

# PARTICIPANT HANDOUTS

## CWS3041W: WORKING WITH CHILDREN IN PLACEMENT

(Online Version)



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

**WDS** Workforce Development  
and Support

## **THE IMPACT OF TRAUMA ON CHILDREN IN PLACEMENT**

- Understand different types of trauma and its prevalence
- Recognize the physiological, emotional, and behavioral impacts on children in placement
- Understand that trauma responses are not willful acts of defiance
- Identify examples of the fight-flight-freeze manifestations of the survival response
- Differentiate between trauma and trauma triggers/reminders

## **STRATEGIES TO ADDRESS TRAUMA**

- Learn to decrease the survival-in-the-moment responses for children affected by trauma.
- Complete a moment-by-moment assessment to assess a child's trauma triggers.
- Develop strategies for addressing a child's pattern of emotional and behavioral challenges.
- Understand how a child's environment can trigger memories of past traumas and contribute to revving or re-experiencing behavior.

## **COPING WITH DIFFICULT BEHAVIOR**

- Develop skills to understand and recognize children's signals of distress and help them regulate their emotional states
- Increase awareness of strategies caregivers can use to prevent trauma response or further escalation when children have been triggered
- Identify strategies to help caregivers respond to children during times of redirection, correction, and discipline

## **GENERATING SIGNALS OF SAFETY**

- Identify signals of safety that can help children heal from trauma
- Discuss the importance of identifying adults who can help children build resilience
- Discuss how trainees will apply strategies from this course to improve their practice

## **Maintaining Family Connections through Visitation “Family Time”**

- Explore the role of visitation in promoting continuity of relationships, supporting reunification, and helping the worker with the ongoing assessment of safety, permanency, and well-being.
- Practice developing a planned and purposeful visitation plan that is developmentally-based and addresses assessed needs.

## **Quality Contacts**

- Consider the benefits of quality contacts
- Explore techniques for improving outcomes by enhancing quality of contacts with all members of the child-focused team

## **Before the Visit: Planning & Preparation**

- Define quality contacts and identify the three phases of worker responsibility (before, during, and after)
- Examine steps for planning and preparing for a quality contact
- Use critical thinking skills to apply planning and preparation skills to a case scenario

## **During the Visit: Engagement, Assessment, Exploration & Adjustment**

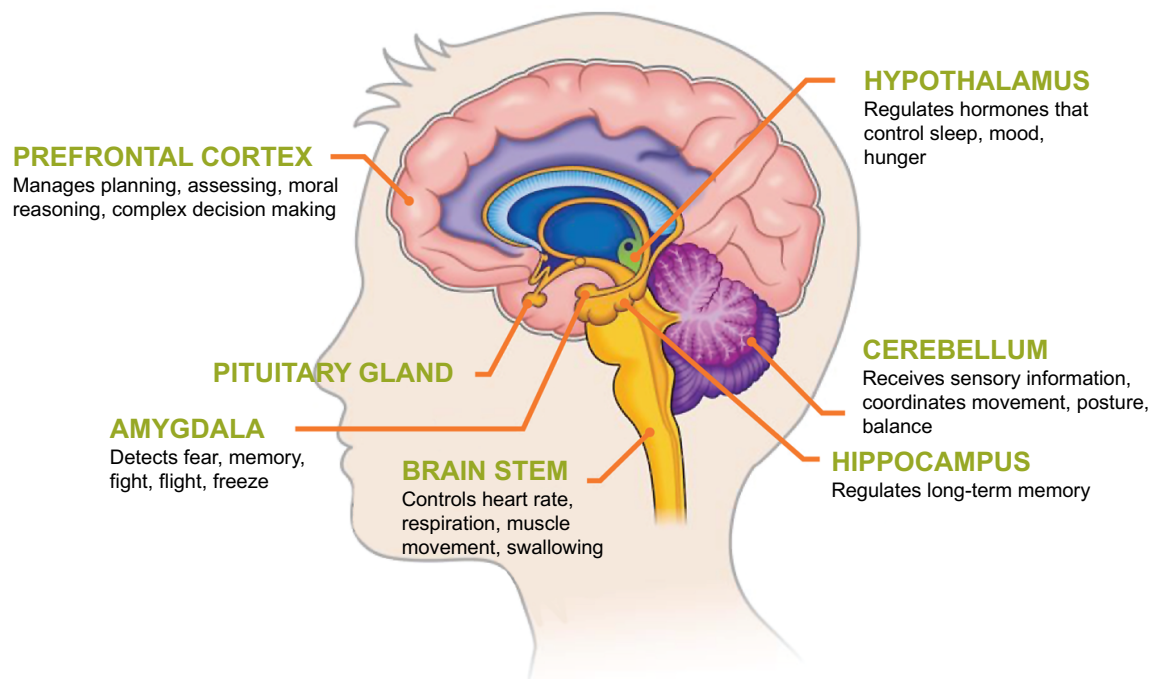
- Identify best practice skills (engagement, assessment, exploration, and adjustment) used to promote quality contacts and improved case outcomes
- Identify questions that can help to explore safety, permanency, and well-being at each stage of development
- Use critical thinking skills to apply best practices to case scenario

## **After the Visit: Documentation, Debriefing, & Follow-Up**

- Identify elements of quality documentation following contacts
- Explore tools and resources for creating thorough, meaningful documentation
- Consider the importance of debriefing and case supervision following contacts
- Use critical thinking skills to apply skills in preparing for supervisory meeting to case scenario

## THE BRAIN

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Source:

Annie E Casey Foundation (2017). TST-FC: A Trauma-Informed Caregiving Approach.

(TST-FC= Trauma Systems Therapy for Foster Care)

Accessible from: <http://www.aecf.org/work/child-welfare/child-welfare-strategy-group/trauma-systems-therapy-for-foster-care-tst-fc/>

**MOMENT-BY-MOMENT ASSESSMENT**

Child's name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Date and time of episode: \_\_\_\_\_ Person completing this form: \_\_\_\_\_

**Just before the episode**

1. How did the child look emotionally? Circle one:

Calm Happy Excited Agitated Angry Sad Other:

2. What was the child doing — how would you describe his or her behavior? Circle one:

Resting Eating Playing Learning Talking Transitioning Other:

3. What appeared to trigger the child's episode? Circle one:

Voice Image Smell Loss of something Request to do something Body contact (touch)  
Criticism Discipline Limit setting Other:

4. Who appeared to initiate the trigger? Circle one:

Parent (M or F) Stepparent (M or F) Resource parent Sibling Relative Teacher Peer Stranger Clinician Other:

5. Where did this episode occur? Circle one:

Home School Neighborhood Car/bus Office Other:

**During the episode**

6. What did the child appear to be feeling?

Sad Fear/panic Anger/rage Guilt/shame Numb/spacey Flashbacks Grief Other:

7. What was the child doing — how would you describe his or her behavior? Circle one:

Raised voice Swearing Hitting Kicking Biting Throwing Breaking/damaging Self-harming Talking about suicide  
Using substances Running away Eating disturbance Engaging in boundary violations (sexual or other) Theft Other:

**After the episode**

8. What did the child appear to be feeling? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other:

9. What was the child doing — how would you describe his or her behavior? Describe:

10. How long did it take for the child to return to baseline — and what did he or she do once calm? Describe:

11. From your observation, if you could name one thing you think is bothering this child, what would it be? Describe:

## STAGES OF BEHAVIOR (THE 4 R'S)

	REGULATING	REVIVING	RE-EXPERIENCING	RECONSTITUTING
Child behavior	Restful. Child is calm and engaged in his or her environment	Vigilant. Child has been triggered and is trying to manage emotions	Fight, flight or freeze. Child's coping skills are overwhelmed; s/he is struggling	Calming down. Child is beginning to manage emotions and re-engage
Your priority	Minimize triggers to prevent escalation	Help your child regulate emotion	Make sure your efforts to contain the child do not re-traumatize him or her	Help your child continue to manage emotions and re-engage

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## MANAGING EMOTIONS GUIDE (MEG)

The MEG is for kids, teens and families. It helps you understand how you react when you experience “triggers” or are reminded of really stressful events.

Sometimes it is hard to realize that things going on around you can make it difficult for you to think clearly, stay calm and make good choices. The MEG can help you, your family and others figure out what leads to problems and what helps. Use the MEG to identify healthier strategies to use when you have strong emotions or behavior that is hard to control.

With your permission, copies of the MEG can be shared with anyone in your life who can help. That might include a grandparent, social worker, teacher or school counselor.

With the MEG, you can start to make changes that help you take charge of your emotions during times of stress.

### THIS MEG IS BY:

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**FOR:** *List everyone who should get a copy. Possibilities include YOU, therapist, parent, teacher, psychiatrist, home-based clinicians, coaches and anyone else you think knows you well and can help you when things get tough!*

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### MY PRIORITY PROBLEM I AM WORKING ON:

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**Step I: Understanding my emotions (Building Awareness)**

USUAL STATE		SURVIVAL-IN-THE-MOMENT STATES	
REGULATING <i>Being in control</i>	REVING <i>Getting upset</i>	RE-EXPERIENCING <i>Losing control</i>	RECONSTITUTING <i>Getting it back together again</i>
WHAT FLIPS MY SWITCH: What happens in my environment that gets me upset?			

AWARENESS: What am I thinking, what am I paying attention to, am I spaced out?			
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AFFECT: What do I feel, what does my face show, what does my body feel like?			
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ACTION: What am I doing, what am I saying, what do I feel like doing?			
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**Step 2: Managing my emotions (Applying Awareness)**

REGULATING Being in control	REVVING Getting upset	RE-EXPERIENCING Losing control	RECONSTITUTING Getting it back together again
<i>Things I can do to continue to feel good and in control</i>	<i>Things I can do when I start to become upset</i>	<i>Things I can do to stay safe and keep myself from losing control</i>	<i>Things I can do to calm down and fix any problems that happened when I lost control</i>
Things I can do			
Things an adult or friend can help me with			

### DEVELOPMENTALLY APPROPRIATE BEHAVIOR BY CHILD'S AGE (SAMPLE)

PRESCHOOL	ELEMENTARY	SECONDARY
Develops a social smile	Speaks in full sentences, tells longer stories, enjoys communicating	Can calm down and handle anger
Develops a general routine of waking and sleeping	Begins to understand and follow simple rules and accept disappointment	Sets goals and works toward achieving them
Responds to others' expressions and emotions	Takes pride and pleasure in new skills	Accepts family rules, completes chores and other responsibilities
Experiments with sounds and words	Gains increasing control over emotions and behavior	Needs time for emotions and reasoning skills to catch up with rapid physical changes
Tries to pull up, move around, explore	Shows growing awareness of good and bad	Is gaining social and emotional skills in the context of being a teen, living in a family, going to school, etc.
Is curious and tries to amuse him- or herself	Develops increasing ability to draw, write and read	Is developing growing capacity to handle social, school and other rules and tasks
Begins to recognize patterns of behavior, times of day, common objects and special people	Has identifiable personality traits, likes and dislikes	Is beginning to have a sense of the future, of the consequences of actions

### Causes for Concern by Child Age (Sample)

PRESCHOOL	ELEMENTARY	SECONDARY
Struggles to track light or faces	Is frequently sad, worried, afraid or withdrawn	Feels hopeless and unable to make things better
Regularly cries for hours and is very hard to calm	Is easily hurt by peers or bullies others	Withdraws from family or friends
Does not babble or make simple gestures	Is preoccupied with violent movies, TV or games	Often gives in to negative peer pressure
Does not try to move, crawl or explore	Is fearful with familiar adults — or too friendly with strangers	Becomes violent or abusive
Seems overly fearful, even in safe situations	Has strong negative thoughts of him- or herself	Drives aggressively or speeds or drinks and drives

PRESCHOOL	ELEMENTARY	SECONDARY
Is extremely aggressive and hostile toward peers	Has an extreme need for approval or support	Has a favorable attitude toward drug abuse
Has trouble expressing emotions	Has highly conflicted relationships	Diets aggressively even when not overweight

Want more details? See the source document, *Supporting Brain Development in Traumatized Children and Youth*, at [www.childwelfare.gov/pubs/braindevtrauma](http://www.childwelfare.gov/pubs/braindevtrauma).

