



PLACEMENT PLANNING & MENTORING

**MiTEAM Specialist Led Application Exercises
PARTICIPANT PACKET**



October 2017

Worksheet #1: Placement Planning Overview

Placement Planning Key Caseworker Activities (KCAs):

- Assess whether potential relative or kin caregivers are willing and able to safely care for children and youth.
- Work closely with members of the family team to make initial placement decisions, support those placements and plan for transitions.
- Use assessment information to match children and youth to the most suitable placements.
- Use visits to preserve connections, strengthen relationships and make progress on identified goals.
- Facilitate parent involvement with their children.
- Help children stay connected to their siblings.

Placement Planning Fidelity Indicators for current training cycle:

- **(Observation)** Inquires about individual(s)'s perspective regarding how the living arrangement options impact child(ren)/youth(s) connections.
- **(Supervision)** How the current living arrangement is helping build resiliency, which may include, but is not limited to:
 - Promoting the individual(s)'s ability to develop and build relationships
 - Promoting the individual(s)'s master/competency
 - Improving the individual(s)'s ability to regulate emotion and behavior
 - Strengthen the individual(s)'s self-esteem
 - Giving the individual(s) voice

The Key Processes to Lessen Trauma in Transitions include:

1. Create physical and psychological safety
2. Use psycho-education to normalize
3. Empower through predictability
4. Maintain relational continuity
5. Invite and affirm expression of feeling

Worksheet #2: Key Processes to Lessen Trauma in Transitions – Your Program Area

Key Process	Familiar Examples	What we <u>ARE</u> saying or doing.	What we <u>COULD START</u> saying or doing.
Create safety for child (psychological)	<ul style="list-style-type: none"> • Pick up on their non-verbals and voice tone • Ask parent for article of clothing that the baby or small child could sleep with • Ask parent for picture to place in child’s room • Ask for special toy to take with the child • Talk about it’s scary to spend the night at a new place – do you want to leave the light on? Door open? Call home? • Ask, “What makes you feel safe?” 		
Use psycho-education to normalize	<ul style="list-style-type: none"> • Share others’ experience • Use self-disclosure • Words to use: “other girls have told me” “other boys have told me” • “when I was away from my mom..” 		
Empower through predictability	<ul style="list-style-type: none"> • Keep appointments • Follow-through on what you say • Tell child you will check on them (phone) before bedtime and then make sure you do it • Make sure child knows when you will be back and it should be soon. • Make calendar of the dates of your visits and the dates of the child’s visits with siblings or parent/s use words or pictures depending on age- enlist resource parents assistance in marking off the days. 		

<p>Maintain relation continuity (aka: maintain connections)</p>	<ul style="list-style-type: none"> • Stay involved (text, email) • Be available especially at critical times • Be present for the visits – talk about how it feels to see parents and leave them again • Plan for decompressing time after visits and a quick supervised if necessary phone call back to whoever they visited with – it was good to see you – see you in a week... • Involve parents in school events and conferences and medical, dental, appts etc – normalize life as much as possible – parents come to Christmas program, etc. • Talk to child/ren about court hearings – on an age appropriate level • Always tell the child the truth 		
<p>Invite and affirm expression of feelings</p>	<ul style="list-style-type: none"> • Active listening and validate feelings (invite, validate and normalize) • Take time to listen • Clear your mind – focus on the child – watch verbals and non verbals • Walk and talk /listen • Swing and talk /listen • Drive and talk / listen • Ask about the what the child is thinking • Ask about how the child is sleeping • Use picture faces or unfinished sentence activities to get to the feelings 		

Worksheet #3: Strategies for Minimizing Trauma

6 Strategies for Minimizing Trauma during a Removal or Replacement

- 1. Always Communicate to the child(ren) what is happening.**
 - a. Be active in offering what will happen next and what that will mean for the child.
 - b. Address the underlying fears that the child may be having as this assists the child in normalizing their feelings. "Often during these situations, kids are scared, sad or confused."

- 2. Always look for an Item for the child to bring with them from home.**
 - a. Transitional items such as blankets, teddy bears, a toy, etc., will assist a child in feeling a connection to their family and home while placed in foster/relative care.

