



Shining the Light
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Partners For Ohio's Families

Ohio Child Welfare Practice Profiles Module 5 – Planning

(Melissa Flick)

Good morning. Welcome to Module 5 of the Ohio Child Welfare Practice Profiles webinar series. My name is Melissa Flick and I am here today with Natalie Adams and Sonia Tillman. Lindsay Williams is also in the room. She will be manning our questions for us. We are all members of Ohio statewide CQI Community Committee and today's topic is Planning. We will take just a moment for some quick introductions. Like I said, I am Melissa Flick. I am one of the technical assistant specialists here in Central Office for ODJFS.

(Natalie Adams)

And my name is Natalie Adams. I am an associate director of performance review in the performance improvement department at Franklin County Children's Services.

(Sonia Tillman)

Good morning, everyone. This is Sonia Tillman. I am the Differential Response and Special Projects Manager at ODJFS.

(Melissa Flick)

And as I had stated, Lindsay will be fielding questions, so just a reminder to submit your questions. We will also leave time at the end of the webinar, the last 30 minutes, to answer any remaining questions or questions that we have received throughout the morning. There we go. Okay. During the previous webinars, we discussed the Ohio's practice profile model found in the differential response booklet. As we have provided the information in past webinars, the guide can be found through the OFC Forms Central. The Ohio practice profiles guide, caseworkers self-assessment and field tools, coaching and supervision tools can be found on Forms Central as well. You can use the links that are here on this power point slide. The guide is JFS08301 and the caseworker toolkit is JFS01055, and the supervisor toolkit is JFS01056, but again the easiest way to go is to use these links or go to Forms Central. As a reminder, ODJFS is no longer printing the booklets because the DR Leadership Council is in the process of updating the profiles and this will include a new worker skill set dedicated to documenting. It is also being

updated to integrate practices related to trauma-informed care as we have mentioned in prior webinars. In addition, we are rebranding the profiles from DR practice profiles to Ohio's practice profiles. That will help with the understanding that practice profiles are universal skill sets. They are applicable to all child welfare professionals and we should be demonstrating them through all avenues in our Ohio child welfare system regardless of what your agency is or your role within the family. These are the principals of CPS intervention that you will find at the beginning of those practice profiles. We have included them in each of the webinars so I am not going to go through them. Just so that you have them there for reference as they pertain to each of the practice profiles.

(Natalie Adams)

And some child welfare professionals are very familiar with these worker skill sets so this presentation may serve as a refresher for some of you. Others may be hearing the information for the first time. It is our hope that we are able to provide not only information regarding the ideal practice, but practical tips for impacting your current casework practice. Why is planning important? Well, it allows us to set goals and develop strategies to achieve those goals. We often liken planning to a roadmap. It tells us where we are and where we need to go. Most times when we hear planning, we just think of the formal planning processes like case plans or developing safety plans. However, during any interaction that we have with the family, we should always be looking at our roadmap, our plan to determine the next steps.

(Melissa Flick)

So, for ideal practice with regard to planning, the first one is that the workers want to make sure that they are explaining the specific function of each of those formalized plans that Natalie just mentioned. A safety plan has a different function than the family service plan or case plan and a concurrent plan has a different function than the other formalized plans as well. So the worker wants to make sure that they are explaining what the function is of the plan that is being developed. Another ideal practice is making sure to prepare in advance of family meetings, that you are knowledgeable and ready to advise them about community resources. A lot of workers will prepare themselves like a binder, a folder, some sort of notebook or something for when going out into the field so that they have all of that information at their fingertips. When I was a worker in the field and I would forget something, it was like nothing more embarrassing than saying, "Oh, I don't have any releases with me, I will have to, you know, come back and bring that back to you." And sometimes you might miss an opportunity, because unfortunately that might have been the only time I was able to have a face-to-face contact with that family and might not be able to track them down again. So it is really important that you plan in advance of those visits or those meetings so that you have that information that they need. If they need resources on housing or they need resources regarding substance abuse, whatever it is, just having that documentation, pamphlets, fliers, fact sheet, that sort of thing is really very important.

(Natalie Adams)

The capacity building center defines quality contact as purposeful interactions between the caseworkers, children and parents that reflect engagement and contribute to the assessment and the case planning process. I used to train new caseworkers and one of the things we emphasized with our new staff is that we aren't just friendly visitors when we are making home visits. We

are constantly assessing the needs of the family in order to move that case forward. It is beneficial just like Melissa said to have a game plan for each contact with the family. You can ask yourself, 'What is the purpose of the contact and what do I hope to get out of it?' Our purpose just is not, when we are making these contacts, is not just to lay eyes on a child, but to have quality conversations that allow us to assess the child's wellbeing, you know, which is also measured in CFSR and CPOE, just like Melissa said, again it might be good to lay out an agenda and during the visit really focus on a key plan. How are services going? Celebrating successes when we can. Are there barriers? Do we need to develop a plan to reduce those barriers? Then after that visit following up with any to-dos that came out of the visit and document it accordingly.

(Melissa Flick)

And I know that a lot of times when workers think about planning for a specific visit, it is like the first contact with an intake worker and they are just going out and knock on the door, but this is important throughout the life of a child welfare case. Whether you are an intake worker or an ongoing worker or foster care and adoption worker, you are going out to meet with your resource family, a private agency, or IV-E court, you are going to a meeting, just making sure that you are planning ahead of time, having the documentation that you need, having the resources that you need, having a game plan about what you want to accomplish. It is important every time that you are having contact with that family member, not just that initial contact with the family.

This is a resource that we want to share with everyone. It is from the Ohio Child Protective Services worker manual and CAPMIS field guide. This is a partnership guide that was developed by ODJFS that can be printed off. The electronic copy is located in SACWIS. You would click on the build number at the top of the screen, where it says that 3.16.2, or whatever it says now, under that main menu-child welfare practice application, there is a subcategory regarding visits and engagement. There are a lot of good resources there and this document is one of them. It can be found both in a word or PDF version so you can print it off to use with you in the field. Within the manual, there is also a guide for effective home visits between a worker and the child. So those are just some resources that you can find in that CAPMIS field guide. We refer to them as like the white book. If you have an older version, it is the blue book. So, most workers know it by either the white book or the blue book. But it also can be found electronically on forms central and in SACWIS as I have described. And like I said, you can print it off, take it out, fill it out as you are working with the family.

