

Mentoring Through Qualitative Discussion

Training for Child Welfare Supervisors

Participant Guide



Florida Department of Children and Families
Office of Family Safety

Version 2.0

This training,
***Mentoring Through Qualitative Discussion:
Training for Child Welfare Supervisors,***
is provided by the Florida Department of Children and Families,
Office of Family Safety.

The ultimate goal of the training is to
increase positive outcomes for Florida's children and their families
by helping Child Protective Investigations (CPI) supervisors
and Community-Based Care (CBC) supervisors
strengthen quality practice in their units.

To this end, the immediate goal of the training is to
help these supervisors improve the efficiency and effectiveness
of their mentoring and modeling skills, and, specifically, to
**strengthen the mentoring skill of
conducting qualitative discussions.**

These training materials may be reproduced without permission for the explicit purpose of
conducting training sessions for CPI and/or CBC supervisors who are providing services for
the Florida Department of Children and Families.

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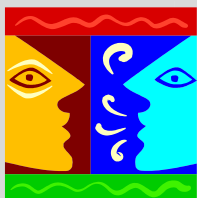


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Qualitative Discussion Is

QUALITATIVE DISCUSSION

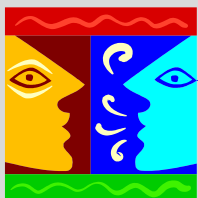
- 👍 **IS** a flexible, face-to-face information-gathering approach
- 👍 **IS** an approach that uses open-ended questions and critical thinking prompts
- 👍 **IS** an approach that probes below the surface to uncover in-depth, richly detailed information and insights
- 👍 **IS** an approach that encourages a free flow of unanticipated responses
- 👍 **IS** an APPROACH to tasks you *already* do!



Qualitative Discussions Is Not

QUALITATIVE DISCUSSION

- 👎 Is **NOT** an extra task!
- 👎 Is **NOT** a file review for compliance!
- 👎 Is **NOT** another “checklist!”
- 👎 Is **NOT** a desk review (compliance review)!
- 👎 Is **NOT** a “one size fits all” approach!



Goal of the Training

Increase **POSITIVE OUTCOMES**
for children and their families



by conducting **QUALITY PRACTICE**



through **EFFECTIVE MENTORING** and
MODELING



and the specific skill of
**CONDUCTING QUALITATIVE
DISCUSSIONS**



Positive Outcomes Bridge



Positive Outcomes Bridge



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What You'll Be Able To Do

YOU'LL BE ABLE TO

1. Explain how **MENTORING** and **MODELING** complement—and offer advantages to—“directing” and “compliance-checking”
2. Show you can conduct a **QUALITATIVE DISCUSSION**
3. Make a **PLAN** for strengthening your use of qualitative discussions with your staff



Guiding Principles



Guiding Principles



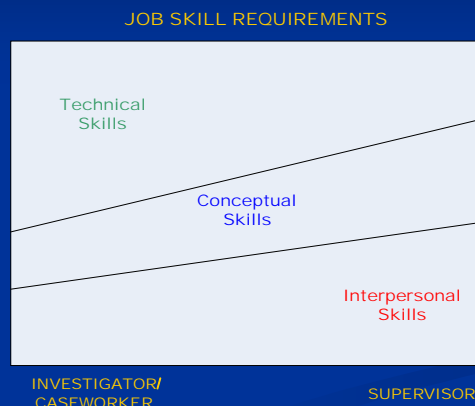
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Why Mentoring is Worth It



Why Mentoring is Worth It



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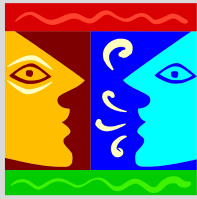


Benefits of Mentoring

Critical tool to help supervisors

- Find and stay in "productive supervision zone"
- Supervise efficiently and effectively
- Help staff expand and strengthen technical skills
- Help staff gain experience & wisdom

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Benefits of Mentoring



Benefits of Mentoring

Makes supervisor's job easier and less overwhelming:

- Increases effectiveness of supervisor's interactions with staff
- Staff learn patterns of quality practice
- Staff become more independent and well-rounded

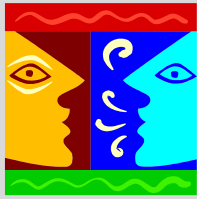
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Benefits of Mentoring

- Helps staff become better problem-solvers
- Strengthens staff's critical thinking skills
- You and your staff enjoy your work more
- Results in more well-rounded, more comprehensive quality of service

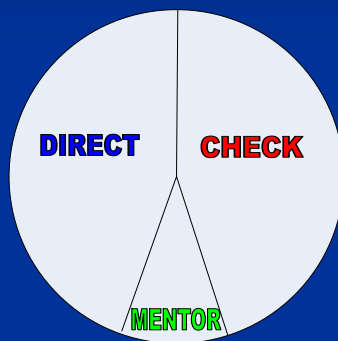
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Productive Supervision Zone



Supervisory Skills Emphasis

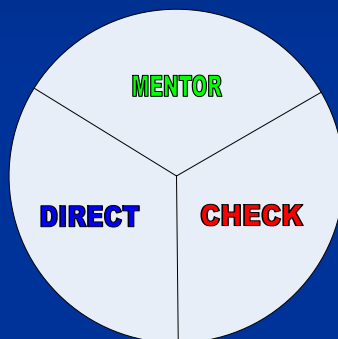


- Reduce turnover
- Strengthen effectiveness and efficiency
- Mentoring through qualitative discussions can help you!

