Assessing and Scaling Caregiver Protective Capacities: Case Management

Estimated Time 12 Hours

Order/Overview

Introduction (40 Minutes)
  Agenda
  Objectives
  Pre-Test

Session 1 (45 Minutes)
  Review of Methodology Case Flow
  Review Case Flow and Objectives of Flow

Session 2 (30 Minutes)
  Intervention Stages
    Preparation
    Introduction
    Exploration
    Case Planning

Session 3 (2 Hours)
  Caregiver Protective Capacities
  What Are Caregiver Protective Capacities?
Relationship of Caregiver Protective Capacities to Danger
Scaling of Caregiver Protective Capacities

Session 4 (2 Hours)
How Do We Assess Caregiver Protective Capacities?
Worker Skills and Competencies
Practice Worker Skills and Competencies

Session 5 (3.5 Hours)
Assessing and Scaling Caregiver Protective Capacities
Adult Functioning
Parenting General
Parenting Discipline

Session 6 (2.0 Hours)
Case Application Practice

Wrap Up and Review (30 Minutes)
Post Test
Training Evaluation

Logistics

- Flip chart/markers
- LCD projector and screen
- Computer and Audio for Video
- Internet Connection for Video
Workshop Introduction

3 Minutes

Slide Purpose:

1. This slide is intended to provide the background as well as the context for this training session.

2. The introduction should provide an explanation for this training within the larger context of what is happening with respect to supporting the implementation of a systematic safety assessment practice that engages families.

Trainer Narrative:

1. The “Safety Methodology” emphasizes:
   a. A common language for safety assessment;
   b. A common set of constructs for identifying children who are unsafe;
c. A common set of constructs that guide non-negotiable safety interventions and remediation for unsafe children;
d. A common set of constructs that guide development of case plan outcomes that are focused on change.

2. Safety Methodology practice, information collection and decision-making provides the essential foundation of all intervention that occurs as part of the Safety Methodology and continues throughout our engagement with families.

3. This training is one activity within a larger strategy plan to assure that the Safety Methodology is implemented with fidelity.
   a. (Fidelity refers to standardized practice and decision-making that is performed and occurs in the field as originally designed and intended.)
Introductions
15 Minutes

Slide Purpose:

1. The trainer should introduce himself or herself.

Trainer Narrative:

1. Begin by the trainer providing his or her own introduction.
2. Introduce yourself; indicate experience in child welfare and in training.
3. Mention personal experience, interest and preparation related to Safety Methodology and leading this workshop.
Activity/Exercise:

1. Participant Introductions.
   a. The trainer may choose to develop a warm-up approach to introductions or simply conduct the introductions straight out.
   b. Participants should indicate who they are, their agency, their position, and their experience.
   c. Sometimes it is useful to ask participants to also indicate expectations they have for the training.
Workshop Training Objectives

As a result of this training, participants will be able to:

- Identify the ongoing family functioning intervention stages;
- Define caregiver protective capacities;
- Recall the purpose of caregiver protective capacity scaling;
- Identify and demonstrate assessment skills utilized in assessing caregiver protective capacities;
- Demonstrate critical thinking through case application.

Slide Purpose:

1. To introduce workshop-training objectives.

Trainer Narrative:

1. The purpose for the workshop is to review the intervention approach for ongoing case management (specifically related to the Ongoing Family Functioning Assessment and assessment of caregiver protective capacities).

Exercise/Activity:

1. Review objectives with participants, reinforcing the concepts that were acquired in the previous trainings as a foundation for the training.
Agenda
3 Minutes

Trainer Handout:


Activity/Exercise:

1. Review the agenda.
2. Address any facility or workshop logistics concerned with the daily schedule, room or building instructions, etc.
Assessing and Scaling Caregiver Protective Capacities: Case Management

Office of Child Welfare In-Service Training

Agenda

Day 1: 9:00-4:30

Introduction
  Objectives
  Agenda
  Pre-Test

Session 1
  Review of Methodology Case Flow
  Review Case Flow and Objectives of Flow

Session 2
  Intervention Stages
    Preparation
    Introduction
    Exploration
    Case Planning

Session 3
  Caregiver Protective Capacities
    What Are Caregiver Protective Capacities?
    Relationship of Caregiver Protective Capacities to Danger
    Scaling of Caregiver Protective Capacities

Lunch 12:00-1:00

Session 4
  How Do We Assess Caregiver Protective Capacities?
    Worker Skills and Competencies
    Practice Worker Skills and Competencies

Day 2: 9:00-4:00

Session 5
  Assessing and Scaling Caregiver Protective Capacities
    Adult Functioning
    Parenting General

Lunch 11:45-1:00

Session 5 Continued
  Parenting Discipline

Session 6
  Case Application Practice
  Wrap Up and Review
  Post Test
  Training Evaluation
Baseline Knowledge Assessment

- Inform training and development;
- Provide feedback to trainer;
- Measure change.

Slide Purpose:

1. Information to participants to inform assessment.

Trainer Narrative:

1. What is provided during this training depends on other knowledge and other skill which each of you bring to the process.
2. Training focuses on individual knowledge of essential concepts that underpin safety intervention practice and decision-making.
3. The curriculum objectives are to enhance professional growth and development of child welfare staff, increasing competence, confidence and expertise surrounding crafting case plan outcomes.
4. Inform participants that this is not a test but, rather, a gauge of their knowledge base.
5. The assessment will be used to inform further assistance and staff development activities at a global and individual level for participants.

6. In addition, we will reflect back upon their answers at the conclusion of the training.

Activity/Exercise:

1. **Hand out the competency pre-test assessment for participants.**
   a. **Loose Handout.**

2. Allow participants 15 minutes to complete the worksheet.

3. Have participants hand in their worksheets to the facilitator.
1. What are the ongoing family functioning intervention stages?
   ____ A) There are no intervention stages in ongoing case management.
   ____ B) Exploration and Case Planning
   ____ C) Introduction, Exploration, Case Planning, and Progress Evaluation
   ____ D) Preparation, Introduction, Exploration, and Case Planning
   ____ E) Case Planning and Progress Evaluation

2. Which of the following items is not among caregiver protective capacities?
   ____ A) Takes action for child
   ____ B) Talks about child to co-workers
   ____ C) Recognizes child’s needs
   ____ D) Aligns with child
   ____ E) Is emotionally attached to the child

3. What is the primary basis for ongoing case management intervention?
   ____ A) Because the parents want services
   ____ B) Because parents’ protective capacities are diminished and help is needed
   ____ C) Children are unsafe due to impending danger and diminished protective capacities.
   ____ D) A and B
   ____ E) B and C