- 3. Take specific Time with the child.**
 - a. Sit and explain what is going to happen, this is where you will be going, these are the things that are likely to happen next.

- 4. Give as much Information to the child about where they are going.**
 - a. Provide details about the family, the home, pictures, and specific information to assist in relieving anxiety.

- 5. Stay at the foster or kinship home with the child for some time.**
 - a. Caseworker may provide an important connection to the child and bring history, predictability, and some sense of stability.
 - b. Engage with the foster parent/kinship provider to help the child feel more comfortable.
 - c. Explain to the child what will happen tomorrow and what tomorrow may look like.
 - d. Tell the child that you will make contact with them soon, and stick to that commitment. The earlier the contact can occur after placement, the safer that child feels.

- 6. Ask the child what might help them feel safer within the foster or kinship home.**
 - a. Have them tell the foster/kinship parent their bedtime rituals, favorite meal, TV show, etc.

Worksheet #4: Strategies for Minimizing Trauma during Transitions

Mecosta-Osceola Removal Steps to Reduce Trauma of Placement

Steps to help reduce the trauma the children experience:

- Conduct a removal with two workers whenever possible; one worker to focus on the adults and one worker, trained in childhood trauma, to focus on the needs of the child(ren).
- If it's safe to do so, allow the child time to say goodbye to their parents, siblings, friends and pets.
- Give the child time to pack a few favorite toys, a blanket, clothing, shoes that the child would like to take.
- Ask the child what they could take with them that would help make them feel safe. Often this is a transitional object that will assist the child in maintaining a connection with family while out of the home. Be sure that the foster parents understand the value of this object.
- Give the child an opportunity to cry and process their thoughts. If they reach for your hand while walking to the car, take the time to reach back and walk with them.
- Ask the child if he or she is hungry or thirsty and provide comfort food and/or drink.
- Give the child as much information as possible about where they are going, who they will be staying with, and what foster care is. If possible, show the child pictures of the new foster home and share a positive story about the family.
- Tell the child that the removal is not their fault and that their parents are working to make things better so that they can return home.
- Give them the opportunity to ask questions. If you don't know the answer, be truthful. Don't be afraid to say "I don't know".

Things to keep in mind regarding parents at the time of removal:

- Simply because you are removing does not mean you are negating the parent's role.
- Ask the parents questions regarding their children to prepare for placement. Ask about schedules, medications, allergies, habits, favorite foods, etc.
- The goal is to reunite families and place them together whenever possible, not tear them apart.

Ideas for the time of placement:

- Invite and affirm expression of feelings from the child.
- If siblings are not placed together, assure the child that his/her siblings are being well cared for.
- Be prepared to stay and help the child adjust to placement and the foster home. Don't just drop a child off and leave. They have already experienced one abrupt separation. Reassure the child that the worker, who the child may have a connection with, knows the people and place where they will be staying. Be a constant in the child's life until visits with parents can begin. Tell the child you will be back to see him/her again in a day or two and then keep your word.

- Ask the foster parent to walk the child through the home. Ask where the light switches are, where the bathroom is, who to go to in the middle of the night if needed, how to get a drink of water, etc. Ask the questions that you as the child may want to know.
- Ask about special rules the family has and make sure the child understands these rules.
- Give the child any age appropriate information in writing, including the worker's name and phone number. Children will often forget what they are told during a removal and this provides them a very necessary sense of control.
- Help the foster parent view children's behavior through a trauma lens. Provide them with a trauma informed counselor resource they can reach out to, immediately if necessary, should they have additional questions.

Some ideas to consider regarding self-care to reduce secondary trauma:

- Maintain an environment of support in order to process and release your own thoughts and emotions after removing and/or placing children.
- Allow yourself time to process these events and seek additional support when necessary.
- Ask your office to develop a trauma/secondary trauma response "debriefing team" that can assess and respond to staff experiencing chronic or acute trauma.