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Supervisory Skills Emphasis



- No need to spend MORE time overall
- Instead, adjust allocation of time
- Mentoring skills can reduce time spent directing and checking

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My Mentoring Role Model

1. What are some of the things your mentor actively DID to help you learn and grow?

2. What are some of the ways your mentor treated you that you think were effective/helpful?

3. What are some synonyms for “mentor?”



Definition of Qualitative Discussion



Qualitative Discussion

A flexible, inductive, face-to-face
information-gathering approach

that uses **open-ended questions** and
critical thinking prompts

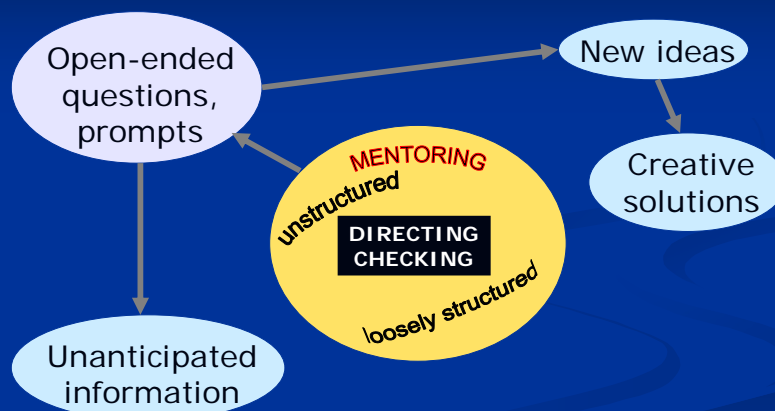
to **probe beyond** the surface of
compliance requirements

and uncover in-depth, richly **detailed**
information and insights

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What it looks like



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Purpose of Qualitative Discussion



Purpose of Qualitative Discussion

- Investigate not just what, where, and when but also **WHY** and **HOW**
- Discover **unanticipated information** and **alternatives**
- Uncover in-depth, richly detailed **information** and **insights**
- Explore creative **WHAT IF** options

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Purpose of Qualitative Discussion

- **Model** effective information-gathering techniques
- Offer the **insights** and **good judgment** you've gained from experience
- **Assess** and **develop** your workers!

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Benefits of Qualitative Discussion



Benefits

- Fosters
 - critical thinking
 - exploration of assumptions
 - interpretation of facts and events
 - deeper understanding
 - enhanced perspective

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Benefits

- Is especially valuable for investigating **complex** and **sensitive** issues
- Supports “**productive supervision zone**”
- **Models** the approach so staff can, in turn, use it **automatically** and **naturally** when they work with families

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Discussion Guide for Child Protective Investigations Supervisors

The following Discussion Guide is the official “May 21, 2008” version provided by the Office of Family Safety.



“Mentoring and Modeling Quality”

A Discussion Guide for Child Protective Investigations Supervisors

Objective: To improve practice and outcomes for children and families who have been reported for child abuse or neglect.

Underlying Principle: All staff must understand each person has a role in assuring quality service to children and families. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Sampling Methodology: At a minimum, supervisors must randomly select three cases per child protective investigator, each calendar month and facilitate discussion of critical and qualitative aspects of the investigative process specific to the sampled case with the investigator.

Instructions: The supervisor must first review the investigative record in preparing for a qualitative discussion with the investigator. The file review includes the following:

- All prior reports to the Hotline and outcomes
- Intake summary and allegations
- Household composition and frequent visitors
- Interview notes of child and family members
- Use of collateral contacts in assessing the family
- Assessment of criminal background checks
- Referrals to Child Protection Team and Law Enforcement as appropriate
- Completeness of Child Safety Assessment
- Consultation with Children’s Legal Services as appropriate
- Referral for behavioral health assessment as needed

The supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The supervisor will provide documentation to the Circuit Administrator that discussions occurred as outlined in this guide. The Circuit Administrator must determine how the the discussion process will be documented and managed at the local level.

Discussion Guide

A. History and Cultural Background

1. Tell me about this family; what are they like; do they have supports? (Include: Does the investigator understand the language and culture of the family, and if not, how is he/she communicating with the family?)

2. Tell me about the prior reports on this family, even those that were closed with “no indicator” findings. Were there priors on the mother as a victim? The father? Other household members? Do you have a sense that we’re getting more reports on the family and that the reports/allegations are getting to be more serious than prior reports? Do any family members have a criminal history; if so, how might this impact safety?

B. Quality of Contacts

3. How would you describe the family’s interactions with each other? Have you assessed each child’s safety?

4. Is/was the frequency and intensity of your contacts with the child and the family sufficient to thoroughly address the reported allegations and to assess the family’s strengths and needs?

5. What do the collateral contacts say as to the child’s current safety and potential future risks?

C. Safety

6. Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous environment? Did you involve CPT; if so, what were the findings?

7. Based on the family’s strengths and needs, are they able to provide a stable home life for the child?

8. Is there a plan in place that will help assure the child is kept safe – what is the [safety] plan?

D. Services

9. Is the family receiving the services they need based on your assessment? (Did you provide service referrals yourself? Did you assure they were engaged? Were services addressed through Case Transfer or Early Service Intervention agreements in which the CBC would make referrals and ensure engagement?)

10. Are the services in line with the goals of family preservation or reunification? Are there mental health, developmental, or substance abuse issues that require treatment?