What I like about this form is that there is some feedback on the bottom about... that you are getting some information back from the family about... what did you like best about the visit and why? What did you like least about the visit and why? I know that might be a scary question to ask the family but, you know, getting honest feedback and being transparent about that feedback so that you can help plan for future visits, I think is important. So, again, at the end what are your suggestions that may assist in making future visits better? I think that having an exchange like that with the family could be very beneficial. And then in the middle of the form, there is a focus and purpose. It gives everyone some accountability about what the family wants to cover, what the worker wants to cover, and then you also get that documentation about the case plan concerns. So, for those of you who might not have done so well on item 13 and CPOE or CFSR, for that case planning, this documentation might help with that as well, because you are

documenting those case planning conversations, that when I as a task come out and do those reviews, you know, those are the things that we are looking for in that specific item in the CPOE or CFSR review.

The next ideal practice uses detailed information and that information is typically what was gathered in the assessment stage of the investigation, early involvement with the family. But not necessarily. You could be gathering that information yourself. But you want to make sure that you know about the family that you are going out. You want to know about their strengths. You want to know about their protective capacity. What other things about that family can help reduce the risk going on in that family? Because those are things that when you are planning for what is going to happen with that family, you need to know. And so if you are planning to close a case, you are going to want to have those conversations so that you can justify that case closure based upon the information that you gathered to make a good plan for case closure. The case needs to be transferred. You are doing the same thing. What are those risk issues and what services or needs does the family have related to planning for addressing those needs?

The next one is the Clinical Consultation Framework. That framework is also in the Ohio differential response caseworker self-assessment and field tools. As this next slide says, this is kind of how it is used. When I worked at Franklin County as an intake supervisor, we did this for like what we called clinical supervision. Some people call it group supervision, whatever your agency, if you have a group supervision format. How we did it at Franklin County was we would get like a big white dry erase board and the worker who was presenting would put these categories up on the board, kind of in this same pattern.

You would have your genogram of the family in the center so everyone knew who all the players were and their ages. And then you talked about the reasons for the referral. The risk and other complicating factors. The purpose and the focus of the consultation. So why is the worker coming to the team? What do they want to know? Is it, should we implement a safety plan? Should we look at removal? Should we look at case closure possibly? I mean, it didn't necessarily have to be for a negative purpose. It could be for planning, for services for the family. You talked a little bit about the protection issues, the strengths demonstrated by the family. If there is a history with the family, but also a history of exceptions. When has this family functioned well? When are things going nicely and smoothly? Why is that occurring? Why was there two years between children's services referrals? Those sorts of conversations take place. You talk about parents' emotional behavior, cognitive ability to protect, and then you talk about presence of research based protective factors, assets and supports to the family and then the family's perception of their ability to protect. And then you talk about the worries, concerns and hopes. Like what is the worker worried about? The family? The child? What are the best hopes and best outcomes for this family?

And then in the bottom corner, the gray area, and there is typically a lot of gray area. You know, so you kind of talk about all the different scenarios, if we do this, this could happen. Or if we don't know this about the family, or I was unable to gather that information – they wouldn't talk about it. Whatever the case may be. And so, while the worker is presenting all of this, you have a room full of people and I know at Franklin, it was a room full of administrators, supervisors and workers, and not necessarily workers that were just in that worker's unit, but it could be from

a different unit or supervisors from a different unit. Now granted Franklin is very large so there could be a lot of people in the room. But for smaller agencies, you know, that maybe just have one intake team, that team could get together and discuss the case like this and come up with next steps. And what I liked about it is, I tend to look at things based upon my own history and experiences, my own skill set, and people in the room will come up with other ideas or questions that I might not have thought of as a supervisor. So, I always found it a really nice process to go through. I always felt like I learned something from other people or learned to look at things maybe a little bit differently. Or an ah-ha moment where I might not have thought of something that somebody else thought of. And I think for workers, it is good to get, you know, they don't feel so alone in the process because then they are not just making a decision and bouncing it just off the supervisor or whatever. There is a lot more of exchange in conversation for making those next steps. And I think that workers find that to be very helpful.

(Melissa Flick continues)

The next ideal practice - talking with family members about options for insuring immediate safety or placement of other children, and so, that has to do with developing your safety plan and we have used this graphic before. I think it is a good one. We stole it from a policy they used a lot. And you are looking at your active safety threat and how your safety factors, child vulnerability and absent parental protective capacity, all of the buzzwords that you see in all of your CAPMIS tools, and those tools ask about how they can interact with one another to either mitigate a safety threat or increase the safety threat, and kind of looking at all those factors. But what I want to talk about with regard to safety plans are these bullet points here.

Your safety plan should be time limited. It should be because it is for that specific safety threat that is going on right now. They are not for risk factors. Risk factors tend to always be there, and so if you are doing a safety plan to address risk, it is hard to stop that safety plan. They tend to just go on and on and on for a while. And so you want to make sure it is a specific safety threat. The safety plan is time limited. It is easily understood by the family, like the family knows exactly what they have to do to gain compliance with that safety plan, and like I said, it addresses that immediate safety of the children.

The purpose of the safety plan, like I said, you want to identify the active safety threat. What is the danger to the child? You want to control that active safety threat. How can the threat be reduced or eliminated? You want to identify responsible persons or parties for ensuring that that child is safe. And you want to substitute parental protective capacities. If there are strengths the parent has that can be built upon to reduce the threat, what are those strengths? Identify that and use those.

Your safety plan has to clearly define roles and expectations of who, when and where. So for example, when I worked in the field, I would do safety plans a lot of times because you had a drug exposed infant. And I will be the first to admit that sometimes those safety plans were like, you know, "get a drug screen for me and go get a drug and alcohol assessment", and those kinds of things. Well those are really case planning types of activities. Did that really reduce the immediate risk to a vulnerable infant who was just born drug exposed? No, not really. So, you know, I had to learn to revise my thinking about safety planning versus case planning and put in a service that is going to make sure that child is safe. So typically that involves having a sober

support. So, you would identify someone who is willing to either move in with the parent or who is willing to take the child in an out-of-home situation and provide 24-hour, 7 day a week care to that child to ensure the child's safety in the event that Mom continues to use the substance that she might have been using.

Another thing that I want to say about safety planning is if you have a parent who has protective capacities, who is not, you know, a safety threat to the child, then you don't necessarily need a safety plan in that home. You know, if you have a two-parent household and one parent has those protective capacities, you wouldn't necessarily need a safety plan to assure the safety of the child. Also, the person who is the safety threat should not be your only identified participant on that safety plan. I have seen safety plans in the past that, you know, a child might have been injured as a result of corporal punishment or physical discipline, or something like that and the safety plan where Mom says she won't utilize corporal punishment. You should not have the person who is presenting the safety threat be the person who is responsible for not threatening the child's safety. It seems like when I say it out loud, this actually makes sense, but we see it happen a lot. And so, if the parent was able to just do that, you wouldn't need a safety plan. You probably would not necessarily be involved.