## TALKING ABOUT PSYCHOLOGICAL SAFETY

How can you help children feel psychologically as well as physically safe? It depends on the child and his or her past experience with trauma.

To communicate that you care to a child, ask what he or she needs to feel safe. Find a quiet time to talk about psychological safety.

- Ask what makes him or her feel safe. What helps the child relax body and mind and feel free of worry?
- Share that you want to help him or her feel safe and that you need help to know how to do that.

### LEARN MORE

Read *Being Safe Vs. Feeling Safe*  
[www.fosteringperspectives.org/fpv17n2/psychological-safety.html](http://www.fosteringperspectives.org/fpv17n2/psychological-safety.html)

To increase your chances of success, choose a moment when you can really listen to the child.

- Be prepared to wait patiently while the child processes and thinks. Do not rush to fill the silence.
- Explain the difference between physical and emotional safety.
- Let the child know that if he or she can't answer your question today, it is OK to tell you later, when something comes to mind or he or she feels afraid.

### Example of a safety talk

This is how a safety conversation with a child might go.

*"Hi Carrie. Is it OK if I talk to you for a minute? It is very important to Dan and me that everyone here feels safe. To help our kids, we try to do things we know will keep them physically safe. Like wearing seat belts, locking the front door at night and being careful while we are cooking.*

*"But we also want to know what helps each person in this house feel safe. What helps their feelings stay calm and their body relaxed — that they know they will not be hurt. We want you to feel your body is safe — that you won't get hit, for example. But also that your feelings are safe — that you don't feel someone is making you feel scared. Or if you feel lonely, that you feel you have someone who cares about you to talk with.*

*"Some kids feel safe when they know they will have what they need, like enough food or clean clothes to wear. Some kids feel safe when they have a night-light on in their room or know what time dinner is each day. Or when they have their favorite stuffed animal from home.*

*"I want to make sure you feel safe. Is there anything I can do to help you feel safe?"*

Pause, give the child time to think and try not to rush to fill the silence.

*"If nothing comes to you now, that's OK. If there is ever a time when you feel afraid or you think of something that would make you feel safer, please talk to me about it. I will do everything I can to try to help you feel safe here, at school or wherever you are."*

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## STAYING CALM AND NEUTRAL TIP SHEET

You can help a child learn how to manage his or her feelings and act responsibly. Limits and consequences help children feel safe and respected. Limits and consequences can also help children learn from their mistakes.

One way to do this is for you to stay neutral when a child is falling apart. Staying neutral helps you and the child get through tough situations. It also helps you listen to the child and learn what does and doesn't work to help him or her to calm down. The more a child is a part of the learning process, the more likely you will be successful using these strategies when they are needed. Remember, even though you may not agree with how children feel, the feelings are theirs. The more you try to deny or ignore the feelings, the more the child will hang onto them.

Here are helpful hints for staying neutral when a child is upset.

### Before you approach the child

Take these steps:

- **Breathe.** Take three deep breaths. Inhale through your nose, slowly and deeply, all of the way down to your belly. Hold it, then slowly exhale through your mouth. This will help calm and center your nervous system.
- **Be positive.** Remind yourself of a success you've had. Think about the people who care about you. Or tell yourself something positive. For example: "I can handle this." "There isn't anything we can't work through." "This behavior is not about me."

### When you approach the child

Make sure to:

- **Be as open and easy going as possible.** Walk purposely but calmly toward the child. Approach from the side, if you can. Use a low, quiet voice. Keep your posture open. Keep your hands where the child can see them. Avoid putting hands on your hips or using other aggressive postures.
- **Voice your concern.** Say something like: "Hey, bud, what's up? This isn't like you. Can you tell me what's going on?" Or, "I can see by your face that you are really angry. Can you tell me what you are upset about?"
- **Be attentive.** Listen very closely. Use good eye contact. Nod your head or find other ways to let the child know you are hearing them. If the child is angry, for example, say something like, "I can tell that this is really important to you and you feel angry." Continue to find other ways to tell the child you get what they are feeling. Say, for example, "I hear you really want to be with your friends and they are important to you. I want you to be safe."
- **Problem solve.** Whenever possible try to problem solve with the child. Look for options that work for both of you. "Can we work together to find an option that works for both of us?"

## PROVIDING CHILDREN WITH SIGNALS OF SAFETY

Using signals of safety is a great strategy for helping children regulate their emotions and behavior.

Signals of safety are one-on-one interactions that show warmth, concern, empathy and positive regard. Signals of safety are powerful: They can help a child learn to trust adults again. They remind a child that you notice and appreciate him or her and can be trusted.

To provide children with signals of safety:

- **Catch them being good.** Use specific, detailed words and a warm, nurturing approach to describe what a child did well.
- **Provide other kinds of positive feedback**, such as a quick fist bump or a thumbs up.
- **Be genuine.** If you don't believe what you are saying, children will pick up on your lack of sincerity and you may reinforce a child's mistrust.
- **Keep it up!** Sprinkle signals of safety in short doses throughout the day. Make sure children know they can count on you.
- **Engage other trusted adults** in providing signals of safety.
- **Start** where the child is.
- **Understand** how a child feels when you choose how to provide signals of safety.
- **Ask** yourself, in which stage (which of the 4 R's) is the child?

HOW TO INCREASE SIGNALS OF SAFETY WHEN A CHILD IS...			
Regulated	Revving	Re-experiencing	Re-constituting
Be specific and positive	Stay calm. Remind the child of his or her past successes.	Keep it simple; repeat as needed.	Same as for children who are regulated. Careful — don't rush the child through this important centering period.
<b>EXAMPLE:</b> "You did really well following directions in the grocery store today. You stayed right by me in the parking lot. Nice job."	<b>EXAMPLE:</b> "I can hear that you are getting frustrated. Often, to calm yourself, you think about something else. How can I help you do that now?"	<b>EXAMPLE:</b> "You are safe here." Or "I'm here to help you get through this."	

## Create a network

Children who have experienced trauma need a support network of caring, reliable adults. Look for trusted people in the child's:

- **Extended family.** Is there an aunt or grandfather who has always had the child's best interests at heart? Ask these family members to suggest and provide signals of safety.

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- **School or activities.** Is your child struggling in school or elsewhere? Identify someone who can spend just a few minutes a day one on one with the child to help him or her get through the day. Janitors, secretaries, librarians, kitchen staff and coaches have been wonderful sources of signals of safety to many children.

When you talk to other adults, let them know that providing signals of safety is simple. All it takes is regular, one-on-one, positive interaction with the child. Adults can do a world of good by letting a child know they are reliably in the child's corner.

### **Brainstorm**

Make a list of people in your child's life who could be asked to provide additional signals of safety. If the list is short, think about who you could go to get some help, such as the child's school, church, mosque or synagogue. What about other places in your neighborhood, such as a community or cultural center or the library? What about the child's extended family — who might be able to help?

## 42 Ways to Build Resilience

(Taken from the Resilience Trumps ACEs Poster and Card Games  
Developed in Walla Walla, [www.ResiliencetrumpsACEs.org](http://www.ResiliencetrumpsACEs.org) )

### Resiliency Skills

- Showing empathy
- Critical thinking skills
- Helping appreciate cultural & ethnic heritage
- Sense of belonging
- Learning to accept help
- Hope
- Trust
- Sense of Belonging
- Learning Responsibility
- Teach Self Discipline
- Establish Consequences
- Model Problem Solving
- Sharing Something Important
- Accept Ownership for Behavior
- Work as a team
- Learn to show appreciation
- Master a Skill
- Assign a Responsibility
- Sense Triggers that create negative behavior
- Develop Communication Skills
- Helping a Friend
- Allowing Experience of Success or Failure
- Respect ability to make decisions
- Model appropriate behavior
- Learning to ask for help
- Acknowledge when you are wrong
- Learn to self advocate
- Give back to community
- Giving a choice
- Ability to Calm Self
- Verbally say "I love you"
- Express Feelings
- Experience Success
- Develop Friendships
- Develop Self Esteem
- Attach to Caring Adult
- Learn to Solve Problems

### Specialized Resilience Skills for Parents

- Letting Child Know you are Available for Help
- Family Meetings
- Help a Child Learn to Express Feelings
- Clear Rules and Expectations
- Help child develop problem solving skills

### Circle Skills You Want to Build



Event Type	Related Resilient Skills That May Be Helpful
Emotional Abuse	Showing Empathy Developing Self Esteem Developing a Sense of Control Developing Friendships
Physical Abuse	Attachment to Caring Adult Developing Self Esteem Learning to ask for help Expressing Feelings Learning to Self-Advocate
Sexual Abuse	Hope Sense of Control Learning to Solve Problems Trust Caregivers who let youth know they are available to help
Physical Neglect	Learning to ask for help Expressing Feelings Developing Self Esteem Developing Sense of Control Hope
Emotional Neglect	Attachment to Caring Adult Sense of Belonging Ability to Calm Oneself Expressing Feelings
Separation/Divorce Caregiver	Attachment to Caring Adult Sense of Belonging Ability to Calm Oneself Expressing Feeling
Witnessing Family Violence	Sense of Belonging Learning to ask for help Trust Appreciating Heritage Critical Thinking Skills
Incarceration of Family Member	Attachment to Caring Adult Trust Developing Self Esteem Verbally being told "I love you"
Member with Mental Health Challenge	Attachment to Caring Adult Learning to Express Feelings Developing a sense of control Hope
Family Member with Substance Abuse Challenge	Developing Friendships Developing Sense of Control Expressing Feelings Developing Self Esteem

Review Foster Care Guidance regarding Family Time/Visitation and answer questions 1-3 prior to Day 3 of CWS3041W

1. Were there any expectations you were unaware of regarding visitation?
2. How will you improve family visits as a result?
3. What strategies are used in your agencies to maintain family connections?

## **Foster Care Guidance July 2020**

### **4.8 Arranging visitation with parent(s) or prior custodians**

Efforts to maintain contact with the parent(s) or prior custodians in accordance with the needs of the child shall begin as soon as the child is placed in foster care.

The child and parent(s) have the right to visit and maintain communication with each other, unless visitation has been restricted by the court (§ 63.2-912).

At the time a child is placed in foster care, the service worker shall encourage visitation and arrange with the parent(s) a mutually agreeable plan for visitation and other communication such as phone calls, email, and letters.

Frequent and meaningful visitations:

- Maintain and improve the parent/child relationship which facilitates reunification.
- Are the principal and often only means of maintaining, improving, or developing the child's relationship with his parent(s).
- Provide the opportunity for parent(s) to improve their parenting skills and to demonstrate their ability to care for their child.
- Provide the service worker the opportunity to observe and to evaluate the strengths and the weaknesses of the parent-child relationship. Information may be gathered about the level of commitment of the parent, and the reactions of the child may be observed. This information may be used to assist the service worker in making decisions on the most appropriate permanent plan for the child.

Note: Visitations should never be limited or denied due to a child's inability or lack of motivation to progress in a placement program's treatment process. Additionally, while sobriety during visits is critical, a positive drug screen at any point in the life of the case should not be the sole basis for suspending or cancelling a visit.