E. Removals

11. Before the CBC placement authority took responsibility for placement, did the child stay overnight in an unapproved, unlicensed or office setting (including a hotel room)?

12. If you made the placement with a relative or non-relative, how did you assure the relative or non-relative was an appropriate placement setting for the child? Is there any potential danger due to “visitors” in the home?

13. Was the medical history form sufficiently completed so that the next caregiver had all of the medical information you knew about at the time?

14. Did the child have a medical diagnostic screening within 72 hours; if not is it planned/scheduled? Were any health problems identified; if so, what follow-up actions are planned?

F. Supervisor's Assessment of Discussion

15. The investigation and subsequent maltreatment findings are based on well documented, properly weighted and well analyzed evidence.

16. All appropriate and required authorities were involved in the decision making process? (CPT, law enforcement, therapists, etc.)

17. The discussion has been documented in the FSFN case notes.



Discussion Guide for Case Management Supervisors

The following Discussion Guide is the official “May 21, 2008” version provided by the Office of Family Safety.



“Mentoring and Modeling Quality”

A Discussion Guide for Case Management Supervisors

Objective: To improve practice and outcomes for children and families served by the child welfare system in Florida.

Underlying Principle: All staff must understand each person has a role in quality assurance. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Instructions: At least once a quarter during the life of the case, the supervisor will review all open cases in the unit and subsequently facilitate a qualitative discussion with the case manager to assure needed safe guards and services are in place and casework activity is moving the child toward an appropriate safe and permanent living arrangement. It is recommended that the qualitative discussion occur in conjunction with the existing quarterly review that focuses on standing casework requirements.

At a minimum, the supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The CBCs may determine and mandate any additional operational or documentation requirements it deems necessary to ensure this activity occurs.

Discussion Guide

A. History and Culture

1. Tell me about this family. (If this is not the first time the case has been reviewed during supervision, ask about any changes since last discussed. Determine if the case worker understands the language and culture of the family. Are there any difficulties with communication/language barriers?) What do you like best or most admire about them? What is your major concern? Tell me about the children? What are his/her/their strengths? What do like about him/her/them? Does anything particularly concern you?
2. What risk factors have you identified in this family? Do the parents have the capacity to keep the child safe if services are effective?

B. Services and Permanency Goals

3. Based on the family’s needs assessment, have you been able to match a comprehensive array of services to help eliminate the risk by resolving the family’s problems?
4. What is the case plan goal? What is the concurrent case plan goal? (Is the plan congruent with services and is the case worker’s assessment of the situation evidence-based, documented and sound? Is the plan congruent with assuring safety while addressing risks?)
 - o Will these services allow the family to be preserved intact or facilitate reunification?

- If reunification is the goal, have you conducted a current safety assessment and formulated a safety plan?
- Has an intensive visitation plan and array of services been provided to ensure the reunification is successful?
- If reunification is unlikely what steps have you taken to document this in order to free the child for adoption?

5. What progress has the family made toward the goal? What strengths are present and what barriers exist? [Break out by Child, Mom, Dad, Siblings, Others]

6. How frequently have you visited with the caregivers, parents, and child? (Discuss the content-qualitative and effectiveness-of those visits.)

7. If adoption is the permanency goal what is the plan and timeline for termination of parental rights?

8. Has an adoptive home been identified for the child? Tell me why it is a good match for this child's needs.

9. What steps need to be taken to ensure that the adoption is completed with 24 months of the child's entry into care and within six months of the termination of parental rights?

C. Well-Being

10. Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous living arrangement? Is the child receiving physical, mental and dental health services as needed? Is the child enrolled in Medicaid or another health insurance program?

11. Did the child receive a medical diagnostic screening (previously known as an EPSDT) and is the child receiving the required follow up? Does the record reflect we have up-to-date medical information and has that information been shared with the caregivers?

12. Are there any developmental or mental health issues?

13. How is the child doing in school? Are grades and attendance OK? Is the school fulfilling any Individualized Education Plan properly?

14. Was the child able to remain in his/her own school and participate in school and community activities? Do the substitute caregivers have up-to-date educational records on the child? Does the child need any additional educational help and support; if so, what is the plan to provide it?

15. Was a multi-disciplinary staffing held to address the child's developmental, emotional, behavioral, educational and health care status? Are the prescribed services being delivered; if so, are they effective?

D. Out-of-Home Care (Includes placement in licensed care, relative or non-relative care.)

16. Has the child ever stayed overnight or longer in an unapproved or unlicensed setting (including an office or hotel room)?

17. Have you verified that the placement is fully licensed or, if placed with relatives or non-relatives, was a thorough home study completed along with appropriate background checks? If in licensed care, is the home over-capacity or on a waiver? Why? *If so, are wrap-around services in place?* If the child is in

congregate care are steps being taken to move the child to a family setting?

18. Are you satisfied with the quality of care the child is receiving in the home. How does the family feel about the child? How does the child feel about the family?

19. What is the mix of other children in this placement? Is there any danger to the child from other children who may be abusive?

20. Do the current caregivers know how to access emergency support?

21. Are the child's basic needs being met? Are special dietary requirements being met? Does the child have the full complement of required clothing?

22. Is the home stable? If there is a risk of placement disruption, what is being done to address this?

23. Tell me about the placement history. If the child was moved from one placement to another, were staffings held to try and prevent multiple moves?