(Lindsay Williams)

Can I just add too? So, when you are thinking about your responsible parties, actually it looks like you're going into it on this slide. I am sorry, Melissa.

(Melissa Flick)

That's okay. Lindsay was going to start on the responsible person. Was that the direction you were going in?

(Lindsay)

That's the direction I was going in.

(Melissa)

Okay, well so was I. Who is the responsible person in a safety plan? So, like I think I mentioned this before. It is someone who can control or remove the active safety threat. This should not be the parent. Like I said, if the parent is capable of maintaining the child's safety, a safety plan does not need to be implemented. It is an outside resource that will assist a family, and the person responsible is utilized when the parent is unable to control or remove the safety threat on their own because, that would be the function of the responsible person.

When you are planning for a successful safety plan, the parent – now remember safety plans are guided by the parent because it is a voluntary plan. So, you have to plan the plan, make the plan with the parent because that person has to be in agreement with whatever is the safety plan. And so, they have to agree to having whoever has been identified as a safety plan participant, participate in your actual formal safety plan.

You have to assess that participant's willingness to participate in the plan, and if they are capable of enforcing the safety plan, and do they have the capacity to put the child's safety protection

over the needs of the parents if necessary? So, they have to, have to, have to follow what is outlined in that safety plan.

I remember one time I had one of those drug exposed infants and there were a lot of other issues with the family so I had done an in-home safety plan because the mom and the safety plan participant identified sober support were going to reside together with the infant, and I remember going out to the residence of the participant and knocking on the door and saying, "Hey I am here for my scheduled safety plan visit." And she said, "Oh, well, Mom and Dad took the baby over to the other house that they are working on to get ready to go live in." Well, obviously that safety plan just fell apart at that moment because she either didn't understand, or as I suspect, only agreed to the safety plan so that she could help the parents get Children's Services off the parents' back. And so, you know, I had to track that family down and then we had to do something else to assure the safety of the child. So sometimes people will say what you want to hear just like your children do sometimes and so that is why the monitoring of the safety plan is so very important because people will agree to just about anything in the crisis as it is occurring because they think that, you know, the child is going to be removed or because of Children's Services involvement and then the second that you walk away, they are already whispering to each other about how, you know, "Okay, I did what you wanted me to do, now go live your life," or whatever. So that is why monitoring those safety plans is very, very important that once you have implemented a safety plan, you are following the criteria for monitoring that safety plan.

(Sonia Tillman)

Even before the monitoring, I think, the dialogue with the person who is being listed as the safe person, having that very specific dialogue with them of ... "This is what your responsibility is, here's what we anticipate will happen. We want you to make sure that you have this child in a safe situation, not to leave the child with the person who has been deemed as unsafe, the unsafe caregiver." And if that happens, even talking with them about scenarios. "If Mom or Dad comes and tries to take the child from you, here's what you can do. Here's who you can call" ... with very specific dialogue, so that all parties are kind of under the understanding that, 'I am agreeing to this and I am signing off that this is what my responsibility is.'

(Lindsay Williams)

And that's where I was going when I interjected earlier was that, you know, sometimes we have a tendency to think, 'Oh, I did a criminal background check and they are good, I can make them a safety plan responsible party...', but it is really more than that. It is verifying that they are going to be able to carry out what you are asking them to carry out.

(Melissa Flick)

Full responsibility of caregiver. Which goes into some of the bullet points on this slide as well. You want to make sure that you know about their previous relationship with the individual. If it is either – certainly you are doing your background check and your SACWIS check to make sure they don't have child welfare history. But you also need to have a dialogue about what the relationship is between the person that the parents have offered up. I don't know how many times I have had parents offer up someone and then when I go to ask the last name, they don't even know the person's last name. I mean, obviously that is a red flag. It could be someone that they have just met or a neighbor, you know. So I think that just having that dialogue to make

sure. Also, is it going to be someone that is going to cooperate or are they kind of fed up with this parent? Has this parent burned every bridge, and then are you just going to be in a battle of wills, you know, for control over the situation as you are trying to implement your safety plan? You also want to make sure that people who are agreeing to a safety plan, that they are understanding the frequency and duration of how long they might need to be involved in the safety plan. Sometimes, I have done safety plans just to get through a weekend, and so it is very clear that “Okay, we want the child to stay with you for the weekend and then we are going to look for a different plan.” So sometimes it is a Band-Aid like that. But sometimes it might be a plan. I know we are time specific, but it could go on for two or three weeks. And so, people need to be aware of that because they may be putting certain aspects of their lives on hold or they may have certain requirements, transporting the child to school or daycare, those sorts of things. So that you would want to make sure that they are aware that this could be something that is not just going to be for the next day or two. I think we kind of already talked about looking at their background, so I am not going to go over that.

(Sonia Tillman)

Also be mindful - if the primary caregiver changes, please make sure you are going back out and doing a new safety plan. Sometimes that happens. We may have Grandma assuming responsibility but then something happens with Grandma's health or she can't provide the care, so she then gets the kids over to Aunt. You need to go back out and make sure Aunt has the background checks and make sure Aunt's home is appropriate and kind of starting all of that is all part of the planning for the safety of the child.

(Melissa Flick)

Yeah, there is nothing worse than having to do a safety plan on your safety plan people. I laugh, but unfortunately, I have seen that occur, so you want to make sure that you truly vetted those people.

(Natalie Adams)

Okay. Other ideal practices surrounding planning has to do with communication and how we really engage families in the process and ask for input. When given the opportunity, families, like all of us, can identify what they need to work on if they feel involved with the plan. You want to get as much buy-in as possible. I often think about an employee evaluation. You know, sure, supervisors can write an evaluation for us that is very formal in language and we can do it, but when we have that collaborative input, when we might be able to buy into what we, you know, as employees need to work on. So we want to use language that is professional but also family friendly.

There are some tools that I believe were highlighted in Module 3: Assessing, available to kind of get some deeper understanding on what the family's needs are. There is motivational interviewing. There is the three wishes form that I believe is our next slide. And miracle questions. Yeah, there it is. And again I think when we walk in, I would have loved to have this as a caseworker. We walk into homes and we, yeah, we, you know, initially I would have a broad idea on what the family would need to work on. But, you know, really sitting down and talking with children on what worries us. You know, what are your wishes? What would things look like if your worries were gone? I mean, that allows you to get a deeper understanding of

that child's needs and what the family situation is, so that you can develop a plan that is very specific to that child. We also want to use family strengths and resources to reduce some of the concerns.