Worksheet #5: Placement Planning Scenario #1 – CPS Ongoing Case

Family Make-Up:

Diane: Mom	Jack: Dad to Jack Jr. & Mom's Live Together Partner
Shaun: Dad to Dierdra and Sam	Cindy: Stepmom to Dierdra and Sam
Dierdra: Age 13	Sam: Age 9
Jack Jr.: Age 2	Pam: Maternal Grandmother

Situation: Jack assaulted Diane in front of all three minor children. This is the third incident that has occurred since Jack's dad died recently. Alcohol was a contributing factor. They have no history of abusing any other substances. Jack and Diane plan to stay together and the kids like Jack when he is not drinking. Jack and Diane have agreed to participate with services including substance abuse assessments, random drug/alcohol screens, individual counseling and couples counseling. A current custody order between Diane and Shaun indicate that Dierdra and Sam spend every other week with each parent and switch on Sundays at 5pm. During the Case Opening Family Team Meeting (FTM) Diane and Jack voluntarily agreed for Dierdra and Sam to stay with Shaun and Cindy full time for now. They do not want to involve Friend of the Court at this time because it's a temporary arrangement. Pam also volunteered to take care of Jack Jr. under a Power of Attorney until Jack and Diane have had some time to focus on themselves. All parties understand that this is a voluntary agreement, not a court order. It is also agreed by all parties that this plan reduces risk and increases safety for the children while allowing time for the Jack and Diane to get back on their feet.

Current plan for parenting time:

1. Jack and Diane agree to go to Pam's house for at least two hours 3-5 times a week. Jack and Diane agree to provide/cook food. They also agree to bring the family dog, Josie, to the visits as well. On Tuesdays and Thursdays, Dierdra and Sam will eat dinner at Pam's house with the family. Jack and Diane agree to ensure homework is done and Jack Jr. is ready for bed.
 - a. **LOGISTICS:** Jack and Diane agree to provide their own transportation to and from Pam's home. On Tuesdays and Thursday, Pam agrees to pick Dierdra and Sam up from school and Shaun agrees to pick them up from Pam's at 8 PM. All parties agree to confirm the schedule for the next week in person or by phone before 8 PM on Sunday.
2. It was agreed that Dierdra, Sam and Jack Jr. will spend all day on Sundays with Jack and Diane. The three children will attend their normal church service with Jack and Diane as per Sunday family tradition. Diane agrees to make sure that she spends at least 30 minutes of 1 on 1 time with each child on Sunday. Jack agrees to spend at least 30 minutes alone with Jack Jr. on Sunday.
 - a. **LOGISTICS:** Diane's Mom agrees to drop Jack Jr. off at Jack and Diane's home at 9:30 AM. Jack and Diane agree to pick up Dierdra and Sam at 10 AM on their way to church. After church, parents can choose how to spend the day but agree to stay in the county and be available/responsive to phone at all times. At least every other Sunday, Jack and Diane agree to spend in the family home after church so the kids can be in their home environment. Shaun/Cindy and Pam agree to pick the children up at 8 PM.
3. Jack and Diane agree to discuss family/parental counseling with their counselor. If recommended, it is agreed that Dierdra and Sam will be allowed to attend counseling session with Diane or both Jack and Diane to help with family healing from current circumstances.
 - a. **LOGISTICS:** Diane agrees to discuss recommendations with Shaun/Cindy and schedule session at a time Shaun/Cindy can ensure the children's availability and transportation.
4. Dierdra and Sam have conferences next month. Diane and Shaun both agree to attend.
 - a. **LOGISTICS:** Diane and Shaun agree to either: a) both attend conferences for both children or b) each attend one of the conferences and provide the other person with all information about

the one they did not attend. If children need to be present for conferences, Diane and Shaun agree to communicate and ensure that a time is scheduled where Shaun/Cindy can ensure transportation is provided.

5. If Jack Jr. becomes ill or needs medical attention of any kind, Diane's mom is responsible for seeking medical attention. However, she agrees to contact both Jack and Diane by phone call and leave a message with details either a) as soon as it is scheduled, b) prior to leaving if event is unexpected or c) as soon as reasonably possible in the event of emergencies. She agree to explain the situation and invite them to join her at the appointment/medical facility.
6. Phone/Email/Skype/Text – There are currently no restrictions on communication between the children and Jack or Diane. All parties agree that the children should be allowed normal and reasonable access to Jack and Diane via technology throughout the week. If communication by technology becomes an issue, Shaun/Cindy, Jack/Diane, and Pam agree to attempt to resolve the issue on their own or agree to notify CPS worker that this needs to be addressed.