24. What have you done to preserve the family's connections? Have parents, child and siblings, if applicable, been able to visit frequently and not less than monthly? Are other significant relatives or friends involved with the child?

E. Independent Living

25. If foster care youth is 13 to 14 years of age, have you thoroughly completed the pre-independent living assessment and identified services needed? Are those services being delivered and are they effective?

26. If foster care youth is 14 to 17 years of age, have you thoroughly completed the independent living assessment and identified services needed? Are those services being delivered and are they effective?

27. Does the case plan contain a written description of programs and individualized services that will help the youth prepare for the transition from foster care to independent living? Is it anticipated that those services will enable the youth to have adequate clothing, a safe place to live, sufficient income, educational opportunities and health care, and the anchoring of a reliable adult mentor at the point they leave the system? If not, what steps must be taken to achieve these goals?



Guidelines: Preparing for an Effective Qualitative Discussion

STEP 1: **USE GUIDE TO REVIEW** **CASE**

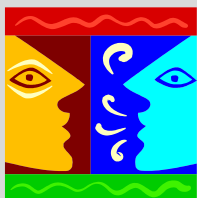
- ▶ Before an investigator (or case manager) meets with their supervisor to discuss a given case, the worker should study the case using the Discussion Guide as a reference. The worker would consider the questions on the Guide and be prepared to answer those that the supervisor might ask.
- ▶ Ideally, the supervisor would also review the case using the Discussion Guide as a reference.

STEP 2: **PRESENT THE CASE**

- ▶ When the supervisor and investigator/case-worker meet, the worker "presents" the case following the framework below, as relevant:

Framework

- ▶ Core Story of the Child and Family (5-10 minutes)
 - ▶ Reason for entering care
 - ▶ Current status of the child and family
 - ▶ Key issues relating to safety, permanency and well-being issues
- ▶ Service System Performance (5-10minutes)
 - ▶ What's working, not working, and why
- ▶ Key practice issues
 1. Child and family engagement
 2. Breadth and scope of assessment
 3. Quality of case plan
 4. Composition and functioning of the service team
 5. Case plan implementation and coordination issues
- ▶ Possible next steps



Three Steps of the Supervisory Qualitative Discussion

Step 1: PREPARE

- Review purposes.
- Review case materials.
- Review staff member's work behaviors from a qualitative perspective, e.g., how well does he/she apply the job's technical, conceptual, interpersonal skills to achieve the best interests of the child?
- Determine focus questions, as drawn from Guide.

Step 2: DO

- Ask for general, current "story" of the family (e.g., what's happening, what's changed, what's working well, what's not working, what's your assessment of current risk, etc.).
- Ask focus questions.
- Follow-up with additional questions to accomplish purposes.

Step 3: REVIEW AND DOCUMENT

- Identify key casework conclusions/trends.
- Summarize current and future risk.
- Summarize investigator/case manager strengths/weak areas.
- Document in appropriate recording systems.



CPI Supervisory Discussion: Kizza/Jeffrey/Wesley Case Background

Participants:

Kizza – non-relative caregiver for Jaime and Rebecca; mother of Jeffrey and Wesley

Rebecca – Jaime's older sister; victim of first abuse report

Jaime – 11 year old that is primary victim in current report

Melonia – non-relative to all children/friend of Kizza

Jeffrey – Kizza's 11 year old son; focus of supervisory discussion

Wesley – Kizza's 4 year old son; focus of supervisory discussion

Maltreatment Summary:

An April, 2008 report was received alleging physical injury, substance misuse, and threatened harm to 11 year old Jaime. The report alleged that: "Jaime has epilepsy and diabetes and she has been physically and emotionally abused. She is cursed at by both her 'aunts' and punched in the chest and back. She has had brushes broken on her, a black eye and a scratch on her face. She sleeps in the closet when she is at her 'Aunt' Melonia's home.

Jamie was found around midnight to be sleeping on a pallet in the master bedroom at Melonia's house. She was noted to have numerous and severe cuts, abrasions, bruises, and burns on multiple areas of her body. She had a marked pain and difficulty when being helped up off the pallet. EMS was called and she was admitted to the hospital.

During a joint interview with law enforcement, Melonia admitted to abusing Jamie on a number of different occasions after Kizza left Jamie in her care. (This sending of a child for severe discipline was a repeat from the original abuse report concerning Jaime's older sister, Rebecca. Rebecca was placed in foster care and the court ordered that Kizza not let any of the remaining children in her care (Jaime, Jeffrey, and Wesley) have any contact with Melonia.) The most recent incident included striking Jaime repeatedly with a coat hanger, forcing Jamie's hand into a pan of scalding water, and pouring scalding water on Jamie's shoulders and down her back. This was to punish Jamie for stealing and lying.

Melonia and Kizza were both arrested for several counts of child abuse. Jamie, Jeffrey, and Wesley were placed in emergency shelter. Jamie was placed in licensed out-of-home care and Jeffrey and Wesley were placed with their maternal grandparents.

Current Situation:

The children have been split into two cases: Jaime and the two boys. For her sons, Kizza has been charged with Threatened Harm. The supervisor has been closely involved with Jaime's case and it has all occurred within a few days so she is familiar with the file review documents for the supervisory discussion.

Kizza's father has bailed her out of jail and Kizza has returned home. Kizza's father has expressed concerns about keeping Jeffrey to the investigator as he feels Jeffrey may accuse him of child abuse as he has accused Wesley's father of abusing him when he would come to visit at Kizza's house. Wesley's father has not been seen for years.