#### **4.8.1 Visitation plans**

See Section 6.2.2.2 and Section 8.6 of this chapter, for visitation and communication service requirements when children are first placed in foster care and the goal is reunification.

Visitation plans shall be in the best interest of the child including consideration of safety, permanency and well-being outcomes. The visitation plan shall be a written plan and addressed in the foster care plan. It should include the structure and logistics of the visits. The plan shall be documented in OASIS; it should be documented within **five (5) days** of the child's entry into foster care.

The service worker should develop the visitation plan with the parents and the caretakers. It is appropriate for this plan to be discussed and developed during a Family Partnership Meeting, team decision making meeting, or child and family team meeting. The frequency and duration of the visits should be addressed in the visitation plan. Also, included in the plan should be the location of visits. The following criteria should be used:

- Least restrictive, inclusive setting with consideration given to the culture and social patterns of the family.
- In the child's community whenever possible.
- A setting that is age appropriate and ensures the safety of the child.
- In the agency's office when necessary for the protection of the child or to allow for support before, during or after the visit.

Visitation should occur frequently and in a positive, natural setting. Service workers should be creative in implementing visitation to assure frequent and positive visitation. Limiting visits to what is convenient for the agency limits the agency's knowledge of the parent's ability to learn and demonstrate how to care for their children. Possibilities for visitation are listed below but are not limited to the following:

- Visits in the foster home. These types of visits allow the parents to observe a positive approach to parenting, allows the child to view all the people that care for him as allies, and has the potential to develop a long term mentoring resource for the biological parent.
- Schools and daycares. Most schools today encourage parents to enjoy lunch with their children or visit the daycare. These types of visits allow the parent to observe and be a part of a child's life and have positive interaction with the teacher or day care provider.

- Medical and dentist appointments. These types of visits provide parents an opportunity to take responsibility for the medical and dental concerns of their child.
- Visits outside of the agency. Parks, playgrounds, fast-food restaurants or other places that provide a more natural setting for normal parent/child interactions.
- Use of web based video conferencing (Skype) and phone calls. Other types of contact should be considered if distance between parent and child is a barrier to frequent face to face visits.

#### **4.8.2 Levels of supervision during visits**

The service worker should determine the level of supervision for parent/child visits based on the identified safety threats. Three levels of supervision are recognized in practice:

- Supervised visits require another adult approved by the LDSS to maintain line of sight and sound supervision and intervene as needed.
- Monitored visits require another adult approved by the LDSS to periodically observe and intervene as needed.
- Unsupervised visits require the parent to be the primary caregiver and be willing and able to safely care for the child.

The visitation plan should document the reasons for the level of supervision.

#### **4.8.3 Visitation observations**

The service worker and/or visitation supervisor should observe and document in OASIS the following during visits:

- Who participated.
- How long did the visit last.
- How did the parent greet the child and the child respond to the parent.
- What was the interaction between the child and the parent.
- What activities took place or how the time was spent.
- Did the parent set limits and/or discipline the child.
- Did the parent pay attention to the child's needs.
- Was affection displayed between the parent and the child.
- Was the service worker required to intervene.
- How did the parent and child separate.

#### **4.8.4 Reviewing visitation plans**

The service worker has an obligation to preserve the child's relationship with the parents and family. Any changes to the visitation plan (limiting or terminating) should be discussed with the family, and the written visitation plan should be updated and provided to the family.

Reviews of the visitation plan should take place when:

- There is an increase or decrease in safety threats.
- Change in the permanency goal.
- Change in the well-being of the child.

Conditions that may support a change in the visitation plan to increase the frequency and duration of visits, or reduce the level of supervision required include consistently positive contact between parent(s) and child; therapist recommending increased contact; and parental compliance with treatment and progress towards service plan goals.

Conditions that may support a change in visitation plan (limiting or terminating contact) may include:

- Therapist recommends decreasing or suspending visitation due to the child's reactions to the visits.
- The child is at risk of physical or emotional harm.
- The supervisor/monitor of the visits is threatened.
- If the parent appears intoxicated or under the influence, the visit will be stopped immediately, but may resume after a review of the visitation plan.
- The court adopts a permanency goal other than reunification.
- It may be necessary to limit contact for the protection of the child if custody was obtained due to physical or sexual abuse.

#### **4.8.5 Visitation with parents struggling with substance abuse**

In cases where parental substance abuse is a factor which contributed to the child entering foster care, it is critical that the service worker complete an ongoing assessment of the family and make service referrals when necessary. Due to the substance abuse recovery timeline, it is essential that parents are referred to substance abuse treatment immediately. Drug or alcohol dependence disorders should be acknowledged as a medical condition that can be effectively treated. Research indicates relapse is a common part of recovery; therefore, service workers should help support children and parents through the challenges that may arise in the recovery process.

Regular visitation with parents is essential to maintaining the connection between the parent and child and necessary for any progress to be made towards reunification. This is also the case for children whose parents are facing challenges with substance abuse. Additionally, visitation can potentially serve as motivation for parents who are working on maintaining their recovery.

A positive drug screen at any point in the life of the case **should not** be the sole basis for suspending or cancelling a visit; however, service workers may use information from the drug screen to help inform their decisions around supervision or location of the visitation. Service workers shall complete ongoing assessments to ensure child physical and/or emotional safety. Service workers may arrange a meeting with the parent prior to the visitation to assess and address child safety and to help support the parent with the visit. If a parent arrives for a visit and appears to be under the influence of a controlled substance and/or alcohol, the visit should be terminated. Prior to the next visit, the service worker should reevaluate the visitation plan with the parent, including current safety issues and how those safety issues will be addressed.

Service workers should:

- Acknowledge the child and parent's rights to visit and maintain communication with each other, unless visitation has been restricted by the court.
- Support to regular visitation between child and parent, even if visitation must continue to be supervised.
- Commit to ongoing assessment of visitation with parent and child to promote child safety/reduce risk of future harm and reevaluate the visitation plan as necessary.
- Conduct ongoing assessments that acknowledge the parent's progress and includes a supportive timelines for parent recovery.
- Offer services to parents that will help them achieve reunification as long as that is the goal.

# Visitation: ROLES AND RESPONSIBILITIES

	<b>BEFORE (Orientation &amp; Planning)</b>	<b>DURING (The Visit)</b>	<b>AFTER (Debrief)</b>
<b>BIRTH PARENT</b>	<ul style="list-style-type: none"> <li>• Ask about any rules/expectations she does not understand. Follow all the rules.</li> <li>• Find items to bring.</li> <li>• Arrange transportation.</li> <li>• Call if visit must be cancelled.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the rules. Come prepared. Come on time. Bring required items for visit and nothing else. Do not bring other people without permission.</li> <li>• Give child 100% of your attention.</li> <li>• No drugs or alcohol use at visit or coming to visit intoxicated</li> <li>• If you are having a mental health crisis ask for visit to be postponed</li> </ul>	<ul style="list-style-type: none"> <li>• Listen for feedback and ask questions about how to improve</li> <li>• State concerns to SW</li> <li>• Provide suggestions for next visit</li> <li>• Take care of yourself – visits are hard emotionally</li> <li>• Talk to friend, SW or therapist to debrief visit</li> </ul>
<b>SOCIAL WORKER</b>	<ul style="list-style-type: none"> <li>• Provide everyone with written visitation plan.</li> <li>• Tell <b>parent</b> of expectations, rules</li> <li>• Help parent prepare what to say to child, what to bring, what activities are allowed/expected. Do not expect that parent knows how to perform parenting tasks and assume parents will feel “unnatural” during visit – PREPARE the parent to succeed.</li> <li>• Explain to <b>child</b>; purpose of visit, safety rules, how long it will last, practice what he may want to say to parent, about returning to caregiver.</li> <li>• Arrange transportation and location.</li> <li>• Do not use visits as rewards or punishment.</li> <li>• Placement of child in a home that is close and will support visits and family connections</li> <li>• Place sibling together or support visits</li> </ul>	<ul style="list-style-type: none"> <li>• See Supervisor of visit responsibilities if you are also doing that task</li> <li>• Make visits high on your caseload priority list so that they occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply sanctions to parents who break rules. Do not use visits as rewards or punishment. Only reason to decrease or eliminate a visit is to meet a child's needs.</li> <li>• Give birth parents feedback on their interactions, behaviors, parenting skills or other issues. Communicate in a strength-based manner.</li> <li>• Revise visitation plan if visits are not meeting child's needs</li> <li>• Call and check with child and/or caregiver to see how the child is reacting to visits</li> <li>• Ask everyone about how to improve the visits</li> </ul>
<b>CAREGIVER OF CHILD</b>	<ul style="list-style-type: none"> <li>• Prepare child for visit given the type of visit; talk about visit and emotions</li> <li>• Pack clothes, food, medicine, comfort item or other items needed for visit</li> <li>• Say positive things to the child about visit and her birth parents</li> <li>• Transport child to visit</li> <li>• Give information to SW and birth parent about child: anything that might affect the visit (school, illness, behaviors)</li> <li>• Support contact with siblings and others</li> <li>• Do not threaten a child into good behavior by saying a visit will be cancelled</li> <li>• Believe that family connections are essential for a child's health development</li> </ul>	<ul style="list-style-type: none"> <li>• Have the visit in caregiver (your) home.</li> <li>• Model parenting skills.</li> <li>• Supervise or monitor visits – see supervisor of visits for more details</li> <li>• Help with transitions at beginning and the end of visits; especially if the child is emotionally attached to you or the child does not remember the family members who will be at the visit</li> </ul>	<ul style="list-style-type: none"> <li>• Transport child back to your home</li> <li>• Have routine that will comfort child, allow for emotions to be safely expressed</li> <li>• Report “abnormal” reactions the child has to visits</li> <li>• Document visits if you supervised visit or it occurred in your home</li> <li>• Take care of yourself and your family - given your emotions</li> </ul>
	<b>BEFORE (Orientation &amp; Planning)</b>	<b>DURING (The Visit)</b>	<b>AFTER (Debrief)</b>
<b>CHILD</b>	<ul style="list-style-type: none"> <li>• Tell adults what you want regarding visits; location, frequency, who attends, activities, safety</li> <li>• Tell adults if you are having feelings you cannot</li> </ul>	<ul style="list-style-type: none"> <li>• Use your safety plan, ask for help</li> <li>• Have fun</li> <li>• Be on time</li> <li>• Follow the rules</li> </ul>	<ul style="list-style-type: none"> <li>• Tell adults if you have any feelings, reactions or concerns about the visit</li> <li>• Tell adults what you think would make the visits better</li> </ul>

	handle, are afraid or need information		
<b>SUPERVISOR OF VISIT</b>	<ul style="list-style-type: none"> <li>• Must be willing and able to put child's best interest first.</li> <li>• Given visitation plan and has the skills needed by the plan; to supervise, model parenting skills or observe</li> </ul>	<ul style="list-style-type: none"> <li>• Stop visit if parent violates rules or if child indicates his/her safety is at risk</li> <li>• Enforce all the rules of the visit (location, activities, people attending)</li> <li>• Stop visit if parent shows any signs of intoxication, mental illness or abusive behaviors</li> <li>• Supervised/Observation supervisor; do not talk to others during the visit, do not get involved in activities even if asked, only intervene if safety issues occur</li> <li>• Modeling/teaching supervisor: provide direct modeling or teaching of parenting skills as determined by the case plan Can give advice to parent during the visit.</li> <li>• Therapeutic supervisor: therapy, teaching parenting skills, family counseling, play therapy</li> <li>• Take notes of visit. Send to SW ASAP. May be required to testify in court</li> <li>• Watch the clock and be sure all 3 phases of a visit occur (saying hello, the activities, saying goodbye)</li> </ul>	<ul style="list-style-type: none"> <li>• If social worker has approved provide immediate feedback to parent – do this out of hearing of the child</li> <li>• Document visit and send to appropriate people</li> <li>• Call social worker or caregiver if there is a special need of the child that should be addressed immediately</li> <li>• If approved, check with older children, out of hearing from the birth parent, as to the child's reactions or assessment of the visit</li> </ul>
<b>TRANSPORTER</b>	<ul style="list-style-type: none"> <li>• Safe driving and car seats</li> <li>• Listen to child during the ride</li> <li>• Provide reassurance</li> <li>• Report any concerns immediately to social worker</li> <li>• May be asked to provide information from caregiver to SW or birth parent</li> </ul>	<ul style="list-style-type: none"> <li>• See Supervisor of visit responsibilities if you are also doing that task</li> </ul>	<ul style="list-style-type: none"> <li>• Safe driving and car seats</li> <li>• Listen to child during the ride</li> <li>• Provide reassurance</li> <li>• Report any concerns immediately to social worker</li> <li>• May be asked to provide information to caregiver</li> </ul>

**LEVELS OF SUPERVISION – A continuum to ensure safety while allowing the most normal family interactions possible**

**Therapeutic:** Role modeling, therapy and teaching occur to improve the parenting skills or parent/child relationships

**Supervised:** Parent & child are in sight and sound distance of objective person who can ensure the safety of the child and that the visitation plan is followed. The family is not allowed “alone” time unless specifically approved.