SAFETY PLAN for Parenting Time:

Proactive:

1. Jack and Diane agree to not to abuse any substances during parenting time or 12 hours leading up to parenting time. They agree it is a safety concern for the kids.
2. CPS agrees to include required Sunday drug/alcohol screening for Jack and Diane on Sundays in the referral. Jack and Diane agree to respond to screener within 30 minutes of phone call and be available to meet screener within 60 minutes of phone call.
3. All parties agree that Dierdra will be allowed to have her phone at all times during visits.
4. Shaun agrees to identify a code word with Dierdra and Sam to use in emergencies. Dierdra and Sam agree to share the code word to Pam. It is agreed that the code word will remain unknown to Jack and Diane.
5. This agreement will be assessed, tracked and adjusted during all contacts and FTM.

Reactive:

1. Dierdra agrees to contact Shaun/Cindy and Pam with the code word or call 911 if Jack and Diane are drinking, arguing, and she feels unsafe. Deirdra understands this responsibility.
2. Jack and/or Diane agree to cancel their presence at any visit if they are abusing alcohol/drugs. If both do not think it is best to attend – it is agreed that the visit should be canceled. If Diane does not attend Sunday – Dierdra and Sam will not attend the visit.
3. This agreement will be assessed, tracked and adjusted during all contacts and FTM.

Expanding Parenting Time: Agreements in this parenting time plan will be reassessed at the Family Team Meeting in 3 months. Parenting time will be expanded at that time unless:

- New information arises that results in additional safety concerns.
- Family team determines expanding is not in the best interest of the children at that time.
- Court intervention occurs and restrictions are put in place.

Discussion Questions:

1. **What are some examples in the above scenario where connections are being maintained?**
2. **Is anything missing from this plan? What are some additional/different ways that connections could be maintained through parenting time planning?**
3. **What challenges or difficult conversations may arise that the worker will need to address?**
4. **Think about a family that you are currently working with. What are some additional/different things that could be done to maintain connections through creative parenting time planning?**

Worksheet #6: Placement Planning Scenario #2– New Foster Care Case

Family Make Up: *(The following is a fictional scenario and not based on real events).*

Minnie: Mom

Goofy: Mickey's friend

Mickey: Dad

Donald: Mickey's friend and Daisy's husband

Mary: Age 4

Daisy: Minnie's friend and Donald's wife

Matt: Age 1

Situation: An incident occurred where Mickey's mental health condition deteriorated and he put his family in an unsafe situation. Minnie failed to protect the children on multiple occasions and currently is struggling with an addiction to prescription drugs. She became addicted to prescription drugs after her most recent experience with a very painful botched plastic surgery. They received in home services in the past and did not benefit from the services. Minnie has left Mickey and their relationship is strained. Both state that they agree to obtain treatment. At the time of this incident, all family members were out of the country. An emergency foster care placement has occurred. The following plan was developed in the emergency FTM with a few family supports and icebreaker meeting with the foster parents. During, the ice breaker Minnie and Mickey stressed that the kids follow a strict vegan diet. They are very active with her family. They have a very structured lifestyle with the kids and they are very involved in their community. The kids participate in yoga and karate. Mary enjoys her mother reading a story to her almost every night. The parents indicated that their blended Armenian and African American culture is very important to them.