Major issue for supervisory discussion:

Should the boys be returned home to Kizza?



CBC Supervisory Discussion: Michael/Father Case Background

Michael was removed from his home in 11/05 following a report of excessive corporal punishment by his father. The findings were verified as he did have injuries when the father used a paddle on him. This was the second report in which he was listed as a victim; the first was closed with no indicators.

Michael is a slightly overweight 12 year old. He was diagnosed by a clinical social worker as Adjustment Disorder with Depressed Mood. He sees a counselor at a counseling center and speaks positively about it.

Michael was raised by his father. His mother lives out of state and had no contact with him. The father reported she abandoned him shortly after birth. He has two half brothers, one on his mother's side and one on his father's. There is no contact with them.

During his first year in care he lived in five different placements. These included 2 group homes, 3+ months with a non-relative, and 3 months with his father when he abducted Michael during a visit, and 1 month with his mother before she requested his removal. The mother reported that he had sexually molested his younger half brother, but the investigation found no evidence to support this.

Since his return from his mother's home in 12/06, Michael has remained in the same placement, a group home. The staff expresses a fondness for him, and he in turn always speaks positively about them. He does well in school. He is active in church, plays sports, is in the Boy Scouts and is in the Beta Club at school. The facility where he lives offers the children opportunities to take fun as well as educational field trips.

Michael's mother has expressed no desire for further contact with him. His father has been incarcerated most of the time he has been in care. The charges are interference with custody, burglary, and escape. His expected release date is 8/09. He and Michael have maintained contact through letters. He has written regularly and continues to express his desire to regain custody upon his release from prison. Michael has resisted the idea of adoption, and has told this to his FSC, his caretakers, his counselor, and his guardian ad litem. He continues to express his love for his father and his desire to return to live with him.

The current goal for Michael is adoption. A petition for termination of parental rights was filed on 8/7/07.

The critical issue for the supervisory discussion: to go for TPR or change case goal from adoption to reunification.



Planning For Discussions In The Workplace

Use what you've learned in the training to complete a plan for making effective use of qualitative discussions when you return to your unit. Begin developing a plan by answering the following questions.

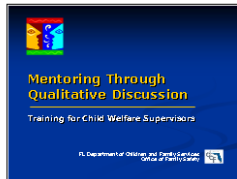
1. What are two tasks you could combine to make more time available for face-to-face mentoring with your staff?

2. Think of a specific worker in your unit who might benefit from a more focused mentoring effort from you. What are two open-ended questions you might ask to help this worker think more broadly or creatively or in greater depth about a current case?

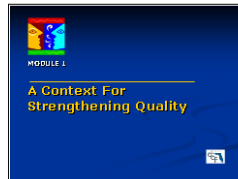
3. What are two questions from your Discussion Guide that you will commit to asking in your next case review discussion?



