CHARTING THE COURSE TOWARDS PERMANENCY FOR CHILDREN IN PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum

MODULE TWO (2)
INTRODUCTION TO PENNSYLVANIA'S CHILD WELFARE PRACTICE

Standard Curriculum

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August 2007

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Module 2: Introduction to Pennsylvania's Child Welfare Practice

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Agenda for One-Day Workshop on Module 2: Introduction to Pennsylvania's Child Welfare Practice

Estimated Time	Content	Page
40 minutes	Section I: Introduction	3
1hour	Section II: Casework Process in the Agency	8
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Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section I: Introduction

Estimated Length of Time:
40 minutes

Learning Objectives:
Participants will be able to**:**
- ✓ Recognize reactions Children and Youth clients may have to being led through an unfamiliar Children and Youth system

Methods of Presentation:
Large Group Activity, Lecture, Individual Activity, Small Group Discussion

Materials Needed:
- ✓ Name tents
- ✓ Colored markers
- ✓ Overhead Projector and Screen
- ✓ **Overhead #1 (Learning Objectives)**
- ✓ **Overhead #2 (Agenda for Module 2)**
- ✓ **Handout #1 (Learning Objectives and Competencies)**
- ✓ **Handout #2 (Agenda for Module 2)**
- ✓ **Handout #3 (Phases of Casework Practice: Navigational Chart)**
- ✓ **Appendix #1 (Instructions for the Introduction Activity [Pre-work])**

Outline of Presentation:
- Prepare the training room;
- Welcome participants to the session;
- Presenter should facilitate the introductory activity using **Appendix #1;**
- Presenter should introduce himself/herself to the group;
- Presenter should remind participants of the training room culture;
- Presenter should review the competencies and learning objectives using **Handout #1 (Learning Objectives and Competencies)** and **Overhead #1 (Learning Objectives);**
- Presenter should present the framework for casework in Pennsylvania using the Navigational Chart.

Section I: Introduction

Trainer Note: Prepare the training room in advance by placing name tents and markers at each table. As participants arrive, greet each one. Give participants envelopes from Appendix #1 and prepare to explain the activity to the class.

Step 1: (30 minutes)
Large Group Activity

Trainer Note: The purpose of this activity is to raise the trainees' awareness of how a family might feel when they are being "led" through an unfamiliar system by a Child Welfare Professional that they do not know and may not trust. It demonstrates that clients who do not know where they are going may be resistant. It may also show that a skilled Child Welfare Professional can motivate and encourage a client through the child welfare system by using skills of engagement and persuasion.

Trainer Note: "Charting the Course" classes are limited to 20 people. If there are an odd number of trainees, you have several options. One is to have one of the trainers partner in the leader role, preferably as Leader #1. Another option is to have the unpartnered trainee serve as an observer of the dynamics in the room. Suggest that he/she pay particular attention to the #9 pair.

Give participants a strip cut from **Appendix #1 (Instructions for the Introduction Activity)**. The strip explains that the participants will be divided into leaders and followers. Each of the leaders will be given the assignment of asking his/her partner to close his/her eyes and not to open them until told to do so—or the leader may choose to blindfold the follower. The leader will also receive instructions telling him/her to direct the follower to a designated spot in the room without making physical contact with the follower.

The leader will give the follower only spoken suggestions as to how to get from one place to the other, and may not touch or guide him/her physically. Some followers will be given the same exact instruction as their leaders; some will have clear and more complete instructions than their leaders; some will have no instructions about the desired outcome, but will have a prompt to behave in a certain way to the leader's directions. The followers will be told that they will either be blindfolded or asked to keep their eyes closed. Some will get the suggestion that they can bring their own blindfold or prepare to assure their leaders that they will not open their eyes until directed to do so.

Participants in a leader role will receive instruction on matching up with their follower. The trainer can decide how he/she wants to do this. Some trainers use file cards with paired stickers or words on them. Others might have participants count off by the same number as half of the group; so a group of 16 trainees would count to 8 and repeat; then 1's would be paired, 2's would be paired, etc.

Ask participants to find their assigned partners. Once the partners are located and the trainees are standing with their partners, Give the signal to begin, reminding the leaders and followers of their roles and tasks. Use the handout as an instruction guide.

Pairs will have three minutes to complete their task. If after three minutes, no pairs have signaled reaching their destination, the trainer can extend the time by one or two minutes. Some leaders will receive step-by step instructions as to how to get their follower from one place to the other. Some followers will get suggestions about how to respond to the activity, such as repeatedly asking for clarification or resisting the leader's directions passively or absolutely refusing to comply.

Call time at the end of three minutes (or the extended time). (Some trainers prefer to have a way to signal the end of time—such as flashing the lights or clapping their hands or playing music on a tape/CD player.) Decide how to do the signaling and make arrangements for whatever equipment is needed.

Pairs will be asked to face each other and say to each other:

> "One thing you did that helped me to feel OK about this experience was…"

Followers and leaders will group together in their respective groups. The leader/follower of the first pair to have reached their destination will serve as leaders/recorders/reporters for their respective group. Allow 5 minutes for the discussion.

Trainer Note: Display these questions on a prepared flip chart: (1) "If we were to do this activity over again, right now, one suggestion I would make to my leader which might help us to be more "successful" would be…" (2) "If we were to do this activity over again, right now, one suggestion I would make to my follower which might help us to be more "successful" would be…" and (3) "If we were to do this activity over again, right now, one thing I would change/do differently about my own behavior which might help us to be more "successful" would be…

Followers will group together and discuss, "If we were to do this activity over again, right now, one suggestion I would make to my leader which might help us to be more "successful" would be…" As time allows, they might be asked to also discuss, "If we were to do this activity over again, right now, one thing I would change/do differently about my own behavior which might help us to be more "successful" would be…"

Leaders will group together and discuss, "If we were to do this activity over again, right now, one suggestion I would make to my follower which might help us to be more "successful" would be…" As time allows, they might be asked to also discuss, "If we were to do this activity over again, right now, one thing I would change/do differently about my own behavior which might help us to be more "successful" would be…"

Only 5 minutes should be allowed for the group discussion.

Call time and ask each group to share their ideas with each other and share feelings about the client (blindfolded) /Child Welfare Professional (leader) experience. Allow 7-10 minutes for this part of the activity.

Call the group to order and ask the learning objective question of “How does this experience compare with the experience of being a Child Welfare Professional and a family member receiving services?” Some comparisons are:

- Child Welfare Professionals lead or facilitate the “movement” of a client through the system.
- Clients are often seen as “followers” in the system.
- Some clients have more information about how to move in the system than we do as workers.
- Some clients resist our efforts.
- Some clients refuse to participate without coercion.
- Being prepared and knowing the desired outcome is helpful.
- Having skills in giving instructions is helpful.
- Having skills in engaging and persuading is helpful.
- Both parties having the same desired outcome is very useful and almost assures success.
- We can experience the same kinds of feelings that clients feel when we are placed in similar situations.
- If a client has had a prior bad experience with CYS, he/she may be more resistant.