When I facilitate meetings, one of the things that I say to families is, "We are going to talk about some tough stuff today. We are going to talk about what worries us, what some of our safety concerns are, but we also want to hear about what you do well as parents, how your family functions well, because we want to take all that good stuff and use it to reduce some of the things that worry us." And we hope that type of foundation will allow families to feel comfortable enough to open up on what they need to work on. And then really finding out what services would be best for that family and being willing to listen to what they have to say. As a new caseworker, I tell this story all the time. I went out with a case plan developed for a father who excessively physically disciplined his son and I put parenting education classes in, you know, as something he needed to do. And, you know, at the time I didn't, you know, admittedly, it was a long time ago - I didn't talk to him about what worked, what didn't, and he pulled out of a stack of parenting education certificates and he said, "Now, what do I do?" So I humbly went back to the drawing board and realized we needed to talk about something else. So, had I had that conversation with him beforehand, maybe it would have increased his buy-in to the process a little bit more.

(Melissa Flick)

And I know in one of our prior webinars, we had a discussion about whether you should list specific services in the case plan or not. And during that webinar, the recommendation was that not to list specific services because if those services change, you know, families will maybe go from one service provider to another, to another. But then you would have to amend your case plan. So I want to clarify that a little bit because after that webinar, we learned some information that was not consistent with some other information that ODJFS has presented in other forms such as CAPMIS, the new CAPMIS case planning training. And so, the recommendation from ODJFS is to put the specific service provider into the case plan. Now you have to make sure that that is a provider that is identified by the family. Not where the worker wants the family to go. Because the purpose of putting that specific provider if you know it at the time, if the family has identified or they are already going somewhere. It is very empowering for a family to have their thoughts about where they want to go put in writing, put in the case plan. So my thought would be that if they switched the service provider, you wouldn't necessarily have to amend the case plan unless they are actually switching a service. So, let's say that the case plan might have said that they needed substance abuse but then the case plan, it is determined that, oh that was not really the family's issue, the family's issue is mental health, you are actually changing a service from substance abuse to mental health, then maybe that would necessitate a change in your case plan, because that is a change in the specific service, not necessarily the service provider.

(Sonia Tillman)

So I think both you, Melissa and Natalie both hit on very key things, making sure that the family is a part of that discussion. Not going out with a pre-completed case plan of services that you feel the family needs to engage in. And what I used to encourage my staff to do was after they had completed that assessment and they are ready to then move into case planning, just identify the concern and then ask the family how they feel they can help to resolve the concern. And that

again is so very empowering. “Help me help you identify what this concern is and what do we need to do to help you get referred to that service?” And that is what you would list.

(Natalie Adams)

Exactly. We have a saying in our department that we have kind of taken to heart is “Nothing about me without me.” And it is so important when we are engaging families in that process. They are experts as we all are on our own family situation. Case plans are a little different than some of our CAPMIS tools because they are written with and given to the family. Yes, if the family has separate information, it is incorporated into that case plan, but we should be kind of refraining it in a very family friendly way, because again, this document is a plan, is a roadmap given to the family. Being really clear on what the concerns are and what behaviors are most concerning and identifying the behaviors that you want to be changed. I think that when I worked with that father, you know, he did all of these activities and, you know, the case plan, however, he did not have an idea on how to change his behaviors. So, I think when we started focusing on what behaviors needed to stop but then ultimately talking about what behaviors needed to go in place of what needed to stop, if that makes sense. We were able to get a little bit more of an outcome. You know, being mindful that when we are talking about concerns and you are documenting concerns with a case plan, again not to take that information in the family assessment and copy it and paste it, because that family assessment is a professional document that is written to assess what the concerns are, but then when we are transcribing it into the case plan, we want to make sure we are writing it in a very family friendly way.

(Melissa Flick)

And I think sometimes when that language comes over, when Sonia said earlier about being very specific, just say what the issue is. What is the concern? I have seen where there is like three paragraphs under what the concern is and it is like – I think it gets confusing for families and the concern gets lost in that language.

(Natalie Adams)

It gets very long. And again, if we were sitting, having an evaluation of ourselves and our employee evaluation, do you want very long wording narrative on what the concerns are? No, we just want to know what – what do I need to do? “What is worrying you, boss? Tell me how I can change that.” Other ideal practices regarding case plans. Again, the family is engaged and that everything is easily understood. We want plans to be as behaviorally specific as possible. I think we talked about that. And I think Melissa highlighted with the safety plan as well. We want things to be time limited. What is the timeframe for the family and for caseworkers to get some of the things done so that people have a tight timeframe? So, we can again, if things aren't working, you know, identify the barriers and then move it along so we can move that case forward. And addressing how these activities will help reduce the contributing factors to abuse and neglect. And talking about the “why.” You know, what are the concerns? Why are these concerns concerning? And what is the plan to overcome that?

Other ideal practices include detailing what the visitation plans are as applicable. I think we kind of have talked about it just to summarize. Again, we want everything to be behaviorally specific and measurable. How will you know a family is making progress? Well, you will be going out and having, not just that they are completing these activities, but you are having conversations

with the family. My supervisor refers to it, that “caseworker valley.” When you go out there and you say, you know, “Are we making progress?” but something is not quite right. But, you know, Mom is doing everything she needs to do, but something is not right. I don't know if she has really been able to fully understand what the concerns are to make those changes. But then you are able to have that conversation with a parent. You are going to be going out and having conversations with the children, collaterals. You know, how will you know that these families are making progress? How will you know, and then highlighting in the case plan when you will be evaluating, you know, these goals. You are going to be doing it in supervision. You are going to be doing it, maybe at case reviews, FAR time, court hearings, during your home visit. So just really tightening up when and how you are going to be evaluating.

(Sonia Tillman)

Which will even give the family day to day, and so, if I knew that we were going to have a 90-day review on a certain date, I would say to them, “Now our 90-day review will be held on this day so I am going to try to come to see you weekly or biweekly or monthly until then and here is what I am going to do to monitor your progress so that when we have that 90-day review I can report out how you are doing.”

(Natalie Adams)

Absolutely. And again we talked about what the purposes of case planning are. We want to change ultimately behaviors that are really concerning that puts kids at risk for abuse or neglect. And we are giving a family a roadmap of where we need to go. This will allow them to, we can help coordinate services for them to hopefully change those behaviors and identify what the angle is. Ultimately, we want to keep kids safe and as close as to home and so we can get out of their lives and everyone can move on. Case planning also allows us to implement any trauma services for children, and again like we talked about. We define our monitoring, how we are going to do it as an agency and how we will measure their progress as well.

