <ul style="list-style-type: none"><li>• Identify ways to promote the utilization of a system of support to help ensure the physical and emotional safety of the social worker and the families they serve.</li></ul> |

Defining Worker Safety

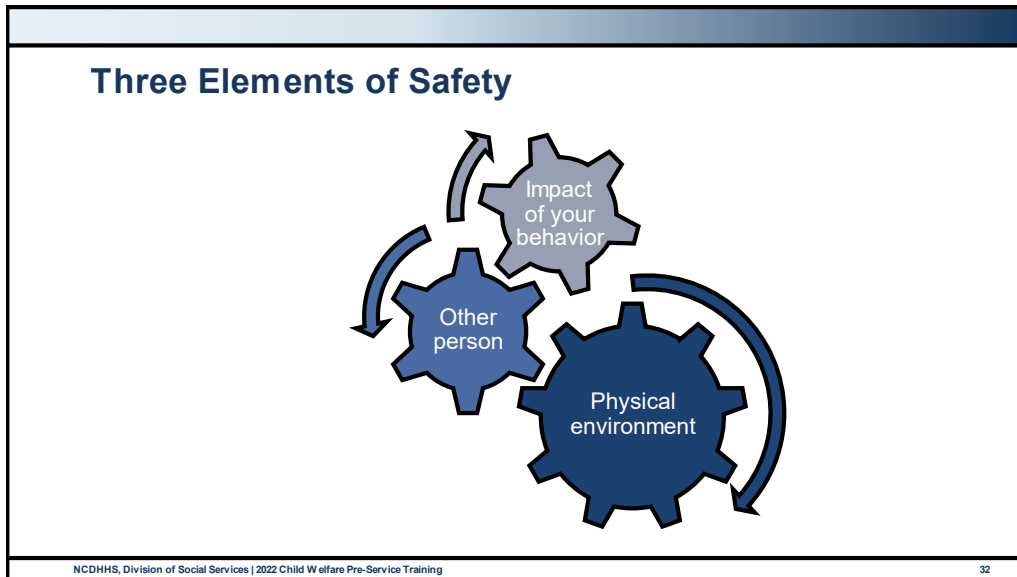


For social workers, we think about three different types of safety: emotional, psychological, and physical. While physical safety is probably the first one that comes to mind when working in child welfare, all three are vital to keeping yourself safe.

- Emotional safety is about the ability to identify our feelings and be able to feel them and feel safe enough to be able to express yourself authentically. This includes the ability to be resilient at work.
- Psychological safety is the belief that you won't be punished or humiliated for speaking up about your ideas, questions, concerns, or making mistakes.
- And physical safety, as you can imagine, is about being protected from physical aggression and violence and minimizing the possibility of injury.



Three Elements of Safety



Any time you are in a potentially dangerous situation, there are three things for you to consider:

- The conditions of your surroundings, or the physical environment
- The characteristics of the other person, and
- The impact of your own behavior



Planning for Safety

Handout: Safety Plan

	<b>Your Office</b>	<b>Family's Home</b>	<b>Your Car</b>
<b>Physical Environment</b>			
<b>Other People</b>			
<b>My Behaviors</b>			
<b>Questions for My Supervisor</b>			

Key Takeaways

**Key Takeaways**

Worker safety includes emotional safety, psychological safety, and physical safety

You need to consider your safety in your office, a family's home, and in your car

There are three elements of safety: physical environment; characteristics of the other person; and impact of your behavior

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Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**



## Planning for Self-Care and Idea-Sharing

### Learning Objectives

- |   |
|---|
| <ul style="list-style-type: none"><li>• Define self-care.</li></ul>   |
| <ul style="list-style-type: none"><li>• Explain the importance of self-care.</li></ul>  |
| <ul style="list-style-type: none"><li>• Develop self-care plans that the social worker can share with their supervisor.</li></ul> |

Social Work Wellness

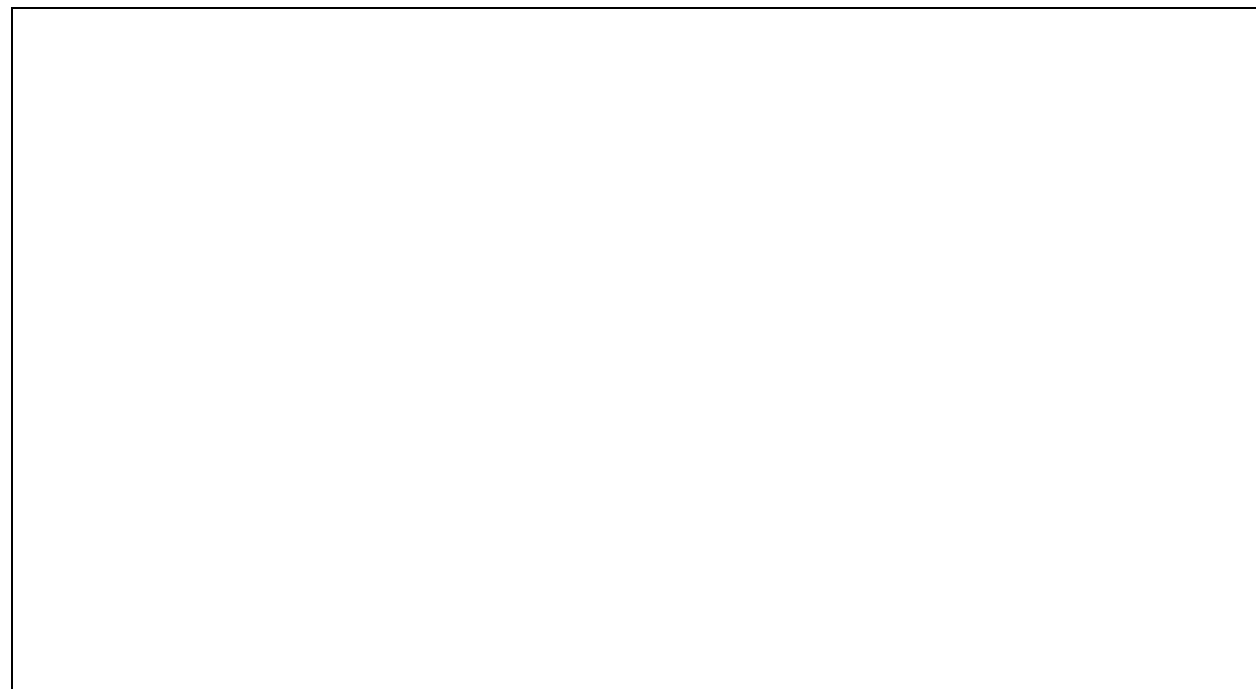
**Social Work Wellness**

When social workers attend to their own wellness by reducing various negative health risk factors, social workers may be able to more effectively address the well-being of marginalized populations and society at-large.

-National Association of Social Workers  
North Carolina Chapter

NASW, NC Chapter  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training

Social worker wellness exists on a continuum and includes physical health, mental health, social connections, economic vitality, and emotional, spiritual, and cultural relationships. Each of these areas intersects with others and impacts others, so as we're able to balance these areas, we can reduce the negative risk factors from working in such a stressful field, and in turn, impact our ability to improve the well-being of children and families.



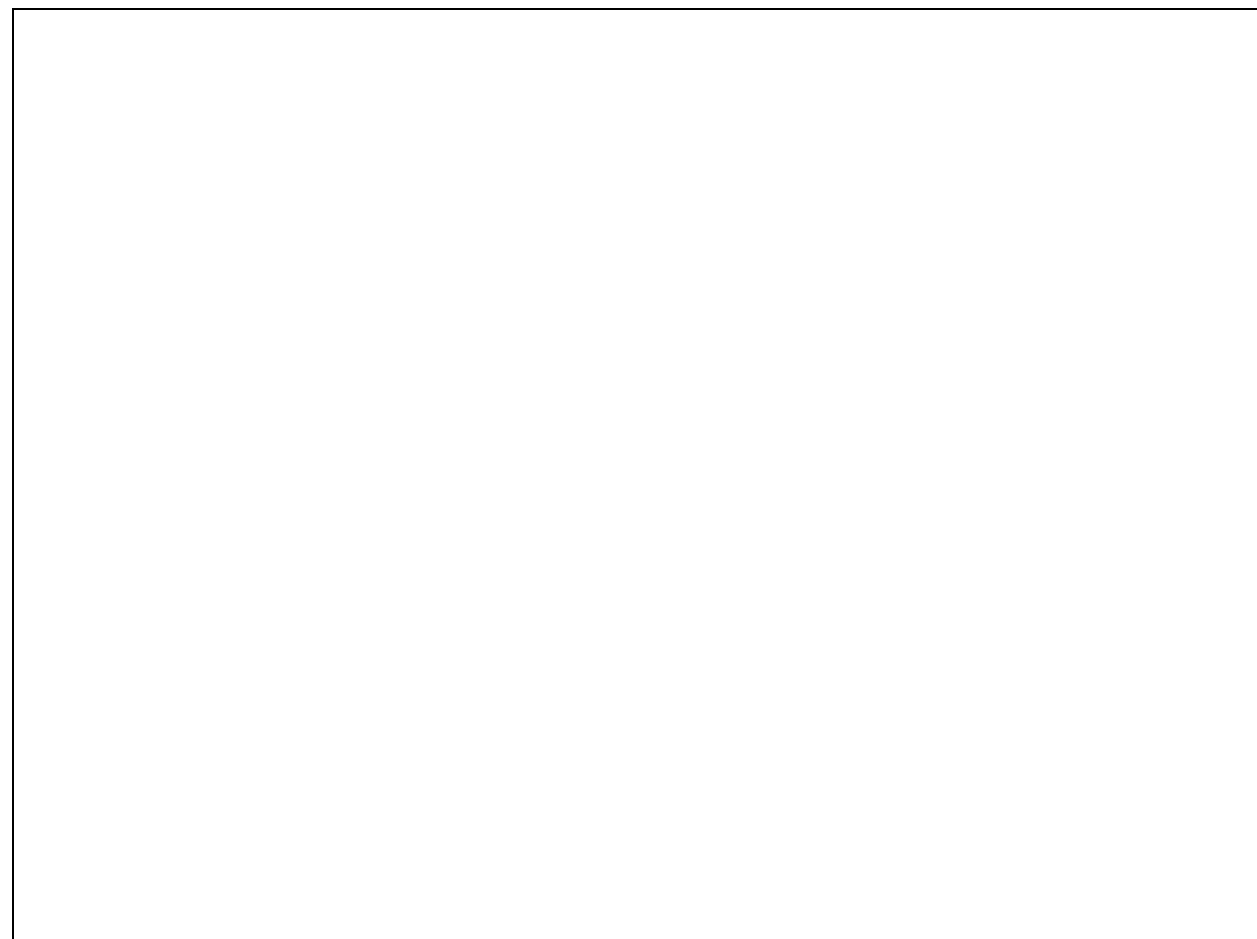
Standards of Self-Care

**Standards of SelfCare**

- Ethical Principles of Self-Care
- Standards of Humane Practice of Self-Care
- Standards for Expecting Appreciation and Compensation
- Standards for Establishing and Maintaining Wellness
- Inventory of Self -Care Practice: Personal and Professional

Green Cross Academy of Traumatology

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## Handout: Standards of Self-Care

**Green Cross Academy of Traumatology  
Standards of Self Care Guidelines****Link: [www.traumatologyacademy.org](http://www.traumatologyacademy.org)****I. Purpose of the Guidelines**

As with the standards of practice in any field, the practitioner is required to abide by standards of self care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold: First, **do no harm to yourself** in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services who look to you for support as a human being.