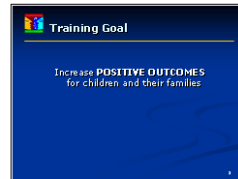
PowerPoint Thumbnails



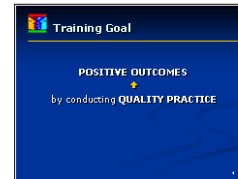
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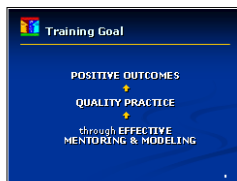
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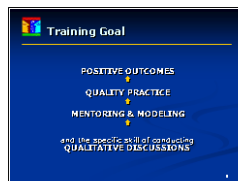
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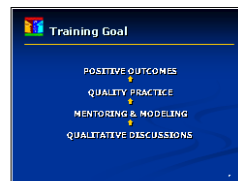
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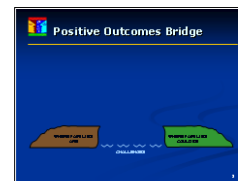
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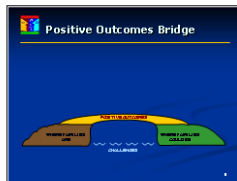
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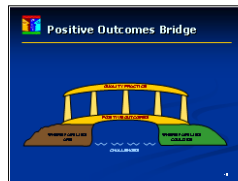
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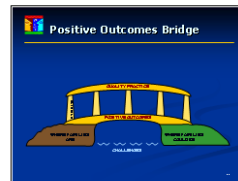
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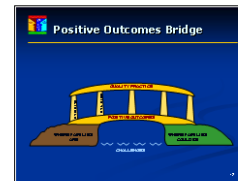
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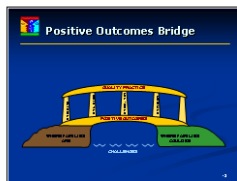
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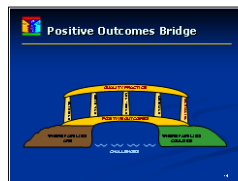
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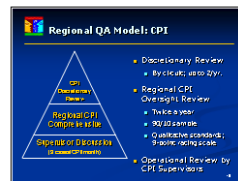
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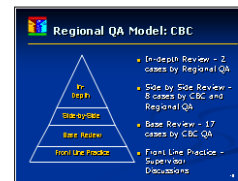
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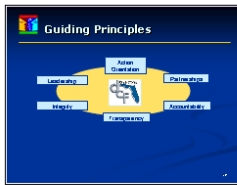
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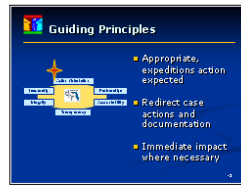
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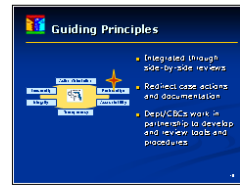
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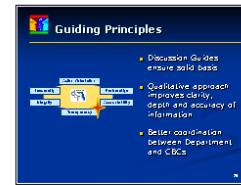
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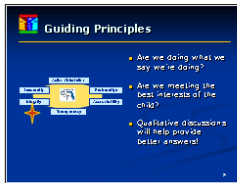
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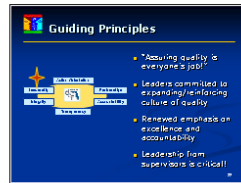
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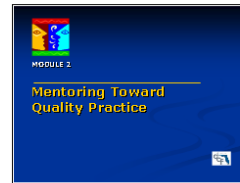
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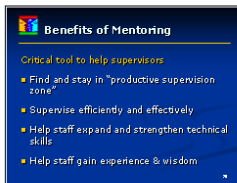
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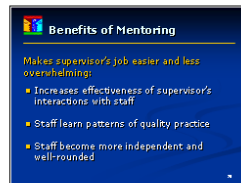
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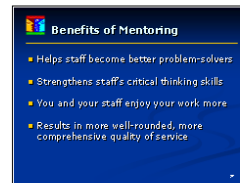
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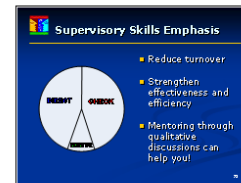
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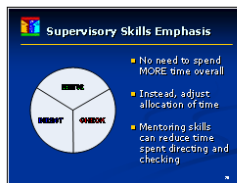
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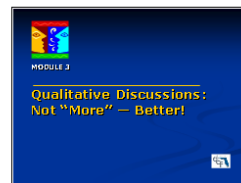
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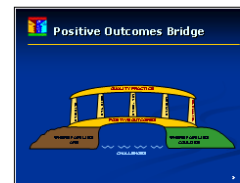
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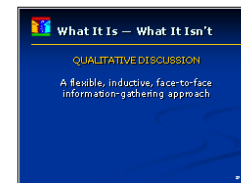
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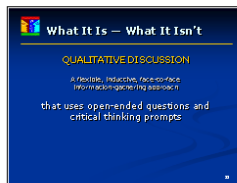
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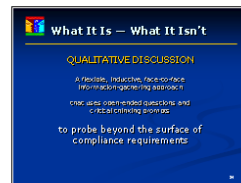
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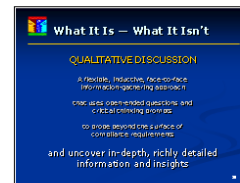
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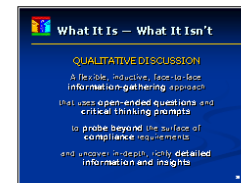
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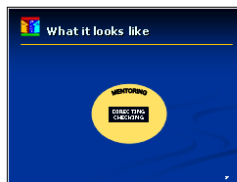
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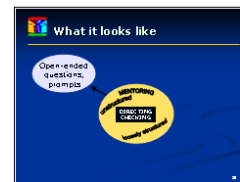
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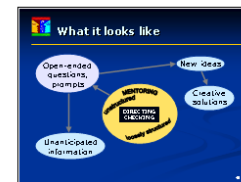
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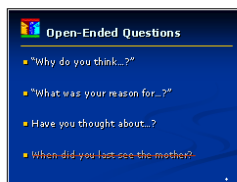
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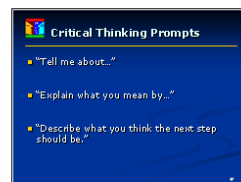
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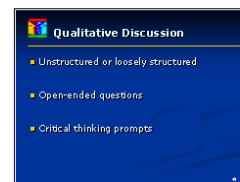
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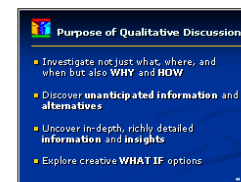
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Purpose of Qualitative Discussion

- Model effective information-gathering techniques
- Offer the **insights and good judgment** you've gained from experience
- Assess and develop** your worker!

45

Benefits

- Fosters
 - critical thinking
 - exploration of assumptions
 - interpretation of facts and events
 - deeper understanding
 - enhanced perspective

46

Benefits

- Is especially valuable for investigating **complex and sensitive** issues
- Supports **"productive supervision zone"**
- Models** the approach so staff can, in turn, use it **automatically and naturally** when they work with families

47

MODULE 4: CPI DISCUSSION GUIDE

SECTION A: HISTORY AND CULTURAL BACKGROUND

48

Family Context

- Children live in family systems of reciprocal interactions
 - Children need healthy family systems to thrive
- Families live in community systems that provide support and/or obstacles
 - Families do best in supportive communities

49

Family History and Culture

- Cultural assumptions
 - Ethnic
 - Extended family
 - Community
 - Family
- Language

50

Family History and Culture

- Prior history, including frequent visitors and caregivers
 - Abuse/neglect
 - Domestic violence
 - Law enforcement/Juvenile
 - Substance abuse
- Risks and strengths