4. What does it mean to be open-minded?
   ____ A) Refuting new information without examining the validity
   ____ B) Being unreceptive to new information
   ____ C) Willingness to accept new information even when an opinion has been formed
   ____ D) Unwilling to accept new evidence that opposes opinions
   ____ E) None of the above

5. Active Listening is:
   ____ A) Engaged listening
   ____ B) Judging what the speaker is saying
   ____ C) Formulating your own thoughts
D) Selective listening
E) None of the above

6. Caregiver protective capacities are:
   
   A) Family resources
   B) General parenting practices including discipline and knowledge of child development
   C) Parenting protective factors
   D) How a parent determines if their children are developing appropriately
   E) **Personal and parenting behaviors, cognitive, and emotional characteristics that specifically and directly associate with protecting one’s child(ren)**

7. Assessing is:
   
   A) Timely
   B) Is a one time occurrence to complete the Ongoing Family Functioning Assessment
   C) **Continual and dynamic**
   D) Record based information collection
   E) Done without the family

8. Engaging is considered a(n):
   
   A) Is only done with compliant parents
   B) Is based upon the family
   C) **Is an essential skill of Case Managers**
   D) Is optional
   E) None of the above

9. Scaling of caregiver protective capacities is based upon:
   
   A) Not sure what the scaling is based upon
   B) **A determination of degree of functioning from limited to extensive**
   C) Compliance
   D) What was marked a yes or no by the CPI
   E) None of the above

10. True or False:
    All caregiver protective capacities have to be an A or B for children to be considered safe in case management.
    
    True
    False
Session 1

Foundational Knowledge: Review of Methodology

Foundational Knowledge: Review of Methodology
Session 1: 30 Minutes

Slide Purpose:

1. To provide an overview of Session 1.

Trainer Narrative:

1. Provide a brief overview of Session 1.
2. Inform participants that prior to beginning Session 1 that we will be challenging our knowledge base and recall from previous training and application of methodology.
**CPI Decision-Making Case Flow Chart**

5 Minutes

**Handout:**

1. **Case Decision-Making Flow Chart CPI**

**Trainer Narrative:**

1. Reinforce with participants that the safety decision-making flow chart represents the essential safety decisions that must occur during the CPI process.
2. Reinforce the need to remain “within the lines” for decision-making.
3. The Safety Methodology is focused on ensuring that the “right” families are being served through case management services. Meaning unsafe children.
4. Therefore there must be precision in the decision-making for children and families.

**Exercise/Activity:**

1. Guide participants through a brief review of the case flow chart—decision by decision.

**Trainer Note:**

1. Participants may raise the question regarding the application of the risk assessment and the absence of the assessment on the case decision-making flow chart.
2. Should this occur, reinforce that the decisions that are outlined in the case decision-making flow chart are the safety decisions that must be made to determine which families are unsafe and who must be served through ongoing case management.
3. The risk assessment is not a safety decision; therefore it is not captured in the safety decision-making flow chart.
Investigation to Ongoing Case Management
5 Minutes

Slide Purpose:

1. To provide visual of the transition from Investigation and Case Management.

Trainer Narrative:

3. Methodology reinforces that we are all serving Florida’s children through a seamless process.

4. The lens from which we all work with families is consistent—from CPI to CBC.

5. The focus of our assessments and purpose of our interventions remain constant—child safety and enhancing caregiver protective capacities through change focused case plans.
Slide Purpose:

1. Ongoing Case Management Initial Family Functioning Assessment Case Process.
2. The purpose of this slide is to provide an overview of the ongoing case management intervention stages and case flow process for the initial ongoing family functioning assessment.
3. This is the assessment that is done when families are transferred to ongoing case management.

**Trainer Narrative:**

1. Inform participants that this flow chart provides a visual for the transition from CPI to Case Management through providing an overview of the initial ongoing family functioning assessment process.

2. Remind participants that this process will be used for all new families who are receiving case management services.
   a. This process informs the development of the case plan outcomes while maintaining safety for children.
Assessing and Scaling CPC: Workshop

**Ongoing Family Functioning Assessment: Foundational Concepts**

**5 Minutes**

**Slide Purpose:**

1. This is an overview of the core concepts that drive the Ongoing Family Functioning Assessment purposes and objectives.

**Trainer Narrative:**

1. Remind participants that the Ongoing Family Functioning Assessment is the first formal intervention during ongoing case management.
2. Inquire of participants when the Ongoing Family Functioning Assessment begins:
a. The Ongoing Family Functioning Assessment begins at the point that the CPI worker transfers a case to ongoing case management.

3. Key to completing the Ongoing Family Functioning Assessment and developing focused case plan outcome is the ability of the CM to engage caregivers in the ongoing family functioning.

4. It is important that caregivers see themselves as having a stake in what happens to them and a say regarding how things will be addressed in the Case Plan.

5. A majority of the conversations during the ongoing family functioning assessment are concerned with having caregivers recognize and identify protective capacities associated with impending danger and seek areas of agreement regarding what must change to eliminate or reduce and sufficiently manage threats to child safety.
   a. We will be discussing this more in depth in the later sessions, in particular focusing on developing mutuality, recognizing self-determination, and developing discrepancy.
Ongoing Family Functioning Decisions

5 Minutes

Slide Purpose:

1. These slides are intended to remind the participants of the decisions associated with the ongoing family functioning assessment.

Exercise/Activity:

1. Review each slide one at a time.
2. Engage participants in discussion regarding the purpose of each question.
   a. Seek participant description regarding the Ongoing Family Functioning Decisions prior to providing the answer.
b. TRAINER NOTE: Reminder that this is a review, so solicit the participant involvement to provide the review to draw upon their own recall from training and experience.

Trainer Notes and Narrative for Discussion:

1. Are danger threats being managed?
   a. This pertains to the active role of the case manager to ensure that the safety plan is being managed. Ensuring that each person who has a role in the safety plan is executing his or her duties to ensure child safety.

2. How can existing protective capacities (strengths) be built upon to make changes?
   a. This requires staff to identify and recognize that despite the family’s current involvement with the agency that they have strengths that need to be identified and utilized to illicit the change in families. This requires that staff have a strengths based approach to working with families.

3. What is the relationship between danger threats and diminished caregiver protective capacities—What must change?
   a. This requires that staff understand and can conceptually apply the concepts of danger threats and caregiver protective capacities. Staff has to be able to identify the specific caregiver protective capacities that are related to the family conditions associated with the identified impending danger threats.

4. What is the parent’s perspective or awareness of their caregiver protective capacities?
   a. This requires the core tenants associated with the family centered practice—family engagement in the change
process. This may require that staff engage with families regarding their self-awareness and work with families to elevate their awareness if needed.