**II. Ethical Principles of Self Care in Practice** : These principles declare that it is unethical *not* to attend to your self care as a practitioner because sufficient self care prevents harming those we serve.

**Respect for the dignity and worth of self** : A violation lowers your integrity and trust.

**Responsibility of self care** : Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.

**Self care and duty to perform**: There must be a recognition that the duty to perform as a helper can not be fulfilled if there is not, at the same time, a duty to self care.

**III. Standards of Humane Practice of Self Care**

**Universal right to wellness** : Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.

**Physical rest and nourishment**: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.

**Emotional Rest and nourishment** : Every helper deserves emotional and spiritual renewal both in and outside the work context.

**Sustenance Modulation** Every helper must utilize self restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

**IV. Standards for Expecting Appreciation and Compensation**

**Seek, find, and remember appreciation from supervisors and clients:** These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.

**Make it known that you wish to be recognized for your service:** Recognition also increases worker satisfactions that sustain them.

**Select one or more advocates:** They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

## **V. Standards for Establishing and Maintaining Wellness**

### **Section A. Commitment to self care**

**Make a formal, tangible commitment:** Written, public, specific, and measurable promises of self care.

**Set deadlines and goals:** the self care plan should set deadlines and goals connected to specific activities of self care.

**Generate strategies that work and follow them:** Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

### **Section B: Strategies for letting go of work**

**Make a formal, tangible commitment:** Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.

**Set deadlines and goals:** The letting go of work plan should set deadlines and goals connected to specific activities of self care.

**Generate strategies that work and follow them:** Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

### **Section C. Strategies for gaining a sense of self care achievement**

**Strategies for acquiring adequate rest and relaxation:** The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.

**Strategies for practicing effective daily stress reductions method(s):** The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will

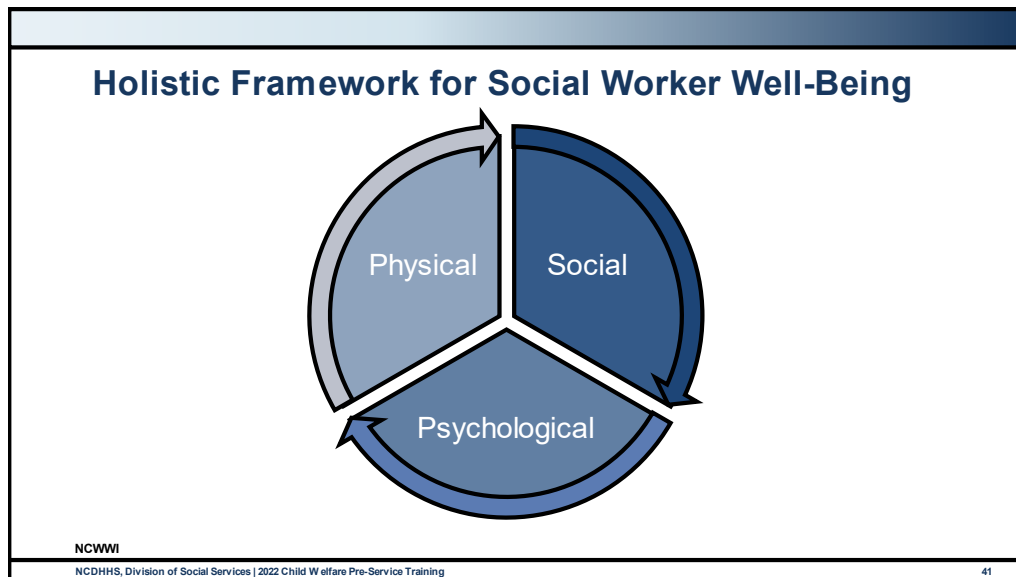
How to Care for Yourself So You Can Care for Others



1. Stay hydrated. We all need more water than we think we do – or than we think we drink each day! Even if we don't have time to sit down and eat, we can drink water and stay hydrated.
2. SLEEP! Try to get seven hours a sleep each night and remove distractions like phones or TV that prevent you from sleeping soundly.
3. Eat. Sounds simple, right? But with busy schedules and going out into the field, we have to plan to make sure we have enough food with us each day to stay nourished.
4. Wind down. What can you do that helps you shut down your mind and body at the end of the day? Is it reading, taking a bath, or meditating? Find an activity that can help you close out each day.
5. Say no! We have to learn how to say no to things that push us beyond our limits and take care of ourselves. We need to remember that "no" is a complete sentence.

**Which of these things aren't you doing that you can start doing TODAY?**

## Holistic Framework for Social Worker Well-Being



The three dimensions for social workers are:

- Physical well-being consists of a social worker's overall health and well-being, including general physical health such as sleep disturbances, headaches, respiratory infections, workplace safety, workplace violence, verbal or physical threats, and secondary traumatic stress.
- Psychological well-being includes job satisfaction, psychological safety, and feeling able to show oneself without negative consequences to self-image, career, or status. It also includes burnout, work engagement, and inclusion.
- Social well-being includes social support and the effectiveness of the work-life balance.

We also have strategies to support workforce well-being for each dimension.

The physical strategies include:

- Taking precautions to maintain physical safety
- Identifying and addressing secondary traumatic stress
- Developing staff self-care plans that include concrete actions

The psychological strategies include:

- Encouraging all staff to make decisions and learn from mistakes without shaming or blaming
- Ensuring black, indigenous, and staff of color are emotionally supported
- Supporting a mobile and flexible workforce

The social strategies include:

- Creating an inclusive and equitable organizational climate through problem-based workgroups and distributive leadership
- Ensuring all staff have access to work supports
- Facilitating social gatherings and celebrations, and celebrating successes, no matter how small they seem!

**What other strategies can you think of that we didn't name?**



**Activity: Create a Self-Care Plan**

Use the following handout to create a Self-Care Plan. You do not need to share in class but it will be helpful to share this with your supervisor as you're comfortable, to ensure you are caring for yourself as best you can.

The Handout Appendix contains an additional blank Self-Care Plan that you may copy for future use.

## Handout: Self-Care Plan

<b>Physical</b>	
Body Work	
Effective Sleep Induction and Maintenance	
Proper Nutrition	
<b>Psychological</b>	
Work/Play Balance	
Relaxation	
Nature/Calming Stimuli	
Creative Expression	
On-Going Self-Care (Assertiveness, Stress Reduction, Inter-personal Communication, Cognitive Restructuring, Time Management)	
Meditation/Spiritual Practice	
Self-Assessment and Self-Awareness	
<b>Social/Interpersonal</b>	
Social Supports (5 people, at least 2 at work)	
Getting Help (Informal and Professional)	
Social Activism	
<b>Professional</b>	
Work/Home Balance	
Boundaries/Limits Setting (Time/Overworking, Therapeutic/Professional, Personal, Multiple Roles, Change and Acceptance)	
Support/Help at Work (Peer Support, Supervision, Consultation, Therapy, Role Models/Mentors)	
Work Satisfaction	

**Prevention Plan Development:**

- Review current self-care and prevention functioning
- Select one goal from each category
- Analyze the resources for and resistances to achieving the goal
- Discuss the goal and implementation plan with a support person
- Activate plan
- Evaluate the plan weekly, monthly, and yearly with a support person
- Notice and appreciate the changes

Handout: Mindfulness to Improve Our Relationships


# SELF Care


USING MINDFULNESS TO IMPROVE OUR RELATIONSHIPS, DAILY INTERACTIONS, AND REACTIONS TO TRAUMA

"Mindfulness means paying attention in a particular way: on purpose in the present moment and non-judgmentally" and "...shows us what is happening in our bodies, our emotions, our minds, and in the world. Through mindfulness, we avoid harming ourselves and others." Jon Kabat-Zinn and Thich Nhat Hanh

Practicing mindfulness improves

- Psychological well-being
- Emotional regulation
- Life satisfaction
- Physical health
- Stress





### YOUR BRAIN

The Amygdala is responsible for the flight-fight-freeze response and errs on the side of overactivation to keep us safe. The prefrontal cortex is responsible for slowing us down and reasoning. Mindfulness engages the prefrontal cortex dialing down our response when it is not needed.


### ACTIVITIES TO INFLUENCE YOUR RESPONSE

#### Hand-to-Heart

Begin by placing your hand on your heart, feeling the gentle pressure and warmth of your hand. Feel your chest rising and falling as you breathe in and out. While a simple activity, gentle touch instantly generates physiological relaxation in our bodies as it activates the vagus nerve in the parasympathetic nervous system, releases oxytocin, and activates the prefrontal cortex.

#### Emotional Labeling


Self-care starts with self-awareness: understanding your feelings and needs, so that you can make adaptations and shifts to take care of yourself. Labeling your emotions, or putting words to how you feel, shifts brain activity from the amygdala to the prefrontal cortex, allowing you to calm and access all of your resources for problem solving. This simple activity helps your brain to regulate and work more efficiently.



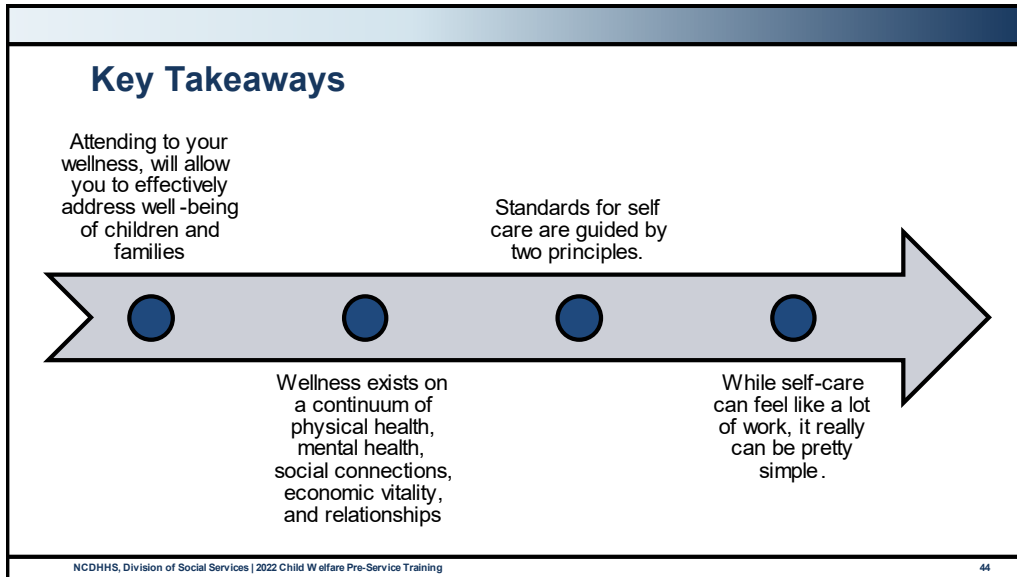
### THE POWER OF TWO

When we combine strategies for calming our brain and bodies, we put ourselves in the very best position to respond with calm and care within our relationships and daily experiences. This has the power to change interactions, and families have the opportunity to learn from you. For more information, review the reference list.