(Melissa Flick)

I think my experience has been that if a case plan is not succinct or comprehensive, cases tend to linger. They don't go through the system as quickly as they possibly could.

(Natalie Adams)

Well, I often think sometimes, people come, and my experienced families come, they say, “Why – I went to counseling, I have done my drug and alcohol treatment and I have done my parenting classes, can my kids come home? Or can you close the case?” But again, there is something not quite right - behaviors have not changed. So again, being really clear on what those behaviors are I think will help. You have a conversation with the family as to why or why not when there's a necessary direction.

(Natalie Adams)

It is important to note too that families can have both an active safety plan. I think Melissa clarified it beautifully that, you know, the safety plan specifically addresses an active safety threat, or a case plan addresses the reduction of risk for future abuse and neglect.

(Natalie Adams)

So once, you know, we have this case plan and we are moving the case along and I think what happens is we work to close the case and we reunify the child, but it is super important to clarify what kind of planning is needed for when the child returns home or when the case is going to close. You know, steps in place so that again kids are not coming back into care. The case is not necessarily reopening. So that could be just identifying support people for a parent, giving them a list of who to call. Maybe a very detailed list on who they can contact if they need assistance. It might be beneficial to meet, maybe as a team, just informally to talk about how the agency can support the family but also other community resources – who and what are available to support that family.

Often times we have to develop concurrent plans. You know, we are working maybe a reunification plan but ultimately, we might be looking at other permanency type plans in order to move the case along. So it is important to kind of do both. And I think the most important thing is to be open and honest with the family. You know, you have a certain timeframe to get these goals accomplished but also, we are working to ensure that your child has permanency. Not only is it required by law, it is just what is best for the child is to have a permanency plan. So being open and honest and working with both sides of it. Sometimes that has happened.

(Melissa Flick)

And some agencies will do a formal concurrent plan that is like actually documented, written down. Others just kind of do it informally. I know Athens County does a formal concurrent plan at the beginning of their case and they do it in cooperation with the family. And it is one of those discussions that “if you are unable to reunify with your child, what would you like to see happen?” And they formalize that plan and I believe in that county it is also then filed with the court. And it is always there to be referenced, you know, and the mother or father whatever parent, caregiver has participated in developing that plan. So it is not a surprise to them if you have to go in that direction.

(Natalie Adams)

And other people to include in the planning process, any type of planning. You know, this can be done in private networks. This could be done wherever you are working. We want to include non-residential parents, especially fathers, even if fathers aren't necessarily available, there is a whole slew of paternal relatives available to help support that family. Extended family members. Other support people identified from the family, maybe extended family members aren't helpful in certain cases but, you know, really having a conversation with the family about who do they rely on? Who do they call when they need assistance? And engaging them in the process. And service providers. I think as a caseworker, we have so much on our plates and it is nice to share the load with other service providers that are there to help support the family as well.

(Melissa Flick)

And I know typically in these webinars, we try to get a perspective of private network providers. We weren't able to do that for this one. But those private network providers should also be coming to the table because they have a lot of information regarding that child that they are servicing and at some point, they are providing a network home, a resource home to that child.

They should really be involved in the planning for that reunification because that also impacts their resource family.

(Sonia Tillman)

And many times they stay involved but we want to have them stay involved and offer – continue to offer that family support.

(Natalie Adams)

That aftercare piece so that when we close our case, they are there.

(Sonia Tillman)

Exactly. So they should be right at the table with us. Okay, so now we are going to go into the caseworker self-assessment tool. And these guys have already mentioned a couple of the tools that are used to help think about planning and help building the case plan. Here is where we really want to encourage you to look across the 13 identified activities and behaviors and really hone into maybe two or three that are really ideal practices. You really should look at how to make your work feel most confident for you. And if you don't feel like you are engaging or performing some of these indicators well, practice it. Take one or two and practice them. And take one a month and really hone into focusing on changing some things in your own practice. Do that for about a month or so and then try a new practice skill. And so over time, you are going to be building up your expertise and I think the only way that you can become expert in it is by trying it and practicing it out. Discuss it with your supervisor. Discuss it with your coworkers. And sometimes we shadow with our coworkers and see their practices and pick up things from their practices that may be helpful. So again the whole purpose of that caseworker self-assessment guide is to really focus on where you are with your skill level and how to move you up a couple of notches to improve your practice. And you do that kind of at your own pace.

(NEW SPEAKER)

And it could be something as easy as I had mentioned at the beginning of the webinar, if you forget releases, if you are one that is always forgetting to bring your releases of information, you forget to restock your folder, or you just don't have them with you. It could be a simple practice like that. “Okay, I am going to ensure that I take my releases of information out every time.” That's a good planning activity. So it doesn't have to be an elaborate kind of plan. It's just, “Okay, let's focus on these little steps.”

(Sonia Tillman)

Yup, small things. Create a little office in your car with a stack of release of information forms so that way you have it there. Or community resource lists so that way you already have it there. For supervisors, here's where I think we can really be key to help our workers. Sit down with your worker even before they go out for that first visit and ask them, “So, what have you done to prepare for this visit?” That is planning. Ask them to talk with you about how they are going to initiate that first conversation after they have completed the assessment. How are they going to initiate the discussion about the concerns that they have? It is always easy to talk about the strengths and the things that are going well for a family, but I think many of our caseworkers struggle with having that direct conversation with families about things that are of concern, things that are of risk, things that really pose safety issues. And so practice that. And your

supervisor is there to help you do some of that. Plan it. Role play. You know, kind of talk that out before you get out to the family. And then once they have had the visit with the family – As a supervisor, I always used to try to touch base again with my staff and ask them, “So, how did that visit go? You know, did things work out the way that you had anticipated? Did the family come up with some resolutions to resolve the concern? Did you help them come up with that resolution? What services do you think they could benefit from?” And so just kind of again, having a, like a debrief, with the caseworker after they have had the contact with the family. And then explaining to them that, you know, your planning – and I think, Melissa, you mentioned it earlier – planning doesn't just occur at the first visit. You are continuously planning and providing the family with updates on how they are doing. If new concerns come along, how are you going to talk with them about the new worry? You know, how are you going to suggest to them that now we might need to focus on the mental health issues? “It may be not necessarily the spanking, but let's focus on what is going on with this youth that is causing them to act out, which then is causing you to over discipline them.” And so again, just having good dialogue with our families and doing that in a planful way so that they are not surprised or not feel threatened by our presence. So that we can best achieve safety for the kids.