5. **What are the child’s needs and how are the parents meeting or not meeting those needs?**
   a. The agency has a responsibility to assure that the child’s well being is being addressed. For parents that are not meeting their child’s needs, the agency must ensure that the needs are met. This requires the staff to assess the child’s needs and the parent’s ability to meet those needs.

6. **What are the parents ready and willing to work on in the case plan?**
   a. This requires the acknowledgement that the case plans that are developed are the family’s plan, and as such their role and agreement to the outcomes is paramount. This also requires that the case manager understand the concept of the stages of change to be able to recognize what stage the parent may be in and work to engage families in outcomes that are specific, measurable, attainable, reasonable, and timely.

7. **What are the areas of disagreement in what needs to change?**
   a. As the case manager is aware of what parents are ready and willing to work on, they too must be aware of any disagreements regarding what must change and engage the family in the change process through use of their engagement skills.

8. **What strategy (case plan) will be used to assist in enhancing diminished caregiver protective capacities?**
   a. What will the case plan look like? What will the outcomes look like? How will we know when change has occurred? This requires the case plan to be SMART—specific,
measurable, attainable, reasonable, and timely. This requires the case manager to be creative in their strategies and target change at the specific caregiver protective capacities that were identified to be related to the impending danger.
Philosophy: Ongoing Family Functioning Assessment

- Safety is paramount and the basis for intervention!
- Case planning process and interventions can be more clearly defined around the use of safety concepts and behavior change
- Case planning process can be structured in a way to encourage and direct parents’ involvement and establish consistent intervention decisions and objectives

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**Slide Purpose:**

1. This slide is intended to communicate the mentality for the development of the ongoing family functioning assessment.

**Trainer Narrative:**

1. The Safety Decision-Making Methodology seeks to promote a system of intervention (integration of Hotline Assessment, Family Functioning Assessment, Ongoing family functioning assessment, Case Plan development, and Case Plan Evaluation) that is fundamentally based on the application of safety concepts and criteria.

2. It is also intended to better define the work of ongoing case management and services by establishing a consistent concept of
change that can be used to focus the scope of intervention, define the purpose for change intervention, provide a structure for the change intervention process, and apply criteria and standards to practice and decision-making.

3. The following sessions will expand upon the foundational knowledge received at training and provide an opportunity for application of the ongoing family functioning assessment and Case Plan Development.

4. As CM, while our knowledge is critical to working with families, the use of our core skills is equally as important.

5. Transition to next slide.
Essential Skills of the Family Functioning Assessment: Case Manager

5 Minutes

Slide Purpose:

1. This slide is provided to inform participants of the essential knowledge and skills for case managers.

Trainer Narrative:

1. As case managers, we must be aware of the skills needed for ongoing case management.
2. There are three considerations in the understanding of the knowledge and skill necessary for the Case Manager.
3. (1) Understand that case managers must possess the knowledge and skill set to address the concepts that are fundamental to Safety Methodology, in particular:
a. Knowledge of present and impending danger;
b. Knowledge of the purpose for present danger plans;
c. Knowledge of the purpose for safety plans;
d. The ability to develop and implement sufficient present danger plans and safety plans;
e. The ability to engage caregivers in conversations and conduct interviews, including phases of change;
f. Ability to collect sufficient information for decision-making;
g. Knowledge of the dynamics of child maltreatment;
h. Knowledge of and ability to identify diminished and enhanced protective capacities to inform case planning.

4. (2) The case manager must possess the skills associated with engaging families for change and the knowledge of the stages of change.
   a. This requires utilization of the essential skills: Engagement Skills and Identification of Family Needs, as we outlined in Module 3.

5. Lastly (3) The knowledge and application Ongoing FFA intervention standards for information collection.
   a. Knowledge and application of the caregiver protective capacity assessment for ongoing case management and the child needs assessment;
   b. Ability to develop specific, measurable, attainable, reasonable, and timely case plan outcomes to facilitate change.

**Trainer Note:**

1. Transition to slide for questions.
Trainer Narrative:

1. Inquire of participants if they have any questions or comments.
   a. Clarify any questions or comments raised by the participants.
2. Provide participants, if time is appropriate, a 15-minute break before moving to Session 2.
Session 2

Intervention Standards: Getting to Case Plan Outcomes
Slide Purpose:

1. To provide the overview for Session 2.

Trainer Narrative:

1. Remind participants that the ongoing family functioning assessment is a continuation of the family functioning assessment that was completed by the investigator.
   a. The family functioning assessment from CPI serves as a basis to begin interventions with the family, as well as a point to reconcile information and allow for clarification of conditions that may have been unknown to the agency during the investigation.
2. The ongoing family functioning assessment is a fluid process, and as such the case manager is always aware of information collection that informs changes to both the family functioning assessment and the safety plan.

3. This session is a brief review of the intervention standards and the associated outcomes for each standard.

4. In considering fidelity to practice, and the crafting of case plan outcomes, the adherence to the intervention standards by the Case Manager is paramount to ensure sufficient, accurate, related information to drive decision-making.
Preparation

Preparation is the act of getting ready, being prepared. In ongoing case management and services this entails key actions and tasks:

- Review of the Family Functioning Assessment-Investigation
- Review and analysis of the Impending Danger Safety Plan
- Review of case information and content
- Contact with collaterals
- Response to any immediate safety management needs
- Consultation with the Supervisor to reconcile information and prepare for family contact

**Slide Purpose:**

1. The purpose of the slide provides the participants with the definition of preparation and the actions associated with preparation.

**Trainer Narrative:**

1. Proceed to review with the participants preparation, process of preparing for information collection and contact with the family.
   a. Preparation is the act of getting ready, being prepared.
2. Inquire, briefly, of participants what preparation looks like in practice.
   a. Seeking information from participants such as:
      i. Review of the family functioning assessment;
ii. Review and analysis of the safety plan;
iii. Review of case information and content;
iv. Contact with collaterals;
v. Response to any immediate safety management needs;
vi. Consultation with the supervisor to reconcile information and prepare for family contact;
vii. Consultation during preparation focused on reconciling information and identifying strategies for engagement with the family.
**Introduction**

Introduction is the act of introducing you as the change agent and agency representative, the agency’s role, what case management is and is not, and providing clarification as to the role of the ongoing case manager.