**Observed/Monitored:** Objective party who maintains some level of contact during the visit to ensure visitation plan is followed. This level of observation will vary depending on the plan. In the lowest level the visit can occur in a public setting without a designated observer: school events, child's sports or other activities, medical appointments, parks, restaurants, pro sport games, etc.

**Unsupervised:** Parent and child allowed time alone from one hour to overnight. Child and family have resources available during visit to call for help.



**FOUR ASSESSMENT ELEMENTS TO DEVELOPING A PLANNED AND  
PURPOSEFUL VISITATION**

**Step One: Child Development and Parenting Skills**

- Child Developmental Milestones
- Safety Checklist
- Impacts of Separation on the child
- Developmental Assets of children
- What Parents Can do to Support Development
- Items for the visit

**Step Two: Time in Care**

- Initial Placement
- Reasonable Efforts
- Final Permanency Decision
- Post Permanency

**Step Three: Type of Abuse**

- Neglect
- Physical Abuse
- Sex Abuse
- Emotional Abuse
- Level of supervision needed

**Step Four: Other Factors**

- Substance abuse
- Cultural background
- Domestic Violence
- Child's special needs
- Parents' special needs
- Incarcerated parents
- Mental illness
- Relationship with caregiver

Source: Wentz, Rose, consultant to the National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work, New York, NY. A Service of the Children's Bureau/ACF/DHHS

## Parenting Time/Visitation Plan Schedule

Note: This is to be completed at time of plan development and given to the Visitation Participant(s). Any changes to the visitation plan (limiting or terminating) will be discussed with the family, and the written visitation plan will be updated and provided to the family.			
<b>Child's Name:</b>	<b>OASIS #:</b>	<b>Name of Visitation Participant(s):</b>	
<b>Frequency of face-to-face interaction:</b>			
<b>Other Permitted Parenting Opportunities:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Phone Calls</div> <div style="width: 50%;"><input type="checkbox"/> Instant Messaging</div> <div style="width: 50%;"><input type="checkbox"/> Letters or Cards</div> <div style="width: 50%;"><input type="checkbox"/> Child's Activities</div> <div style="width: 50%;"><input type="checkbox"/> Facetime/Skype</div> <div style="width: 50%;"><input type="checkbox"/> Text Message</div> <div style="width: 50%;"><input type="checkbox"/> Attending School</div> <div style="width: 50%;"><input type="checkbox"/> Special Events:</div> <div style="width: 50%;"><input type="checkbox"/> Emails</div> <div style="width: 50%;"><input type="checkbox"/> Medical Appointments</div> <div style="width: 50%; text-align: center;">Events _____</div> </div>			
<b>RESTRICTIONS</b>			
<b>Effective Date</b>	<b>Next Review Date</b>	<input type="checkbox"/> Supervised <input type="checkbox"/> Monitored <input type="checkbox"/> Unsupervised <input type="checkbox"/> Trial Home Visit    Supervisor: _____	
<b>Arrangements: (transport, location, time, duration, emergency procedures)</b>			
<b>Developmental Tasks/Activities to focus on during parenting opportunities:</b>			
<b>If interactions are not occurring (i.e. deceased, court order, unable to locate, etc) or are not in-person (i.e. by phone, mail, electronic) explain why:</b>			
<b>If interactions are supervised, provide explanation and indicate what would need to occur to move to unsupervised:</b>			
By signing this plan, I acknowledge that I understand the terms and conditions of this Parenting Time/Visitation Plan and am willing to abide by this plan.			
_____ Signature of Visitation Participant		_____ Signature of Visitation Participant	
_____ Signature of Worker		_____ Signature of Visitation Supervisor	

Additional information:

<b>Child Development/ Parenting skills INFANTS</b>	<b>Child Development/ Parenting skills TODDLERS</b>	<b>Child Development/ Parenting skills PRESCHOOL</b>	<b>Child Development/ Parenting skills ELEMENTARY</b>	<b>Child Development/ Parenting skills TEENS</b>
Meet child's developmental needs and maintain connections	Meet child's developmental needs and maintain connections	Meet child's developmental needs and maintain connections	Meet child's developmental needs and maintain connections	Meet child's developmental needs and maintain connections
2 to 5 per week Long enough for parent to feed, change diapers, play – 60 minutes minimum Meets child schedule	2 to 4 per week 60 to 90 minutes Meets child's schedule	2 to 4 per week 60 to 90 minutes Meets child's schedule	1 to 2 per week 1 to 3 hours Meets child's schedule	At least once a week 1 to 3 hours Meets child's schedule
Home or homelike environment Allows for caring of baby Have items that calms baby; blanket, pacifier, toy Community, doctor appts.	Home or homelike environment Community setting: parks, playgrounds, childcare, doctor appts.	Home or homelike environment Community setting: parks, playgrounds, childcare, doctor appts.	Child helps to choose Home or homelike environment Where child already is; school, sports, park, restaurant,	Teen helps to choose Where teen already is: school, sports, park, restaurant, mall, therapist, home of parent or caregiver, doctor
Parent meets child's needs; crying, eating, sleeping Play on floor or eye level Music, read book, talk to baby Bonding activities	Parent meets child's needs; learning to do it herself – eating, dressing, toileting Play games, read, talk, sing Provide safety & supervision	Child chooses what to do <u>during</u> visit; which book to read, what toy to play with, what game Ask child about their life.	Child helps to choose: What child likes to do; sports, games. What child must do; homework, chores. Ask child about his life. Provide	Teen helps to choose: What child likes to do; sports, games, shopping. What child must do; homework, chores. Ask child about her life. Discipline.
Lack of communication and self protection means that supervision level should be higher than same situation with older children.	Lack of communication and self protection means that supervision level should be higher than same situation with older children.	Communication and self-care skills assessed to determine supervision level	Communication and self-care skills assessed to determine supervision level	Communication and self-care skills high enough for teen to give input to level that is needed
Birth parents & siblings together or separate, Other key people with emotional attachment	Birth parents & siblings together or separate, Other key people with emotional attachment Listen for who child asks to	Ask child who he wants to visit Birth parents & siblings together or separate, Other key people with emotional attachment	Ask child who he wants to visit Birth parents & siblings together or separate, Other key people with emotional attachment	Ask teen who he wants to visit Birth parents & siblings together or separate, Other key people with emotional attachment
Bring food, toys, diapers and comfort items. Have adult who child feels safe with (could be foster parent) help with all transitions.	Bring toys, diapers, food, and comfort items. Have adult who child feels safe with (could be foster parent) help with all transitions.	Bring toys, diapers, food, and comfort items. Have adult who child feels safe with (could be foster parent) help with all transitions.	Bring toys, food, homework, and other items for session. Allow child time to adjust to transitions.	Bring toys, food, homework, and other items for session. Allow child time to adjust to transitions.
Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the baby	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the child	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the child	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the child Ask child for comments.	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the teen Ask child for comments.

Type of Abuse <b>NEGLECT</b>	Type of Abuse <b>SEX ABUSE</b>	Type of Abuse <b>PHYSICAL ABUSE</b>	Type of Abuse <b>EMOTIONAL ABUSE</b>	
Assess, observe and teach safe parenting skills	Assess, observe and teach safe parenting skills	Assess, observe and teach safe parenting skills	Assess, observe and teach safe parenting skills	
Long enough to practice parenting skills, usually this will take more than 1 hour Increase time with increased skills of parents	To meet the child's needs of safety, emotional and developmental needs	Long enough to have normal parent/child interactions that require parent to practice family rules and discipline.	Long enough to have normal parent/child interactions that require parent to practice family rules and discipline.	
Optimal: In parent's home unless the location is unsafe. Home like environment; foster or relative home,	May occur in clinical setting Location that makes the child feel safe	In family or home setting. May need to initially avoid sight of abuse until counselor approves.	In family or home setting. Location that makes the child feel safe.	
Practice the skills that lead to neglect; feeding, supervision, preparing for school, Learn to understand child's needs and feelings	No whispers, alone time, passing notes not reviewed Learn to understand child's needs and feelings; for offending and non-	Learn to understand child's needs and feelings Practice parenting skills and providing structure for child without use of physical	Learn to understand child's needs and feelings Practice parenting skills and providing structure for child without use of emotion	
Depends on level of neglect. Severe neglect requires high level of supervision until parent demonstrates improved skills Usually monitoring is enough	High supervision needed; vigilance of verbal, non-verbal, body language, pressure to recant Child has signal to stop visit	High level of supervision until parent has demonstrated the ability to provide care without physical abuse Child has safety plan	High level of supervision until parent has demonstrated the ability to provide care without emotional abuse Child has safety plan	
Birth parent(s) or others in caregiver role, siblings Later include entire family doing normal family activities	Non-offending parent and siblings – same as other types of abuse Visits begin w/ offending parent with child therapist approval	Clinical approval when child has a stated fear of abusive parent.	Clinical approval when child has a stated fear of abusive parent.	
Bring items to practice parenting skills; cooking, homework, toys, bathing, napping	Clear rules and safety plan is known by all parties Child may need cell phone or other method to call for	Clear rules and safety plan is known by all parties Child may need cell phone or other method to call for	Clear rules and safety plan is known by all parties Child may need cell phone or other method to call for	
Normal documentation	Normal documentation	Normal documentation	Normal documentation	