51

Family History and Culture

- Major concerns—and STRENGTHS!
 - What does worker like and admire about the family?
 - What does worker like and admire about the children?
- Seeing the basic humanity in the parents and children helps communicating, empathy, and understanding...and turns a "worker" into an advocate

52

Family History and Culture

- Major concerns—and STRENGTHS!
 - What does worker like and admire about the family?
 - What does worker like and admire about the children?
- Seeing the basic humanity in the parents and children helps communicating, empathy, and understanding...and turns a "worker" into an advocate

53

Importance of Family

- Removal is a risk to child safety and well being
- When families can be preserved or reunited with safety, a victory has been achieved

54

Importance of Family

- When it is not possible to preserve or reunify a family, creating a new legally permanent family is the best option
- Residential care with multiple caretakers is not optimal for children's well being and development

55

MODULE 4: CPI DISCUSSION GUIDE

SECTION B: QUALITY OF CONTACTS

56

Complex System Requires Comprehensive Response

- Addresses families and their community in all critical ways needed to generate change
- Most important: Intensity and frequency of visitation sufficient to ensure safety

57

Complex System Requires Comprehensive Response

- Personal services
 - Counseling
 - Substance abuse
 - Parent training
- Hard services
 - Income support
 - Housing
 - Food stamps
- Support services
 - Homemaker
 - Home health
 - Day care

58

Quality of Visits

- Talk with child alone
- Sufficient relationship to ensure confidence
- "Don't wake the baby!"
- Different environments
- Appropriate questions

59

MODULE 4: CPI DISCUSSION GUIDE

SECTION C: SAFETY

60

Classical Abuse System Roles

- Perpetrator
- Rescuer
- Victim

61

Classical Abuse System Roles

- So, what happens when the victim is removed?
- Importance of continued review of each child from the perspective of the allegation matrix

62

MODULE 4: CPI DISCUSSION GUIDE

SECTION D: SERVICES

63

Services & Permanency Goals

- Sufficient frequency and intensity of visitation to
 - Develop, cross check, and document needed evidentiary basis to understand the family and community system to support decision making
 - Make sure that each child (not just the alleged victim) is safe during the decision making process

64

MODULE 4: CPI DISCUSSION GUIDE

SECTION E: REMOVALS

65

Relative and Non-Relative Placement

- Review protocol
- Background check results
- Was the mix of family members, other children, visitors and other caregivers analyzed to make sure that the child would not be at risk?

66

MODULE 4: CPI DISCUSSION GUIDE

SECTION F: SUPERVISOR'S ASSESSMENT OF DISCUSSION

67

What is Needed...

- Comprehensive **gathering** of evidence
- Well **documented and cross checked evidence** of all the key aspects of the family/community system

68

Supervisory Review: The Heart of Quality

- Verification that removal was necessary course of action
- Verification of the execution of the plan and whether or not the execution is generating behavioral change

69

What is Needed...

- Analysis** to understand the whole family in the context of the community they interact with
- Decision making and execution of a comprehensive plan** which addresses the important changes needed

70

Supervisory Review: The Heart of Quality

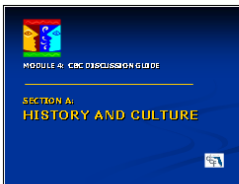
- Decision-making as to corrective actions and plan changes required
- Oversight to ensure that the corrective actions take place

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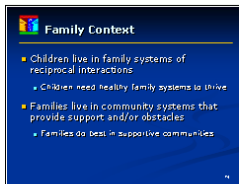
What is Needed...

- Analysis** to determine whether the plan is generating behavioral change
- Corrective action** to revise the plan and implementation as necessary