Step 2: (5 minutes)
Lecture, Individual Activity, Small Group Discussion

Start this segment by covering the following points:
- Introduce yourself
- Refer participants to the Training Room Culture:
    Be on time -15 minute rule
    Training Schedule – 9:00 to 4:00 with Breaks
    Document your presence -sign-in sheet
    Provide Constructive and Motivational Feedback
    Respect
    Risk-taking
    Practice makes permanent
    Focus on Learning – No cell phones, pagers on vibrate & contact office only for emergencies

Instruct participants to write the county in which they work in the top right corner of the nameplate. Instruct participants to write their positions in the agency in the top left corner.

Asks participants to write the amount of time they have been in their positions in the bottom left corner. The trainer asks participants to write the amount of experience they have in child welfare in the bottom right corner.

When the name and four corners are complete, ask participants to stand their name tents in front of them.

Ask participants to share introductory information from their nameplates with the others seated at their tables.

Step 3: (5 minutes)
Lecture

Refer participants to their workshop packets and review the competencies, learning objectives, and agenda for the workshop by referring to **Handout #1** (**Learning Objectives and Competencies)** and using **Overhead #1 (Learning Objectives)**.

Describe how the learning objectives will be accomplished by reviewing the **Handout #2 (Agenda for Module 2)** and **Overhead #2 (Agenda for Module 2).**

Close the introduction section by sharing the learning objectives for the day and the competencies, asking if there are questions, and answering any questions that are raised.

Connect this activity to the next section by telling participants that today they are going to learn a helpful framework for practicing child welfare in Pennsylvania, which will serve as their roadmap—like the most effective set of instructions for the previous activity. To bridge the two sections, use **Handout #3 (Phases of Casework Practice: Navigational Chart).** By the end of the day, they should be able to verbally explain the framework to someone else, describing briefly how a case moves from intake to case closure and expressing the guiding principles of practice in Pennsylvania: the code of ethics, Strength-Based, solution-focus, and the protective partnership.

Trainer Note: before moving on to the next section, ask participants how many of them were able to complete their transfer of learning (TOL) assignments for the completion of Module 1 which was to: (1) ask their supervisor to identify the Pennsylvania Standard that was chosen by their agency as an area needing improvement in their needs based plan and (2) review their self assessment plan and transfer of learning activity with their supervisor. For those that did complete the assignments, ask them to share the results of the TOL activity. For those who did not complete the assignment, encourage them to do so in the future in order to round out their Module 1 learning.

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section II: Casework Process in the Agency

Estimated Length of Time:
1 hour

Learning Objectives:
Participants will be able to:
- ✓ Identify the stages of the casework process
- ✓ Identify the connection between ASFA goals and the casework process

Methods of Presentation:
Lecture, Small Group Activity, Large Group Discussion

Materials Needed:
- ✓ Masking tape
- ✓ Colored markers
- ✓ Blank flip chart paper
- ✓ Overhead Projector and Screen
- ✓ **Overhead #3 (The Child and Family Service Review Outcomes)**
- ✓ **Overhead #4 (Instructions for Identifying the Stages in the Casework Process)**
- ✓ **Handout #3 (Phases of Casework Practice: Navigational Chart) (revisited)**
- ✓ **Handout #4 (Child and Family Service Review Outcomes)**
- ✓ **Handout #5 (Case Vignettes)**

Outline of the Presentation:
- Presenter illustrates how agencies may differ in assignment of casework responsibilities
- Presenter explains the nine stages of the casework process using **Handout #3 (Phases of Casework Practice: Navigational Chart)**
- Presenter reviews the CFSR outcomes using **Overhead #4 (Instructions for Identifying the Stages in the Casework Process)**
- Presenter facilitates a review activity using case vignettes on **Handout #5 (Case Vignettes)**

Section II: Casework Process in the Agency

Step 1: (15 minutes)
Lecture

Refer to **Handout #3 (Phases of Casework Practice: Navigational Chart) (Revisited)** and suggest that the participants may want to hang this in their work cubicle or office in order to assist them in identifying where they are in a case at any given time.

Remind participants that on the first day of training they learned about the laws, mandates, regulations and critical outcomes that guide child welfare practice. Various sections of those apply to the casework process. Throughout the 120 hours of training, they will learn the sections of the laws and mandates that apply to each phase of the casework process.

Point to each section of the handout, naming and briefly explaining each of the steps in the process (all of these stages will be discussed more fully in subsequent Modules). Have participants follow the process on **Handout #3 (Phases of Casework Practice: Navigational Chart) (Revisited)**. Use the following information in the discussion:

1. **Referral to CYS Services**: this phase refers to the process of receiving a call at CYS, where a Child Welfare Professional gathers information and documents the concerns the caller has for a child's safety and well-being.

2. **Screening**: Step 2 refers to the process of the "screener" receiving the information about the referral, typically through reviewing the "Intake Form" and making a decision about whether or not CYS involvement is necessary. The screener assigns a "risk tag" and a response time. At this phase, a decision is made as to whether a case will be accepted for investigation or assessment or not and if the call does not meet the criteria for CYS involvement, the caller/client may be referred elsewhere: i.e., an attorney, counseling resources, police, schools, etc.

3. **Make Community Referrals:** (Sometimes called Information and Referral or I&R): this phase refers to the process whereby the worker gathering and documenting the information about the referral might suggest, if the concern is not about a child's safety, well-being, or permanence, that the caller contact another social service agency or organization in the community for assistance.

4. **Assessment or Investigation:** this phase refers to the process done after a CYS referral has been accepted for assessment/investigation by the screener.

5. **Service Planning:** this phase refers to the process of engaging the family (and others) to develop a plan to achieve safety for the children in the home. This phase refers to all cases that receive in-home services by developing a Family Service Plan.

6. **Permanency Planning:** This phase refers to those cases in which a child has been placed out of the home to assure his/her safety and a Family Service Plan and a Child Permanency Plan are developed to guide the decision-making about reunification and child permanency.

7. **Implement Plans:** this phase refers to the process of implementing the services outlined in Service Planning, including the Family Service Plan and the Child Permanency Plan.

8. **Review, Revise & Implement Plans:** this phase refers to the periodic and on-going process of evaluating and monitoring whether the services being provided are adequate for the family's needs or need changed or updated. Typically, this is done at least every six months, but should be done on a more frequent basis as required by regulations and best practice. (The details of this will be discussed in Module 11).

9. **Case Closure**: this phase refers to the ending of C&Y services due a variety of reasons. The most preferred reason is the family's satisfactory completion of the goals outlined in the Family Service Plan, but other reasons often prompt this decision, such as moving out of the area, court orders, refusal of services, etc.

Step 2: (10 minutes)
Lecture:

Display **Overhead #3 (Child and Family Service Review Outcomes)** and mention that the casework process is the sequence of activities that are used to achieve the outcomes of child welfare: safety, permanency, and well-being. Briefly review the information on **Handout #4 (Child and Family Service Review Outcomes)**.

Give examples of what a Child Welfare Professional does in order to achieve one or more of the outcomes in each stage. For example, safety is a concern at every contact and every stage, with a safety assessment and plan required to be developed, considered, and discussed at every face-to-face contact, regardless of the stage of the casework process. (Inform participants that they will be learning about safety planning in Module 6.) Permanency might be more of a focus in the service and permanency planning, implementation and evaluating stages. Well-being is clearly a focus in the assessment stage and needs to be monitored during the implementation stage and re-assessed at case closure.