Activity Created by Rose Wentz

Time in Care <b>INITIAL PLACEMENT</b> <i>0 TO 1 MONTH*</i>	Time in Care <b>REASONABLE EFFORTS</b> <i>1 TO 12 MONTHS*</i>	Time in Care <b>FINAL PERMANENCY DECISION</b> <i>12 – 15 MONTHS*</i>	Time in Care <b>POST PERMANENCY</b> <i>15 MONTHS TO ONGOING*</i>	<p>* - The time frames listed on this page are based on the Adoption and Safe Families Act legal timelines to permanency. Time frames will vary with each case.</p>
Maintain connections, assess family	Teach parenting skills and observe improved parenting	Prepare child for transition (return home, adoption or guardianship)	Maintain connections with people whom the child has emotional ties	
First visit within 48 hours of placement – at least a phone call 20 minutes to 1 hour After that follow child dev.	At least once a week At least one hour Increasing in length and frequency as family gets closer to reunification	Overnight for reunification Do not stop visits even if adoption is the final PP Child's needs guide frequency of visit for non-reunification	Yearly letter to regular contact; will vary with developmental needs. Needs to flex over time. Weekly with siblings not placed together	
Location that allows high level of supervision for first visit, neutral location In family home to allow for more assessment of family	Birth family home whenever possible or home of relative and foster parents Community locations Agency office least desirable	In homes whenever possible Clinical setting if needed to help child or parent	Child who will “age out of system” Birth family home as he will probably visit after out of care.	
Activities that maintain relationships, Parents to talk to child to overcome fear of abandonment. Assessment of family. Expect reactions to visit	Modeling/teaching of parenting skills Reactions to visits should be decreasing	Talk about final permanent plans with child Reactions may occur due to upcoming changes; grief and loss about relationship	Saying “good-bye” to people child will not see frequently Discussing past and future relationships, rules for future contacts, reactions may occur	
Full supervision for first visits until parenting skills fully assessed and/or improvement. Prevent pressure on child to recant. Allow some time alone	Decreasing level of supervision as parenting skills increase, level may vary depending on who attends	Unsupervised for reunification Monitored or supervised visits for adoption/guardianship	Child develop skills to recognize threat and have safety plan Support person there for “good-bye” visits	
Birth parent(s), siblings, other caregivers – first visits Do not forget fathers and paternal family members Extended family later	All the people the child would live with if reunification occurs. Sibling even if the child will not live with him/her, extended family	Sibling and extended family visits occur for any PP Birth parents unless judge orders no contact	Birth parents, siblings, extended family, people child has emotional connection - adoption Foster parents – if child is	
Bring child's clothing, toys, school items – anything left behind Bring family pictures to give child or other items to remind	Social worker should observe visit at least once every 2 months Clear case plan connection with visit activities,	Develop relationships between families, help child with emotions related to potential moves Change visit to meet final PP	Pictures, family history, contact information, other material for Life Book of child Families involved in planning ongoing visit process	
Normal documentation Worker make copies of pictures and other items brought to visit Ask for family information	Be very specific as to parents progress; strengths and problems Teach observers how to document visit	Normal documentation	Normal documentation Ensure case record has complete contact information so all parties can reach each other in future	

Other Factors <b>DRUG ADDICTION</b>	Other Factors <b>MENTAL ILLNESS</b>	Other Factors <b>SPECIAL NEEDS OF CHILD</b>	Other Factors <b>SPECIAL NEEDS OF PARENT</b>	Other Factors <b>INCARCERATED/ HOSPITALIZED PARENT</b>
Protect child from inappropriate or unsafe parenting	Protect child from inappropriate or unsafe parenting	Meet child's special needs during the visit	Protect child from inappropriate or unsafe parenting	Ensure connections are maintained in difficult situations
See child development guideline	Get professional advice	Get professional advice from the therapist, doctor and birth parent about the special needs and what limitations may need to be considered	Get professional advice from the therapist, doctor and birth parent about the special needs and what limitations may need to be considered	See child development guidelines – limitations due to prison/jail rules not due incarnation
Neutral location where drugs would not be available – as homelike as possible	Get professional advice	Therapist or doctor office School or tutor	May need to have visits where the parent is located: residential treatment, hospital, etc.	In prison. A few prisons have special locations for visits and even overnight opportunities Phone, email, letters, video
See other guidelines	See other guidelines	See other guidelines	See other guidelines	See other guidelines Creativity may be needed to accomplish many activities Prepare child for environment of prison
Observation or supervision until treatment counselor approves	Observation or supervision until treatment counselor approves	Get professional advice	Get professional advice	Level of supervision based on other guidelines Limits especially if incarceration due to harming the child
Non-addicted parent can be observer of visit if he/she shows ability to make safe decisions	See other guidelines	See other guidelines	See other guidelines	See other guidelines Prison may have rules
No drugs at session or ANY indication that parent is intoxicated	Everyone knows indicators of parent having a mental health crisis. No visits when parent is in "crisis"	Get professional advice	Get professional advice	May need to work with prison officials
Normal	Normal	Normal	Normal	Normal

Other Factors <b>FAMILY CULTURE</b>	Other Factors <b>DOMESTIC VIOLENCE</b>	Other Factors <b>NON-OFFENDING PARENT</b>		
Maintain and strengthen child's connection with culture, tradition and religion	Protect child from inappropriate or unsafe parenting	Protect child from inappropriate or unsafe parenting		
If child does not have contact with cultural community through parent visits or caregiver this type of "visit" should be added to case plan	Parents cannot visit together until DV treatment professional approves	See child development guidelines		
In family or relative home In community locations with cultural significance In language of the family	Place where child feels safe, may need to avoid location of DV incidents if this upsets the child	Location where no uninvited people can arrive without a method to protect the child or stop the visit until parent shows ability to protect		
Sharing family history, stories Teaching family traditions; holidays, cooking, games, hobbies Religious events and learning	Family activities that represent normal family life – without any violence	Activities to focus on the child and not adult relationships		
Use family and people the family knows whenever possible to supervise visits and teach parenting skills, that person can speak the family's language	High level of supervision until abusive parent begins DV treatment, decrease level only with counselor approval and demonstration of improve skills	High level of supervision until parent demonstrates ability and empathy to always put child's safety first		
Parents, siblings, extended family, fictive kin, anyone the family identifies as important in the child's life	All family members May need separate visits if there is a No Contact order between the parents	Offending/abusive parent not included until therapist approves No others attend		
Bring information, pictures, reading materials, and other items to teach family culture	Ensure safety between ALL parties	No discussion that would imply child is responsible for getting the abusive parent in trouble or the family harmed because that parent has left family		
Normal documentation	Normal documentation	Normal documentation		



## Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. Before each visit and supervisory meeting, she reviews:

- Case history
- Genogram
- Case plans and action plans
- Documentation from previous contacts
- Collateral contact documentation
- Recently completed assessments and evaluations with recommendations
- Supervisor staffing notes

Using this information, she writes notes and creates a short agenda for the visit to bring as a guide.

## Case History

### Household Composition

Name	Relation	Age
Melanie Montoya	Biological mother	33
Tony Montoya	Biological father	35
Taylor Montoya	Daughter	16
Ryan Montoya	Son	9
Bobby Neal	Melanie's stepbrother	19

### History

This family has four previous unsubstantiated reports of child abuse. Police have responded to numerous domestic violence calls. Mr. Montoya has three prior domestic violence charges.

### Incident Report

Parents with a history of domestic violence and alcohol abuse engaged in a physical dispute with their two children, ages 9 and 16, present. The argument began on Saturday evening after both parents had been drinking during the day. The argument escalated from yelling and name calling into a physical altercation. The children came home in the middle of the fight and went straight to their rooms. At some point, Ryan, age 9, entered the kitchen to try to calm down his parents and was hit in the head by a plate thrown by the mother, intending to hit the father. The wound was deep and began to bleed uncontrollably. Taylor, age 16, did not witness the incident. When she heard the commotion, she ran out of her room and saw her brother on the floor with blood gushing from his head. Taylor became angry and started to yell at her mother for harming her brother. Taylor charged her mother out of anger and began to hit her. This infuriated the father, and he yanked Taylor off his wife and punched Taylor in the face, causing a bloody nose and immediate bruises to her eye and face. After the father punched Taylor, she grabbed her brother, and they ran to a neighbor's house. While at the neighbor's house, Taylor attempted to stop her brother's bleeding. When this did not work, Taylor rushed him to the hospital, where he required 18 stitches. The injuries observed on both children prompted medical personnel to report the situation to child welfare. A caseworker, along with law enforcement officials, responded to the hospital. Mr. Montoya was charged with domestic violence and child abuse. Law enforcement officials took him into custody due to the new charges, as well as for probation violation. This triggered Mrs. Montoya to become angry, fearful, and suicidal. After

To learn more about quality contacts and related Center for States publications and learning tools, visit the **Quality Matters** homepage at: <https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters>

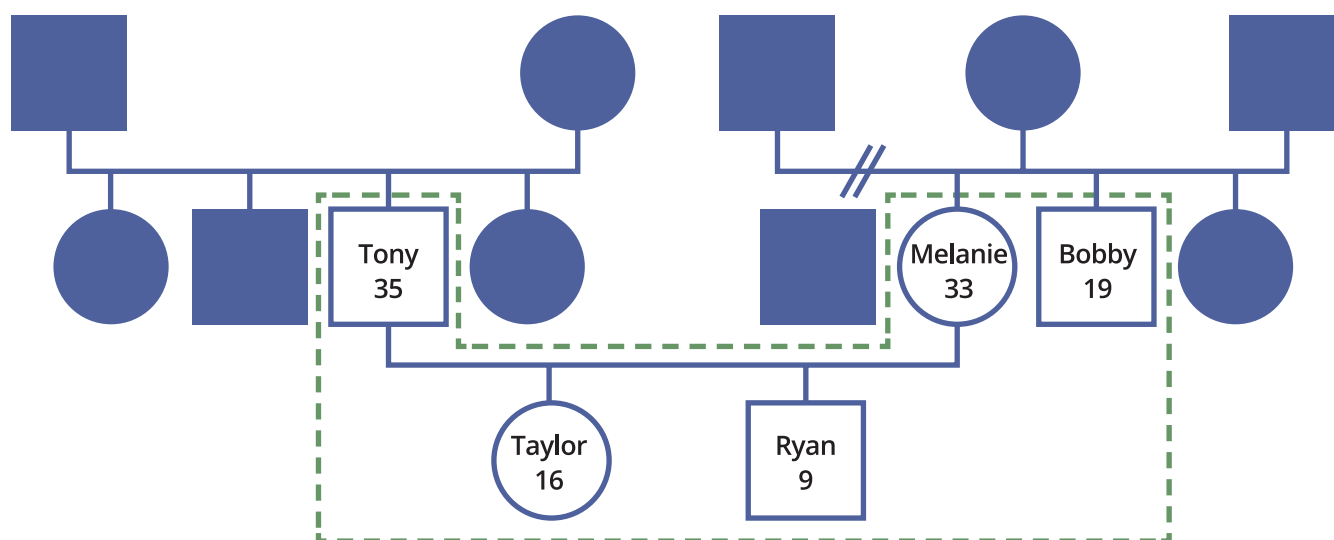
assessing Mrs. Montoya's mental health, health-care personnel determined she met criteria for a mental health hold. Both parents were asked about relatives who could take in the children temporarily. Mrs. Montoya stated that her stepbrother, Bobby, age 19, has been staying at their house for several months and would be willing to take the children; however, it was determined that he is a registered sex offender. Bobby has no money and nowhere else to go, and the family is not willing to make him move, as they think he will wind up on the street. Both Mr. and Mrs. Montoya's extended families live in another state, and they are not able to provide any other kinship options. The children were placed with a resource parent due to lack of kinship option.

## Kara's Notes

Kara makes notes about areas to explore with the family. The history does not give her insight into the parents' protective factors and the family strengths, which she knows will play an essential role for the changes this family will have to make to create a safe environment for the children. Reading the incident report and case history, she notices the pattern of domestic violence in the family, the ties to alcohol use, and the fact that this is the first reported incident in which the children were present and injured during a fight between the parents. She uses the information from the case record to begin to draw a genogram of the family.

## Montoya Family Genogram

A genogram, like a family tree, is a picture representing relationships in a family. Using a genogram serves as a great way to empower and engage family members and allows them to see their behavior as it relates to the whole family system and historical patterns of behavior.