### Objectives of Introduction for Case Manager

- Begin to establish rapport with family; get to know them
- Establish a working relationship with the family
- Provide clarification and process with family for ongoing case management

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**Slide Purpose:**

1. This slide is used to review the concept of introduction.

**Trainer Narrative:**

1. Proceed to review with participants the act of introduction.
   a. It is the process of introducing yourself and the ongoing family functioning assessment process to families.
   b. Introduction is the act of introducing you as the case manager, the agency’s role, what ongoing case management is and is not, and providing clarification as to the role of the ongoing case manager.
Trainer Narrative:

1. Review practice objectives for introduction with participants.
2. Seek from participants their own description of the practice objectives for introduction.
   a. Seek answers such as:
      i. Allow parents to decide how they would like to engage with the agency.
      ii. Sets the foundation for rapport building and informs the case manager as to the skills they must deploy to engage families.
      iii. Require the case manager to apply the essential practice skills of teaming and engagement.
Slide Purpose:

1. Provide the definition of exploration.

Trainer Narrative:

1. Review the process of exploration with participants.
   a. Exploration is the process of exploring information with families, the process of finding out who families are and where they are in the stages of change.
   b. Exploration is the act of exploring with families how they are functioning in relationship to the protective capacities, understanding how danger threats or negative family conditions have manifested, exploring motivation for change, resistance, or ambivalence, identifying family strengths, creating danger statements, and finding mutuality for continued work.
strengths, creating danger statements, and finding mutuality for continued work.

**Trainer Narrative:**

1. Exploration involves a bunch of (people and interaction) designed to move everyone closer to agreement about what must be done to restore caregivers to their protective role and responsibilities.
   
   a. Think of it this way: The ongoing family functioning assessment is how case managers identify with a caregiver what the caregiver must do in order to resume authority over his or her family and end intervention.

2. You might say that the ongoing family functioning is concerned with the thinking, feeling, and behavioral characteristics of parents and caregivers that, when enhanced, make it possible for them to be in charge of keeping their kids safe by themselves or with assistance from people other than the agency.

3. The concept of enhancing diminished protective capacities acknowledges that generally most parents and caregivers possess the capacity to be protective.
   
   a. A diminished protective capacity does not necessarily mean that the capacity is absent; it may just be turned down or turned off.

4. Caregivers can be in a weakened state because of things influencing them such as stress or substance use or emotional despair.

5. The role of the Case Manager is critical during exploration as the things you do when conducting an exploration enable you and the caregiver to better understand and do something about what is going on concerned with impending danger, the need for protection, and the role and responsibilities the caregiver has to provide protection.
6. Exploration is a critical component in considering the ability to assess and scale caregiver protective capacities, which directly influence the development of case plan outcomes with families that are behaviorally specific and targeted at change.

7. Transition to next slide.
Case Planning

Case planning with the family is the act of establishing outcomes and motivation for change.

Slide Purpose:

1. To reinforce with participants the concept of case planning.

Trainer Narrative:

1. Proceed to review with participants that the action of case planning is multi-faceted and contingent upon fidelity during preparation, introduction, and most importantly exploration.
2. There are many tasks that are associated with case planning, from the interaction with families to the formalization of the case plan document.
3. Case planning with families is the act of establishing outcomes and motivation for change with families.
4. Inquire of participants if there are any questions regarding the intervention stages.
   a. Clarify any questions for participants.
5. Transition to next slide, inform participants that we are now going to be focusing our attention on caregiver protective capacities.
Session 3
Caregiver Protective Capacities
**Why Do We Assess Caregiver Protective Capacities?**

10 Minutes

**Slide Purpose:**

1. This slide is to provide the introduction to caregiver protective capacities.

**Trainer Narrative:**

1. In the previous section we briefly reviewed the intervention stages for the ongoing family functioning assessment.
2. In discussing exploration, we emphasized the significance of exploration in assessing caregiver protective capacities are they related to change.
3. Inquire of participants what the significance of assessing caregiver protective capacities is in regards to fidelity of the methodology-safety decision-making:
   a. Seeking responses that identify information that drives decision-making;
   b. Understanding the family and the underlying conditions that are associated to the danger threat;
   c. Identifying the scope of the caregiver protective capacities;
   d. Confirming danger threats;
   e. Engagement with families to seek information.

4. Confirm with participants their responses as they share with the large group.

5. Transition to inform participants that in Session 3 we will be focusing on:
   a. Defining caregiver protective capacities;
   b. The significance of why we assess caregiver protective capacities;
   c. Reviewing the scaling process and criteria for assessing caregiver protective capacities.

6. Transition to next slide.
Slide Purpose:

1. The purpose of this slide is to provide the visual for the discussion regarding the relationship of danger threats and caregiver protective capacities.

Trainer Narrative:

1. Throughout our involvement with families we are continually assessing danger and the relationship of danger to our families caregiver protective capacities.

2. When we first begin our work with families, we follow the intervention stages—which we reviewed earlier—we begin with
preparing, then introduction, exploration, and finally arriving at development of a case plan.

3. We know that our information collection during exploration is focused on two aspects--identifying the danger threats and the associated caregiver protective capacities.

4. As we continue our work with families through case management we are continuing our assessment of both the caregiver protective capacities and danger.

5. Our goal is to have the equation we see in front of us be different.

6. Let’s consider what we know: Inquire of participants the definition of impending danger:

   a. Participants should be able to identify that impending danger is:

      i. **Impending Danger** refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child.

7. In considering the definition of safe/unsafe, the second aspect is the identified presence or absence of caregiver protective capacities.

8. Transition to next slide.
Definition: Caregiver Protective Capacities

Caregiver protective capacities are personal and caregiving behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one’s young. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

Slide Purpose:

1. To provide participants with the definition of Caregiver Protective Capacities.

Trainer Narrative:

1. Provide participants the definition of caregiver protective capacities:
   a. Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one’s young.
      Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.
2. Inquire what participants notice about the similarity of the danger threat definition and caregiver protective capacity definition.
   a. Participants should be able to identify that:
      i. Both definitions of CPC’s and Impending danger identify personal and family attributes that can be observed, identified, described.

3. Inform participants that the definition for Impending Danger indicates that threats are family conditions that are specific and observable.

4. Both CPC’s and Impending Danger Threats are things that you can see or learn about from credible sources.

5. Both impending Danger and CPC’s can be described to you by others who know a family and often times, observed by you.

6. Impending Danger Threats are real; these dangerous family conditions can be observed and understood. Here’s a rule for you. If you cannot describe in detail a family condition that is a threat to a child’s safety that you’ve seen or been told about, then that’s an indication that either there is not sufficient information or the information does not support an Impending Danger Threat.

7. When considering the danger threats and CPC’s and the necessary information to understand how danger is manifested and which CPC’s are associated, we should be able to:
   a. Identify the behavior, motive, attitude, emotion, perception, or family circumstance that is out of control. These are the threat of danger and the CPC’s associated to the danger.
   b. Describe the Impending Danger Threat in detail.
      i. Indicate how the behavior, motive, attitude, emotion, perception, or family circumstance is dangerous to a child.
1. This could be the feelings, emotions, thoughts that the parent has in regards to how they are or are not acting.

ii. Determine the duration of the Impending Danger Threat.
   1. CPC’s that may be associated in duration could be the history of protecting.
   2. Plan and articulate a plan for protection.

iii. Describe how and when the Impending Danger Threat occurs.

iv. Determine the frequency of the Impending Danger Threat.

v. Describe the circumstances that prevail when the Impending Danger Threat is active.

vi. Describe anything that stimulates or influences the Impending Danger Threat.
   1. In considering what stimulates or influences the danger, what specific CPC’s are not operating?