Step 3: (25 minutes)
Small Group Activity

Divide participants into small groups and distribute **Handout #5 (Case Vignettes).** Depending on the number of groups in the class, assign each group 2-3 vignettes. Advise participants to read their assigned case and identify what stage of the casework process (screening, assessment, service planning, etc) is associated with the case. From **Handout #4 (Child & Family Service Review Outcomes)**, ask participants to identify the CFSR mission critical outcome associated with their case (S1, WB2, etc) and what item numbers may apply (1-23). For the purpose of this introductory piece, explain to participants that the Federal government requires that Pennsylvania achieve certain outcomes that can be behaviorally measured via compliance with the "items" listed on **Handout #4**. In order to establish that the state is in compliance with the Federal standards, representatives from the federal government will come into the state and do a Child and Family Service Review (CFSR) to determine that the state has a 90% compliance with each of the outcomes. Throughout Charting the Course, every outcome will be explained in detail.

Explain that the person who drove the shortest distance to get to training today will be the group's presenter.

Display and review page 1 of **Overhead #4 (Instructions for Identifying the Stages in the Casework Process)**.

Instruct groups that they have 10 minutes to complete their group work based on the instructions.

Upon completion, display page 2 of **Overhead #4 (Instructions for Identifying the Stages in the Casework Process)** and ask the group whose case is in the "Screening" stage to present a brief synopsis of their case, what stage of the casework process the case is in, and the CFSR outcome and item number associated with the case. If necessary, correct any errors and clarify any confusion.

Follow the sequence of the casework process. At the end of the discussion, note the diversity or similarity in the class's responses to the stages of the casework process. Note these on a flip chart as appropriate.

#1: Mrs. Lee is calling to report her concern about her neighbor's three-year-old child being allowed to play outside unsupervised on a busy street. She has observed this happening at least six times in the past several weeks. She does not know who is at home watching the child when this happens. There does not seem to be a pattern in the time of day or the days of the week when it happens. She thinks the agency should send a worker out as soon as possible to check this out before the child is hurt, abducted or killed.

- Stage of casework process: Screening
- Mission Critical Outcomes: Safety
- Item: 1

#2: Mr. Theos has had legal custody of his brother's four year old son, Alphonse, Jr., for the past two years, while his brother, Alphonse, Sr., has been serving a life sentence without parole for shooting a police officer during a robbery. Mr. Theos is going to court today to finalize the adoption of his nephew as a single parent. The police in the shooting killed Alphonse's mother. Mr. Theos does not think that he will need post-adoption services from the county agency or from the private agency who arranged the adoption for him.

- Stage of casework process: Case closure
- Mission Critical Outcomes: Permanency
- Item: 7,8,9,15

#3: Tina and John Potter had their six children removed from their care and placed in foster care one night one year ago when their utilities had been shut off for non-payment and their neighbor reported that they were huddled around a bon-fire of furniture behind their home in rural Pennsylvania. Since then, John has completed a job-training program and secured a job as a short haul truck driver. Tina has been working as a part-time custodian in the elementary school. They have maintained their home with utilities for the past three months and the county agency has agreed to allow the older three children to return home on a trial basis.

- Stage of casework process: Evaluating and Monitoring Progress and/or Review Revise and Implement Plan
- Mission Critical Outcomes: Safety, Permanency, Well-being
- Item: 8,13,14,16,17,18

#4: Shaun, an intake worker at the local county child welfare agency is covering intake cases for the afternoon. He just got off the phone with a Mrs. Lee, who called to report that her neighbor's three year old child is allowed to play outside for hours at a time without supervision in a very busy neighborhood. After completing the intake report, he checked the agency files for prior reports and found none. He is in his supervisor's office discussing the appropriate risk tag for this referral.

- Stage of casework process: Screening
- Mission Critical Outcomes: Safety
- Item: 1

#5: Marlo, a 27-year-old county intake Child Welfare Professional, is in the home of Jimmy Jimenez and Lisa Mattison. His agency received a report a few days ago that Jimmy and Lisa were having difficulty making ends meet since the birth of their third child and Jimmy's accident on his motorcycle, which prevents him from working his job as a part-time wood cutter at the local lumber mill. While his boss has been holding his job in hopes Jimmy will be able to return to work in a week or two, there has been no pay check for three weeks and the family is said to be living on food donated by friends and relatives; however, they have been running short on baby formula and diapers and the landlord is threatening to evict them. Marlo is finding it hard to concentrate on his interview, being distracted by the three dogs and the ferret who are running around the living room, which smells strongly of urine and dog feces.

- Stage of casework process: Assessment
- Mission Critical Outcomes: Safety, Well-being
- Item: 1,3,4

#6: Martina, a 35-year-old General Protective Services Caseworker at the local county child welfare agency recently received a case through transfer from Marlo, one of the workers in the Intake and Service Planning Unit. Marlo determined that the three children of Jimmy Jimenez and Lisa Mattison were at risk for physical neglect, but because their extended family was so supportive and because they were cooperative in implementing the immediate safety plan during the intake investigation, the children have been allowed to remain at home. Martina is responsible for developing the Family Service Plan with the parents and continuing to assess the safety of the children in the home during the next several weeks before Jimmy returns to work and the income in the family stabilizes. She has brought a case of diapers from the local mission, information about food bank eligibility, and a large bag of dog food donated by the Humane Society.

- Stage of casework process: Service Planning and Service Implementation
- Mission Critical Outcomes: Safety, Well-being
- Item: 3,4,17,19,20

#7: Martina, a 35-year-old General Protective Services Caseworker at the local county child welfare agency has been providing General Protective Services to the three children of Jimmy Jimenez and Lisa Mattison, who were adjudicated dependent children because of the on-going physical neglect by their parents at a court hearing 4 months ago. In a few weeks, their case will be reviewed by the judge to see if they are still dependent and in need of services from the agency. Their extended family has continued to be very supportive and the parents and their relatives have consistently been cooperative in implementing the safety plans so the children have been allowed to remain at home. However, Jimmy was unable to return to work and it will be a few more months before his disability checks arrive and the family has continued to have difficulty making ends meet. They have removed the dog feces and the house no longer smells of urine; however, they still rely on donations from family and community members to feed and clothe the children. Martina must prepare a report for the court and make a recommendation about continuing services.

- Stage of casework process: Evaluating and Monitoring Progress and/or Review, Revise and Implement Plan
- Mission Critical Outcomes: Safety, Well-being
- Item: 3,4,17,19,20

Step 4: (5 minutes)
Lecture

Remind the class to post their Navigation Chart near their desks. Explain that it will assist in learning the casework process and reinforce the desired outcomes of assuring safety, providing permanency, and facilitating well-being for children…all within the required timelines noted in law and regulation. They should be encouraged to discuss the stages with their supervisor, who identifies which ones are important to their specific role and job description in the agency

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section III: Ethics

Estimated Length of Time:
1 hour

Learning Objectives:
Participants will be able to:
- ✓ Recognize the importance of ethical conduct when working with children and families.