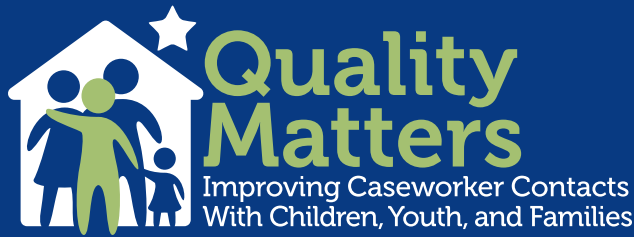
## Kara's Agenda Framework

To keep each visit purposeful and solution focused, Kara writes a new agenda before each visit to use as a guide. During the visit, she listens and adjusts the agenda to respond to the naturally occurring conversation and new information. She makes note of helpful questions to use and builds the agenda from the basic elements that appear below.

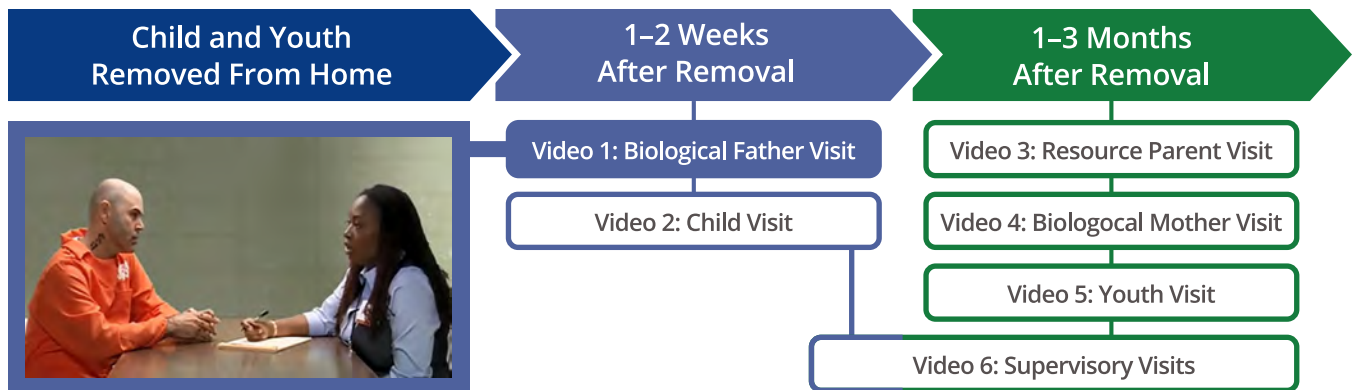
### Agenda

- Introductions, engagement, and purpose of visit
- Assessment of:
  - Safety
  - Risk
  - Permanency (maintaining connections, stability of current situation)
  - Well-being (health, mental health, development, behavior, education, social activities, and relationships)
  - Adjustment to the placement
  - Progress on case plans and action plans
- Plan for creating safety for the children:
  - Identification of behaviors that need to change to create a safe environment for the children
  - Identification of family strengths to support changes (emotional, mental, and behavioral strengths; positive experiences with similar situations; work; stable housing; resources; network of friends; and family)
  - Exploration of formal and informal resources to support needs
- Follow up:
  - Action items from last visit (What worked? What didn't happen?)
- Current needs
- Summary and next steps

Kara brings her agenda, notes, family genogram, current case plans and action plans, and any necessary forms or referrals to the visit.



# Discussion Guide for Video 1 Biological Father Visit



## Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. She schedules the visit in accordance with jail procedures and visiting hours. Before the visit, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from previous contacts, collateral contact documentation, recently completed assessments and evaluations with recommendations, and supervisor staffing notes. Using this information, she writes notes and creates a short agenda for the visit to bring as a guide. Kara brings her agenda and notes, genogram, current case plans and action plans, and any necessary forms or referrals to the visit.

**Who:** Tony Montoya, biological father

**Where:** County jail

**When:** Two weeks after child and youth removal

**Purpose:** Begin to engage the father in:

- Understanding what precipitated the violence
- Identifying behaviors that need to change to create a safe environment
- Identifying strengths to support changes
- Planning for creating safety for the child and youth

### Agenda for Visit with Tony Montoya

- Introductions: Begin to engage with the father. (What was his experience with the agency like? Did his caseworker help him? What would have made the experience better?)
- What is the purpose of the visit?
- Understand what precipitated the violence. (What does he remember about what happened? What Were the issues?)
- Identify behaviors that need to change to create a safe environment.
- Identify strengths to support changes. (What are he and his wife doing right? When were things better?)
- Planning for creating safety for the child and youth.
- What are the current needs?
- Summary and next steps. (What I will do, what he will do.)

## Core Components Checklist

This video highlights engagement. As you view the video, use the checklist to note Kara's behaviors that promote engagement and contribute to improved outcomes for safety, permanency, and well-being.

### During the Visit: Engagement

Quality Contact Component	Briefly Describe What You Observed
<b>Demonstrate empathy.</b> <i>Understanding another person's pain vicariously</i>	
<b>Demonstrate genuineness.</b> <i>Sincerity, honesty, integrity, truthfulness</i>	
<b>Demonstrate respect.</b> <i>Appreciation, esteem, regard</i>	
<b>Use interpersonal helping skills.</b> <i>Listening, exploring, guiding, focusing</i>	

## Food for Thought

1. What did Kara do or say that helped her achieve the purpose of her visit?
2. What seems to be the most important issue for Tony, and what follow-up steps will Kara need to take?
3. What family strengths can you identify that will help Tony and his wife make the behavioral changes that can create a safe environment for the child and youth?
4. What did you see that you can use in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker-family visits you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Visit: Engagement

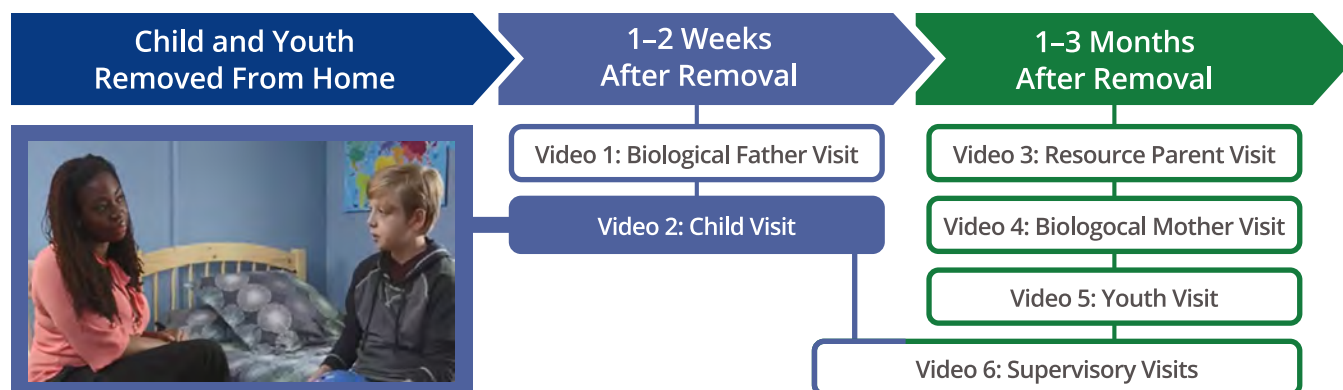
Component	Seldom	Sometimes	Almost Always
Demonstrate empathy.			
Demonstrate genuineness.			
Demonstrate respect.			
Use interpersonal helping skills to conduct a purposeful visit.			

## What's Next for You?

Based on what you saw, what one thing can you do immediately to improve your practice?



## Discussion Guide for Video 2 Child Visit



### Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. She schedules the visit at a time and place that will not disrupt work or school. Before the visit, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from previous contacts, collateral contact documentation, recently completed assessments and evaluations with recommendations, and supervisor staffing notes. Using this information, she writes notes and creates a short agenda for the visit to bring as a guide. Kara brings her agenda, notes, genogram, current case plans and action plans, and any necessary forms or referrals to the visit.

**Who:** Ryan Montoya, 9 years old

**Where:** Resource parent's home

**When:** One week after child and youth placement

**Purpose:** Begin to engage the child and assess:

- Safety, risk, permanency, and well-being
- Adjustment to the placement

#### Agenda for Visit with Ryan Montoya (age 9)

- Introductions: Begin to engage with the child.
- Assessment of:
  - Adjustment to the placement (Is there anything he likes about the resource parent's home? Ask about morning routines, meals, getting ready for school, sleeping, etc.)
  - Safety and risk (Ask what was different this time about the fight between mom and dad.)
  - Permanency (What would he like things to look like when he returns home?)
  - Well-being (Ask about school, friends, and behavior. How is he doing? How does he feel? For example, "What's it like for you when ...? What do you do for fun?")
- Current needs
- Summary, next steps (What I will do, what he will do.)

## Core Components Checklist

This video highlights assessment. As you view the video, use the checklist to note how Kara uses age-appropriate questions to assess the child's safety, risk, permanency, well-being, and adjustment.

### During the Visit: Assessment

Quality Contact Component	Briefly Describe What You Observed
Assess for safety. <i>Identify immediate safety threats.</i>	
Assess for risk. <i>Identify safety threats, child vulnerabilities, and caretaker ability to protect.</i>	
Assess for permanency. <i>Evaluate preservation of connections and placement stability.</i>	
Assess for well-being. <i>Evaluate physical and emotional health, education, and relationships.</i>	
Assess adjustment to placement or progress toward individual case goals.	

## Food for Thought

1. What did Kara do or say that helped her achieve the purpose of her visit?
2. What seems to be the most important issue for Ryan, and what follow-up steps will Kara need to take?
3. What did you see that you can use in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker-family visits you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Visit: Engagement

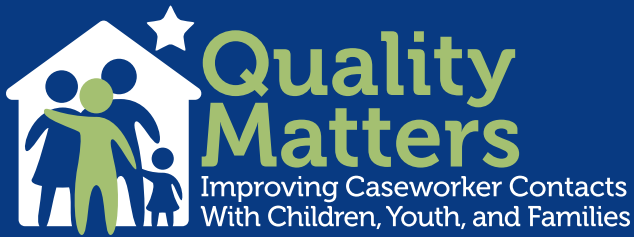
Component	Seldom	Sometimes	Almost Always
Assess for safety and risk.			
Assess for permanency.			
Assess for well-being.			
Assess adjustment to placement or progress toward individual case goals.			

## What's Next for You?

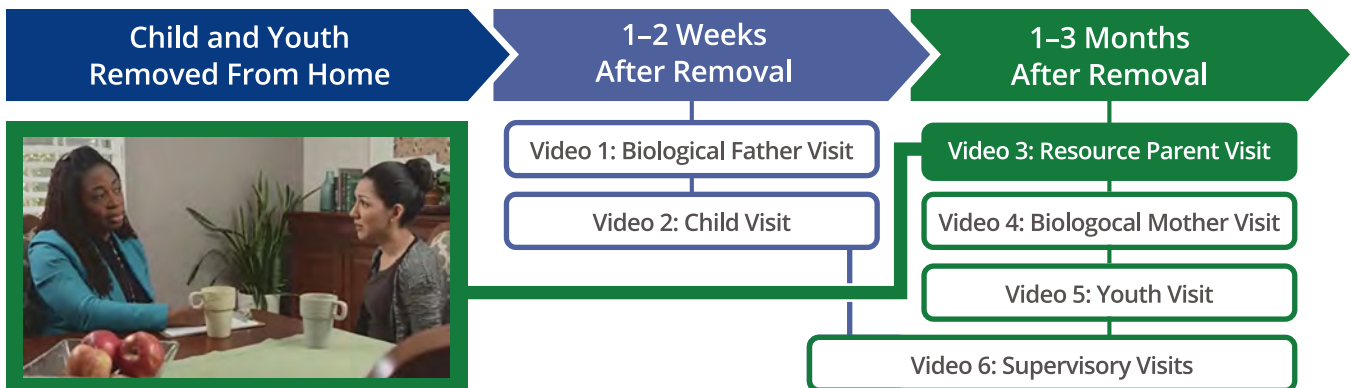
Based on what you saw, what one thing can you do immediately to improve your practice?