[NCWM.org/CWorkforce](http://NCWM.org/CWorkforce)



### Key Takeaways

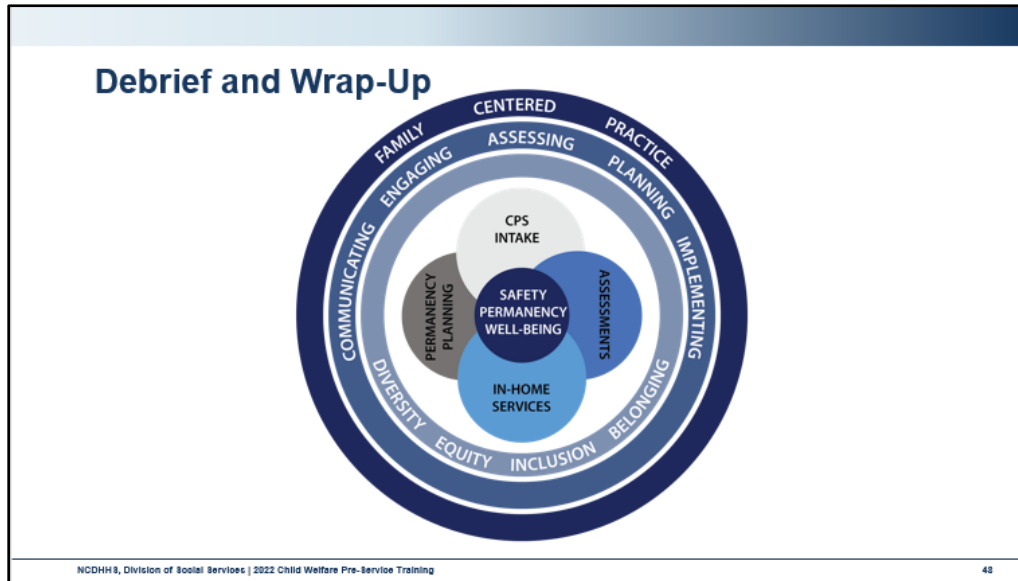


### Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

## Core Training Wrap-Up

### Debrief and Wrap-Up



The three outside circles, Family-centered practice, Communicating, Engaging, Assessing, Planning and Implementing (the Practice Standard), and Diversity Equity, Inclusion, and Belonging are the foundation of our work at DSS. The skills and knowledge associated with these three circles apply to every task and every interaction with children and families, regardless of job title or program area.

Moving in, you see the four circles CPS Intake, Assessments, In-Home Services, and Permanency Planning. These represent our four main program areas where we work with children and families. These training topics are about applying the foundational skills to the process of case management.

In the center, you see safety, permanency, and well-being. These are the outcomes we want to achieve for all children and families we serve. When we apply family-centered practice, the practice standards, and principles of diversity, equity, inclusion, and belonging to the process of social work in our program these outcomes are possible.

Questions and Reflections

**Use this space to record questions and reflections about what you have learned.**

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to write their questions and reflections.

## Self-Care Exercise

### Activity: Mindfulness Activity – Breath, Sound, Body Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

- [https://www.uclahealth.org/marc/mpeg/01\\_Breathing\\_Meditation.mp3](https://www.uclahealth.org/marc/mpeg/01_Breathing_Meditation.mp3)



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## Appendix: Handouts

Planning for Permanency with the Family .....	<b>Error! Bookmark not defined.</b>
Permanency for Special Populations.....	<b>Error! Bookmark not defined.</b>
Using Protective Factors as a Lens to Monitor Progress Toward Case Closure ....	<b>Error! Bookmark not defined.</b>
Monitoring and Reassessment with the Family .....	<b>Error! Bookmark not defined.</b>
Preparing the Child and Family for Permanency .....	<b>Error! Bookmark not defined.</b>
Achieving Lasting Permanency: Preventing Re-entry .....	<b>Error! Bookmark not defined.</b>
Understanding Engagement of Families Affected by Substance Use Disorders ....	<b>Error! Bookmark not defined.</b>
The Power and Control Wheel .....	<b>Error! Bookmark not defined.</b>
Tips on Engaging Families .....	<b>Error! Bookmark not defined.</b>
Domestic Violence Resources.....	<b>Error! Bookmark not defined.</b>
Responding to Disclosures.....	<b>Error! Bookmark not defined.</b>
Quality Documentation Tips .....	<b>Error! Bookmark not defined.</b>
G.I.R.P. Model for Documentation.....	<b>Error! Bookmark not defined.</b>
P.A.P.E.R. Model for Documentation .....	<b>Error! Bookmark not defined.</b>
Understanding S.E.E.M.A.P.S.....	<b>Error! Bookmark not defined.</b>
Secondary Traumatic Stress .....	<b>Error! Bookmark not defined.</b>
Safety Plan .....	<b>Error! Bookmark not defined.</b>
Standards of Self-Care .....	<b>Error! Bookmark not defined.</b>
Self-Care Plan .....	<b>Error! Bookmark not defined.</b>
Mindfulness to Improve Our Relationships .....	<b>Error! Bookmark not defined.</b>



## Planning for Permanency with the Family

During the permanency planning process, it is critical for child welfare workers to work closely with children, youth, and families. The Federal Child and Family Services Reviews, which look at child welfare in every state, found that engaging families in permanency planning and timely and quality worker visits were the two most important activities to impact child welfare outcomes, including permanency. Family input can help guide workers toward the most beneficial permanency plan for each child and ensure that children have a support network both during and after they leave out-of-home care.

Permanency planning for children is best done with the involvement of the child's parents and other family members. Family engagement involves all aspects of partnering with children and families deliberately to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is an intentional practice to ensure relationships develop.

One of the purposes of the Permanency Planning Review is to involve parents, relatives, the child, placement providers, community members, and community agencies in examining, assessing, and reviewing the placement of children to ensure a safe, permanent home for the child. It is critical that every one significant to the family is involved in planning for the child and the Permanency Planning Review is a model of that belief. Everyone has an opportunity to express ideas, needs, and concerns, including the child if they wish to be heard. During Permanency Planning Review meetings, parents should be encouraged to bring relatives, kin, or any other support person they would like to have present at the meeting. A broad definition of family should be used when considering who should be a part of the PPR. Decisions made at PPRs should be made with the child's and family's voices at the forefront.

Children should always be consulted as to whom they would like to have on their team. This is especially important if the child's parents are no longer attending the meetings. The child should have a voice at the meeting and should be encouraged to share their wishes for their future. The more agencies can empower children by including them in the decision-making process, the better those agencies serve them. One of the individuals selected by the child may be designated to be the child's advisor and, as necessary, advocate for the child. It is considered appropriate for the child to participate in a PPR meeting if the child is of sufficient age and maturity, and it is developmentally appropriate for the child to be present.

Foster parents and other placement providers have the most current and complete knowledge of the child's adjustment in foster care. They play a vital role in the planning and decision-making regarding the child's future. They should always be strongly encouraged to attend and participate fully in the Permanency Planning Family Services Agreement planning and review meetings.

Other important individuals to consider in the PPR meetings and as part of the team include:

- Community resource providers: By providing services to children and their families, community resource providers may have information essential to planning and decision-making.
- Teachers and guidance counselors: The child's teachers and/or guidance counselors should be included in this process.
- At least one resource person who has no direct service or case management responsibilities to the case strengthens case decision-making. Not only does this provide for additional input into the child's case, but an individual with no direct case responsibility is better able to view the "big picture" objectively and make recommendations from the broader community perspective.

Community resource persons with no direct case management responsibility can include but are not limited to the following:

- Mental health representatives
- School representatives
- Healthcare providers or representatives
- Fatherhood initiative representatives
- Social services representatives, such as Work First or economic services workers

A PPR meeting should be used to discuss and strategize for concurrent planning options at various points throughout the life of the case. While primary plans must reflect reunification, early inclusion of family in understanding and planning for concurrent, long-term placement options can be an appropriate use of the PPR process. Families should be informed about and allowed to plan for all the options they feel can support permanence for their children.

PPR Teams are valuable tools for assessing the strengths and needs of families and children in the early phase of permanency planning. By involving the child's family, relatives, other kin, foster parents, community supports, and all the agencies involved with the child and family in an early assessment process, everyone involved can understand clearly the reasons for the child's removal. Everyone also can understand the issues that need to be resolved for reunification to occur or, if reunification is not the plan, the child's need for permanency. In engaging families in the permanency planning process, your agency will have a clear plan for permanence that is based on a shared decision-making process with the family.

### **Preparing the Child's Family**

- Why remove?
- Reunify?
- Involvement in move
  - information
  - schedule
  - paper trail
  - supports
  - regret
  - planning
- Anger and frustration acknowledged
- Future possibilities

### **Preparing the Child**

- Developmentally accurate
- Provide complete information
- Support over time
- Repetition
- Watch, listen, and analyze
- History



### **Preparing the Placement Provider**

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Make them feel part of the team
- Give them a sense of the future

### **Preparing the Adoptive Caregiver**

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Adoption issues over the lifecycle

*Adapted from: Beeler, NG, Rycus, JS & Hughes, RC. (1988). Effects of abuse and neglect on child development: A training curriculum. Columbus, OH: Institute for Human Service*

## Permanency for Special Populations

You must approach every family with sensitivity to physical, emotional, cultural, or environmental factors that may make children more vulnerable to abuse and require complex and intentional planning for permanency. The term "special populations" refers to children and families who are at greater risk because of these factors, including children and youth of color, LGBTQIA+ identifying children and youth, children and youth with disabilities, and parents who are incarcerated. You have an ethical and professional responsibility to recognize your own attitudes and prejudices regarding disability, race, culture, LGBTQIA+, religious beliefs, economic status, homelessness, marital status, and other highly charged beliefs. It is impossible to grow up in a culture without such beliefs. Failure to recognize your own perspective and bias can lead to inaccuracy in perception and, thus, to incorrect assessments and a delay in permanency.

### **Permanency for children and youth of color**

Research has shown that children and youth of color are disproportionately represented in out-of-home care. African American and American Indian or Alaska Native children enter foster care at higher rates than other children, and research shows that permanency is often delayed for these children and families. The following strategies show promise in improving permanency and well-being outcomes for children of diverse racial and ethnic backgrounds who are placed in out-of-home care.

**Kinship care:** We have talked in great detail about the preference and benefits of placing children with relative caregivers when removal from their homes is necessary. In addition to a range of positive permanency and well-being outcomes, kinship placements can promote the preservation of family, community, and cultural ties. Placements with relatives can lead to improved placement stability and permanency. Valuing and pursuing kinship care arrangements promotes racial equity and is essential to ensuring permanency for children and youth and their communities. Therefore, it is critical for child welfare agencies to prioritize kinship placements and provide resources for kinship families.

**Recruitment of resource families:** When children cannot be placed with relatives and must be placed with non-relative foster families, it is ideal to secure homes that are reflective of, and responsive to, children's culture, language, religion, and background. Placing children in culturally reflective and responsive homes may increase their feelings of belongingness, social connectedness, and ethnic-racial identity. In addition, the placement of children with families of like ethnic or racial backgrounds is preferable because these families have historically demonstrated the ability to equip children with skills and strengths to combat the ill effects of racism. The Multi-Ethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 require agencies to pursue the diligent recruitment of resource families who reflect the racial and ethnic diversity of children awaiting homes. When recruiting resource families for American Indian or Alaska Native children, agencies must account for the preferences of the child's Tribe. ICWA requires that agencies seeking foster or pre-adoptive homes give preference to placements with the child's extended family or to homes licensed, approved, or otherwise specified by the Tribe.

**Reunification:** Promoting family reunification involves utilizing many of the same services needed for prevention: family strengthening, parent education, mental health, substance use services for parents, treatment for domestic violence, and concrete supports such as housing and transportation. Targeting appropriate services for families of diverse racial and ethnic backgrounds involves selecting

strengths-based and accessible providers with demonstrated cultural responsiveness and coordinating with other demands on the family, such as employment and childcare. In addition, placement of children with fictive-kin or with foster families that are in or near the children's own neighborhoods may enable parents to visit more easily—a necessity for achieving reunification goals.

