

LESSON PLAN/NARRATIVE

Day 2

Module 4: Assessing the Needs of Families and Children

Time 2.5 hours

Rationale Workers are tasked with facilitating changes necessary for the family to sustain behaviors that will ensure safety, permanency, and well being for children. The assessment process includes making critical decisions that will guide case planning and service implementation. To achieve the outcomes under ASFA, CQI, CFS, supervisors need to coach and model assessment skills so that workers can implement these skills with families. Child welfare workers and supervisors are required to assess change and factors that will promote change. To accomplish this task, workers and supervisors must be able to assess behavior, everyday life events, and family competencies that will lead to sustaining change.

Learning Objectives:

1. Define purpose of assessment
2. Identify stages of assessment
3. Identify how assessment fits into the Multiple Response System
4. Describe different components of CQA
5. Be able to assess the key areas of family functioning and risk using the CQA

Outline of Activities:

1. Review steps and purpose of assessment
2. Have participants identify what they would want to know if their own child had to go to live with another family for three months. Brainstorm on separate charts and then identify as sections of CQA.
3. Briefly review major components of CQA using Tip Sheet
4. Distribute sample CQA (two sections to each team). Ask teams to cut as much information as possible and summarize. Discuss problems with CQA and need to be concise, summarize. Distribute good example of CQA and talk about how different.

Materials

- Smith Family Case Scenario
- Multiple Response System Map
- CQA Tip Sheet
- Sample CQA (good and bad)
- Supervisor Guide for Evaluation: Intake Assessment and Ongoing Assessment

Glossary of Terms

- Continuous Quality Assessment
- Maltreatment
- Family Development

Trainer's Instructions

1. Introduce the module by presenting the purpose and objectives.

2. Provide basic introduction to assessing high risk patterns of behavior:

Introduction

An approach which focus is solutions to specific problem events has evolved from knowledge Gained in the fields of family systems, social services, mental health and sociology. From these fields of family systems, social services mental health, and sociology. From these fields, knowledge gained about family life cycle development, family organization, and the patterned nature of individual and family behavior has greatly enhanced our ability to understand the family and its dynamics. Because family casework's central mission is one of protection and prevention, models of relapse prevention have also found great utility in recent years. The following are basic concepts, as well as the method for assessing the high-risk patterns of behavior.

Relationship Between High Risk Issues and Patterns

When problems occur that result in outside involvement (e.g., a child protection report, beyond control petitions), it is always the case that one of these everyday patterns is not working at a critical point in the family life. The problem pattern that result of one family member having a difficult time adjusting to what the family is needing from them. This blend of non-adaptive individual patterns combines to prevent the family's successful adaptation.

When families have extreme difficulty in adapting adequately to everyday life events, they become problem saturated. Without adequate coaching on specific alternatives, they will continue to be vulnerable to using their old solutions when trying to reduce stress d over their failure to adequately perform everyday family events.

The caseworker must understand what patterns of behavior will need to change at the individual level as well as at the family life tasks level.

Understanding the Individual High Risk Pattern The graphic (handout) represents how these patterns can be viewed as cyclical in nature, and self-perpetuating. A triggering comment or thought initiates a buildup of negative comment, a certain look, an omission of action (forgetting a birthday), or it could be a memory of previous triggering event.

The thoughts and feelings that follow such triggers are usually thoughts about the unfairness of the situation and often are self punitive ("I'll never be loved", " Why does this happen to me?" "It's not fair"). These thoughts and feelings build-up, often without anyone else being involved, and eventually lead to a need to release the tension through some behavior that answers the inner voices.

This behavior can take the form of self-abuse or of retribution, or serve as a symbolic act meant to punish both self and other (e.g. sexual promiscuity). Although guilt and remorse are not always evident to the outsider, the established pattern typically has a cover up phase in which the person tries to justify their action and avoid personal responsibility. These actions are fueled by the guilt the individual feels but does not want to fully face. The guilt then drives an effort to cover up the mistakes; rather than rectifying or understanding the original event. It makes the person even more vulnerable to losing control the next time they are faced with the same high-risk situation.

Understanding Family Patterns around High Risk Incidents When stress among family members goes up due to needs not being met, individual members are vulnerable to using their non-productive patterns to "get their way". Family members will report "I have to watch myself when I think my sister is getting more attention than I am, I can be real mean and I hate that". The key to understanding individual patterns is the ability to assess the family pattern that is most high risk for the individual in the family.