## Discussion Guide for Video 3 Foster Parent Visit



### Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. She schedules the visit at a time and place that will not disrupt work or school. Before the visit, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from previous contacts, collateral contact documentation, recently completed assessments and evaluations with recommendations, and supervisor staffing notes. Using this information, she writes notes and creates a short agenda for the visit to bring as a guide. Kara brings her agenda, notes, genogram, current case plans and action plans, and any necessary forms or referrals to the visit.

**Who:** Delores Aguilar, foster parent

**Where:** Resource parent's home

**When:** One month after child and youth placement

**Purpose:** Collaborate with the foster parent in problem solving around:

- Child and youth visiting their father in jail
- Respite care needs
- Assessing child and youth safety, risk, permanency, and well-being

### Agenda for Visit with Delores Aguilar, Foster Parent

- Purpose of visit:
  - Respond to last week's phone conversation.
  - Arrange for child and youth to visit their father in jail. (Explore Delores' concerns, as well as possible benefits of the visit.)
  - Discuss respite care for Delores.
- Assessment and discussion of:
  - Safety
  - Risk
  - Permanency (related to keeping in contact with the father)
  - Well-being
- Current needs (both of Delores and the kids)
- Summary, next steps (what I will do, what she will do)



## Core Components Checklist

This video highlights exploration. As you view the video, use the checklist to note how Kara explores the resource parent's concerns and collaborates with her to find solutions.

### During the Visit: Exploration

Quality Contact Component	Briefly Describe What You Observed
Explore concerns, changing circumstances, and challenges. <i>Suspend bias and avoid judgment.</i>	
Use a family-centered approach. <i>Use an approach that values youth and parent voice.</i>	
Use a strengths-based approach. <i>Identify both strengths and challenges.</i>	
Use a solution-focused approach. <i>Foster partnerships in problem solving, and focus on solutions that create safety and reduce risk.</i>	

## Food for Thought

1. What did Kara do or say that helped her achieve the purpose of her visit?
2. What seems to be the most important issue for Delores, and what follow-up steps will Kara need to take?
3. What did you see that you can use in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker–family visits you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Visit: Engagement

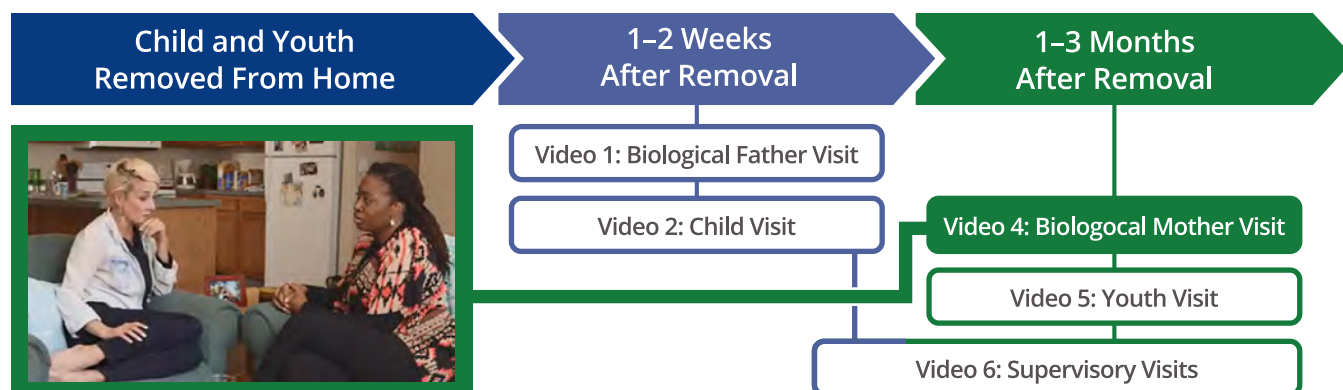
Component	Seldom	Sometimes	Almost Always
Explore concerns, changing circumstances, and challenges.			
Use a family-centered approach.			
Use a strengths-based approach.			
Use a solution-focused approach.			

## What's Next for You?

Based on what you saw, what one thing can you do immediately to improve your practice?



# Discussion Guide for Video 4 Biological Mother Visit



## Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. She schedules the visit at a time and place that will not disrupt work or school. Before the visit, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from previous contacts, collateral contact documentation, recently completed assessments and evaluations with recommendations, and supervisor staffing notes. Using this information, she writes notes and creates a short agenda for the visit to bring as a guide. Kara brings her agenda, notes, genogram, current case plans and action plans, and any necessary forms or referrals to the visit.

**Who:** Melanie Montoya, biological mother

**Where:** Biological parents' home

**When:** Three months after child and youth removal

**Purpose:** Continue to engage the mother in:

- Assessing progress on her case plan and action plans
- Collaborating to find solutions to barriers for creating a safe home for her children
- Identifying strengths to support changes

### Agenda for Visit with Melanie Montoya, Biological Mother

- Purpose of visit
- Assessment and discussion of progress on her case plan and action plans:
  - Mental/emotional health-care plan
  - Sobriety plan
  - Relationship with Tony (What's different this time?)
- Identification of family strengths to support behavioral changes (What's going well?)
- Brainstorming solution to move stepbrother out of home (Bring genogram to explore family resources.)
- Current needs
- Summary and next steps (What I will do, what she will do.)

## Core Components Checklist

This video highlights engagement. As you view the video, use the checklist to note Kara's behaviors that promote engagement and contribute to improved outcomes for safety, permanency, and well-being.

### During the Visit: Engagement, Assessment, Exploration, and Adjustment

Quality Contact Component	Briefly Describe What You Observed
<b>Demonstrate empathy.</b> <i>Vicariously understanding another person's pain</i>	
<b>Demonstrate genuineness.</b> <i>Sincerity, honesty, integrity, truthfulness</i>	
<b>Demonstrate respect.</b> <i>Appreciation, esteem, regard</i>	
<b>Use interpersonal helping skills.</b> <i>Listening, exploring, guiding, focusing</i>	

## Food for Thought

1. What did Kara do or say that helped her achieve the purpose of her visit?
2. What seem to be the most important issues for Melanie, and what follow-up steps will Kara need to take?
3. What family strengths can you identify that will help Melanie make the behavioral changes that can create a safe environment for the child and youth?
4. What did you see that you can use in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker–family visits you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Visit: Engagement

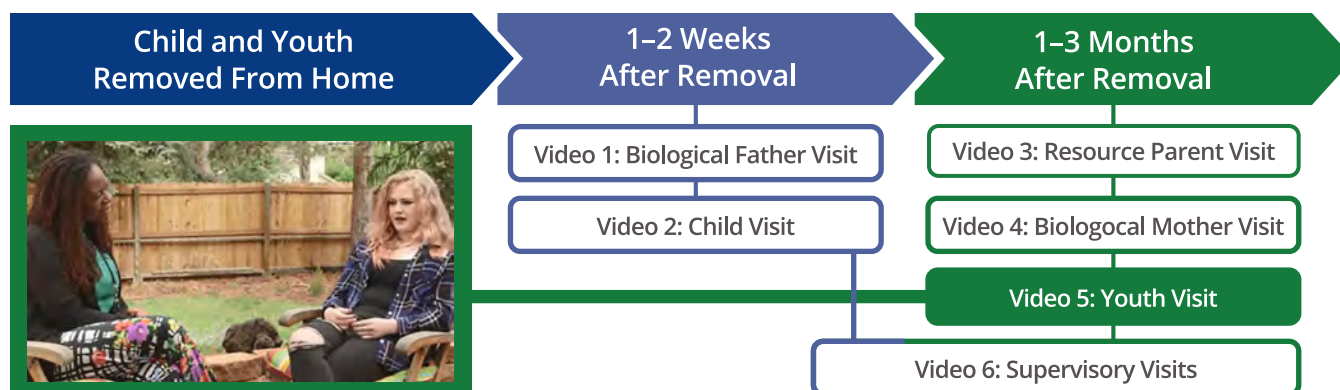
Component	Seldom	Sometimes	Almost Always
Demonstrate empathy.			
Demonstrate genuineness.			
Demonstrate respect.			
Use interpersonal helping skills to conduct a purposeful visit.			

## What's Next for You?

Based on what you saw, what one thing can you do immediately to improve your practice?



## Discussion Guide for Video 5 Youth Visit



### Kara's Preparation

To plan a purposeful visit, Kara considers the specific issues that affect the safety, permanency, and well-being of the child and youth in this family. She schedules the visit at a time and place that will not disrupt work or school. Before the visit, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from previous contacts, collateral contact documentation, recently completed assessments and evaluations with recommendations, and supervisor staffing notes. Using this information, she writes notes and creates a short agenda for the visit to bring as a guide. Kara brings her agenda, notes, genogram, current case plans and action plans, and any necessary forms or referrals to the visit.

**Who:** Taylor Montoya, 16 years old

**Where:** Resource parent's home

**When:** 3 months after child and youth removal

**Purpose:** Continue to engage the youth and assess:

- Safety, risk, permanency, and well-being
- Adjustment to the placement

### Agenda for Visit with Taylor Montoya (age 16)

- Assessment of:
  - Safety and risk (What would make her feel safe when she returns home?)
  - Permanency (What would she like things to look like when she returns home?)
  - Well-being (Ask about school and friends.)
  - Adjustment to the placement
- Current needs
- Summary and next steps (What I will do, what she will do.)

## Core Components Checklist

This video highlights adjustment. As you view the video, use the checklist to note how Kara uses engagement skills and age-appropriate questions to assess the youth's safety, risk, and well-being and how she adjusts her agenda to respond to new information.

### During the Visit: Engagement, Assessment, Exploration, and Adjustment

Quality Contact Component	Briefly Describe What You Observed
Demonstrate empathy, genuineness, and respect.	
Assess for well-being.	
Use a solution-focused approach. <i>Foster partnerships in problem solving, and focus on solutions that create safety and reduce risk.</i>	
Respond to the specific needs identified, and offer opportunities for support.	

## Food for Thought

1. What did Kara do or say that helped her achieve the purpose of her visit?
2. What seems to be the most important issue for Taylor, and what follow-up steps will Kara need to take?
3. What did you see that you can use in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker–family visits you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Visit: Engagement, Assessment, Exploration, and Adjustment

Component	Seldom	Sometimes	Almost Always
Demonstrate empathy, genuineness, and respect.			
Assess for well-being.			
Use a solution-focused approach.			
Respond to the specific needs identified, and offer opportunities for support.			

## What's Next for You?

Based on what you saw, what one thing can you do immediately to improve your practice?