Methods of Presentation:
Large Group Discussion, Video, Small Group Activity

Materials Needed:
- ✓ Flip chart stand
- ✓ Flip chart paper
- ✓ Colored markers
- ✓ TV/VCR/DVD player
- ✓ **Handout #6 (Ethics)**
- ✓ **Handout #7 (Applying Ethics)**
- ✓ **Handout #8 (Questions for Ethical Decision Making)**
- ✓ **Video: Professional Choices: Ethics at Work**

Outline of Presentation:
- Presenter introduces the concept of ethics and facilitates discussion
- Presenter introduces the **Video: Professional Choices: Ethics at Work**
- Presenter facilitates small group activity and large group discussion on ethics

Section III: Ethics

Step 1: (10 minutes)
Large Group Discussion

Trainer Note: Inquire of the participants who completed their TOL assignment to review the NASW Code of Ethics. Tell participants that we will be reviewing the core values of the social work profession: service, social justice, dignity and worth of a person, importance of human relationships, integrity, and competence.

Ask participants to describe the word “ethics” and “ethical behavior” and list responses on a flip chart. Begin a large group discussion with participants on ethics with the following information:

- Ethics are basic core values and beliefs that guide individuals.
- Ethical behavior is how we operationalize those ethics. It is turning them into observable behavior.
- As social workers we have a responsibility to our clients, colleagues, workplace, community and society as a whole.
- As social workers we value and promote social justice and change with and on behalf of clients.
- As social workers, we are sensitive to cultural and ethical diversity.
- As social workers, we seek to enhance the capacity of our clients.

Step 2: (15 minutes)
Video

Distribute **Handout #6 (Ethics)** to participants and have participants take notes on the upcoming video at the bottom of the page. (This handout also lists information from step 1.) Introduce and review the purpose of the video. Show the first 11 minutes of the **Video: Professional Choices: Ethics at Work.** Stop the video just before the blue screen that announces the section on “Confidentiality” at 10 minutes, 59 seconds. Participants should keep **Handout #6 (Ethics)** for their own reference.

Step 3: (25 minutes)
Small Group Activity, Large Group Discussion

Tell participants that they will now practice applying ethical core values. Distribute **Handout #7 (Applying Ethics).** Instruct participants to read the case material and then use the questions on **Handout #8 (Questions for Ethical Decision-Making)** to analyze the ethical issues in the assigned case in small table groups.

Review **Handout #8 (Questions for Ethical Decision Making)** with participants. Because of time constraints, it is recommended that each group be asked to complete questions 1, 2, 7, and 8 in their small groups, spending about 10 minutes to do so. Assign each group one of the other questions (3, 4, 5, or 6). Ask each group for a brief report out being careful to abide by the limited time. After each group has reported, conduct a large group discussion with the remaining time to answer questions 9 and 10. Here are some key points to consider and include in the discussion:

1. Identify the ethical dilemma/issue. What other information might be needed or useful in your discussion?
   - Aaron is asking Natasha to sign a legal document of serious consequence without legal representation and while she seems to be under the influence of a controlled substance.
   - He makes statements to her that do not respect her dignity ("that Tisha will be better off with the Johnson's than with her and her addiction").
   - He does not inform his supervisor of the fact that the papers were signed while Natasha was impaired.
   - He is working beyond his level of competence.
   - He is allowing his personal bias against addicts to influence his decision-making.
   - The possible dual relationship that may exist if he really did graduate from high school with Mrs. Johnson.

2. What is/are the client's interests and/or need for service? (Who is/are the client(s)?)
   - Tisha has a need for safety, permanency, and well-being.
   - Natasha has a need for treatment services as well as legal representation.
   - The Johnsons need assistance in addressing their concerns about adopting Tisha and/or services for Tisha that might make the adoption possible for them.

3. What are the social justice issues in this situation?
   - Some may see justice issues related to Natasha's poverty and addiction, stating that the just thing would be to wait until she is clean and sober before proceeding with the signing of the paperwork and the legal decision-making. Others may identify that the justice issue is that she is without legal representation and is being taken advantage of while under the influence. Justice is best served by waiting until she is sober and alert and has discussed the decision with an attorney.

4. What issues are involved that concern the dignity and worth of the person?

   - Natasha's worth and dignity would best be served by confronting her about the situation and arranging for her to have legal representation in a few days so she can discuss the decision with an attorney and make it when she is not under the influence. Some may argue that Tisha's worth as a person is also best served by preserving her connection to her mother, in spite of Natasha's addiction. The concerns the Johnson's have need to be addressed carefully if Tisha's permanency and well-being needs are to be met.

5. What human relationships are at stake here?
   - The relationship between Natasha and Tisha is the most important relationship. Waiting until she has legal representation and is sober would foster that relationship.
   - Natasha's ability to trust not only Aaron as her new worker but other helpers is at stake here. Waiting until she has legal representation and is sober would foster that trust and indicate that he is watching out for her interests, even when they conflict with his own.
   - The trust between the Johnson's and Aaron will be broken when and if Natasha's relinquishment is challenged by an attorney at a later date. Waiting until she has legal representation and is sober would prevent that
   - Aaron's relationship with his supervisor and other professionals in the community is at stake here. He might begin to be seen as a worker who will cut corners and compromise his ethics for expediency sake. This will compromise his professional reputation and the agency's reputation as well.

6. Are there issues of honesty and integrity? How might personal bias, values, beliefs, or needs affect your decision-making?
   - Natasha needs to be assisted to see that this is a critical decision and that she should make it when she is clean and sober and has discussed it with an attorney. Aaron's not telling his supervisor about his dual relationship with Mrs. Johnson and Natasha's impaired condition is a form of dishonesty.
   - Personal bias can impact decision-making here by favoring the Johnson's over Natasha since they do not seem to be addicted and also seem to be able to meet her needs better than Natasha has or perhaps will be able to. The belief against biracial couples might impact on the choice of them as adoptive parents for Natasha. The bias against single mothers might bias a worker against trying to get Natasha to make a decision for sobriety. Resenting the requirement of having a supervisor or the supervisor's age, gender, race, religion or other life-style issue could bias Aaron against forming an open, trusting relationship with her.

7. Is this decision within your scope of professional competence? If not, to whom can you refer the situation? If not, what else would you need to learn in order to be competent to make this decision? If so, what documentation would you offer to support your level of professional competence with this issue?
   - The decision-making seems to be beyond Aaron's level of competence. He needs to be working more closely with his supervisor or the agency solicitor and/or a more experienced adoption worker. He might also benefit from training about addictions and understanding and working with relapse.

8. Does the law, regulation or policy indicate what should be done? If so, what?
   - People are protected legally from being coerced into signing legal documents or doing so under the influence of controlled substances; the document is considered invalid. In the hearing on the petition, Natasha would be asked

about her understanding of the document and the decision and whether or not she had sought legal counsel before signing it.

9. What is your recommended course of action?
    - The recommended course of action would have been to wait until Natasha was sober and had seen an attorney. Since that was not done, Aaron should tell the supervisor that she was under the influence of something and that the papers need to be destroyed and signed again after consulting with an attorney. The Johnson's concerns about adopting Tisha need to be addressed and if they cannot be satisfactorily met, another permanent home for Tisha will need to be located as soon as possible. If Natasha refuses to seek treatment and to deal with her addiction and will not sign the papers again when she is sober, involuntary termination would need to be sought based on length of time in care or incapacity to parent, etc. If Aaron finds that he does have a dual relationship with Mrs. Johnson, he may need to be reassigned to a different worker.