8. There are three categories of caregiver protective capacities.
   a. Inquire of the participants:
      i. Participants should identify: Behavioral, Emotional, and Cognitive as the three categories.
      ii. Inform participants that we will be reviewing the definitions of the CPC’s in the next couple of slides.
iii. Inform participants that as we review the caregiver protective capacities that we will be looking for volunteers to share examples of caregiver protective capacities that they have observed/assessed in practice.

9. Transition to next slide.
Behavioral Protective Capacity

- Specific action, activity, or performance that is consistent with, and results in, protective parenting and protective vigilance.

**Slide Purpose:**

1. To provide a visual for the definition of behavioral protective capacity.

**Trainer Narrative:**

1. Review slide with participants: review the definition of behavioral caregiver protective capacity.
2. Inquire if any participants have an example of either an assessment or observation of a behavioral caregiver protective capacity.
   a. Allow time for participants to share their examples.
   b. Validate examples of behavioral caregiver protective capacities that are shared by the participants.
3. Conclude behavioral CPC’s and transition to cognitive CPC.
Slide Purpose:

1. To provide the visual for definition of cognitive protective capacity.

Trainer Narrative:

1. Review slide with participants for the definition of cognitive caregiver protective capacities.
2. Inquire of participants if they have an example of an observation or assessment that was demonstrative of a cognitive caregiver protective capacity.
   a. Allow participants to share their examples and validate examples that are representative of a cognitive caregiver protective capacity.
3. Conclude cognitive caregiver protective capacity and transition to emotional CPC.
Emotional Protective Capacity

Specific feelings, attitudes, identification with child and motivation that results in protective parenting and protective vigilance.

Slide Purpose:

1. To provide a visual for the definition of emotional protective capacity.

Trainer Narrative:

1. Review slide with participants for emotional caregiver protective capacity definition.
2. Inquire of participants if they have an example of an observation or assessment that was demonstrative of an emotional caregiver protective capacity.
   a. Allow participants to share their examples and validate examples that are representative of an emotional caregiver protective capacity.
3. Conclude the review of the definitions of CPC.

4. Assessing CPC’s is a continual process. If we consider the assessment at case management versus CPI, we see that the information is more robust to support the absence or presence of caregiver protective capacities.

5. Transition to next slide.
Assessing: Caregiver Protective Capacities

- **CPI-Family Functioning Assessment**
  - Based on six domains of information;
  - Limited information known at the time in relation to what can be known;
  - Determination of Yes or No;
  - Indicators of being “enhanced” or “diminished”.

- **CM-Ongoing Family Functioning Assessment and Evaluation**
  - Based on four domains of information;
  - Extensive information to be known;
  - Determination of degree of functioning from a limited to extensive perspective.

**Assessing: Caregiver Protective Capacity-CPI and CM**

**Slide Purpose:**

1. To provide a visual for the differences in assessing caregiver protective capacity at CPI and CM.

**Trainer Narrative:**

1. As we mentioned, the assessment of caregiver protective capacities is a continual process.
2. As our families move through the stages of change, we should anticipate that their behavior would change, thus affecting their demonstration of behavioral, cognitive, and emotional caregiver protective capacities.
3. At CPI—we are often working with families that are in the pre-contemplation stage of change.
4. Often the family is still in a state of crisis, and while the CPI gathers sufficient information to inform the danger threat and the decision that children are unsafe, the identification of caregiver protective capacities is limited in the context of understanding to what degree caregiver protective capacities are either enhanced or diminished.

5. The case manager is tasked with “diving” deeper in the assessment of caregiver protective capacities to determine to what degree caregiver protective capacities are either enhanced or diminished.

6. This is done through not only engaging families but also through the engagement of others that are familiar with the family and, more importantly, the observation of the family interaction.

7. Review slides points with the participants.

8. Emphasize that the assessment of caregiver protective capacities is a continual process and that just because the CPI has identified a CPC as a no, it does not automatically equate to a C/D rating.

9. The assessment is based upon the Case Manager’s assessment and also recognizing that families can and do change during this time.

10. Transition to next slide.
Scaling Caregiver Protective Capacities

- **A:** CPC is functioning and not affecting child safety;
- **B:** CPC is functioning and at times may have affect conditions in the home, but no child safety;
- **C:** CPC is diminished and at times has affected child safety;
- **D:** CPC is diminished and at a level that it pervasively is affecting child safety.

**Scaling: Caregiver Protective Capacity**

**Slide Purpose:**
1. To provide a visual for scaling of caregiver protective capacities.

**Trainer Narrative:**
1. Scaling of the caregiver protective capacities was part of the development of the hybrid methodology.
2. The concept that caregiver protective capacities are often not simply yes or no, but rather a degree of functioning that families move through.
3. The focus on the scaling is two fold:
   a. The capacity itself AND
   b. The relation of the capacity to the safety of the child(ren).
4. The scaling is built upon four scales, with the D rating being the most impaired and A being the highest functioning.

5. Review scaling points with participants.

6. Refer participants to their caregiver protective capacities reference guides for familiarization with the scales that are contained for each caregiver protective capacities.

7. Emphasize the need to utilize the reference guide definitions as part of our assessment process—both when we are initially developing the ongoing family functioning assessment and when we consider progress updates and change with families.

8. Inform participants that we will be utilizing the guides in upcoming sessions to apply the scaling based upon our assessments of case scenarios.

9. Inquire if there are any questions regarding the ratings and then transition to next slide after addressing any questions.
Session 4

The Caregiver Protective Capacity Assessment: Focus and Skills

5 Minutes

Slide Purpose:

1. To provide a visual for the introduction to Session 4.

Trainer Narrative:

1. Remind participants that the assessment of caregiver protective capacities is continual, initially determined through the ongoing family functioning assessment and then assessed throughout our work with families as a basis to assess change and ultimately to determine when interventions can either cease due to children being safe or where our intervention focus needs to change to establish alternate permanency for children.
2. This is done through the progress update. Everything we have discussed thus far, is directly related to your ongoing assessment with families and ultimately your progress updates.

3. Transition to next slide.
An Assessment: Is and Is Not

5 Minutes

Slide Purpose:

1. To provide a visual for focus of an assessment, what is and is not an assessment.

Trainer Narrative:

1. Often times in child welfare, the assessment process is viewed as a one-time occurrence with a limited scope of reference.