Current plan for parenting time:

1. Minnie and Mickey agree to visit with both children together two times a week from 5pm to 7pm on Monday and Wednesdays at the Estates Community Center and park where they have been routinely going with their children prior to placement. These visits agree to be supported by a parenting time coach who agrees to provide the parents guidance on co-parenting and age appropriate parenting. The family agrees to use this time to incorporate some of their practices and traditions.
2. Minnie and Mickey agree to bring the kids favorite stuffed animals, blanket and toys to the first visit. They agree to also bring a list of the children's likes, dislikes, and some of their traditions for the foster parents. The foster parents agreed to maintain a sense of normalcy for the children as much as possible until relatives can be explored for placement.
3. The foster parents have been provided times and information regarding the children's daily routine. They agree to maintain their regular morning and nighttime rituals. The foster parents agree to face time Minnie on the evenings she does not have visits and Minnie agree to read to Mary over the phone. On the nights they don't do face time, the foster mother agree to read to Mary.
4. The foster parents agree to provide an update on how the kids are doing before the start of the visit.
5. Minnie and Mickey agree to provide a vegan meal at each visit and recipes for the foster parents. The foster parents agree to maintain the vegan diet for the children.
6. On Tuesdays, Minnie agrees to still have her regular mom and child yoga classes in the evening with both her children. Daisy stated she agrees to transport and participate with her children as well during the class.
7. On Thursdays, Mickey agrees to still be present for the kid's 6pm-7pm karate class. Donald and Goofy agree to take turns transporting until relatives are engaged.
8. Minnie agrees to initiate and attend all Doctors' appointments and coordinate with Mickey and the foster parents.

9. Mickey agrees to initiate and attend all Dentist appointments and coordinate with Minnie and the foster parents.
10. Mickey has an upcoming family reunion in about a month. The worker has agreed to explore relatives to support the children participating in the reunion with the father.
11. An FTM will be scheduled with relatives as soon as Minnie's family returns to the states. The entire family agrees to have a gathering with the kid's afterwards at the community center and share an Armenian meal. Donald and Daisy agree to be present as well.

SAFETY PLAN for Parent Time:

Proactive:

1. Minnie agrees not to abuse substances during parenting time or 12 hours prior to parenting time.
2. The worker agrees to include required drug/alcohol screening for Minnie on Sundays in the referral. Minnie agrees to respond to screener within 30 minutes of phone call and be available to meet screener within 60 minutes of phone call.
3. Minnie and Mickey agree to support each other's efforts during parenting time.
4. Mickey agrees to take his medications as prescribed during parenting time and prior 24 hours.
5. If both parents are not able to attend a visit—it is agreed the visit should be canceled.
6. Mickey's friends, Donald and Goofy, agree to take turns visiting him before parenting time and assess his status.
7. This agreement will be assessed, tracked and adjusted at every face to face visit and FTM.

Reactive:

1. Minnie agrees not to attend any visit if she is abusing prescription drugs at the time it is scheduled to occur. Minnie agrees that it would present a safety concern for her children.
2. Mickey agrees that his visit should be canceled and rescheduled if he is observed to be exhibiting behaviors that may place his children at a risk of harm.
3. Minnie and Mickey agree to seek support from their service providers and/or re-negotiate the parenting time plan if 3 or more visits become disruptive as a result of co-parenting issues.
4. This agreement will be assessed, tracked and adjusted at every face to face visit and FTM.

Expanding Parenting Time: It is agreed that a FTM be scheduled as soon as relatives are located. As long as both parents are participating in services, parenting time will be increased with relative placement and will be re-evaluated quarterly at each case planning FTM.

Discussion Questions:

1. **What are some examples in the above scenario where connections are being maintained?**
2. **Is anything missing from this plan? What are some additional/different ways that connections could be maintained through parenting time planning?**
3. **What challenges or difficult conversations may arise that the worker will need to address?**
4. **Think about a family that you are currently working with. What are some additional/ different things that could be done to maintain connections through creative parenting time planning?**

Worksheet #7: Placement Planning Scenario #3 - Foster Care Case: Previously absent parent now involved

Family Make-Up:

Cher: Mom
Sonny: Dad
Bobby: Age 8
Christopher: Age 1

Situation: Cher and Sonny have been together off and on for the past 10 years. Sonny is the father of both children. About eight months ago, Cher and Sonny broke up after Sonny cheated on Cher. Cher kicked Sonny out of the home and would not allow him to have contact with the children because she reports he yells at the children all the time and doesn't really care about them. Sonny tried to see the children a few times but each time resulted in a huge fight with Cher. Sonny says he finally gave up because he couldn't handle the fighting and couldn't afford an attorney to fight for visitation through Friend of the Court. Sonny has not seen the children in at least seven months. Sonny has virtually no relationship with Christopher due to his young age. Sonny's relationship with Bobby is strained because he has not been allowed contact any time he and Cher are not together. The children were removed from Cher due to concerns of the home conditions and lack of supervision. The children are currently placed in a licensed foster home because all of Cher's relatives are either inappropriate or not able to provide placement. The CPS worker was able to locate Sonny and engage him in services. Sonny's mother is currently being evaluating for possible placement. Foster care is now working with both parents toward reunification. Both parents are compliant but continue to argue with each other and make claims against each other. Cher reports Sonny is not a good father and always yells at the children and Sonny reports that Cher talks badly about him to the children and won't allow him to build a relationship with his children. Bobby attends counseling once a week and has expressed anger toward Sonny for not being in his life consistently. Sonny struggles to talk about this with Bobby without getting angry and making Cher sound like the "bad guy".

Current plan for parenting time:

1. Cher agrees to have parenting time with the two children every Tuesday for one hour at 4pm – 5pm supervised by DHHS at the DHHS office.
 - a. **LOGISTICS:** Cher agrees to provide her own transportation to and from the DHHS office. The foster parents agree to bring the children to and from the visit.
 - b. Cher agrees to bring at least one favorite item for each child to the visits (ie: blanket, stuffed animal, game, toy, pictures, etc.)
2. Cher agrees to have parenting time with both children every Saturday for two hours at 11am – 1pm supervised by her sister, Michelle.
 - a. **LOGISTICS:** Michelle agrees to pick the children up from the foster home prior to the visit and then pick Cher up at her apartment. The foster parents agree to pick the children up following the visit and Cher agrees to find her own way home.
 - b. Cher agrees to bring food and supplies necessary to feed both children lunch for each visit.
3. Sonny agrees to have parenting time with the two children every Monday for one hour at 5pm – 6pm supervised by DHHS at the DHHS office.
 - a. **LOGISTICS:** Sonny agree to provide his own transportation to and from the visit. The foster parents agree to bring the children to and from the visit.
 - b. Sonny agrees to bring food and supplies necessary to feed both children dinner for each visit.

4. Sonny agrees to have parenting time every Friday for two hours at 5pm – 7pm supervised by his mother, Annette.
 - a. **LOGISTICS:** Annette agrees to pick the children up from the foster home half an hour prior to the visit and drop them off immediately following the visit. Sonny agrees to provide his own transportation to and from his mother's home.
 - b. Sonny agrees to use "get to know you" prompts to engage in conversation with Bobby and learn what things Bobby likes to do. Sonny agrees to identify at least three things Bobby likes to do and engage in these activities during parenting time. Sonny agrees to identify at least three age appropriate activities to do with Christopher during parenting time. The caseworker agrees to provide guidance prior to parenting time, as needed.
 - c. Sonny agrees to identify at least two traditions or cultural practices of his family and engage in these traditions with the children during parenting time.
5. All parties agree that an initial meeting between both parents and the foster parents will be scheduled separately for the purpose of getting to know each other, sharing information about the children, and to better facilitate the parents' involvement in school and medical needs. Caseworker agrees to coordinate a time, date and location for this to occur.
6. Following the initial meeting, the foster parents agree to notify both parents via text message of any scheduled medical appointments and/or school meetings including doctor, dentist, conferences etc. Both parents are encouraged to attend and are expected to remain civil with each other during any appointments.
 - a. **Safety:** If Cher and Sonny are not able to get along during appointments, it is agreed that a new plan should be developed that limits their contact with each other and dictates which parent can attend which appointment.
7. Parenting time supervised by Michelle and Annette may take place at other locations based on parents' and children's interests as agreed upon by all parties. It is agreed that any differing locations will be decided at least one week in advance.
8. Sonny agrees to attend counseling with Bobby every other week, based on recommendations from Bobby's counselor. Sonny agrees to use this time to rebuild his relationship with Bobby and get to know each other. The counselor agrees to assist Sonny in how to communicate truthfully from his perspective but without talking badly about Cher.
9. This agreement will be assessed, tracked and adjusted at every face to face contact and FTM.