**Adoption:** When you are concurrently planning for a child, specifically planning for adoption, or when reunification is not successful, you should utilize effective diligent recruitment strategies to locate adoptive homes for children of diverse racial and ethnic backgrounds. Children must be placed in pre-adoptive families that recognize the importance of the preservation of the child's ethnic and cultural heritage as an inherent right. You should offer training and support to foster and adoptive families in this area to ensure that children have ongoing opportunities to develop an understanding and appreciation of their racial and cultural identity.

There may also be times when children of one race, culture, or ethnic group are placed with adoptive parents of another race, culture, or ethnic group. This is considered a racially and culturally diverse adoption and is often referred to as a “transracial adoption” or “transcultural adoption.” Racially and culturally diverse adoption forever changes families and requires a commitment to lifelong learning. Prior to the placement and throughout the parenting journey, parents who have adopted a child of another race, culture, or ethnic group must commit to deepening their own understanding of different races, cultures, and ethnicities to support their child's exploration of their own identity. It is imperative that parents of racially and culturally diverse adoption help the children they adopt to develop their racial and cultural identity by developing strategies and remaining diligent in their child's progress toward a positive and healthy identity.

One strategy to help children develop their identity is to ensure they have as many opportunities as possible to interact with people of the same race and culture and to develop a positive self-image. Children may be more likely to feel connected and comfortable when their circle of playmates, peers, and trusted adults includes people who look like them, and adoptive parents will learn about their child's cultural community by being with other parents and adults who share their child's race or ethnicity. Adoptive parents to a child of another race or culture must consider what they can do differently to meet their child's needs and help them develop a healthy racial and cultural identity. They must develop comfortable ways to talk with their children in age-appropriate conversations about diversity. Such conversations may support their diverse family's sense of unity. As a child welfare professional, you will need to support adoptive parents to build these skills and prepare them for their racially and culturally diverse adoption.

### **Permanency for LGBTQIA+ identifying youth**

Youth in foster care who identify as LGBTQIA+ may face distinctive challenges in achieving legal and relational permanency. These youth may have been rejected by their families and other support systems due to their sexual orientation or gender expression and may even face discrimination and harassment from peers from within the child welfare system. LGBTQIA+ youth also may confront unique developmental issues, such as navigating the coming-out process. Child welfare professionals who work with youth need to understand the lives and unique challenges of the LGBTQIA+ youth they serve and the implications of their practice on the experiences and outcomes of these youth. LGBTQIA+ youth may have difficulty achieving permanency and research has found that transgender youth have the hardest time achieving permanency.

Child welfare systems must work with the families of origin of LGBTQIA+ youth to support reunification. This may include, for example, connecting these families and youth to counseling services that help to address challenges the family may be experiencing. When reunification is not successful, you need to recruit and identify adoptive families that will be supportive and provide a safe home for LGBTQIA+ youth. This may include the recruitment of adoptive families that identify as LGBTQIA+ themselves. These families represent a pool of highly motivated and qualified prospective foster and adoptive parents and expand the options for permanency for youth.

Many resources are available for caregivers to help them develop competencies and to understand what to expect and how to talk about and positively address issues that affect LGBTQIA+ youth, including providing safe and supportive environments. Like all youth, LGBTQIA+ youth need a safe and stable place to live, freedom to express themselves, and structure and guidance to support them in becoming responsible, healthy adults.

### **Permanency for children and youth with disabilities**

Like other unique populations of children and families, children and youth with disabilities are overrepresented in the child welfare system and experience a higher rate of maltreatment compared with children without disabilities. Additionally, it is also more difficult to find resource families who are trained, prepared, and willing to parent children with disabilities who enter the child welfare system. To successfully find permanent homes for these children, child welfare professionals must understand the prevalence of this population in the system and be able to identify and implement appropriate services to support permanency planning. Similar to locating placement resources for this population of children, permanency for these children will be best achieved by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. For reunification to be successful, the child's family must be able to meet the child's specialized needs. They may need special training by health care professionals to manage their child's needs. It will be important for you to identify and connect the child's family to services and a support network that will be able to support the family post-permanency.

### **Parents who are incarcerated**

Parents who are incarcerated face a unique set of challenges because they must work within and across both the child welfare and corrections systems. They may experience difficulties in meeting case plan requirements, such as regular visits with their children or completing court-mandated services. Even when reunification appears challenging due to the parent's length of incarceration, you are required to pursue reunification if there is no court order directing you otherwise. Social workers should engage incarcerated parents early and often, from the time of the arrest until release. This first step is time intensive, but it is critical to the success of the overall case plan. You need to work with personnel from other agencies and community organizations, as interagency collaboration often leads to more tailored services for children impacted by parental incarceration and may increase the likelihood of family reunification. You must make every reasonable effort to reunite children with their incarcerated parents, just as you would for any other case.

It may be difficult for incarcerated parents to attend and fully participate in case-planning meetings, dependency hearings, child and family team meetings, or other appointments. However, their attendance is important, as it allows them to contribute to the decision-making process for their child's case and shows court officials that they are actively involved in their child's life. Incarcerated parents face multiple barriers to having regular contact with their children. Parent-child contact, whether through in-person visits, virtual visits, phone calls, or letter writing, is critical to helping maintain or

strengthen parent-child relationships and shows the courts that parents are maintaining meaningful contact with their children, which can ultimately help prevent the termination of parental rights. Like nonincarcerated parents involved with the child welfare system, incarcerated parents often require a variety of services to assist them as they seek to reunify with their children. Obtaining services while incarcerated, however, may be difficult. Depending on the facility, programming can be limited and might not address the specific needs outlined in a parent's case plan. Incarceration affects parents' ability to take the necessary steps to successfully reunify with their children. You must coordinate with case attorneys and corrections staff or parole officers to identify programs that can assist parents in meeting the case requirements for reunification and adjust service plans accordingly. Many facilities offer programs geared toward parenting, mental health, and substance use as well as vocational classes and leisure time aimed at developing prosocial behaviors. Caseworkers can contact correctional facilities staff directly to get written confirmation of a parent's compliance with the programs in his or her case plan.

# Using Protective Factors as a Lens to Monitor Progress Toward Case Closure



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A PROTECTIVE FACTORS FRAMEWORK

## WORKSHEET: USING PROTECTIVE FACTORS AS A LENS TO MONITOR PROGRESS TOWARD CASE CLOSURE

Worker name \_\_\_\_\_

Family name \_\_\_\_\_

Date last updated \_\_\_\_\_

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that:

- The family made progress on their own protective factors goals
- The family can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- The family has a plan in place for continuing to build their protective factors once they are no longer involved with the system

The chart below can be used in multiple ways, including:

- In early engagement with caregivers to discuss and agree on the type of growth in protective factors that could be used to indicate progress
- In family team meetings or other conversations with partners who are also supporting the family
- To help staff in documenting growth in family strengths for court reports and other case progress reports
- To support decisions about case closure

The form below includes possible indicators of family progress, with room for your notes.

Questions to ask	Indicators of change as framed by protective factors
Has caregiver functioning acceptably improved?	<b>Strengthened Parental Resilience</b> <input type="checkbox"/> Improved problem solving skills <input type="checkbox"/> Better able to cope with stress/does not allow stress to impact parenting <input type="checkbox"/> Self-care strategies in place
	<b>Social and Emotional Competence of Children</b> <input type="checkbox"/> Caregiver is emotionally responsive to the child(ren) <input type="checkbox"/> Caregiver has created an environment in which the child(ren) demonstrates a sense of safety to express his/her emotions <input type="checkbox"/> Caregiver separates emotions from actions <input type="checkbox"/> Caregiver provokes age-appropriate social-emotional responses and encourages/reinforces social skills <input type="checkbox"/> Caregiver creates opportunities for the child(ren) to explore and solve problems
	<b>Other Indicators and Notes</b>     

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Questions to ask	Indicators of change as framed by protective factors
<p>Has caregiver's willingness and ability to reach out to others in times of need changed?</p>	<p><b>Strengthened Parental Resilience</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved help-seeking behavior</li> <li><input type="checkbox"/> Receiving mental health or substance abuse services as needed</li> </ul> <p><b>Enhanced Social Connections</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver has supportive relationships</li> <li><input type="checkbox"/> Caregiver has a network he/she can turn to for help</li> <li><input type="checkbox"/> Caregiver has relationship-building skills</li> </ul> <p><b>Concrete Supports</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver is open to accessing and using services</li> <li><input type="checkbox"/> Caregiver has enhanced skills in accessing supports when needed</li> </ul> <p><b>Other Indicators and Notes</b></p>
<p>Does the caregiver have realistic expectations for the child(ren)?</p>	<p><b>Knowledge of Parenting and Child Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregiver is more confident in his/her parenting skills</li> <li><input type="checkbox"/> Caregiver has a new appreciation for his/her nurturing role</li> <li><input type="checkbox"/> Caregiver has developed a balance between parenting and self-care</li> <li><input type="checkbox"/> Caregiver better understands/encourages healthy development</li> <li><input type="checkbox"/> Caregiver better understands/employs age-appropriate responses to the child(ren)'s behaviors</li> <li><input type="checkbox"/> Child(ren) responds more positively to the caregiver's approach</li> <li><input type="checkbox"/> Caregiver is effectively linked to early childhood resources</li> <li><input type="checkbox"/> Caregiver is involved in the child(ren)'s early childhood activities</li> <li><input type="checkbox"/> Caregiver understands the child(ren)'s special needs and how best to meet those needs</li> </ul> <p><b>Social and Emotional Competence of Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregivers sets clear and age-appropriate expectations/limits</li> <li><input type="checkbox"/> Caregiver has created an environment in which the child(ren) can safely express his or her emotions</li> <li><input type="checkbox"/> Caregiver is emotionally responsive to the child(ren)</li> </ul> <p><b>Other Indicators and Notes</b></p>

## Monitoring and Reassessment with the Family

Throughout permanency planning services, you should be engaging the family in the change process which will ultimately lead to safe case closure. This means families have the opportunity to reflect on their experience with your agency and ask questions as well as understand what to expect next in the process. Sufficient evaluation of family progress is critical to achieving permanency goals for children. The formal reassessment of the family's Family Services Agreement will occur at the Permanency Planning Review meetings (PPR). The PPR is an opportunity to bring the family and their support together to engage and partner with one another, and to review and update the Permanency Planning Family Services Agreement.

During your work with the family, you and the family will monitor progress on an ongoing basis. For each family served in Permanency Planning Services, a formal reassessment of the risk level, the family strengths and needs, and the family's progress toward achieving the objectives of the Family Services Agreement must be evaluated and documented. The child's safety is assessed on an ongoing basis, and this includes the child's safety in their parent's home, which must be continually assessed if reunification is the plan. The purpose of the reassessment is to review the objectives agreed on by you and the family and to evaluate progress. Evaluating family progress is a collaborative review and should include information from the child's parents, the child, placement providers, services providers, and others who may have relevant information to share. As a result of the reassessment, you and the family may decide that some objectives should be modified. In practice, the family's progress should be evaluated continually, and the Family Services Agreement adjusted accordingly. Families and their priorities, needs, and situations change throughout a family-centered intervention. Case planning and case management is a constantly changing, fluid, and evolving process. Because of this, safety and the family's progress in meeting the objectives of the Family Services Agreement must be continuously assessed.