10. What are the possible consequences of this action? Do the likely consequences change your course of action?
    - The consequences are that the pace of the adoption will be slowed. Aaron might be reprimanded and/or required to attend additional training. His supervisor might review his work more closely to try to avoid such situations in the future.

Conclude this section by asking for questions or issues needing clarification and reminding trainees that there will be many times during training that we will apply ethics to cases.

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section IV: Introduction of the Interactional Helping Skills

Estimated Length of Time:
1 hour, 15 minutes

Learning Objectives:
Participants will be able to:
- ✓ Recognize the four phases of the Interactional Skills Model as they relates to the casework process
- ✓ Recognize the benefits of using the Interactional Skills to build a working relationship with clients

Methods of Presentation:
Individual Activity, Lecture, Large Group Discussion

Materials Needed:
- ✓ Post-it Notes
- ✓ Colored markers
- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Overhead Projector and Screen
- ✓ **Overhead #5 (Using the Interactional Helping Skills in Child Welfare)**
- ✓ **Handout #9 (Helpers and Helping Relationships)**
- ✓ **Handout #10 (Using the Interactional Helping Skills in Child Welfare)**
- ✓ **Handout #11 (Using the Interactional Helping Skills to Engage Families in Child Welfare)**
- ✓ **Video: Interactional Skills**

Outline of Presentation:
- Presenter facilitates a brain storming session
- Presenter introduces the interactional helping skills using **Handout #10 (Using the Interactional Helping Skills in Child Welfare)** and **Handout #11 (Using the Interactional Helping Skills to Engage Families in Child Welfare)**
- Presenter should discuss the four phases of the interactional helping skills model using **Handout #10 (Using the Interactional Helping Skills in Child Welfare)**
- Presenter introduces the **Video: Interactional Skills**
- Presenter answers questions/responds to concerns regarding the interactional skills

Section IV: Introduction of the Interactional Helping Skills

Step 1: (15 Minutes)
Individual Activity, Large Group Discussion

Ask trainees to imagine that in a few minutes someone is going to knock on their door at home, ask to come into their home, and to talk with them about their personal lives: their children, their pets, their work, their upbringing, their educational background, their financial status, their plans for the future, and their involvement with their neighbors and groups in the community. After putting themselves in this scene, the participants will be asked to work independently to brainstorm a list of the personal characteristics that they want the person knocking on their door to have. Column 1 of **Handout #9 (Helpers and Helping Relationships)** can be used to record this information and to serve as a place to record the results of the general discussion after the individual brain storming. Following two minutes of individual brainstorming, the trainer can stop the individual process and begin recording the results on a flipchart. Trainees can be encouraged to record the group's answers on their handout. If trainees offer answers that are not consistent with the characteristics of casework helping relationship, ask for clarification and comment about how individual past experiences can color our expectations. If characteristics are offered that are significantly "off-base," record all responses and then ask to identify those that are child welfare casework "ideal".

Possible answers might include:

- Characteristics of Helpers:
    - Honesty
    - Compassion
    - Empathy/Caring
    - Competence
    - Assertiveness (for advocacy)
    - Nonjudgmental
    - Helpful
    - Knowledgeable
    - Well-trained
    - Creative
    - Sensitive
    - Good listener
    - Good communicator

After putting themselves back into the scene, the participants will be asked to work independently to brain storm a list of what people want in a helping relationship. Column 2 of **Handout #9 (Helpers and Helping Relationships)** can be used to record this information and to serve as a place to record the results of the general discussion after the individual brainstorm. Following two minutes of individual brainstorming, stop the individual process and begin recording the results on a flipchart.

Possible answers might include:

- What we want in a Helping Relationship:
    - To be told the truth/not lied to
    - To be respected/not made fun of
    - To be treated fairly
    - To have our opinions count/included in decision-making
    - To have successful/good outcomes
    - To be listened to
    - To not be talked down to
    - To not be shouted at

Summarize this activity by indicating that our expectations and preferences are likely not very different from those of our client/families— and that the Interactional Helping Skills that we are going to learn are the skills that will assist us in developing this type of an effective helping relationship.

Step 2: (15 minutes)
Lecture

Trainer will distribute or invite the participants to find in their packets **Handout #10 (Using the Interactional Helping Skills in Child Welfare)** and **Handout #11 (Using the Interactional Helping Skills to Engage Families in Child Welfare)**, which includes the definitions for the skills that will be demonstrated throughout the training sessions. Suggest that the participants post their copy where they can see it in order to assist them in identifying the phase of the work they are in with a client/family and the set of skills which might be useful in that phase. Trainer should display **Overhead #5 (Using the Interactional Helping Skills in Child Welfare)** and review the skills and phases. Tell participants that the skills will be more fully explained over the next hour.

Trainer reminds participants that on the first day of training they learned the overview of the laws, mandates, regulations, and critical outcomes that guide child welfare practice. Just as the laws and regulations are the foundation for our work, the skills are the way we apply those laws and regulations in all of our practice. Throughout the 120 hours of training we will learn the basic interactional skills and discuss how they can be used with cases, so that by the end of training, participants will have at least a beginning familiarity with the interactional skills and how and when to use them to accomplish the desired outcomes of child welfare casework: safety, permanency and well-being on a timely basis.

Step 3: (10 minutes)
Lecture

While the participants follow along with their handouts, the trainer will discuss that research (referenced in Shulman's book) shows that people achieve lasting change if they have a positive working relationship with the helper who is facilitating that change process. In child welfare, as we learned on Day 1, the outcomes we are mandated to achieve with our clients are timeliness, safety, permanency, and well-being for children. During “Charting the Course,” we will learn how to use nine skills to build effective helping relationships with clients. We will also learn that the helping relationship has four distinct phases, which mirror an individual contact or interview with a client and also occur throughout the whole of the relationship.

The trainer must describe the four phases of the interactional skills model (preliminary, beginning, middle, and ending phases) by giving examples of the type of casework that would be completed in each phase. Each phase will be identified by its name and its function/outcome:

1. Preliminary or Preparatory Phase: During this phase, the Child Welfare Professional makes an effort to get in touch with potential feelings/concerns/beliefs that he/she may bring to the helping encounter.
    - Examples: These are preparatory activities the Child Welfare Professional does within him/herself such as “Tuning in to Self” (how do I feel about this client, this type of case) and “Tuning in to Others (how will this client feel when I show up at his/her house)” or activities done with the supervisor or other workers, such as checking the archive files for prior referrals, etc.

2. Beginning or Contracting Phase: Beginning the work with the client/family
    - Example: During this phase, the Child Welfare Professional begins to establish a relationship with the parent/caregiver, first by introducing her/himself, and then explaining the Child Welfare Professional’s role and purpose of the visit related to the safety and well-being of the child referred to the agency.

    The Child Welfare Professional communicates her/his understanding of the parent/caregiver’s reaction to the child abuse and neglect report, obtains feedback, and deals with fears and anger of the parent/caregiver towards the agency.