(Melissa Flick)

And I think supervisors are in a good position to role model planning, within their own interactions with their staff so applying the planning concept to your own supervision or case conference, whatever your agency might call it, so that you have a planned set in your mind of activities or how that conference is going to go, what kind of information you expect from the worker. So that you are using your time wisely and you are planning those interactions well so that it is mutually beneficial for you as a supervisor as for the worker so that those are planful and you get a lot accomplished. Because those things can go on and on. So, does anyone have a case your worker has, and so I think that as a supervisor, you have the opportunity for some good role modeling.

(Sonia Tillman)

And maybe you don't do their entire caseload. Maybe you only talk about the four cases that are in critical condition. Here is also where I would utilize that group supervision tool – that consultation framework. And so the supervisor may not always have the only answer. You want to pull in your other teammates and really look at the cases and find out how we can come up to the best resolution. So here's where you also want to make sure that before the visit, you have communicated any policies, anything that the caseworker would need to know ahead of time specific to the report or specific to the case dynamics. Explore any barriers that may be anticipated. Sometimes you don't know them until you get there. But sometimes we have history with families and so if you take a minute or so before going out to read some of that history, you may not jump into the same loop that the other person did and so just be planful, as planful as you can to identify any barriers, potential barriers, any strategies to get around that and then making sure that we are linking the caseworker with all of the resources that they are going to need to help this family resolve that issue. Again, that is something that as supervisors we should be doing regularly. Encouraging your staff to come back and talk through what the plan is and how that felt for them or talking out whether they don't feel that there is a safety plan that is needed. “Explain to me why you don't think you might need a safety plan.” What other supports are in place that we can use to offset having to do a formalized safety plan? And if it

something that we could talk out and figure out a better way to provide safety, let's go for that. You also want to make sure that if they have not had time to role play, that you do a little bit of that beforehand, we kind of talked about that. And then try again, as Melissa said, try to model the behaviors that you want your caseworkers to demonstrate by setting up a very clear – "...this is why we are here, this is why we are involved, let's go out, let's listen actively to what the family has to say and help them resolve their concerns."

(Melissa Flick)

I would like to point out that we, throughout this webinar, used the source of the capacity building center for states a couple of different times. I would really encourage people to check out that website. There are a lot of good tip sheets for supervisors, for workers, checklists for visits, planning for visits, just a lot of really good practical resources that can be utilized by both direct services staff, supervisors, whoever might want to – if you are putting together a training program for new staff, that sort of thing – it is a really good resource.

(Lindsay Williams)

And we actually, they, I think, had five different resources related to quality visits and all of those we have posted on our Ohio Child Welfare Learning Collaborative as well as kind of a tribute to them. So you can access them there as well. And I just have to point out how this all draws back into our nice CQI process and I think this is a good point to do it. You know, kind of the crux of what we do, you know, as child welfare professionals, is the assessment piece, the planning piece and then we implement that plan. We evaluate that plan and then you are back to the drawing board where you may have to reassess and kind of go back through that cycle. But at the heart of that, behind our assessment and our case planning process are those contacts with families, our home visits, they're kind of the bridge. So, everything we do in our visits and the preparation and the planning that go into that visit will directly affect the quality of our assessment and our case planning with families. So I think that is something that we don't often pause to think about as child welfare professionals. You know, we assess a piece we get focused on the case planning piece and when we do planning that is what we think, you know, safety planning, case planning, permanency planning –

(NEW SPEAKER)

Formal documents.

(Lindsay Williams)

But we don't always pause to think about we need to plan for those contacts, which are really kind of the heart of what we do. So I think this is a good reminder and lot of good tips.

(Melissa Flick)

Absolutely. So at this time we are going to field questions. I think what we will probably do is mute ourselves here for the next few moments, so please submit your questions and then we can go through those and give you some answers. So, I am going to mute for just a moment while we do that and again, please submit your questions. Sometimes people will send . . .

(Lindsay Williams)

We have lots of stuff coming in so the first thing that we have is just a little tip for everyone that our Ohio Child Welfare Training Program has a blended learning opportunity, which consists of a self-directed distance learning plus a trainer-led discussion using the go to training functionality called effective use of home visits. So, if you are interested in more training resources regarding that, you can contact your regional training center to register.

(Sonia Tillman)

They also have a training on use of the clinical consultation framework. So, if there are groups or agencies that want to know how to utilize that framework better, contact your RTC and they can schedule some training for that.

(Lindsay)

We got a little complement thing, again, what a wonderful job Melissa did explaining the difference kind of between safety plans and looking at case plans for long-term planning.

A question about concurrent planning. The question says – Are the written concurrent plans using the CAPMIS plans or another form?... and the answer is – different agencies have different approaches. We don't have a form. I think some agencies have created their own form and I think sometimes depending on the agency, you can see these forms attached, maybe as an addendum to a case plan as it gets filed with the court. If anybody, any participants have anything to add to that, please go ahead and type that in and we will be sure to add that to it.

We have a question about the website you mentioned, which was the capacity building center for states, which is the federal technical assistance agency. So, if you google “capacity building center for states” you will be able to find that. In addition, the actual website is: capacity.childwelfare.gov/states. And then on that page there is a little box that says, “In the center” and there is a link for the center for safe home and that page is where you will be able to find the resources, and additional resources that we had talked about.

We have a tip. Catherine from Richland, I believe. When you guys send a tip, send your agency too, so we can give her a shout-out?

(Melissa)

Yeah, it doesn't show up on our forms so unless we know where you work, we are not sure.

(Lindsay)

She says she uses a classic folder that has numerous pockets with her that she carries around with her all the time so that you can keep your basic forms, your safety plans, consent to treat, etc. so it is always there when you need it, which is a great idea.

And so, this question is: as a networker support or a placing agency case manager, so as a private placement agency, how can they contribute to the case planning goals for the parent?

(Melissa)

I think that is a good question because a lot of times they are working more specifically with the child and so it may be within that context of what you based on your work with the child identifies, what that child may need from that parent and kind of do it maybe from that context of the perspective of, you know, through working with this child, I have identified that the child is in need of this – whatever it might be – from the parent. So maybe doing it in that context. Or just in knowing what the parent's goals are. Knowing what those are. Being able to be supportive of that. Or being supportive to your resource family to support that, I think, is a way to go about doing that.

(Natalie Adams)

I agree. I think that if a placing agency can help minimize maybe some of the fear or discomfort, maybe a foster family has with phone calls or, you know, arranging visitation drop offs, maybe that can help bridge or, you know, you can reduce some of their discomfort in supporting them in that capacity.

(Sonia)

Yeah, and I think private networks, they play a big part in kind of the family preservation team and kind of preparing that child for hopefully reunification.