### Quality Contacts

Quality contacts are one of the primary methods used by social workers to evaluate family progress. Social workers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents, and informal and formal service providers. Regular and consistent contact between you and the family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children. A quality visit with a parent consists of one-on-one contact in an environment conducive to open and honest conversation and the focus should be on issues pertinent to case planning, service delivery, and goal achievement. During this contact, you will assess what the parent is doing (or not doing) to meet their goals, such as the changes they are making and how they will impact the safety of the child. These conversations will aid you in gathering information to assess the family's progress toward achieving case goals and permanency. A quality visit with a child will include an assessment of the safety of the child with their parent. Observe the child and parent interaction and gather information from the child to help you assess the safety of the child.



**Communication, Collaboration, and Information Gathering**

You are also responsible for ongoing communication, collaboration, and information gathering with the family, team members involved, and the court to effectively evaluate family progress. If the Family Services Agreement is targeting the correct issues and casework practice reflects consistent efforts to engage the family and the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the Family Services Agreement remain appropriate or have been met and whether the strategies, services, and interventions are working effectively or not to achieve lasting child safety and permanency.

**Protective Factors**

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that the family:

- Made progress on their own protective factors' goals
- Can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- Has a plan in place for continuing to build their protective factors once they are no longer involved with the system

There are a variety of questions you should consider when monitoring the family's progress, which includes:

- To what degree are the tasks being implemented? If they are not being well implemented, are the tasks still relevant? If so, what can be done to help with implementation? If not, how do they need to be changed? Are the services being utilized and are they the right services? Are the service providers focused on the objectives and goals?
- Are the objectives being accomplished? In what ways? Is more progress needed? Are the tasks still relevant to these objectives? Are other tasks needed to help achieve them?
- Are the goals being achieved? Are they still relevant? Do they need modification? If so, what would need to change or be added in terms of objectives and tasks?
- Are the issues still relevant? Are there new issues that have become apparent in the course of the family's involvement with child welfare? If so, are new or modified goals, objectives, or tasks needed? Are the specific safety threats and risks identified earlier being ameliorated? Are family needs being met?
- Are the strengths of the family being used? Has any new information surfaced that adds to the protective capacities and family strengths or questions that were identified? Are the protective capacities and strengths being used to help implement the service plan? Can something be done to improve this?
- What would be the next sign of success? Who has to do what, when, and how to achieve a goal?

When you are gathering information to assess the family's progress, pay attention to new information. Each contact you have with the family provides new information. Pay attention to how new information validates the plan or gives ideas about what to do or not to do. As you learn new information, don't assume that the family has been deliberately evasive. Families don't always know what kind of information you're looking for or what will be helpful. Some new information will be

useful, and some may not be. To help you determine if the information is useful think about whether it provides you with better ideas for accomplishing goals. And remember to be flexible and willing to change your mind. It takes confidence in your ability and trust in your intuition and judgment to acknowledge mistakes and revise impressions.

## Preparing the Child and Family for Permanency

One of the most important decisions a worker makes is the decision to reach permanency and close a case for services. Children and families who are nearing permanency require preparation and support to help them understand past events in their lives and process feelings connected to their experiences of abuse and neglect, separation, and loss. They may be challenged by new surroundings and need to affirm their own identity and allow themselves to create new or different relationships with their birth families or other permanent families as well as others. Achieving permanency is not just an outcome for children and families –it is a process.

### Preparing the Child

Whether a child has been in placement for a short or a long period, the move out of care is equally as significant as the move into care. The child may have conflicting feelings about the change in living arrangements. It is your responsibility to help the child express and understand these conflicting feelings and to move gradually toward making the change. Plan with the child, age appropriately, about the kinds of responsibilities the child can take in getting ready for the move. Whether a child is being discharged from family foster care, relative placement, or institutional care, plan with the permanent resource for the move and participate in preparing the child for the changes. Changes in living arrangements usually mean changes in relationships. If it is appropriate, the child may need to visit their former placement after discharge.

Loss and grief: Children who are placed in the child welfare system have complex histories of loss and unresolved grief. The loss of a parent—temporary or permanent—can have a profound impact on a child. In addition to the loss of their parents upon removal from the home, they also may experience the loss of siblings, friends, supportive adults, classmates, pets, familiar surroundings, cultural connections, and more as they transition to permanency.

Uncertainty and confusion: Many children are left to wonder about the circumstances that brought them into care, why their families may not be able to continue caring for them, and who will be there to take care of them and protect them. A child may experience anger, sadness, and even depression. Many children struggle with their changing role within the family system or sibling status when they are removed from their birth family. If children are not reunifying and are instead moving into a different permanent family, they may continue to worry and think about their birth families. They may be confused if their own feelings about a permanent placement do not match others' expectations of how they should react.

Anxiety: Children may feel anxious about the transition to permanency. They may worry about the changes and different situations they will encounter when they return home or move into another permanent resource.

Divided loyalties: Many children, particularly adolescents, have conflicting feelings about permanency, especially if they are being adopted. They may still have strong emotional ties to parents and siblings and may fantasize about or hold out hope for reconciliation even when legal ties have been terminated.

### **Supporting Successful Older Youth Adoption**

Preparation for adoption is important to ensure that children are connecting with potential adoptive families in a meaningful way at least a few times per week. Having consistent time to connect and get to know one another is necessary to evaluate whether the family is the right fit. There should be clear communication about transitions as children prepare for adoption. Transitions can be hard for children and clear communication around the boundaries that both the family and the young person want to set is important. In thinking about adoption, it is important to shift our mindset from the family adopting this child to they are adopting each other, and blending and growing together. Adopting one another also means that potential adoptive parents need to be committed to their own personal and internal work, to learn and grow and understand what they are bringing into this new relationship. It's important to recognize that youth come with their own life experiences, their own trauma, their own relationships, and all that needs to be honored when you are blending that family. There needs to be an emphasis on the fact that young people don't need to sever all their attachments with their family and their culture and their friends just because they're being adopted.

Older youth adoption is unique. Older youth are more conscious about the difficult things they have experienced in their lives, and as a result, they have unique needs related to processing what they are feeling and experiencing. We must address those needs as part of preparing for permanency. From a developmental perspective, the teen years are unique, and we need to prepare families for how to deal with typical teenage behaviors in addition to the complexities that come with being in foster care. It may take more time for older youth to build a lasting relationships, compared to younger children. This is why we need to ensure that we're providing ongoing support for both the young person as well as the family.

### **Preparing the Family for Reunification**

When you are preparing the family for reunification, your agency must request that visitation between the child and parents increase, including unsupervised visitation and a trial home visit. Your agency must also comply with the requirements of Rylan's Law/CPS Observation prior to recommending reunification occur. Your agency must provide the family with any important documents and other items about the child including, but not limited to:

- Medical records
- Medications
- School records

When a child is placed in the home on a trial home visit, you must:

- Update the Family Assessment of Strengths and Needs within 30 days of recommending legal custody be returned to the parents
- The Family Risk Reassessment must be completed in place of the Family Reunification Assessment

Remember that the child and family have changed during the time of placement. Even over a matter of months, the child will have achieved developmental milestones, will have formed new relationships with foster parents, and may have new interests. Families will have adjusted their daily routines around the absence of the child. Parents may have learned new parenting skills that impact familiar family practices. During the planning process, keep the child and family updated about the changes that are occurring. When placement providers are encouraged to work with the child's parents, both the child and the family can benefit from a significant increase in the amount of information shared.

As the family moves toward reunification, you must be very sensitive to the fears of the family. They may be afraid they are not ready for the child's return and could lose their child again. Work with the family to assure needed supports are in place. Family Preservation Services may be included during the trial home visit or as part of the aftercare plan to further stabilize the family. County child welfare agencies should aid with transitioning Medicaid and other services the child is receiving, when appropriate.

### **Preparing the Foster Family**

The child's foster family needs to participate in planning for the child's permanency. The foster family plays a pivotal role in assisting in transitioning the child to their permanent living arrangement. The foster family will need support from you and recognition of the contributions they have made in the child's life. The foster family should be informed of why the county has decided to move a child to a permanent placement. Such information and preparation will help the foster family come to an acceptance and understanding of these events, so they can help a child adjust to the move. If it is in the best interest of the child, contact between the child and the foster family should be arranged by your agency after the child has moved to a more permanent placement.

You can support foster parents as they help prepare children for the transition to permanency by providing them with the following tips:

- Read books to the child related to permanency, such as adoption and families.
- Help the child recognize and manage their feelings.
- Provide relevant information to your agency and the child's therapist, if applicable.
- Provide material to you to assist in keeping the child's Lifebook current.
- Remind the child they will always care about the child and reinforce a positive self-image for the child.

You must be aware that foster parents may experience their own grief when a child leaves their home. To help reduce and resolve the grief foster parents may feel, ensure that foster parent training or other preparation includes information about what it may be like for them when a child leaves their home, allow the foster parents to participate in the child's transition to a permanent home, and provide support to them during and after the transition. This may also assist in retaining foster parents for future placements.

### **Preparing the Adoptive Family or Other Permanent Caregiver**

When reunification is not possible, the child may reach permanency through adoption or other means. These permanency resources must also be prepared for permanency. If the adoptive family or other permanent caregiver has not lived with the child, you must arrange for a transitional period of visitation to help the child and family learn about each other. The adoptive family or other permanent caregivers must be provided with all information that is relevant to the child's history, relationships, behaviors, health, interests, and educational needs. Non-identifying information about the child's birth family must be provided to the adoptive family so the child will be able to know the reason for their adoption. The agency must make post-adoption services available to every adoptive family. These services must be provided to facilitate the integration of the child and family and to resolve problems they may encounter. The agency must provide regular and ongoing support, monitoring, and/or counseling of the family as appropriate. A referral to Family Preservation Services may be appropriate for post-adoption services.

## Achieving Lasting Permanency: Preventing Re-entry

Facilitating safe case closure can take skill and practice. Families may feel anxious to know that your agency will no longer be involved in their lives. They have come to rely on you and your agency for support, advice, and referrals to services and resources. However, as the case nears permanency, there are some strategies you can use to facilitate a healthy transition to permanency that will lessen some of these feelings for the child and family and will result in lasting permanency that reduces the likelihood children will reenter care. Some of these strategies include:

- Define the nature of your relationship with the family early in the casework process
  - You should help the family to understand that purpose of the casework relationship is to help family members utilize their own strengths and resources and learn new ways to help themselves; and, that it will end when that purpose has been achieved. This will help prevent the family from feeling that the caseworker has “changed the agreement” and abandoned them.
- Proper assessment of the factors which have contributed to the need for child protection
  - The specific factors that contributed to safety, risk, abuse, or neglect must be identified, and services must be provided to address these factors. A thorough assessment is critical to assure that services are relevant. Without this assessment, services are often haphazard, they are not goal-directed, and they will not significantly change the precipitants of maltreatment. This increases the likelihood that maltreatment will reoccur.
- The Family Services Agreement should include helping the family to use their own inherent strengths and supports and resources that “naturally” exist within their environment
  - Most social workers believe that the families they serve are anxious to “be rid of the social worker.” In reality, many families view the social worker as helpful and as a source of support, even though they may never verbalize these feelings. As a result, there may be an increase in family problems and dysfunction when permanency and case closure is imminent. Achieving permanency and closing the case may be viewed by the family as a threat. They may not want to end casework involvement.
  - Through your relationship with the family, they have learned that other people can be trusted and will help them. This will help family members to establish or strengthen relationships in their own family or community. You should reaffirm that “I’m not the only person in the world who is trustworthy, who is helpful, or who can care about you.” Linkage with naturally occurring support systems can provide the family with relationships, which can exist over long periods.
- If the family can be taught to rely with confidence on their own strengths and resources and can be helped to access and utilize supports and resources in their families and communities, it is less likely that the withdrawal of casework services will be experienced as stressful or as a loss. Natural sources of support may vary between cultural groups and communities. You should identify those sources of support that are present within the family’s own cultural and reference group. Such supports can include:
  - Connections with family and extended family

- Development of friendships
- Membership in a church and a relationship with a pastor or minister
- Development of relationships with staff of community centers
- Access to other community services.
- Proper management of separation and termination of the casework relationship at the time of permanency and case closure.