## DEPOSITION SERVICES, INC. FLEXDICTATE (TRANSCRIPTION) SYSTEM - QUICK REFERENCE CARD

TOLL-FREE DICTATION LINE: 1 (877) 254-5576

FlexDictate Website: <https://virginia.flexdictate.com>

For Customer Support: [DSSHelp@depositionservices.com](mailto:DSSHelp@depositionservices.com) or call (800) 333-1042

### Phone Prompts:

1. Enter your Dictation ID, followed by #
2. Enter your Dictation PIN, followed by #
3. Speak/Say Case Name, followed by 0 (zero)
4. Press 2 to Begin Dictation
5. When finished, press #1 to Submit Dictation
6. You will receive a Confirmation Number

**AVOID BACKGROUND NOISE! DICTATE IN A QUIET PLACE!**

**TRY TO HOLD THE PHONE HEADSET TO YOUR EAR/MOUTH**

### Phone Options (while dictating):

Press #8 - Help Menu

- 8 - Pause Recording
  - 1 - Playback recording (from beginning)
  - 5 - Go to beginning of recording and stop (no playback)
  - 6 - Go to end of recording and stop (no playback)
- 2 - Start recording and overwrite at current position
- 3 - Start recording and insert at current position
- 4 - Go to the end of the recording and start recording
- 7 - Rewind
- 9 - Fast Forward

### Best Practices when Dictating:

1. Speak slowly and enunciate your words
2. Feel free to take a pause (2, 5, or 10 seconds is okay!)
3. Consider making or following a pre-made outline of what to say
4. If you forgot to mention something earlier, say "time out"
5. It's okay to start over. Press 8 to pause, 5 to go to the beginning of the recording, and 2 to restart recording
6. As you edit your final transcripts, think about the edits you are making - consider changing the way you dictate!

These **8 tips** will help guide you through using transcription for better documentation:

1. State the purpose and focus of the visit or contact
2. Name all of the parties who were present
3. Describe the family's engagement while discussing the service plan
4. Include any ideas they offered
5. State important outcomes from the visit or contact

Safety status? Risk? Well-being?

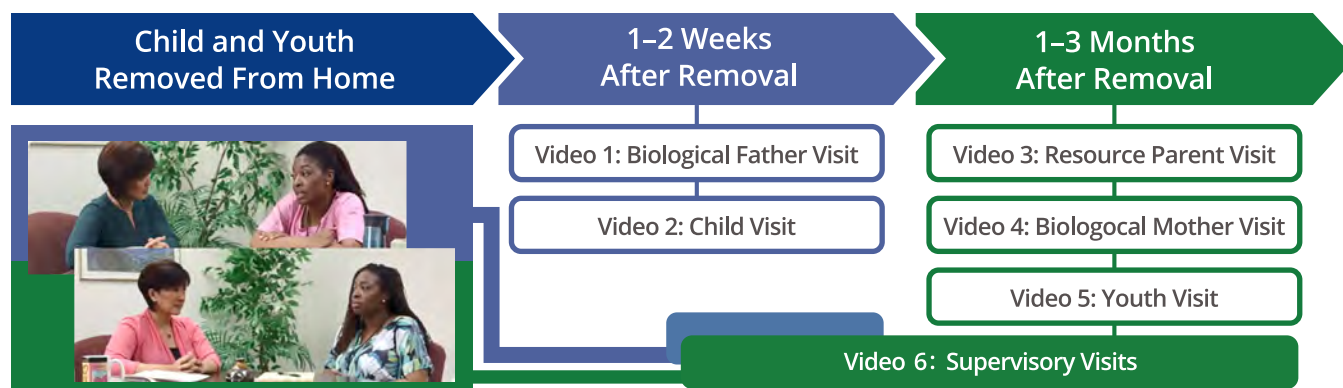
Progress or barriers to progress

6. Who/what does the family need to follow-up with and when?
7. Who/what do I need to follow-up with and when?
8. When is the next visit scheduled?





# Discussion Guide for Video 6 Supervisory Visits



## Meeting Preparation

Kara and Rhonda have regularly scheduled meetings to review cases. To plan a purposeful supervisory conference, Kara considers the specific issues that affect the safety, permanency, and well-being of the Montoya family children. Before the meeting, she checks documentation and reviews the case history, genogram, previous and current case plans and action plans, documentation from contacts, collateral contact documentation, assessments and evaluations with recommendations. Both Kara and Rhonda review previous supervisor staffing notes for action steps. Using this information, both write notes and have a standing agenda to use as a guide for the meeting.

**Who:** Rhonda, supervisor, and Kara, caseworker

**Where:** Agency office

**When:** Meetings take place two weeks after removal, and again three months after removal

**Purpose:** Assess and plan around:

- Parental protective capacity, and child and youth vulnerability
- Safety, risk, permanency, and well-being
- Efficacy of case plans and action plans
- Identification of strengths to support changes
- Resource parent needs

### Supervisory Conference Agenda (Montoya Family)

- Assessment and discussion of:
  - Safety
  - Risk
  - Permanency
  - Well-being
  - Adjustment to the placement
  - Progress on case plans and action plans
- Identification of strengths to support changes
- Current needs of biological parents, children, and resource parent
- Summary and next steps



## Core Components Checklist

As you view the video, use the checklist to help you to assess supervisor behaviors that model the components of a quality contact and contribute to improved outcomes for safety, permanency, and well-being.

### During the Meeting: Assessment and Exploration

Quality Contact Component	Briefly Describe What You Observed
<b>Assess for risk.</b> <i>Identify safety threats, child vulnerabilities, and caretaker protective capacities.</i>	
<b>Use a strengths-based approach.</b> <i>Identify both strengths and challenges.</i>	
<b>Use a solution-focused approach.</b> <i>Foster partnerships in problem solving, and focus on solutions that create safety and reduce risk.</i>	

## Food for Thought

1. How does Rhonda model and use components of a quality contact to help her achieve the purpose of the meeting?
2. What seem to be the most important issues for the family, and what follow-up steps will Kara need to take?
3. What family strengths can you identify that will help to support the behavioral changes necessary to create a safe environment for the child and youth?
4. What did you observe that you would like to replicate in your practice?

## What Are You Doing Now?

Use the tool to identify areas of strength and areas for further improvement. Think about several recent supervisory meetings you have conducted or have observed, and answer this from the perspective of the family. Was the component demonstrated seldom, sometimes, or almost always?

### During the Meeting: Engagement, Assessment, Exploration, and Adjustment

Component	Seldom	Sometimes	Almost Always
<b>Assess for risk.</b>			
<b>Use a strengths-based approach.</b>			
<b>Use a solution-focused approach.</b>			

## What's Next for You?

Based on what you saw, what one thing can you do immediately to improve your practice?

## Self-Assessment Tool

Use the tool to identify areas of strength and areas for further improvement. Think about several recent caseworker-family visits you have conducted or have observed. Was the component demonstrated seldom, sometimes, or almost always?

### Before the Visit: Planning and Preparation

Component	Seldom	Sometimes	Almost Always
Review data, including case history, service plans, and related data.			
Set a clear purpose for the visit.			
Set a clear agenda for the visit.			

### During the Visit: Engagement

Component	Seldom	Sometimes	Almost Always
<b>Demonstrate empathy.</b> <i>Understanding another person's pain vicariously</i>			
<b>Demonstrate genuineness.</b> <i>Sincerity, honesty, integrity, truthfulness</i>			
<b>Demonstrate respect.</b> <i>Appreciation, esteem, regard</i>			
<b>Use interpersonal helping skills to conduct a purposeful visit.</b> <i>Listening, exploring, guiding, focusing</i>			

### During the Visit: Assessment

Component	Seldom	Sometimes	Almost Always
<b>Assess for safety.</b> <i>Identify immediate safety threats.</i>			
<b>Assess for risk.</b> <i>Identify safety threats, child vulnerabilities, and caretaker ability to protect.</i>			
<b>Assess for permanency.</b> <i>Evaluate preservation of connections and placement stability.</i>			
<b>Assess for well-being.</b> <i>Evaluate physical and emotional health, education, and relationships.</i>			
<b>Assess adjustment to placement or progress toward individual case goals.</b>			

## During the Visit: Exploration

Component	Seldom	Sometimes	Almost Always
Explore progress since last visit and actions needed to move case plan forward.			
Explore concerns, changing circumstances, and challenges. <i>Suspend bias and avoid judgment.</i>			
Use a family-centered approach. <i>Use an approach that values youth and parent voice.</i>			
Use a strengths-based approach. <i>Identify both strengths and challenges.</i>			
Use a solution-focused approach. <i>Foster partnerships in problem solving, and focus on solutions that create safety and reduce risk.</i>			

## During the Visit: Adjustment

Component	Seldom	Sometimes	Almost Always
Respond to the specific needs identified and opportunities for support.			
Use developmentally appropriate dialogue with children and youth.			
Discuss action steps. <i>Explain agency support to meet identified needs and expectations for the children or youth and family.</i>			

## After the Visit: Documentation, Debriefing, and Follow Up

Component	Seldom	Sometimes	Almost Always
Document key information in a clear, concise manner using plain language without jargon or buzzwords.			
Document key decisions in a clear, concise manner.			
Document key follow-up activities in a clear, concise manner.			
Debriefing: Identify successful approaches during visits, challenges experienced, and areas for development.			

## Observation Checklist

Use the checklist to help you to assess caseworker behaviors before, during, and after a visit that promote engagement and contribute to improved outcomes for safety, permanency, and well-being.

### Before the Visit: Planning and Preparation

Component	Observed	Not Observed	Briefly Describe What You Observed
Review data, including case history, service plans, and related data.			
Set a clear purpose for the visit.			
Set a clear agenda for the visit.			

### During the Visit: Engagement

Component	Observed	Not Observed	Briefly Describe What You Observed
<b>Demonstrate empathy.</b> <i>Understanding another person's pain vicariously</i>			
<b>Demonstrate genuineness.</b> <i>Sincerity, honesty, integrity, truthfulness</i>			
<b>Demonstrate respect.</b> <i>Appreciation, esteem, regard</i>			
<b>Use interpersonal helping skills to conduct a purposeful visit.</b> <i>Listening, exploring, guiding, focusing</i>			

### During the Visit: Assessment

Component	Observed	Not Observed	Briefly Describe What You Observed
<b>Assess for safety.</b> <i>Identify immediate safety threats.</i>			
<b>Assess for risk.</b> <i>Identify safety threats, child vulnerabilities, and caretaker ability to protect.</i>			
<b>Assess for permanency.</b> <i>Evaluate preservation of connections and placement stability.</i>			
<b>Assess for well-being.</b> <i>Evaluate physical and emotional health, education, and relationships.</i>			
<b>Assess adjustment to placement or progress toward individual case goals.</b>			

## During the Visit: Exploration

Component	Observed	Not Observed	Briefly Describe What You Observed
Explore progress since last visit and actions needed to move case plan forward.			
Explore concerns, changing circumstances, and challenges. <i>Suspend bias and avoid judgment.</i>			
Use a family-centered approach. <i>Use an approach that values youth and parent voice.</i>			
Use a strengths-based approach. <i>Identify both strengths and challenges.</i>			
Use a solution-focused approach. <i>Foster partnerships in problem solving, and focus on solutions that create safety and reduce risk.</i>			

## During the Visit: Adjustment

Component	Observed	Not Observed	Briefly Describe What You Observed
Respond to the specific needs identified and opportunities for support.			
Use developmentally appropriate dialogue with children and youth.			
Discuss action steps. <i>Explain agency support to meet identified needs and expectations for the children or youth and family.</i>			

## After the Visit: Documentation, Debriefing, and Follow Up

Component	Observed	Not Observed	Briefly Describe What You Observed
Document key information in a clear, concise manner using plain language without jargon or buzzwords.			
Document key decisions in a clear, concise manner.			
Document key follow-up activities in a clear, concise manner.			
Debriefing: Identify successful approaches during visits, challenges experienced, and areas for development.			

## Improving the Quality of Our Contacts: Next Steps

1. Based on what you observed in the videos and in your practice, what two areas could you enhance?
2. What are the barriers to improvement in these areas?
3. What resources within your reach would help change your practice for the better?
4. What would be the benefits to you if you made the changes?
5. What one thing can you do to improve your practice immediately?
6. As you work to improve your practice, how will you measure your success?
7. How will you hold yourself accountable?