2. We know that is not true, but some of the common errors that we see in child welfare are:
   a. assessments of parents being completed in a single session;
   b. lack of home visits;
   c. using few sources of information other than the parent;
   d. failure to consider previous assessments;
e. over-reliance on previous assessments;
f. rarely using behavioral methods;
g. stating purposes in general rather than specific terms;
   i. such as “parent has a substance abuse issues”
h. emphasizing weaknesses over strengths;
i. neglecting to describe the parent’s care-giving qualities or child’s relationship with the parent.

3. Our assessment during case management should be:
   a. Process, not a destination:
      i. Meaning that our engagement, our keeping an open mind are continual throughout our work with families;
      ii. Ultimately informing our progress updates.
   b. Multi-dimensional:
      i. Meaning that we are seeking to view the family through a variety of lenses and not just in the context of “child welfare.” Who the family is through other’s observations is an integral part of the assessment process.
   c. Strength focused:
      i. Meaning that we are not just seeking the negative, but also identifying how the strengths of the family can assist in building caregiver protective capacities and allow the parent to parent where they are successful.
   d. Informs our decision-making:
      i. Meaning that the information we gather with and about families is used to inform our interventions with families.

4. We emphasize the assessment here as this is the basis for informing our decision-making and also the process that we will
continually use throughout our interventions-and during our progress evaluations.

5. Having a clear understanding of the focus and purpose of an assessment is a core knowledge concept that we have to ensure.

6. Transition to next slide.
**Slide Purpose:**

1. To provide a visual for information collection.

**Trainer Narrative:**

1. Remind participants that the six domains are the foundation of information collection.
2. Inquire of participants how each domain informs caregiver protective capacities.
   a. Seek responses such as:
      i. Parenting general can speak to their ability to perform tasks;
ii. Adult functioning can speak to their ability to control impulses and defer their own needs;

iii. Child functioning can speak to their ability to recognize a child’s needs.

3. Validate responses and provide additional examples if needed.
4. Transition to next slide, Information Collection driving decision-making.
Slide Purpose:

1. To provide a visual for information driving decision-making.

Trainer Narrative:

1. The six domains of information collection are obtained through our various interactions.
2. Review slide points with participants.
   a. Family: Parents and the Children:
      i. What information the family provides to us, based upon our critical thinking and engagement.
   b. Observations:
      i. Our own and observations of others.
c. Review of Information:
   i. What do we know about the family based upon prior reports, assessments, or even new assessments?
   ii. How are we reconciling that information to inform our assessment?

d. Family and Friends:
   i. How do family and friends view the family?
   ii. What observations do they have?
   iii. What historical information about the family and current information is relevant to our assessment?

3. The assessment of caregiver protective capacities requires that as case managers we are continually utilizing strategies and our skills to gather information.

4. Transition to next slide.
Case Manager Strategies and Skills

- The strategies and skills we use during exploration directly influence information collection and the family partnership that began with our initial contacts.

Slide Purpose:

1. To provide a visual for the case manager strategies and skills for assessing caregiver protective capacities.

Trainer Narrative:

1. Review statement on slide with participants.
2. Emphasize that everything we do as case managers influences our ability to gather information.
3. In considering our skills and strategies, there are three core skills that we will be exploring during this training.
4. Transition to next slide.
Slide Purpose:

1. To provide a visual for the case manager strategies and skills for assessing caregiver protective capacities.

Trainer Narrative:

1. Review the three core competencies/skills with participants.
2. Inquire of participants what each one means to them:
   a. Engagement
      i. What does engagement mean in practice?
      ii. Validate examples of engagement in practice.
   b. Observation
      i. Inquire what observation means in practice.
      ii. Validate examples of observation in practice.
c. Critical Thinking:
   iii. What does it mean to critically think in practice?
   iv. Validate examples of critical thinking in practice.

3. Summarize for participants that they may notice that the arrows in the diagram are double sided.
   a. This is to provide the visual that each of these competencies is related and that without utilizing all three, information collection and our assessment would be incomplete.

4. Inform participants that we will be exploring each competency and also will be practicing the competency.

5. Transition to next slide.
Engagement: Utilization of Skills

- Probing;
- Going beyond what is said;
- Seeking clarification;
- Reflecting content;
- Reflecting feeling and meaning;
- Active Listening;
- Self-Aware.

Engagement: Utilization of Skills

3 Minutes

Slide Purpose:

1. To provide a visual for engagement as a skill for assessing.

Trainer Narrative:

1. The competency of engagement is critical when working with families.
2. There are various skills, techniques that as case managers we often have to deploy based upon the family we are working with.
3. Some core skills associated with engagement are:
   a. Begin with Probing.
      i. What we mean by probing is that we often have to seek information from our families that at times
may require that we find ways to ask different questions.

ii. Probing is often associated to going beyond what is said, which may require that we clarify information.

iii. Clarifying information seeks to identify the meaning or explanation of information.

iv. This often requires that we have to reflect content, feeling and at times the meaning of the information back to the person we are assessing, such as what I hear you saying….is this right?

v. Key to our ability to probe, clarify, and reflect is our ability to be engaged and active in our listening.

vi. Remaining focused on the person or situation we are assessing-being present.

vii. Which requires that we are self-aware in our actions and responses. Being mindful of being present, being respectful, being open minded.

4. Inquire if there are any questions regarding the competencies that we reviewed.

5. Inform participants that the competencies are not new to us, but rather here we take the time to reflect on the critical nature of the application of those skills to information collection.

6. Let’s do some practice.

7. Transition to next slide.
Practice: Engagement Skills

Slide Purpose:

1. This slide is intended to provide a visual for the engagement practice exercise.

Exercise/Activity:

1. Set up two chairs in the front of the room, facing each other.
2. Refer participants to their CPC’s reference guide.

Trainer Narrative:

1. This is your opportunity to put me as the trainer on the spot but also your chance as a large group to support each other in your utilization of engagement skills.
2. Inquire of participants if they have ever played the game add-on?
a. Describe the game to participants:
   i. Add-on is the moving narrative that is sometimes used to tell stories while camping.
   ii. Here we are going to play add-on as part of a moving “interview” with the trainer.
   iii. The focus is on determining what, if any CPC’s I have.
3. Inform participants that each person will be participating—if not through asking questions, then through utilizing their active listening skills.
4. They are encouraged to take notes as they listen.
5. Select 5 participants at random, count them out and inform them that they will be the five add on case manager interviewers.
6. Each person will interview for approximately 3-5 minutes (total time of 25 minutes).
7. Encourage your active listeners to be identifying information heard and associate the information to the caregiver protective capacities.
   a. For example if the interviewer asks about parenting, which particular CPC’s is the interviewer asking about?
8. Conduct exercise, beginning with the first interviewer.
Activity Report Out

5 Minutes

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

Trainer Narrative:

1. Begin the activity report out with soliciting feedback from the non-interviewer participants:
   a. What did they observe the interviewers doing well?