### **Aftercare Services**

- Family preservation services
- Adoption assistance
- Post-adoption support
- Guardianship assistance
- LINKS services and funding
- Foster Care 18 to 21 services
- Respite services

### **Preparing for a Successful Closure**

- Start preparing for closure on the first day of service.
- Focus on building a support system for the family throughout the intervention.
- Discuss the family's feelings about ending their connections with the agency. Point out the family's successes.
- Prepare for possible setbacks.
- Develop a plan for ending agency involvement with the family.
- Beware of the "termination crisis."
- Celebrate with the family by recognizing their accomplishments.

### **Safe Case Closure Consideration**

The following are situations or conditions under which case closure should be considered or implemented:

- Family is coping-not cured
- Acceptable attainment of plan objectives
- Basic needs are being met
- Support system is developed which will exist after you leave
- Necessary services from other agencies are in place
- Family has identified one advocate whom they trust
- Plan for future crisis management has been identified
- Risk levels have been reduced or eliminated

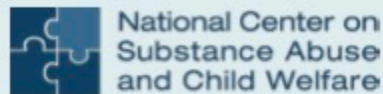
### **Questions to Consider**

- Have the contributing factors to risk or maltreatment been addressed and eliminated or reduced to a minimal level of risk?
- Have the service providers and other persons significant to the case been contacted and has discussion occurred around current family functioning, current risk level, or any remaining concerns?  
or
- Have the children been placed into other permanent family situations in which there is no risk of maltreatment?



## Understanding Engagement of Families Affected by Substance Use Disorders

## Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips



1

**Engage in conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use “person first” language and avoid using labeling terms such as “addict.” Use a conversational approach with open-ended questions such as the following:

- ▶ “Tell me more about ...”
- ▶ “As part of our work with families, we ask all families about ...”
- ▶ “I’m noticing that ...”
- ▶ “How can I help you with ...”
- ▶ “I’m concerned about you because ...”

**Provide active support in early recovery.** Substance use disorders (SUDs) may affect cognitive functions (e.g., memory) and result in behavior that is often perceived as “resistant.” Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents to attend SUD treatment, court, visitation, and parent strengthening programs. Help the parent make and keep appointments by marking their calendar/schedule and providing reminders and incentives. Identify barriers for making an appointment, such as competing service priorities or lack of transportation, and work together to formulate solutions.

2

3

**Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often held by persons in recovery from SUDs and with child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

**Support the children.** Help children develop an understanding of SUDs that is supportive and nonjudgmental. Convey information about their parents’ substance misuse in a way that defines the disorder, not the person, and is appropriate to the children’s developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

4

- ▶ “Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don’t understand when they drink too much or use drugs, but this doesn’t mean that they don’t love you.”
- ▶ “You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent’s drinking or drug use.”
- ▶ “There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone.”
- ▶ “Let’s think of people who you might talk with about your concerns. You don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member.”

**LEARN MORE** 

**Provide warm hand-offs and maintain ongoing communication.** A warm hand-off is a strategy to actively engage and link parents to treatment and other needed services. A warm hand-off reduces miscommunication and ensures that parents understand the process and have adequate information and support to engage in services. Warm hand-offs also involve following up with the parent and provider to ensure that the referral was successful. Follow-up communication with SUD providers during the child welfare case can also support parent engagement in the assessment, treatment, and recovery continuum of services.



## TO LEARN MORE

The **National Center on Substance Abuse and Child Welfare** has many technical assistance resources including publications, webinars, and tools that child welfare workers, court professionals, and communities can use to better serve families affected by SUDs. These are available at: <https://ncsacw.samhsa.gov>

*Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers* helps child welfare workers understand SUDs and how to support and facilitate treatment and recovery. To access this guide, please visit: <https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals* is a self-paced and free tutorial that provides specific information about SUDs, engagement strategies, and the treatment and recovery process for families affected by SUDs. Continuing Education Units are available upon completion. To take the tutorial, go to: <https://ncsacw.samhsa.gov/tutorials/tutorialDesc.aspx?id=27>

The **Substance Abuse and Mental Health Services Administration** and the **National Institute on Drug Abuse** websites offer comprehensive information about treatment for SUDs. To learn more, visit:

<https://www.samhsa.gov/treatment/substance-use-disorders>

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>



**National Center on  
Substance Abuse  
and Child Welfare**

Visit: <https://ncsacw.samhsa.gov>

Email: [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

Call: 1-866-493-2758

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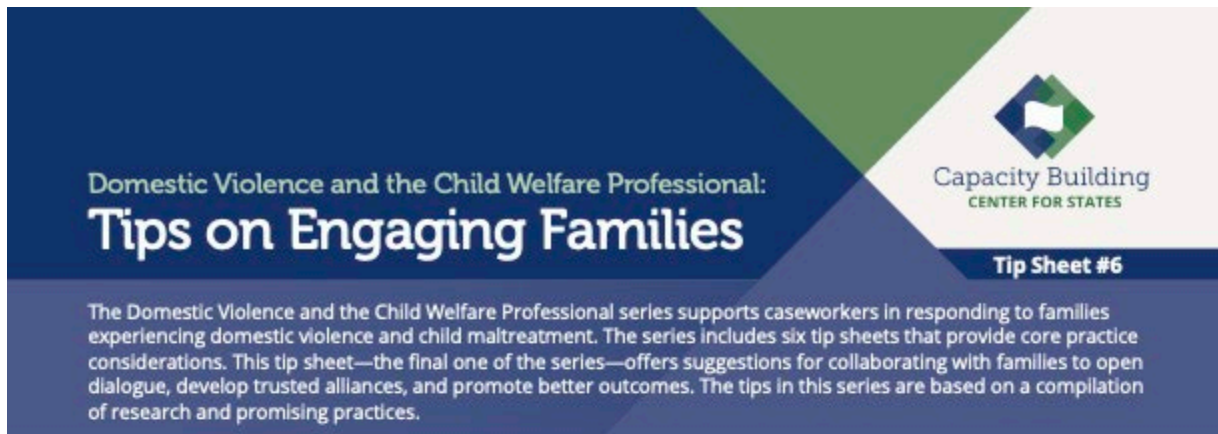
# The Power and Control Wheel



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## Tips on Engaging Families



**Domestic Violence and the Child Welfare Professional:  
Tips on Engaging Families**

Capacity Building  
CENTER FOR STATES

**Tip Sheet #6**

The Domestic Violence and the Child Welfare Professional series supports caseworkers in responding to families experiencing domestic violence and child maltreatment. The series includes six tip sheets that provide core practice considerations. This tip sheet—the final one of the series—offers suggestions for collaborating with families to open dialogue, develop trusted alliances, and promote better outcomes. The tips in this series are based on a compilation of research and promising practices.

**Engagement: Strategies that Promote Positive Outcomes**

Domestic violence literature supports, overall, a collaborative approach to overcoming barriers to engaging families (Carter, 2003; DeBoard-Lucas, Wasserman, Groves, & Bair-Merritt, 2013). Engagement requires empathy for perpetrators and survivors and an understanding of how to support children and youth to mitigate the impact of trauma (Child Welfare Information Gateway, 2014; Washington Department of Social and Health Services, 2010). Appropriate engagement techniques can strengthen the relationship between child welfare organizations and the families they serve. As engagement increases, so does the safety of survivors (Blumenfeld, 2015).

While the tips reflect research and practice knowledge from the field, caseworkers are advised to follow agency policies and protocols and the guidance of their supervisors in conducting casework.

**Tips for Engaging Survivors**

1. Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
2. Validate strengths, including any observed positive parenting or protective efforts.
3. Recognize that you may have reactions to learning about violence. It's important to avoid showing those reactions through body language or facial expressions.
4. Ask what actions worked in the past to keep the survivor and children safe and what supports their family and community can offer.
5. Ask questions to better understand the survivor's story, the context of her/his circumstances and decisions, and the survivor's hopes are the relationship with the perpetrator.
6. Ask open-ended questions about the abuse. Ask about controlling and possessive behaviors, name calling, or verbal abuse before asking about physical abuse and threats.
7. Ask what would be helpful to the survivor and the children.
8. Ask about any experiences the children have had or changes the survivor has observed that may be a result of the abuse.
9. Be honest about confidentiality, the role of child welfare, and any benefits and limitations to sharing information about domestic violence with child welfare.
10. Be honest about the possibility or likelihood of removal without using it as a threat or to gain compliance of the survivor.

**Tips for Engaging Perpetrators**

1. When safe to do so, engage with perpetrators and their supports, including providers, regularly throughout the life of the case.
2. Observe perpetrators with their children, if they have access, and conduct home visits.
3. Attempt to learn about the perpetrator before initial engagement. Determine whether a history of threats or violence with child welfare, law enforcement, or community agencies exists.
4. Evaluate your own safety, realizing that not all perpetrators are dangerous to child welfare workers. If there is a safety concern, consult with your supervisor and develop a strategy for your safety.
5. Ask perpetrators about the type of parent they would like to be and what they are willing to do to be a safer person for their child(ren).

6. Be aware of a perpetrator's attempts to manipulate by blaming the survivor and attempting to gain support for abusive behavior.
7. Never share personal information or personal feelings about the survivor with the perpetrator.
8. Engage in an intentional and focused way on the perpetrator's behaviors, and point out contradictions compared to their stated values.
9. Remember to engage perpetrators as parents. When appropriate, ask about their understanding of the children's education, medical needs, routines, and personalities.
10. Ask the perpetrator to sign a case plan and refer back to the plan in all engagements to monitor behavioral change. Have a signed case plan or protective plan with perpetrators, and use the plan throughout the life of the case to monitor and discuss the perpetrator's behavioral changes.



### Tips for Engaging Children

1. Ask a combination of direct questions and open-ended questions to give children multiple pathways to express themselves.
2. Remember that children may not respond in the way you would expect. Empower children to talk about what they've experienced, but remember that children have a range of emotions about their parents and may have changing or unexpected ways in which they respond to talking about their families or the domestic violence.
3. Ask the children how they feel in age-appropriate and developmentally appropriate ways. Ask verbally, using a feelings chart, art, or play-based strategies.
4. Ask children about what helps them feel safe, and incorporate this information into a safety plan.
5. Assess whether children hold themselves responsible for intervening, or not, in the violence, and correct any misconceptions.
6. Remind children that domestic violence is never their fault.
7. Ask children about their hopes and worries for their family.
8. Never make promises that cannot be kept, including those about safety.
9. End each engagement with a child in a way that leaves the child with a sense of hope.