3. Middle or Work Phase: Doing the work of facilitating the desired/required changes to assure safety, permanency, and well-being of the children.
    - Example: This phase includes conducting interviews to obtain information, using open-ended and exploratory questions, reaching into silences to determine what the parent/caregiver is thinking and how he/she is responding to the information the Child Welfare Professional is providing regarding the agency’s mission to help families, and how the Child Welfare Professional can help. This phase also includes home visits, office visits, and contacts with other service providers, including the schools and law enforcement. It involves helping the family to achieve safety and well-being of the child, as well as helping the parent/caregiver to obtain the services he/she needs in efforts to make permanency decisions for the child.

4. Ending or Transition Phase: Closing the process and helping families to transition to supports in the community.
    - Example: This phase begins when the child's safety, well-being, and permanency goals have been fully achieved. To close the case, the Child Welfare Professional must conduct final risk and safety assessments to assure that the child will be safe in the new permanent living arrangement without further agency involvement. The Child Welfare Professional prepares the child and the parent/caregiver for case closure, identifying next steps that may involve referral to community-based agencies for continuing support.

The trainer will briefly list the skills associated with each phase, asking trainees to review the working definitions on **Handout #11 (Using the Interactional Helping Skills to Engage Families in Child Welfare)**. The trainer needs to remember that this is a first brief introduction to the list of the skills and not a time to explain or teach the skills. Each skill will receive attention in later sessions where it will be defined, described, and demonstrated. In some cases, the trainees will have the opportunity to practice the skills and observe others practicing, as well as give and receive feedback on this practice.

Step 4: (25 minutes)
Video, Large Group Discussion

The trainer will show the entire **Video: Interactional Skills**. During this interview, each of the phases and the skills will be identified as they are viewed.

Trainees should be asked to focus more on the video than on their handouts and be reminded that each specific skill will be demonstrated and discussed in more detail at a later time in the training. The goal here is to see the sequence of the whole interview and the helping skills in context.

After the video, ask one or more of these questions as time allows:
1) Which of the four phases (preparation, beginning, middle or end) of the interview are more challenging for you? What are some of those challenges?
2) Which of the four phases are you most comfortable with in terms of being able to consistently use your skills to effectively do the work in this phase?
3) Which of the skills do you currently feel you can do competently and confidently right now without any further training?
4) Which of the skills do you feel you need to practice and learn more about in order to do effectively in the child welfare setting?
5) Tuning in to Self: What did you hear the worker say to herself that indicated she was doing this?
6) Tuning in to Others: What did you see her do that indicated she was tuning in to Mr. Kelly?

End with this question about strength, which will serve as a bridge to the opening discussion about strength in the next section:
- What strengths did you identify in Mr. Kelly?

a. He was employed.
b. He seemed to be of normal intelligence.
c. He was committed to being a good parent to Eileen, even as a single dad.
d. He had good verbal skills and was willing to talk to the worker.
e. When he got upset, he was able to regain his composure quickly and resume the interview.
f. He was open to suggestions.
g. There were no visible dangers in the house.

Close the discussion by stating that we will be learning more strengths and how to identify and use them in upcoming sessions.

Step 5: (5 minutes)
Individual Activity, Lecture

After the video, the trainer can ask participants to write one comment or question about interviewing skills and casework on a large post-it note. These can be shared out loud with the trainer answering them to the larger group.

Step 6: (5 minutes)
Lecture

The trainer must remind the class to keep their copy of the list of skills and the four phases of the interactional model where they can see it for easy reference. This can serve as a reminder to use the appropriate skills in the context of each phase of their work. It can also help workers who have responsibility for the entire life of the case to periodically re-focus their attention on where they are in the life of the case and how they use the skills to accomplish the work of the phase.

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section V: Strength-Based and Solution-Focused Approach to Child Welfare Practice

Estimated Length of Time:
45 minutes

Learning Objectives:
Participants will be able to:
- ✓ Recognize the Strength-Based approach and a Solution-Focused (traditional) approach in child welfare practice

Methods of Presentation:
Lecture

Materials Needed:
- ✓ Overhead Projector and Screen
- ✓ **Overhead #6 (Strength-Based and Solution-Focused Approach to Child Welfare Practice)**
- ✓ **Handout #12 (Strength-Based and Solution-Focused Approach to Child Welfare Practice)**

Outline of the Presentation:
- Presenter should introduce the Strength-Based and Solution-Focused approach to child welfare practice.

Section V: Strength-Based and Solution-Focused Approach to Child Welfare Practice

Step 1: (30 minutes)
Lecture

Explain to the participants that having a specific blended model (Strength Based and Solution-Focused) of practice helps a practitioner be consistent in his or her approach to the work. This can be a clear asset when time constraints and pressures threaten to overwhelm and confuse us. Practice can be influenced by any number of philosophical approaches.

Ask participants the social work practice philosophies to which they may have been exposed in college work, professional reading, or media reports.

Trainer Note:
Trainer may need to give the participants an example to start off the discussion
Some examples might be:

- The medical model (in which conditions are identified and treatments are prescribed),
- The psychoanalytic approach (in which the influence of one's early life experience is examined in order to gain insight into coping strategies for adulthood),
- The ecological model (in which the whole environment is seen as impacting on one's situation),
- The system's approach (in which the interdependence of the separate parts to the whole is analyzed in order to effect changes and optimal outcomes), and
- The interpersonal approach (in which relationships between people are seen to be central to the quality of life and are the arena for change and meaning).

Distribute **Handout #12 (Strength-Based and Solution-Focused Approach to Child Welfare Practice)** while also displaying and lecturing on **Overhead #6 (Strength-Based and Solution-Focused Approach to Child Welfare Practice).**

Explain that in Pennsylvania, we blend the Strength-Based and Solution-Focused Approaches to child welfare practice to form Protective Partnerships with families to achieve the goals of safety, permanency, and well-being. Each of these will be defined and described in more detail later, but at this beginning section of the curriculum, we want to be clear about what they are.

To demonstrate this point, the trainer may write the words Strength-Based + Solution-Focused=Protective Partnership on a flipchart.

The first is the Strength-Based. The *PA Standards for Child Welfare Practice* emphasize that our casework is to be family-centered and Strength-Based. This means that we identify the family's strengths and resources, which can then be used to accomplish our mission with them.

The second approach is the Solution-Focused approach to the work, which means that we place our primary efforts on identifying what the family and we can (and must) do to provide safety, permanence, and well-being for their children. While it is important to complete accurate on-going assessments to understand the underlying causes of situations, our first focus is on finding solutions that will keep the children safe, assure that they have a permanent home and provide what they need to develop into functional adults.

We have learned through research and practice experience that change is always challenging. We further understand that self-determination is critical to making lasting change when Solution-Focused efforts are maintained over time through helping and supporting relationships. Child Welfare Professionals strive to form partnerships to help families use their strengths and resources in efforts to change life conditions that required agency intervention.

In later sessions, we will examine the details of a Strength-Based approach and will learn the skills of Solution-Focused Interviewing and skill of developing Protective Partnerships by managing our protective authority within a helping relationship.