2. Transition to information collection:
   a. What information did the interviewers obtain—along the CPC’s.
   b. What do you know about my CPC’s based upon the interview?
3. What were some things that they would recommend doing differently?

4. Conclude the exercise with validating feedback provided by the participants.

5. Transition to next slide, focusing on the skill of observation.
Observation: Utilization of Skills

- Observation is getting information about objects, events, moves, attitudes and phenomena using one or more senses.

Observation: Utilization of Skills

10 Minutes

Slide Purpose:

1. To provide a visual for the skill of observation in assessing caregiver protective capacities.

Trainer Narrative:

1. Review slides points with participants.
2. Emphasize the skill of observation encompasses the utilization of a combination of our senses:
   a. Sight: What we see.
   b. Hearing: What we hear.
   c. Smell: What we smell—sometime what we don’t want to smell.
3. As we observe our families we take information in—we analyze that information and we use our observations to inform our further engagement with families.

4. Remind participants that each skill is interrelated when assessing families.

5. Inform participants that during our last exercise we utilized our observation skills, in particular our listening as a form of observation.

6. Inquire if there are any questions regarding observation.

7. Address any questions or comments.

8. Inform participants that we will be practicing our observation skills.

9. Transition to the next slide.
Slide Purpose:

1. To provide a visual for the practice exercise of observational skills.

Exercise/Activity:

1. Video of News Footage of Oklahoma Tornado:
   a. Ensure that Internet is loaded and that video is sequenced.
   b. Website is located on the PPT under the note section for access.
   c. [https://www.youtube.com/watch?v=RVcFpLpazhw](https://www.youtube.com/watch?v=RVcFpLpazhw)
Trainer Narrative:

1. Every day we use our observation skills to draw conclusions about not only the families we work with but also our own environment.
2. For example, how many of you have found yourself waiting either in a waiting room or at an airport and you spend the time observing others around you?
   a. Do you also find that you start to ask yourself questions about what or who the people are? Why are they at the doctor or if they are at an airport, where they are going?
3. Observation is a critical skill that most of us are highly aware of.
4. The part that we often miss is drawing conclusions regarding our observation and what our observations mean.
5. Here we are going to take a look at a news clip that was taken last year during the tornados that went through Oklahoma.
6. For those of you that don’t recall, there were a series of tornados that struck Oklahoma City and the surrounding areas.
7. The tornados occurred rather quickly and were during the school day.
8. This video is of parents who are arriving at one of the local schools that were struck by the tornado.
9. There is a mixture of sounds, voices, etc. that you will hear, along with various video shots that were taken.
10. As we observe this video, consider that these are parents who are arriving at a time of crisis.
11. Consider the demonstrated CPC’s that parents are displaying:
   a. How are the parents responding?
   b. What are they doing physically?
   c. What are they saying?
   d. What is their emotional level?
12. Proceed to show the video (approximately 5 minutes).
13. Transition to next slide.
Slide Purpose:

1. To provide a visual for the report out of the practice exercise of observational skills.

Trainer Narrative:

1. Inquire of participants what they observed occurring in the video.
   a. Seek responses such as:
      i. Some parents presented as calm, while others-like the woman in hysterics was visibly upset.
         1. Demonstrates that not everyone responds to crisis the same. Does not necessarily mean that one is better or worse than the other.
ii. Saw parents reaching out to one another, offering each other assistance.

iii. Saw children clinging to their parents, seeking them out.

iv. Heard parents verbally comforting kids while others were physically comforting.

1. Again, neither better or worse than the other, demonstration of CPC in different forms.

2. While this video is provocative in the sense that it is such a point in crisis, it also demonstrates the versatility in caregiver protective capacities and reminds us that not everyone responds in the same way to crisis or even daily functioning.

3. What are some conclusions we can draw about the parents that we observed?
   a. Seek responses such as:
      i. Fearful for their children;
      ii. Relieved that their children were safe;
      iii. Responsive;
      iv. Concerned.

4. Conclude exercise with reiterating the skill of observation and the relationship with engaging families for information collection.

5. While observation is a critical skill, we also have to be aware that observation can also have some disadvantages.

6. Transition to next slide.
Observation: Advantages and Disadvantages

**Slide Purpose:**
1. To provide a visual for observations, advantages and disadvantages.

**Trainer Narrative:**
1. Observation is a critical skill; however, we also must be aware that there are limitations to our observation.
2. Review slides points with participants.
3. Relate the disadvantage of artificial settings as a common barrier in child welfare.
   a. What are some strategies that we can consider in addressing this barrier?
      i. Seek Responses such as:

**Advantages**
- Most direct measure of behavior;
- Provides direct information;
- Can be used in natural or experimental settings (such as family time).

**Disadvantages**
- Observer’s presence may create artificial situation;
- Potential for bias;
- Potential to overlook meaningful aspects;
- Potential for misinterpretation.
1. Utilization of others for observation—such as family and friends.
2. Creating a natural setting for contact—such as in the home.
4. We also have to be self-aware in regards to the bias we may have in regards to the family and situation.
   a. Are we remaining open to change or are we focusing on the potential that the parent may be “faking”?
5. Lastly, we have to be clear on what the observation means.
6. In the tornado video we saw a variation of emotional responses from parents. The lack of an outright emotion could mean a variety of things. Not concluding one way or the other is key in interpreting our observations—we have to seek to clarify with the parents their reactions or lack of visible reactions.
7. Inquire if there are any questions regarding observation before we transition to our last skill of critical thinking.
8. Clarify any questions or comments
9. Transition to next slide.
Critical Thinking: Utilization of Skills

3 Minutes

Slide Purpose:
1. To provide a visual for critical thinking: utilization of skills.

Trainer Narrative:
1. We have heard the term critical thinking consistently throughout the implementation of the methodology.
2. You may have even heard that the methodology is a “thinking” model.
   a. And yes it is a thinking model.
3. Critical thinking is defined by Scriven and Paul (1987) as:
   a. Is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication.
from, or generated by, observation, experience, reflection, reasoning, or communication.

4. So what does that mean…Let’s take a look at the four components of critical thinking to assist in our understanding of what critical think is as a skill.