Expanding Parenting Time: Agreements in this parenting time plan will be reassessed at the Family Team Meeting in 3 months. Parenting time will be expanded at that time unless:

- There are ongoing safety concerns that cannot be mitigated through safety planning.
- New information arises that results in additional safety concerns.
- The family team determines expanding the parenting time is not in the best interest of the children at that time.

Discussion Questions:

1. **What are some examples in the above scenario where connections are being maintained?**
2. **Is anything missing from this plan? What are some additional/different ways that connections could be maintained through parenting time planning?**
3. **What challenges or difficult conversations may arise that the worker will need to address?**
4. **Think about a family that you are currently working with. What are some additional/different things that could be done to maintain connections through creative parenting time planning?**

Worksheet #8: Mentoring Overview

Mentoring Key Caseworker Activities (KCAs):

- Promote growth through coaching
- Create a learning environment through observation and feedback
- Support change through building honest and genuine relationships

Mentoring Fidelity Indicators for current training cycle:

- **(Observation)** Assists the family with navigating agency systems and processes; demonstrated by 2 or more of the following:
 - Clearly explains expectations regarding service referrals
 - Clearly explains next steps
 - Describes agency processes
 - Explains desired outcomes of case disposition
 - The worker provides feedback to the individual
- **(Observation)** The worker provides feedback to the individual(s).

Worksheet #9: Feedback

4 Criteria for Effective Feedback:

- **Specific**. What you say clearly describes the behaviors observed.
- **Concrete**. The feedback is tied to the purpose of the learning experience and to relevant criteria for success.
- **Useful**. The person receiving the feedback is able to use the message, that is, it describes behavior that the person can do something about. The person is not overwhelmed or confused by the messages.
- **Timely**. Immediate feedback is most often preferred. An assessment of the emotional readiness to hear the feedback influences this criterion.

Feedback Format:

- **Step 1**: Self-assessment – ask the person for his/her self-assessment
- **Step 2**: Other’s assessment – ask their perception of how the “other” person experienced the interaction
- **Step 3**: Your assessment – provide your own assessment about what you saw during their interaction.

Worksheet #10: Educating Families on How to Navigate Systems

Four Step Process:

- **Step 1: “Name” it.** Engage the person by naming the challenge or perceived trauma. Providing a meaningful reflection.
- **Step 2: Ask about their experience and expertise.** Once you name it, the second step helps to empower the person and build their efficacy. Asking questions and providing reflections will result in recognizing a foundation of knowledge and expertise from which to build.
- **Step 3: Add information.** The third step tells us to begin adding information regarding the system/process to the foundation that has been built by the experience and expertise of the person. The information is added in small amounts and creates a larger picture.
- **Step 4: Ensure mutual understanding.** The fourth step reminds the worker to listen for the person’s understanding of how to navigate the system/process. Once a worker hears the person’s summary, the worker can assess the level of understanding and possible success the person will have navigating the system or process.

Worksheet #11: Mentoring Scenario #1

Partner A: CPS Investigator

Partner B: Birth mother

Partner C: Providing feedback

System/Process to navigate: You have just been informed by your CPS investigator that you will be receiving a new CPS Ongoing Caseworker. The CPS investigation just ended and your case will be opened for services and monitoring. When your CPS Caseworker notified you that your case will be opened and that you will be receiving a new worker, you became irate and accuse the worker of wanting to take your children from your home. The CPS Investigator is going to try and help you navigate the process of transferring your case. As they move through each step follow the guidance below.

Educating Families on How to Navigate Systems

Four Step Process:

Step 1: “Name” it.

Partner A will engage you by naming the challenge or perceived trauma that you are experiencing. Listen carefully for empathy statements.

Step 2: Ask about their experience and expertise.