(Natalie)

And the support center. We need an after reunification. Sometimes they will stay involved if they are providing the youth with their treater services, making sure that the parent is actively involved with that therapy before and after reunification.

(Melissa)

Right. Because some private network agencies provide services beyond just the licensing of the resource family. They have those mental health services and what not and honestly if you are an agency that has those other types of services, one of the most helpful things for moving a parent through the case plan is the provision of written reports back to the caseworker. You know, a lot of times things get bogged down when those reports are not being received and can't be presented to the court, so some agencies are very, very good at that and other agencies are not. and not to imply that is not happening but it is a potential that could bog down that movement towards the case plan.

(Sonia Tillman)

One last thing - if you find that your agency is not being invited to participate in a family's case plan, just reach out to that caseworker or that supervisor and try to invite yourself. You are a key piece of that puzzle and so sometimes, I think, as Lindsay mentioned earlier, we get so busy in the day to day of doing the casework that we don't always think about making sure that all of the team members are at the table when plans are being developed. So if you find that you are not getting an invite, just reach out to that county agency and invite yourself. "Hey, I am a key member of this team and I have some valuable information that may not just be covered in a monthly report but updates that I may want to make sure that you all are aware of." So don't feel that you can't just invite yourself.

(Lindsay)

Right. So, the next question was about the certification for case plan service providers and so the question was, you know, so we are supposed to include specific service providers and clarification. Are we supposed to update the case plan every time that service provider changes or only when the service changes? And so, we have been kind of working on a clarification guidance email that we hope to send out for the OCWLC website soon. So, I am just going to read to you the clarification and guidance that was agreed upon and came up with between policy and to kind of 1:05:33 so it says, you know, "...if you know the specific service provider at the time of the development of the family case plan, please be sure to list the service provider's information directly within your case plan. Any change with the service provider will result in an amendment of the family's case plan to reflect a service provider change. And this informs all case plan participants of the service provider engaged in the case plan." And so, there are really two goals. So, you would have like your ideal practice of really wanting to involve the family and have them have input and have them select the service provider. And then also when you are doing your case planning, you really want to have that behaviorally specific case plan that Natalie was talking about earlier, so you don't have families coming back and saying, "I did my service, but I have not got the intended results." So, they say, "I don't have the intended results." So, at that part, you know, you want to say, we're going to have a service provider that is going to provide service to assist the family with and then you want to fill out what that behavioral change is going to be. It is not really contradictory to each other. It is just kind of two different pieces that kind of work well together.

Let me jump back here, okay. We have got a lot more questions. Actually, not a lot more, a few more.

So, what are some criteria that county workers are using to monitor the parent's progress on the case plan?

(Melissa Flick)

I am assuming they mean like behavioral criteria since that is the focus. And so I guess when you are looking at behavioral changes. That's a good question. You are looking at changes that the parent is making to reduce the risk and so behavioral changes would be things like, you know, maintaining – gosh I am trying to think of one. . .

(Natalie Adams)

If you are thinking about like you have a parenting issue. When I was training new workers on case plans, we would talk about here is what the concern is. What behavior is in that concern is concerning and then what behaviors do you want to see in place of that? So rather than using physical discipline for your child, we will utilize effective appropriate parenting skill set interventions such as a time out or redirection. I think sometimes we might over complicate it and I am very guilty of this myself. Because you want it to sound like very official and no good, but I think that, you know, if the behaviors are drug use to utilize ways to maintain sobriety such as, you know, attending AA. Again, you have all of this, you know, these activities in place that hopefully reduce some of the behaviors but really it is what behaviors do you want to fix up. What do you want to see in place of that?

(Melissa)

Right. And some of those behaviors could be like, you know, the parent is no longer engaging in criminal behavior. Not having a probation violation thus parent is able to maintain safe and stable housing and what that looks like. Healthy coping skills for stress. And things like that. It could be talking to a neighbor and that is why I think that behavior section in the case plan and then defining measurable outcomes because really you hope that the family is compliant with services but really measuring it is going to be how will you know that they are changing those behaviors – you are going to be talking to them. You are going to be talking to other family members. You are going to be talking to kids, talking to service providers, to assess, you know, what those behavior changes have been.

(Sonia)

And observing the change because I think it is key. You can't just say, "Do ten parenting classes and you will be a great parent right at the end of the ten. I need to also observe that you have picked up the education that has come along, that you demonstrated that during the time that you are visiting with your child and I can observe that, so it is a combination of all of those things. You are not just going to the class and getting the certificate, but have you embraced this as a new technique to manage the child's misbehavior and have we also given the child the services to address the misbehavior?"

(Natalie)

I also think there is nothing wrong with asking, you know, what behaviors do you want to see change Mom or Dad? I think as a parent I often say I could use some parenting skills every now and again, but if you tell me to utilize appropriate parenting techniques, I don't know what that means. So maybe talking to me about what, you know, do I want to yell at my child or do I want to utilize time out or be more consistent with certain things. It is okay to put that in a case plan, I think, maybe, because it might sound like not as formal, you know, we don't want to put it in there but . . .

(Lindsay)

Or it might be improved parenting skills as evidenced by, you know, Mom will no longer use physical discipline and she will use other constructive formulas such as talking to her child, you know, those kinds of things.

(Natalie)

When you are going back out to the home you are saying, "So, we identified that, you know, you don't want to use physical discipline and we talked about time out, how is that going? Do you need a class?" You know, a parent's education does not necessarily have to have – "do you need a class to help, you know, tie some of this up a little bit?"

(Melissa)

I think this can be a difficult topic because as somebody had said earlier – I don't remember who it was, where you have those case plans and it looks like on paper they have done everything that they need to do. And I know as a worker myself and other workers, it is hard to then verbalize – 'I know what I want to see them do.'

(Natalie)

They just don't get it.

(Melissa)

Yeah, it's like, well, if you could like completely to re-learn how to “re-parent” your children or something like that. So, you have to be able to think about it in those terms of ‘I have to be able to verbalize to them why I am not able to return their child to them.’ What is it about their behaviors that is stopping that from happening? And so if you think about it in those ways then you have to think about them the opposite of. ‘These are the behaviors that are stopping us from reunifying.’ What is the opposite kind of behavior? – ‘So, what do I need to see?’

(Sonia)

And that is the conversation that is always very challenging because sometimes we don't quite know what it is that we need to see at that moment but given some time, I think you do develop that so that is where we really have to be open and transparent with the parent. “You are doing great with going to classes every week and seeing your therapist every week. Here is what I need to see when I come out and observe it.” And be very upfront with them about that.