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Domestic Violence and the Child Welfare Professional: Tips on Engaging Families

## Domestic Violence Resources

Types	County	Agency	Telephone Number
Men	Alamance	Alamance County DV Prevention	336-570-4633
Men/Women	Brunswick	DV Offender Program	910-395-7838
Men/Women	Buncombe	ANEW-A New Way	828-552-3771
Men/Women	Cabarrus	Genesis...A New Beginning	704-720-7770
Men/Women	Caldwell	Stay Kalm	336-262-9054
Men/Women	Caswell	HOPE DVIP	336-631-1948
Men	Catawba	Family Guidance Center	828-322-1400
Men	Chatham	Partner Violence Intervention	919-245-3309
Men/Women	Cherokee	Meridan Behavioral Health	828-339-1520
Men/Women	Clay	Meridan Behavioral Health	828-339-1520
Men	Cleveland	IMPACT	704-999-6130
Men/Women	Cumberland	Resolve-DV Intervention Program	910-677-2528
Men/Women	Cumberland	Peace Project	910-829-9017
Men	Davidson	Lifeskills Counseling	336-224-0863
Men/Women	Davie	Alternatives	704-798-9460
Men/Women	Duplin	Insight DVIP	910-596-0931
Men/Women	Durham	True Care, Inc.	919-667-1554
Men	Durham	Partner Violence Intervention	919-245-3309
Men/Women	Forsyth	Cool Program	336-776-0322
Men/Women	Forsyth	HOPE DVIP	336-631-1948
Men/Women	Franklin	Choosing to Change	919-850-2105
Men	Gaston	IMPACT	980-721-7268
Men/Women	Granville	Higher Aspiration Behavioral Health	336-500-2403
Men	Greene	S.A.F.E. in Lenior	252-523-5573
Men/Women	Guilford	DVIP	336-387-6161
Men	Harnett	HALT	919-272-8791
Men/Women	Haywood	Meridan Behavioral Health	828-339-1520
Men	Henderson	Safelight, Inc.	828-693-3840
Men	Hoke	Hoke County Domestic Violence	910-875-5590
Men/Women	Iredell	Stay Kalm	336-262-9054
Men/Women	Iredell	AKOMA Program	980-446-0004
Men/Women	Jackson	Meridan Behavioral Health	828-339-1520
Men	Johnston	HALT	919-272-8791
Men	Lenoir	S.A.F.E. in Lenior	252-523-5573
Men	Lincoln	IMPACT	704-999-6130
Men/Women	Macon	Meridan Behavioral Health	828-339-1520



Men/Women	Mecklenburg	New Options for Violent Actions	704-336-4344
Men	Mecklenburg	IMPACT	980-721-7268
Men	Mecklenburg	Baitual Hemayah, Inc.	704-249-3790
Men	Montgomery	Rewire DVIP	980-354-4222
Men/Women	Nash	Choosing to Change	919-850-2105
Men/Women	New Hanover	Domestic Violence Offender Program	910-395-7838
Men/Women	Onslow	Domestic Violence Offender Program	910-395-7838
Men	Orange	Partner Violence Intervention	919-245-3309
Men/Women	Pender	Domestic Violence Offender Program	910-395-7838
Men/Women	Polk	Steps to Hope	828-894-2340
Men/Women	Randolph	New Horizon Treatment Center	336-628-4636
Men	Robeson	CHOICES	910-739-8622
Men	Rockingham	AMENDS Program	336-342-5238
Men/Women	Rockingham	HOPE DVIP	336-631-1948
Men/Women	Rowan	Alternatives	704-798-9460
Men/Women	Rowan	Genesis...A New Beginning	704-636-0838
Men	Rutherford	Preferred Choice Healthcare, Inc.	828-287-7806
Men/Women	Sampson	INSIGHT DVIP	910-596-0931
Men	Stanley	Rewire DVIP	980-354-4222
Men/Women	Stokes	HOPE DVIP	336-631-1948
Men/Women	Surry	Stay Kalm	336-262-9054
Men/Women	Swain	Meridan Behavioral Health	828-339-1520
Men/Women	Transylvania	DVIP of SAFE	828-885-7233
Men/Women	Union	STOP	704-282-5006
Men	Union	IMPACT	704-999-6130
Men/Women	Vance	Choosing to Change	919-850-2105
Men/Women	Wake	DOSE	919-821-0790
Men/Women	Wake	Choosing to Change	919-850-2105
Men/Women	Warren	Choosing to Change	919-850-2105
Men	Wayne	Wayne Uplife DVIP	919-735-4262
Men/Women	Wilkes	Stay Kalm	336-262-9054
Men/Women	Yadkin	HOPE DVIP	336-631-1948

## Responding to Disclosures

### **When a child discloses sex abuse:**

- Remain calm.
- Don't show strong reactions of shock or fear or discomfort.
- Don't "over-question" the child or demand details or place blame on the child.
- Listen and don't make assumptions. Listen more than you talk and avoid advice-giving or problem-solving.
- Don't put words in the child's mouth or assume you know what he/she means or is going to say. Let the child use language they are comfortable with.
- Let the child set the pace, don't rush them.
- Show interest and concern
- Make no promises but do tell the child what you will do next
- Don't stop the child in the middle of the story to go get someone or do something else.

### **Other helpful things to keep in mind are:**

- Reassure and support the child and his/her decision to disclose the sexual abuse, regardless of what the child shares
- Provide support for the child that he/she has done nothing wrong...that this is not their fault
- Be as specific as possible about what will happen next...i.e., who else they will talk to, etc.
- Write down, as soon as possible, exact quotes from the child.
- At the conclusion of the discussion with the child, discuss the child's disclosure with your supervisor immediately to determine the appropriate next steps.

### **Many factors influence how children think and feel about the sexual abuse they experienced, how it affects them, and how they develop resilience. Some of these factors are:**

- The age of the child
- The duration of the abuse
- Who perpetrated the abuse
- Does the non-offending parent believe and support the child

### **Here are some tips that you can share with parents:**

- Respect every family member's comfort level with touching, hugging, and kissing. Encourage children and adults to respect the comfort and privacy of others.
- Be cautious with playful touch, such as play fighting and tickling. This type of play may be uncomfortable or trigger memories of sexual abuse.
- Be mindful that some children who have experienced sexual abuse may not have healthy boundaries. Teach your children and the entire family about healthy age-appropriate boundaries.
- Teach children and youth the importance of privacy. Remind children to knock before entering bathrooms and bedrooms and model privacy and respect.
- Keep adult sexuality private. Adult caretakers need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are around. Including what they watch on TV or other devices



**As social workers, you will need to assist families in finding the appropriate support and resources for their children and themselves. Common resources that are recommended for child sexual abuse victims and their families are:**

- Individual counseling with a trained sexual abuse therapist
- Group therapy for children and adults
- Parent-child joint therapy
- Child Advocacy Centers
- Child Advocates
- Trauma-informed therapies

## Quality Documentation Tips

Utilize this check list to ensure you are creating quality documentation:

- **Be Accurate** – Statements, conclusions, and opinions must be based on facts that are clearly described.
- **Be Clear** – Jargon should be avoided, and the descriptions of circumstances should be written using behavioral descriptors based on observations and specific statements of involved parties.
- **Be Concise** – Records should only contain information that is relevant and necessary to the CPS program's purposes.
- **Be Relevant** – Documentation of decisions with respect to the substantiation of the alleged maltreatment, risk and safety assessments, and basis for any placements in out-of-home care or court referral if necessary
- **Be Timely** - Documentation, including narrative, must be current within 7 days of every activity or action.
- **Be Complete** – documentation contains all the information needed to take action, for example, contact names, dates, times, and locations.

## G.I.R.P. Model for Documentation

<b>Goal</b>	<i>What is the purpose of the contact (tied to service agreement) and what type of contact is it? For example, a child and family team meeting, a home visit, court, or a phone call. Is the physical site where the services are provided? What does the social worker intend to accomplish? Basically, your documentation should reflect, "Who went where to do what"?</i>
<b>Interventions</b>	<i>Your documentation should include the specific interventions/skills training services provided. For example, referrals, treatment, teaching, coaching, and modeling.</i>
<b>Results</b>	<i>What were the results of the meeting or visit? How effective was the intervention? Your documentation should reflect concrete, measurable, specific, and descriptive notation. Documentation should also include the family's responses and progress.</i>
<b>Plan</b>	<i>The social worker should end the narrative with a plan. Include any changes or revisions to the service agreement and the plan to accomplish remaining objectives and activities. For example, "The social worker ended the meeting by scheduling the next visit."</i>

## P.A.P.E.R. Model for Documentation

<b>P</b> urpose	<i>Document the purpose/reason for the contact with the family.</i>
<b>A</b> ssessment	<i>Include assessment of the overall family situation during the contact. Engage other family systems in the information- gathering process. And assess for strengths and needs.</i>
<b>P</b> lan	<i>Collaborate with the family to plan, implement, monitor, and amend services.</i>
<b>E</b> ncourage	<i>Include how you confirmed the family as experts in their situation and specific techniques used to encourage, motivate, and empower.</i>
<b>R</b> esults	<i>Document a clear, concise summary of the result of the contact including specific interventions and skills training services provided.</i>

## Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together.

S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health, and a Summary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

### **Social**

Who lives in the house?

How are people connected to each other?

What is the feeling when you enter the house (comfortable, tense, etc.)?

How do people treat one another?

How do they speak to and about one another to someone outside the family?

How far away is this home from other homes?

Would it be likely that people would be able to visit here easily?

Who does visit the family?

Ask questions to determine what individuals, organizations, and systems are connected to the family.

Are those people/organizations/systems helpful or not?

What does the family do for fun?

What stories do they tell about themselves?

What kind of social support systems the family can depend on?

How does the family use resources in the community?

How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends?

Do the children attend school regularly?

Are there behavior problems at school?

Can children discern between truths and lies?

Do the children have age-appropriate knowledge of social interactions?

Do the children have age-appropriate knowledge of physical or sexual relationships?

Are preteen or teenage children sexually active?

Do not forget the importance of non-traditional connections a family may have.

**Economic**

Are adults willing to discuss their finances after a period of getting acquainted?  
 Does the family have adequate income and/or resources to meet basic needs?  
 Do adults in the home know how to access benefits programs for financial support?  
 Is the family receiving food stamps, child support, TANF, or LIEAP? If not, are they eligible?  
 Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Are bills paid on time?  
 What are the income sources in the family?  
 What is the strongest economic skill each person in this family displays?  
 Do they have enough money to make it through the month?  
 Does the parent subsystem agree about the destination of any monies available?  
 Are adults employed? If so, are they content with the job they have?

**Environment / Home**

How does the residence look from the outside (kept up; in disrepair; etc.)?  
 What is the surrounding area like?  
 Are there places for children to play?  
 Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)?  
 What is the feeling you get when you arrive at this residence?  
 Are there any safety concerns in the neighborhood?  
 In the residence, is there any place to sit and talk?  
 Are there toys appropriate for the ages of the children who live there?  
 Can you tell if someone creates a space for children to play?  
 Is there a place for each person to sleep?  
 Is it obvious that people eat here?  
 What kind of food is available in the home?  
 Are there any pictures of family members or friends?  
 Is there a working phone available to the family?  
 Is there a sanitary water supply available to the family?  
 Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)?  
 Is there a heating and/or cooling system in the home?  
 What are the best features of this environment?  
 Is the family aware of weapons safety issues?

**Mental Health**

Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation?  
 Do members of this family have a history of emotional difficulties, mental illness, or impulse problems?  
 Does anyone take medication for any other mental health condition?  
 If so, are they able to afford the medication, and do they have continued access to medical care for refills?  
 Are the people you interview able to attend to the conversation?  
 Are there times when they seem emotionally absent/distant during conversation?  
 Are family members clearly oriented to time and location and coherent?  
 Are there indicators that persons in this family have substance use concerns?  
 Do adults have an appropriate understanding of child development?