Partner A should ask questions pertaining to your understanding of the difference between a CPS investigation and a CPS ongoing case. Pretend like you don't know the difference – OR – give information about what was once told to you by several friends about why CPS switches caseworkers. You were told that CPS switches caseworkers so that the second caseworker can remove your children from the home. Let them know that this is why you reacted the way you did. Listen carefully for open-ended questions that allow you to share your experience.

Step 3: Add information.

Partner A should recap what you shared and add information about the process of transferring cases from one CPS worker to another. If you don't feel that you have sufficient information to continue the conversation, then let them know. If you are still overwhelmed by the information and can't see the big picture, let them know that as well.

Step 4: Ensure mutual understanding.

Partner A should ensure understanding of all that was explained to you. Make sure you are both on the same page before moving forward. If not, push the envelope for them to add more information. Listen for encouraging statements from Partner A regarding moving forward in the process.

Worksheet #12: Mentoring Scenario #2

Partner C: Foster Care Caseworker

Partner A: 13-year-old male in the foster care system

Partner B: Providing feedback

System/Process to navigate: Talking with your foster care worker about moving from a foster home to a residential facility. It's the last day of the two-week notice that your foster mother sent and you need to be move. After multiple attempts of trying to "stick it out", she is no longer willing to deal with your disrespect and destructive behaviors. Your foster care worker is at the home talking with you about the new placement, which is a residential facility. You are not familiar with the residential facilities and think you are going to a juvenile detention center. You express concerns with the move and promise again to do better.

Educating Families on How to Navigate Systems

Four Step Process:

Step 1: "Name" it.

Partner C will engage you by naming the challenge or perceived trauma that you are experiencing. Listen carefully for empathy statements.

Step 2: Ask about their experience and expertise.

Partner C should ask questions pertaining to your understanding of the difference between a juvenile detention center and a residential facility. Pretend like you don't know the difference – OR – give information about what was once told to you by several friends. You were told that a "residential facility" is just a fancy term for a juvenile detention center and they are one and the same. Let them know that this is why you reacted the way you did. Listen carefully for open-ended questions that allow you to share your experience.

Step 3: Add information.

Partner C should recap what you shared and add information about difference between a juvenile detention center and a residential facility and what you could gain from being in a residential facility. If you don't feel that you have sufficient information to continue the conversation, then let them know. If you are still overwhelmed by the information and can't see the big picture, let them know that as well.

Step 4: Ensure mutual understanding.

Partner C should ensure understanding of all that was explained to you. Make sure you are both on the same page before moving forward. If not, push the envelope for them to add more information. Listen for encouraging statements from Partner A regarding complying with moving forward in the process.

Worksheet #13: Mentoring Scenario #3

Partner B: Licensing Caseworker

Partner C: Foster parent

Partner A: Providing feedback

System/Process to navigate: Talking with your licensing worker about closing your license after receiving a second Special Investigation in a month.

You just received a second Special Investigation alleging that you aren't feeding the children. There were no rule violations or neglect/abuse found in your previous Special Investigation just a few weeks prior. You just told the licensing worker that there is no need to complete the investigation because you want to close your license immediately. You also mentioned that you are tired of the kids lying on you and your husband.

Educating Families on How to Navigate Systems

Four Step Process:

Step 1: "Name" it.

Partner B will engage you by naming the challenge or perceived trauma that you are experiencing. Listen carefully for empathy statements.

Step 2: Ask about their experience and expertise.

Partner B should ask questions pertaining to your understanding of Special Investigations. Pretend like you don't know – OR – give information about what was once told to you by several friends. You were told that if you have more than one Special Investigation then your license would be revoked and they will remove your birth children from the home. Let them know that this is why you reacted the way you did. Listen carefully for open-ended questions that allow you to share your experience.

Step 3: Add information.

Partner B should recap what you shared and add information about Special Investigations. If you don't feel that you have sufficient information to continue the conversation, then let them know. If you are still overwhelmed by the information and can't see the big picture, let them know that as well.

Step 4: Ensure mutual understanding.

Partner B should ensure understanding of all that was explained to you. Make sure you are both on the same page before moving forward. If not, push the envelope for them to add more information. Listen for encouraging statements from Partner A regarding complying with the Special Investigation and keeping your license open.