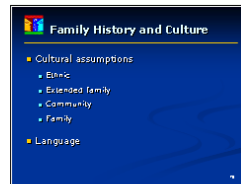
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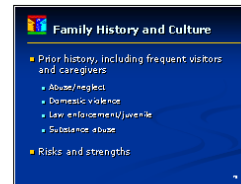
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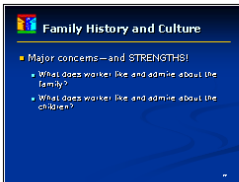
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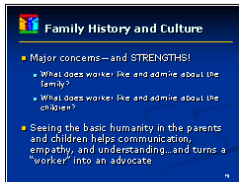
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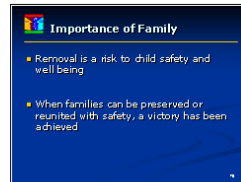
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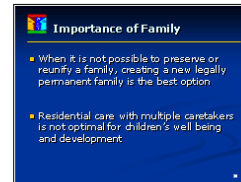
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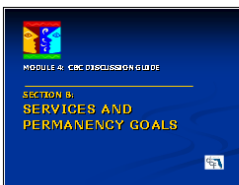
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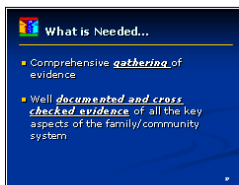
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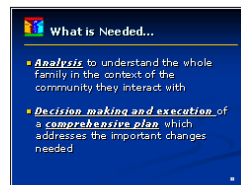
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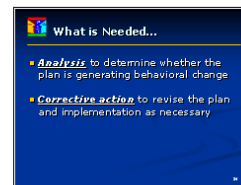
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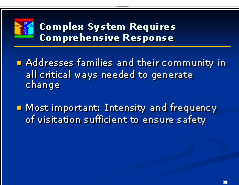
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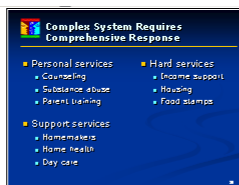
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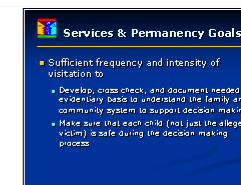
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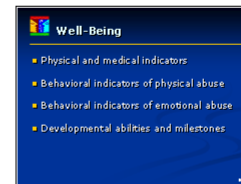
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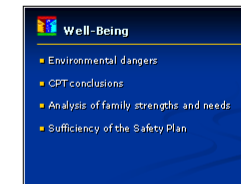
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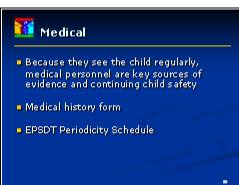
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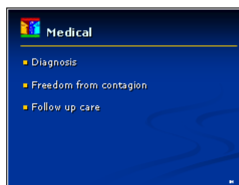
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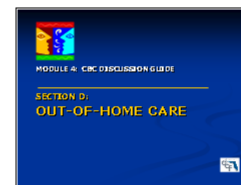
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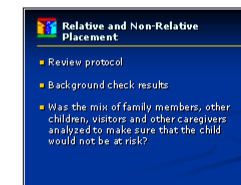
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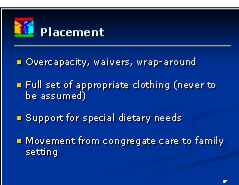
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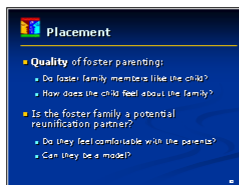
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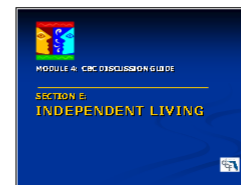
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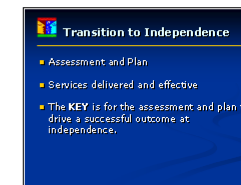
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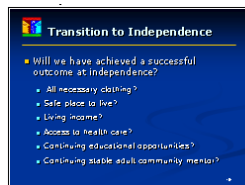
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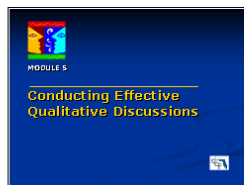
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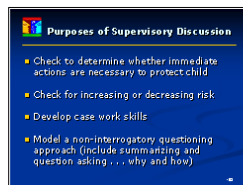
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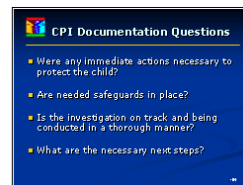
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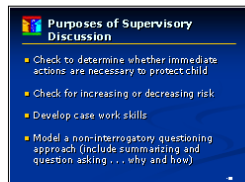
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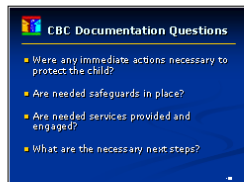
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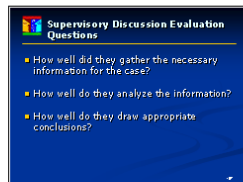
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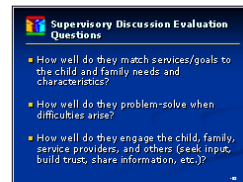
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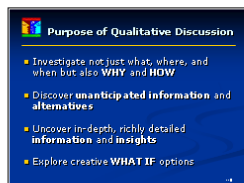
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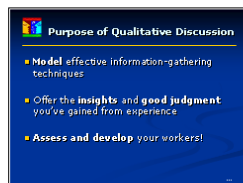
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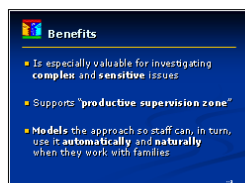
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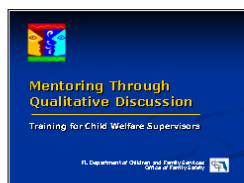
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Training Evaluation Form

Name (optional): _____

Date of Training: _____

Name of Trainer: _____

1. How often did you conduct “qualitative discussions” (as defined in this training) prior to attending this training?

1	2	3	4	5
Frequently	Regularly	Occasionally	Rarely	Never

2. How much do you think your ability to perform qualitative discussions has been strengthened as a result of this training?

1	2	3	4	5
Tremendously	A Lot	Some	A Little	Very Little

3. How would you rate the amount of time devoted to practice activities in the training?

1	2	3	4	5
Far too much	Too much	About right	Too little	Far too little

4. How would you rate the amount of time spent on interactive discussion?

1	2	3	4	5
Far too much	Too much	About right	Too little	Far too little

5. How would you rate the usefulness of the training to strengthening your supervisory skills?

1	2	3	4	5
Very Useful	Useful	Average	Poor	Very Poor

6. In general, how beneficial do you think it was to combine CBC and DCF staff in this training?

1	2	3	4	5
Very Beneficial	Somewhat Beneficial	Didn't Matter	Not Beneficial	Not at All Beneficial

7. In general, how would you rate the trainer's ability to make the training a productive, worthwhile experience for you?

1	2	3	4	5
Very High	High	Average	Low	Very Low

Name (Optional): _____

Date of Training: _____ Name of Trainer: _____

7A. What training activities were most worthwhile?	7B. What training activities were least worthwhile?

8A. What were the strengths of the training?	8B. How could we improve the training?