Discuss the Strength-Based approach with participants using the following information: Identifying strengths and resources within the family system that could be used to assure safety and well-being of the child. Family strengths to be explored during the assessment process relate to parent/caregiver's past and current efforts in protecting children from harm, maintaining loving parent-child relationship, accessing extended family and other support systems, and making efforts to address past and current stress conditions (e.g., alcohol and drug abuse, family violence, mental health issues, unemployment, etc.). This approach also involves the Child Welfare Professional's use of family strengths and resources in developing a Solution-Focused case plan to prevent future abuse and neglect and to increase well-being of the child.

- What people know and have learned about themselves, others, and their world.
- Personal qualities, traits, and virtues that people possess.
- What people know about the world around them.
- The talents that people have.
- Cultural and personal stories and lore from their cultural orientation.
- The resources of the community in which they live.

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The principles that form the foundation of the strengths perspective are:

- Every individual, group, family, and community has strengths.
- Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity.

- ❖ Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously.
- ❖ We best serve clients by collaborating with them.
- ❖ Every environment is full of resources.
- ❖ The context of caring and caretaking supports strengths and solution finding.

Discuss Solution-Focused approach with participants using the following information: Solution-Focused means collaborating with the client/family to identify his/her ideas of solutions that will work to assure safety, permanence, and well-being of the child. This approach emphasizes engaging families in the decision-making process, with attention to strengths and resources available to the family, and recognition of the client's hopes of taking care of the child's needs.

Solution-Focused interviewing includes a set of different types of questions, which are used during the interview, as well as a set of underlying philosophical beliefs about people. The types of questions we will use from this model are:

- ➢ *Past successes*:
    - i. What discipline methods have worked with your daughter?
    - ii. What goals have you achieved so far in your life?
- ➢ *Exception questions*:
    - i. Tell me about a time when you were able to express your anger without hurting someone.
    - ii. When have you been able to manage your son's behavior without hitting him?
- ➢ *Scaling questions*:
    - i. On a scale of 1 to 10, with 1 being not very much at all and 10 being as much as you can imagine, how confident are you about being able to do the tasks we listed in your Family Service Plan?
    - ii. What would help to move you one number higher on that scale?
- ➢ *The Miracle question*:
    - i. If a miracle were to happen tonight while you were sleeping and when you woke up in the morning your life had changed, but you didn't know that it had changed, you had to discover the change, what would you first notice would be different?
    - ii. What else?... Anything else?... Who else would notice the change?... What would they see?

Protective Partnership (Child Protection Partnership Approach) means creating a helping relationship with client/families to assess family strengths and develop solutions to assure safety, permanency, and well-being of children.

1. Respecting service recipients as people worth doing business with.
2. Cooperate with the person, not the abuse.
3. Recognize that cooperation is possible even where coercion is required.
4. Recognize that all families have signs of safety.

5. Maintain the focus on safety.
6. Learn what the service recipient wants.
7. Always search for detail.
8. Focus on creating small change.
9. Don't confuse case details with judgments.
10. Offer choices.
11. Treat the interview as a forum for change.
12. Treat these practice principles as aspirations, not assumptions. *Turnell & Edwards*

Practice guidelines that are an integral part to the Protective Partnership Approach:

- Understand the position of each family member
- Find exceptions to the maltreatment
- Discover family strengths and resources
- Focus on goals
- Scale safety and progress
- Assess willingness, confidence and capacity (to carry out case plans before trying to implement them). *Turnell & Edwards*

This is the way a comparison of the Strength-Based, Solution-Focused Approach to child welfare and the traditional approach in a grid:

Strength-Based, Solution-Focused Approach	**Traditional Approach**
1. Identify what the client wants.	1. Diagnose the problem.
2. Let the client tell you who he or she is.	2. Gather all available information in order to classify the client.
3. The client is the "expert" about his or her life.	3. The professional is the expert.
4. Identify client strengths that can be used to promote client goals.	4. Identify the web of causality that is supporting the client problem.
5. The professional collaborates with the client to help the client identify ways to accomplish goals.	5. The professional develops a service plan that the client is expected to follow in order to achieve the case goals.
6. The unfolding of the plan may not be step-by-step, but may emerge in ways best suited to client needs and style.	6. The plan is expected to be implemented in a logical, step-by-step way.

Since this is a very brief overview and introduction to the concepts, there is no applicable transfer of learning. The TOL can happen only after more in-depth knowledge, understanding, and skill development.

To end this section, you could ask trainees to respond/react to these three concepts by moving along an imaginary continuum along one of the walls of the training room with one corner being identified as "strongly agree" and the opposite corner being identified as “strongly disagree” and the middle of the wall as “undecided” or “unsure.” This is more effective, if each concept is assessed separately.

You could also ask what concerns or reservations trainees have about applying each of these in the child welfare context, spending only a few minutes discussing their reservations and assuring them that we will explore each of these in more detail in later modules.

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section VI: Learning from Practice and Feedback

Estimated length of time:
1 hour

Learning Objectives:
Participants will be able to:
✓ Recognize the principles of effective feedback

Methods of Presentation:
Lecture, Large Group Discussion, Video, Individual Activity

Materials Needed:
✓ TV
✓ VCR/DVD Player
✓ **Handout #13 (Principles of Effective Feedback)**
✓ **Handout #14 (Feedback Practice Video Script #1)**
✓ **Handout #15 (Feedback Observation Form #1)**
✓ **Handout #16 (Feedback Practice Video Script #2)**
✓ **Handout #17 (Feedback Observation Form #2)**
✓ **Video: Feedback Practice #1**
✓ **Video: Feedback Practice #2**

Outline of Presentation:

- Presenter should introduce and explain the role of feedback in learning by using **Handout #13 (Principles of Effective Feedback)**
- Presenter should show **Videos (Feedback Practice #1 & Feedback Practice #2)** and facilitate the observation process using **Handout #14** (**Feedback Practice Video Script #1), Handout #15 (Feedback Observation Form #1), Handout #16 (Feedback Practice Video Script #2), and Handout #17 (Feedback Observation Form #2)**

Section VI: Learning from Practice and Feedback

Step 1: (15 Minutes)
Lecture

Trainer distributes **Handout #13 (Principles of Effective Feedback)** and uses it for the following discussion. There are two basic types of feedback used in our everyday world: motivational and constructive. Giving and receiving feedback is a main way that professionals further their development. When we give others *honest and sincere* feedback, we provide an opportunity for people to become more self-aware and improve their performance. Receiving feedback helps us to become competent sooner when learning new skills, and it can serve as a “reality test” when confusion or conflicts arise.

Feedback is verbal or written communication regarding the <u>effects</u> of a person's <u>behavior</u>.

Trainer asks: “In your career as a Child Welfare Professional, with whom will you likely be giving and receiving feedback?” (Examples: Supervisor, clients, service providers, court staff, school personnel, etc.). Ask each participant to Tune in to Self. Ask a couple of volunteers to identify what they feel before they give positive feedback. Ask them what they feel before they give negative feedback. Clearly, for most people it is much harder to give constructive feedback than motivational feedback. Throughout this training, we will be learning and practicing how to effectively give both.

Explain that offering effective feedback requires time and skill, and remaining in control of your emotions. Not everyone feels comfortable providing negative feedback due to their learning history with families of origin, formal education, and cultural influences. As a result, people may wait until a small issue becomes a large problem before providing feedback.

Trainer again asks participants to Tune in to Self by asking: “When this happens, what does receiving this feedback feel like?” (Examples: criticism; complaining; being judged).