Assessing High Risk Patterns of Behavior In a solution-focused model, the caseworker's approach to assessment is different than in a deficit or disease model. Rather than comparing the case family to a healthy family and then listing all of the possible deficits present in the case family, the solution-focused caseworker starts with a large focus lens and proceeds to understand the specific family behavior through that lenses.

1. The large lens in this model is the family life cycle. The question for the worker becomes:

"Where is this family in their life cycle?"

2. We narrow the focus by identifying which developmental tasks within the life cycle that the family has incurred risk. 3. This assessment leads the caseworker to the typical Everyday Life tasks that this Family faces in this stage. The next question becomes:

"What everyday life event(s) are having troubling and in particular, which ones Lead to the high risk behavior?"

The caseworker's assessment then proceeds to

"How does the family organize and structure themselves to meet the needs of this event."

4. The caseworker assess the sequence (or pattern) of events that the family goes Through in an attempt to accomplish the everyday life event. The worker looks to form a mental video of how the incident occurred and also how this issue became high risk for family members.

"What are the interactions among family members when the high risk behavior pattern occurs?"

5. Assuming that the issue has not been successfully resolved (someone's needs unmet) with that pattern, the caseworker assesses what have individual members done to attempt personal solutions to reduce their anxiety or emotional build-up.

For instance:

"Do one or more of the family members have individual coping pattern (like explosiveness, alcohol, lack of action) that make family adaptations ever difficult (at risk), once conflict starts?"

With this ever narrowing of focus, the caseworker is now in a position to understand how and why someone in the family lost control, and understands the context necessary to prevent further harm. The caseworker can now use this information to develop a case plan that identified the task(s) with which the family is having difficulty and identifies individual issues and restraints to participating in resolving the everyday life event at issue in this developmental tasks.

3. Distribute Multiple Response System Map and discuss steps of process leading up to and following CQA (context). Discuss general concepts of assessment and purpose of CQA:

Continuous Quality Assessment is a structured, automated, decision-making process based on the level of risk, designed to for assist supervisors and staff in making the most consistent and justified decisions possible families, children and vulnerable adults served by our agency. The CQA also provides a system to assess, reassess and compare the rating of the safety/risk factor as a family progresses through the system.

Assessment is not an event—it is an ongoing process that begins with the initial phone call and addresses all family members. Assessment continues throughout the service delivery process when circumstances significantly change in the family. It begins with the intake process utilizing the acceptable criteria to determine if the referral is acceptable as a CPS report.

There are four basic purposes of assessment:

- a. Allows you to formulate decisions about the problems of families and individual.*
- b. Assists you in reaching conclusions about the presence or likelihood of maltreatment;*
- c. Formulates for you eventual points of intervention for helping; and*
- d. Increases your understanding of the family's strengths and problems.*

Assessment involves the collection of information, organization or categorization of this information and evaluation of the sufficiency and significance of the information. Following each of these processes, you must justify your decision using the supporting documentation that you have gathered.

The initial assessment identifies problems while setting the stage for developing a helping relationship and providing services. During this initial assessment, you must:

- *Engage the family and appropriate community members in the process*
- *Gather information*
- *Explain the community concern*
- *Explain the agency's purpose*
- *Assess safety ,risk of harm and high risk behaviors/situations*
- *Identify strengths and needs*
- *Assess health, education, developmental and cultural factors*
- *Identify supports for safety and permanency*
- *Use a culturally competent interviewing approach at all stages*
- *Secure safety*
- *Assess parental capacity to protect*
- *Meet immediate needs*

The decisions that you must make during this initial assessment include:

- *Is there maltreatment?*
- *What are the safety factors? Is there immediate threat to safety?*

- *What is the level of risk? To answer this question, you will use the anchors, starting with the top/high risk factors and working your way down. The anchors must be based on documented information.*
 - *What is the supportive documentation? This can come from the child, other victims, siblings, caretakers and alleged perpetrators.*
- 4. Distribute blank CQA and CQA Tip Sheet. Explain that the Tip Sheet has been modified to include the evaluation criteria at the beginning of each section. After your review of every two sections of the CQA Tip Sheet, have group break into their own teams. Provide each team with an example of a poorly written CQA to correct. Then provide example of well written CQA and discuss differences.**
 - 5. Complete Implementation Strategies Worksheets for this day of training (each module or day as a whole).**