(Natalie)

“Don't worry that I haven't see you do a b c. You are doing everything. You are going to your classes, but I am still concerned about you are in this harmful relationship.” Or something like that. And be able to... “You know, you are doing everything, but I am worried that . . .”

(Sonia)

When you are stressed you still go take another . . . Fall back right.

(Lindsay)

And this is where the bridge is between your assessment and your case planning. So, you go out. You do your original assessment. You figure out what the dynamics are in the family. You figure out what the concerns are, what the safety threats are, where child vulnerabilities are, what protective capacity to be concerned with. You know, what are those kinds of things? And then your plan is what needs to change to fix those things and that is all with input from the family. But then when you are going back and you are doing your reassessment to try to see what that behavioral change is, you need to go back to that assessment. What was identified as those concerns to begin with? And, you know, did the plan we come up with effectively address those concerns and that leads back right into your continuous quality improvement cycle when you're with the family.

(Sonia)

And sometimes you might realize that the things that you put in place did not quite help the behavior change that you want to see and so you are right, that is where you have to go back to the drawing board and reassess. Maybe I need to think about this other thing that could help change that behavior.

(Lindsay)

So, we have one more question on here. So, the question was, you know, how can like as maybe a caseworker with a private placing agency, how can you come to a team meeting to present concern that the foster parents may have regarding visits with the parents and the children, or communication safe in such a way that, you know, it is not like it is also consistent with we still are working towards reunification – we are not trying to sabotage reunification here but we are seeing these concerns.

(Sonia)

I would say it just like that. Just that same way. “We are not trying to sabotage reunification but what we have observed during the last two visits is that Mom has been very short tempered or the child...”, whatever the concern is. I think you just openly and honestly say it just like that as a part of the team. Because by not saying it and allowing for reunification to continue to move forward and not addressing those things that is even more of a problem. So...

(Melissa Flick)

I think that is going to be a very difficult dynamic, you know. Because sometimes the level of concern it can get to be like, you know, if I am a resource parent and I see these concerns that as a caseworker you think well in the big scheme of things, yeah, that is a concern, but it is not necessarily a big concern. You know what I mean? Like, I think, sometimes it is a balancing act to try to make sure everyone is heard, and everyone's needs are met.

(Lindsay)

Sometimes I would think, you know, those behaviors that you are seeing or those, you know, bad visits, bad communications, you know, you want to kind of look at that from the lens of safety versus risk. So sometimes I think as a private placement agency or caseworker for that agency or even a foster parent, you know, which I know, you know, foster parents probably don't proceed to nearly the level of risk and safety training than we do as child welfare professionals but if you can kind of frame it in that same language, “Hey we saw these behaviors, these may not be immediate safety concerns at any point in time but, you know, I think this could be a concern long-term when we are thinking about reunification because . . .” and then support that.

(Melissa)

Right. That's a good way of saying what I was trying to say – I was struggling with that. And I think one of the, what really probably needs to happen if it is not happening is encouraging the caseworker to then observe those visitations for themselves so that you are kind of taking out the resource parent from the equation so that worker can then really address it from the agency perspective. So, I think it is good that you should have clear communication about what you are seeing but, you know, maybe encourage or ask the worker to observe those visitations or a portion of the visitation if that is not already occurring, so that they – well, they need to see that at the visits, you know. And so then it kind of takes the feeling of it is the resource parent versus the birth parent – the dynamic that can sometimes feel very uncomfortable.

(Sonia)

It is also good to educate resource parents or foster parents about some typical behaviors that they may see when a youth is initially placed with them. And I know they get that sometimes in

their foster parent training, but I don't think we do a good job talking with families about that trauma informed lens of “you may see this child withdrawing for a while or hoarding food because they have been in a very neglectful situation where they did not have access to food and now have access to food. You may see them sneaking food back to their room.” And that for a foster parent may come across as very concerning. “Oh my God, they have food, you know, they are stealing food, or they are, you know...” and so sometimes I think that is again where caseworkers and our providers can help to educate a little bit about some of these behaviors may occur. These are some common things that happen. And so, it is not – “Don't freak out or think that you are trying to sabotage but really these are things that really could indicate trauma and could be occurring naturally.”

(Lindsay)

And we think about trauma a lot in terms of our youth and the children we work with. We also need to think about trauma in terms of the parent.

(Sonia)

Absolutely.

(Lindsay)

They have had the same trauma and, you know, because of that intergenerational cycle they model what they grew up seeing so that is in there somewhere. I was trying to actually lead in a little bit into our next question, which, you know, so how do you kind of approach – and I think some of this we are going to get into in next month's module when we talk about implementing and we are going to give you some more information on motivational interviewing here which I think would be a good answer to this question. There's a batch of questions. So how do you approach it when you have a family who has done, you know, maybe part of their service but have not really addressed the behavior change? So, like the example they gave was, you know, they need alcohol and drug treatment and they went to maybe to detox for seven days but then just said “I'm good now. I don't need to keep going to treatment. I don't need to go to any meetings. I got this.” You know, how do you kind of work with parents on that approach?

(Melissa)

Well I would agree that I think in the next module that motivational interviewing will help that because, you know, that came from that substance use field, so that we will get into that. But I think part of that – I used to say to clients... “When I have a professional tell me that you are good, that you know because I am not a drug and alcohol professional. I don't do drug and alcohol treatment. So, you know, I am very happy that you did your seven-day detox, but I am going to need something further from a professional that tells me that you are good to go.” That is how I usually respond.

(Natalie)

And I think it is okay to have that conversation too that we, you know, “...you are still in your same house. What has really changed? You went to detox and that is something that needs to be celebrated. That is a huge hurdle. We need to make sure that you have all the support that you need to maintain that and that is easier said than done.” So...

(Lindsay)

And I think a lot of it is the individual themselves. They need to come to that conclusion on their own. So as a child welfare professional, a huge task that we have. And we are going to go so much deeper into this next month but, you know, how do we work with that individual to help them recognize that there are changes that are needed and kind of own that and be motivated to work towards that capacity? You know, when you come in as “Oh, I am the expert and I know what you need to do. This is what we are going to do.” And you are not – “You know, your kids are not coming home. Or your case is going to be open until we get this done.” That doesn't feel good. But you, you know, engage with them and you get on the same level with them and you can kind of partner with them and get them to recognize some of those same things and voice it themselves, it kind of helps you to bridge that and then they have their own internal motivation to kind of make those changes. So, more to come...

And that was the end of all of our questions.

(Melissa)

So, I just want to thank everyone for their participation today. Here is all of our contact information and hopefully we will have your participation next month when we do Module 6: implementing. Thank you.