The two forms of effective feedback which professionals routinely use to teach and learn are “motivational” and “constructive.” These words replace the words “positive” and “negative” feedback.

- Motivational feedback, as its name suggests, points out what someone is doing well. It is intended to reinforce people who are already displaying skillful behavior, or who are making progress on improving their skills. It highlights specific effective behavior so that the person is aware of it and will continue to use it.
- Constructive feedback points out what the person could do differently in order to be more effective. It is intended to help people correct and/or refine their behavior in order to become more skillful. The difference between constructive

feedback and criticism is that criticism tells what is wrong, whereas constructive feedback points to how to fix what is wrong the next time.

Let us review some principles that will help ensure the effectiveness of your feedback. Using **Handout #13 (Principles of Effective Feedback)** the trainer discusses the 6 Principles of Effective Feedback.

1. It is balanced. Feedback should be Strength-Based, offering observations of behaviors that were done well, and also suggestions for improvement. Feedback that consists only of praise may be regarded as patronizing. Feedback that is too critical may be resented and rejected.

2. It is behavioral. In order for feedback to be useful, it needs to focus on behavior the person can change. It needs to focus on the specific aspect of performance you want the person to continue doing or stop doing. “Your assessment was superficial,” will not be useful in helping the person produce better assessments. Use more specific feedback, such as, “There are gaps in information, particularly about the children. For example, you did not describe the children’s emotional adjustment.” Or, “You provided a thorough explanation about the parent-child relationship.” Avoid using generalizations, such as “You tended to…” or “You were always…”, assumptions, labels, or attitudes. Generally, it is easier for people to change behaviors than attitudes. “When you asked me about my sex life, I felt that you were violating my privacy,” versus “You were intrusive.”

3. It is relevant. Effective feedback should focus on skills directly related to performing a task. Feedback about unrelated matters may be perceived as petty or judgmental. When giving feedback on identifying child risk factors, for example, it would not be appropriate to comment on someone’s handwriting. Avoid use of jargon or technical terms that the other person may not understand.

4. It is participative. In order for feedback to be successful, people must commit to trying the new techniques or behaviors being suggested. The best way to do this is to involve people in generating ideas for change; for example, “What could you do in the future to…?”

5. It is achievable. Provide feedback only on items about which the worker can do something. Feedback to a timid person might be “In order to be more assertive, you might want to try closing the conversation by summarizing key points and moving on.” rather than “You need to be way more assertive if you don’t want to be eaten alive.”

6. It is prioritized. There is a limit on how much criticism a person can take. Typically, it is about 3-4 items per session before the worker’s threshold is reached. Feedback should be given so that the most important points are presented first, then the second most important point, and so on. Each person

will have a different threshold, so watch for cues to determine whether the person receiving the feedback might have reached his or her limit.

Step 2: (45 minutes)
Video, Individual Activity, Large Group Discussion

Show the **Video**: **Feedback Practice #1**, referring participants to **Handout #14 (Feedback Practice Video Script #1)**. Ask participants to take notes on the practice exercise using **Handout #15 (Feedback Observation Form #1)**.

After the practice exercise is shown, stop the tape and give participants 5 minutes to complete **Handout #15 (Feedback Observation Form #1)**.

Facilitate a large group discussion about the feedback from the first video, covering the following points:

- ✓ How did the feedback meet the 6 areas of feedback criteria?
- ✓ Ask for examples of how the feedback was balanced, behavioral, participative, relevant, prioritized, and achievable.
- ✓ How was the feedback received?

Show **Video: Feedback Practice #2**; provide participants with **Handout #16 (Feedback Practice Video Script #2)** and **Handout #17 (Feedback Observation Form #2)**.

Trainer Note: Stop the video after the person playing the caseworker says, “Time Out.” Her ineffective feedback is subtle and may have to be pointed out to the participants. It is when she says “no, I didn’t say that you screwed up”. There is some frustration and aggravation in the caseworker’s voice and the client becomes agitated.

Give participants 5 minutes to complete the **Handout #17 (Feedback Observation Form #2)**.

Facilitate a large group discussion about the feedback from the second feedback video, covering the following points:

- ✓ Did the feedback meet the criteria for effective feedback?
- ✓ Ask for examples of how the feedback was not appropriate
- ✓ How did the respondent react to the feedback?
- ✓ How was the feedback in the second video different?

Trainer Note: Continue to play the rest of the Video Feedback Practice #2. The end of this video will show the correct method of giving effective feedback. The script is on page two of **Handout #16 (Feedback Practice Video Script #2)**

Summarize this section by reminding participants that they will be practicing giving and receiving feedback throughout the remainder of this curriculum as another way of learning new skills and refining existing competencies. Tell participants they can begin using this skill by practicing the use of motivational and constructive feedback techniques in the practice session with their supervisor and during meetings with their clients. The motivational/constructive feedback can be connected to parents' behavior that impacts on child safety.

Module 2: Introduction to Pennsylvania's Child Welfare Practice

Section VII: Transferring Skills to Practice

Estimated Length of Time:
20 minutes

Learning Objectives:
Participants will be able to:
- ✓ Complete a self assessment and a plan for the successful transfer of learning to the workplace.

Methods of Presentation:
Individual activity

Materials Needed:
- ✓ Trainer evaluation forms
- ✓ **Handout #18 (Self Assessment for Module 2)**
- ✓ **Handout #19 (Transfer of Learning Activities Module 2)**

Outline of a Presentation:
- Presenter should assist the group in completing Self-Assessment and Transfer of Learning forms using **Handout #18 (Self Assessment for Module 2), Handout #19 (Transfer of Learning Activities Module 2)**.

Section VII: Transferring Skills to Practice

Trainer Note: This is a critical section and will need the entire 20 minutes assigned. Trainer should strongly encourage participants to complete their TOL assignment in preparation for Module 3.

Step 1: (15 Minutes)
Individual Activity

The trainer advises the group that they have reached the stage of the training requiring them to develop a transfer of learning plan they will implement upon return to their agencies. The plan is "key" to transferring what they learned to their work behavior.

Using **Handout #18 (Self-Assessment for Module 2)** the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

The trainer refers participants again to **Handout #18 (Self-Assessment for Module 2)** instructing participants to complete the Transfer of Learning Plan. Ask trainees if they understand the instructions. Inform the participants that it is important that they accurately assess their ability. It is not expected at this stage of training that they have mastered all the areas of training. It is through their recognition of a need to continue to grow that they can take the steps necessary to do so. For each item, participants list who, will do what, by when. Participants should not be limited by the numbers proposed by the form and should feel free to list additional items if they choose. The trainer asks participants to individually complete their plans.

As they are completing the plan the trainer will review the completed sheets with each participant assisting them in identifying their next steps.

When participants have completed their plans, the trainer concludes the activity by asking several volunteers to each share an action they will take to transfer their learning.

Using **Handout #19 (Transfer of Learning Activities Module 2),** remind participants of their next day of training and their required pre-training responsibilities.

Step 2: (5 minutes)

Ask trainees to complete the Training Program evaluation, encouraging them to include written comments in addition to the feedback scores. Tell them that the comments are usually the most useful information for us in improving the curriculum and presentation.

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