How do people in this family express anger?  
Are family members able to discuss and describe emotions?  
What is the major belief system in this family?  
Does anyone in the family express any concern about their own mental health or the mental health of a family member?  
Has anyone ever received counseling or been under the care of a physician for a mental health problem?  
Is there any history of mental illness in the family?

**Activities of Daily Living**

Do family members understand “Safe Sleeping” habits (for infants under the age of 18 months)?  
Is the children’s clothing adequate (appropriate as to: weather, size, cleanliness, etc.)?  
What activities does the family participate in?  
How does the family spend its free time?  
Do adults in this family know how to obtain, prepare, and feed meals to children in this family? What is the family’s native language? If it is not English, do they have language barriers to accessing resources?  
Does the family engage in some activities of a spiritual nature?  
Are adults able to connect usefully with their children's schools, doctors, and friends?  
Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home?  
Does the family have reliable means of transportation (car, public transportation)?  
Do people in this family have the ability and willingness to keep the home safe and reasonably clean?  
What skill does this family demonstrate the most?  
Do parents know how to discipline their children or adolescents?  
Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget?

**Physical Health**

Do the children appear healthy?  
Do the children appear on target with their height and/or weight?  
Are there any special medical concerns faced by family members?  
If so, who knows how to treat or administer those concerns?  
How do people in this family appear?  
Do they tend to their hygiene regularly?  
Does anyone appear fatigued or overly energetic?  
Is anyone chronically ill, taking medication, or physically disabled?  
Is anyone in this family using illegal drugs or abusing prescription drugs?  
Do people in this family eat healthy food and/or get regular exercise?  
Does anyone in this family use tobacco products?  
Are there any members of the family who appear to be significantly obese?  
Are there any members of the family who appear to be significantly underweight?  
How long has it been since members of the family had a physical examination?  
Are there older children who continue to have bedwetting problems?  
Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)?  
Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards?

Do small children ride in safety seats or use seatbelts?

What is the healthiest thing this family does?

What are the skin tone, hair quality, and color of lips (especially with infants) with family members?

Have the children had vaccinations?

Are they up to date?

Does anyone in the family have mobility issues?

What is the family's perception of their own physical health?

Does the family have medical and/or dental insurance coverage? If so, who is the provider? If not, is the family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?

Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

### **Summary of Strengths**

What are the major interpersonal strengths of this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Were there substance abuse or domestic violence issues in the homes of the adult family members? How were adult family members disciplined?

Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work every day, drawing a picture, making friends, cooking a balanced meal, etc.

These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.



## Secondary Traumatic Stress

Secondary traumatic stress disorder, or Compassion fatigue, is a natural but disruptive by-product of working with traumatized clients. It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD). Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it. The symptoms of compassion fatigue may include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. Additionally, compassion fatigue is associated with a sense of confusion, helplessness, and a greater sense of isolation from supporters than is seen with burnout. It is preventable and treatable, however, if unaddressed, the symptoms can result in problems with mental and physical health, strained personal relationships, and poor work performance.

Evidence of compassion fatigue can be difficult to recognize in oneself or even in others. Symptoms often include a combination of cognitive, behavioral, emotional, and physical features. They may also involve a spiritual component such as questioning meaning or loss of faith. Common examples include:

### Common Compassion Fatigue Symptoms

Cognitive	Emotional
Lowered concentration	Guilt
Apathy	Anger
Rigid thinking	Numbness
Perfectionism	Sadness
Preoccupation with trauma	Helplessness
Behavioral	Physical
Withdrawal	Increased heart rate
Sleep disturbance	Difficulty breathing
Appetite change	Muscle and joint pain
Hyper-vigilance	Impaired immune system
Elevated startle response	Increased severity of medical concerns

These kinds of symptoms can be alarming and personally overwhelming to anyone experiencing them. However, once recognized, compassion fatigue can be addressed and resolved, and the caregiver or helper can heal and even grow from the experience.

### **Why Secondary Traumatic Stress is Important for Human Services Agencies**

Understanding secondary traumatic stress (STS), its effects on staff, and how to alleviate its impact is of concern to agency and organizational leaders. Being exposed to traumatic and troubling events, sometimes daily, influences one's personal and professional life. Staff acquire different ways to cope — some are adaptive, others are not. STS can decrease staff functioning and create challenges in the working environment. Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.

### **Relevant Interventions and Approaches**

Addressing compassion fatigue needs to occur at both the individual and organizational levels and falls into two categories: prevention and treatment. Helpers can adopt lifestyle and work habits that help them maintain strong practice approaches and personal boundaries that can be protective in relation to a helping role. Sometimes even the most seasoned and personally balanced professionals find themselves struggling with secondary traumatization.

### **Individual Prevention Strategies to Consider:**

- Life balance — work to establish and maintain a diversity of interests, activities, and relationships.
- Relaxation techniques — ensure downtime by practicing meditation or guided imagery.
- Contact with nature — garden or hike to remain connected to the earth and help maintain perspective about the world.
- Creative expression — things like drawing, cooking, or photography expand emotional experiences.
- Assertiveness training — learn to be able to say “no” and to set limits when necessary.
- Interpersonal communication skills — improve written and verbal communication to enhance social and professional support.
- Cognitive restructuring — regularly evaluate experiences and apply problem-solving techniques to challenges.
- Time management — set priorities and remain productive and effective.
- Plan for coping — determine skills and strategies to adopt or enhance when signs of compassion fatigue begin to surface.

### **Individual Treatment Strategies to Consider:**

- Focusing on self-care — making a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects.
- Journaling — writing about feelings related to helping or caregiving and about anything that has helped or been comforting can help make meaning out of negative experiences.
- Seeking professional support — working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.

- Joining a support group — talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.
- Learning new self-care strategies — adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms.
- Asking for help — asking social support or co-workers to assist with tasks or responsibilities can hasten healing.
- Recognizing success and creating meaning — identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.

Safety Plan

	<b>Your Office</b>	<b>Family's Home</b>	<b>Your Car</b>
<b>Physical Environment</b>			
<b>Other People</b>			
<b>My Behaviors</b>			
<b>Questions for My Supervisor</b>			

## Standards of Self-Care

**Green Cross Academy of Traumatology  
Standards of Self Care Guidelines**

**Link: [www.traumatologyacademy.org](http://www.traumatologyacademy.org)**

**I. Purpose of the Guidelines**

As with the standards of practice in any field, the practitioner is required to abide by standards of self care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold: First, **do no harm to yourself** in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services who look to you for support as a human being.

**II. Ethical Principles of Self Care in Practice** : These principles declare that it is unethical *not* to attend to your self care as a practitioner because sufficient self care prevents harming those we serve.

**Respect for the dignity and worth of self** : A violation lowers your integrity and trust.

**Responsibility of self care** : Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.

**Self care and duty to perform**: There must be a recognition that the duty to perform as a helper can not be fulfilled if there is not, at the same time, a duty to self care.

**III. Standards of Humane Practice of Self Care**

**Universal right to wellness** : Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.

**Physical rest and nourishment**: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.

**Emotional Rest and nourishment** : Every helper deserves emotional and spiritual renewal both in and outside the work context.

**Sustenance Modulation** Every helper must utilize self restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

**IV. Standards for Expecting Appreciation and Compensation**

**Seek, find, and remember appreciation from supervisors and clients:** These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.

**Make it known that you wish to be recognized for your service:** Recognition also increases worker satisfactions that sustain them.

**Select one or more advocates:** They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

## **V. Standards for Establishing and Maintaining Wellness**

### **Section A. Commitment to self care**

**Make a formal, tangible commitment:** Written, public, specific, and measurable promises of self care.

**Set deadlines and goals:** the self care plan should set deadlines and goals connected to specific activities of self care.

**Generate strategies that work and follow them:** Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

### **Section B: Strategies for letting go of work**

**Make a formal, tangible commitment:** Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.

**Set deadlines and goals:** The letting go of work plan should set deadlines and goals connected to specific activities of self care.

**Generate strategies that work and follow them:** Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

### **Section C. Strategies for gaining a sense of self care achievement**

**Strategies for acquiring adequate rest and relaxation:** The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.

**Strategies for practicing effective daily stress reductions method(s):** The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will

Self-Care Plan

<b>Physical</b>	
Body Work	
Effective Sleep Induction and Maintenance	
Proper Nutrition	
<b>Psychological</b>	
Work/Play Balance	
Relaxation	
Nature/Calming Stimuli	
Creative Expression	
On-Going Self-Care (Assertiveness, Stress Reduction, Inter-personal Communication, Cognitive Restructuring, Time Management)	
Meditation/Spiritual Practice	
Self-Assessment and Self-Awareness	
<b>Social/Interpersonal</b>	
Social Supports (5 people, at least 2 at work)	
Getting Help (Informal and Professional)	
Social Activism	
<b>Professional</b>	
Work/Home Balance	
Boundaries/Limits Setting (Time/Overworking, Therapeutic/Professional, Personal, Multiple Roles, Change and Acceptance)	
Support/Help at Work (Peer Support, Supervision, Consultation, Therapy, Role Models/Mentors)	
Work Satisfaction	

**Prevention Plan Development:**

- Review current self-care and prevention functioning
- Select one goal from each category
- Analyze the resources for and resistances to achieving the goal
- Discuss the goal and implementation plan with a support person
- Activate plan
- Evaluate the plan weekly, monthly, and yearly with a support person
- Notice and appreciate the changes



## Mindfulness to Improve Our Relationships



# SELF Care

USING MINDFULNESS TO IMPROVE OUR RELATIONSHIPS, DAILY INTERACTIONS, AND REACTIONS TO TRAUMA

"Mindfulness means paying attention in a particular way: on purpose in the present moment and non-judgmentally" and "...shows us what is happening in our bodies, our emotions, our minds, and in the world. Through mindfulness, we avoid harming ourselves and others." Jon Kabat-Zinn and Thich Nhat Hanh

Practicing mindfulness improves

- Psychological well-being
- Life satisfaction
- Emotional regulation
- Physical health
- Stress

### YOUR BRAIN

The Amygdala is responsible for the flight-fight-freeze response and errs on the side of overactivation to keep us safe. The prefrontal cortex is responsible for slowing us down and reasoning. Mindfulness engages the prefrontal cortex dialing down our response when it is not needed.


### ACTIVITIES TO INFLUENCE YOUR RESPONSE

#### Hand-to-Heart

Begin by placing your hand on your heart, feeling the gentle pressure and warmth of your hand. Feel your chest rising and falling as you breathe in and out. While a simple activity, gentle touch instantly generates physiological relaxation in our bodies as it activates the vagus nerve in the parasympathetic nervous system, releases oxytocin, and activates the prefrontal cortex.

#### Emotional Labeling

Self-care starts with self-awareness: understanding your feelings and needs, so that you can make adaptations and shifts to take care of yourself. Labeling your emotions, or putting words to how you feel, shifts brain activity from the amygdala to the prefrontal cortex, allowing you to calm and access all of your resources for problem solving. This simple activity helps your brain to regulate and work more efficiently.



### THE POWER OF TWO

When we combine strategies for calming our brain and bodies, we put ourselves in the very best position to respond with calm and care within our relationships and daily experiences. This has the power to change interactions, and families have the opportunity to learn from you. For more information, review the reference list.

NCWM .org/CWorkforce