5. Transition to next slide.
Critical Thinking: Components

Slide Purpose:

1. To provide an overview of the critical thinking components.

Trainer Narrative:

1. There are four components to critical thinking:
2. Open Mindedness:
   a. First takes into consideration our approach to engaging with families.
   b. What are our biases that may affect our open mindedness?
   c. What information we may have that form preconceived notions.
d. Being open minded means that we are open to all possibilities based upon information.

e. That we can conceive that there may be more than one meaning to either observations that we encounter and/or information we receive.

f. Think of it as the book or a movie; we begin to contemplate the various endings to the story as we read/watch.

3. Logic:
   a. In considering logic, we take the information we receive and contemplate the logical sequence or explanations based upon what the information tells us.
   b. We often apply rules of logic when we do this.
   c. For example, watching a movie that is described as a comedy often does not equate to death and sadness but rather is intended, logically, to leave the viewer in a state of being happy.

4. Analysis:
   a. When we analyze information we are differentiating information along the lines of relevance.
   b. We are concluding what information is pertinent and what information is not pertinent in regards to our assessment.
   c. Think of this in regards to our Family Functioning Assessments, what is relevant and what is not relevant to conclude that a child is or is not safe.

5. Applying Reason:
   a. As Child Welfare Experts, we have a plethora of knowledge regarding child development, family conditions, societal norms, law, policy, procedure, etc.
b. All of our knowledge and expertise informs our ability to reason.

c. We take into account what we know across a variety of topics/areas to conclude the meaning of information.

d. For example, a mother who has blood shot eyes, slurred speech, and drug paraphernalia in her possession, and has a history of substance abuse is most likely not suffering from an allergy attack.

e. Here we have taken our knowledge of substance use, what we know of the physical symptoms of a person under the influence, what we know of the person and applied both logic and reason to draw our conclusion regarding the current status of the parent.

6. All four components of critical thinking are engaged when we use this skill.

7. How we engage with families, the focus of our observations, the questions we ask are all derived from the deployment of our critical thinking.

8. We logically link questions to information collection based upon responses from parents; we analyze information to determine what is relevant to support our conclusion regarding the presence or absence of CPC’s.

9. We also use this information to formulate how we will engage with parents—parents that are closed or resistant; we have to critically think about what we know about engaging the closed/resident parent and what we know about the parents (such as trauma experienced) to logically engage with parents for information collection.

10. Inquire of participants if they have any questions or comments regarding critical thinking.
11. Clarify any questions or comments and then inform participants that as we have done with the past two skills, we will spend some time practicing critical thinking as a skill.
12. Transition to next slide.
Practice: Critical Thinking

Slide Purpose:
1. To provide a visual for critical thinking practice.

Trainer Narrative:
1. Inform participants that we are going to do a critical thinking exercise that is similar to the I spy game that people may be familiar with.
2. The participants will be divided into two groups.
3. The first group will identify an object, person, and item within the training room and will ask the other group to provide a description of the item.
4. Group one will identify questions, feedback, analysis of the description to Group two.
5. Group two will be tasked with modifying their description of the item until Group one does not have any objections.

6. Then groups will switch roles and complete the exercise again.

7. Allow 5-10 minutes per group for the exercise.

8. Capture each group’s definitions on flip chart paper and modify as the groups alter their descriptions/definitions.

9. Transition to next slide.
Critical Thinking Activity Report Out

3 Minutes

Slide Purpose:

1. To provide a visual for the critical thinking activity report out.

Trainer Narrative:

1. After each group has had a chance to offer their definitions/descriptions of an item, proceed to debrief the exercise, using the prompter on the slide as a guide during debrief.

2. Inquire of the participants what aspect of the activity they believe is representative of the components of critical thinking.
   a. Inquire regarding open minded;
   b. Inquire regarding analysis;
   c. Inquire regarding logic;
   d. Inquire regarding reason.
3. Allow time for responses and reflection of the activity and then conclude the exercise with informing participants that now that we have reflected on the three skills--engagement, observation, and critical thinking--and we have had time to practice each skill; we will be transitioning to the application of those skills in relation to our work with families.

4. Transition to next slide.
Practice: Critical Thinking, Engagement, and Observation

Small Groups of 4;

Croft Family:
- Review FFA;
- Identify areas for further exploration;
- Engage family in conversations;
- Observation by others.

Slide Purpose:

1. To introduce the activity of practicing critical thinking, engagement, and observation

Handout:

1. Croft Family Functioning Assessment
   a. A Loose Handout

Trainer Narrative:

1. Working in groups of three, each group will read and review the Croft Family Functioning Assessment.
2. Participants should review the identified CPC’s based upon the CPI’s assessment and identify information within the FFA that is
associated to the identified CPC’s that they would like to explore further with the family.

3. After reviewing information, the groups will complete a 10-15 minute interview to gather information regarding the family to inform the Ongoing Family Functioning Assessment, in particular the caregiver protective capacities.

4. One person will play the role of the parent, one will be the case manager, and the other will be the silent observer.

5. The role of the silent observer will be to pay attention to the non-verbal cues of the parent, as well as take note of the engagement skills being utilized by the case manager.

6. Once the first interview is completed, switch and complete the process with the other parent in the Croft Family, switching roles.

7. Following the interviews, groups will identify the information they obtained through their interviews and analyze the information to determine what information is related to CPC’s. Allow 10 minutes for group analysis of information.

8. Allow the 40 minutes for the activity.

9. Trainer should observe the conversations and take note of skills utilized and be prepared to give feedback during the large group debrief.

10. Following the time allotted for the activity, reconvene the large group and proceed to debrief the exercise with the group.

11. Transition to next slide.
Practice Activity Report Out

20 Minutes

Slide Purpose:
1. To provide an opportunity for practice activity report out.

Trainer Narrative:
1. Proceed to engage the participants in providing feedback regarding the interviews and skill used during the interview.
2. What skills did the interviewer use to engage the family member? (ask interviewers, family members and supervisors)
3. What skills did the interviewer use to gather information from the family member? (ask all participants)
4. How comfortable were you with interviewing the family member?
5. What might you do differently with the actual family?
6. Inquire of participants if they have any questions or comments following the activity.

7. Clarify any questions or comments from participants.

8. Inform participants that this activity is the final part of Day 1 training.

9. Transition to next slide.
Day 1: Take Away from the Day

10-15 Minutes

Slide Purpose:

1. To provide a breaking point for the Day 1.

Trainer Narrative:

1. Inform participants that prior to concluding for the day, we want to take a few minutes to reflect upon what we are taking away from today.

2. As they think about the day, is there one thing that stands out to them that was their “awe hah” moment, or a point of clarification that resonates with them today?

3. If they can take a minute to write it down or think about it, and if they would like we would love to have them share their reflection for the day.

Take Away from today:

- What did you find helpful?
- Questions still needing to be answered?
- More time on....
4. Proceed to solicit volunteers to share their take away from the day.

5. After providing time for the take away, thank participants for their participation today and provide them with the brief overview for tomorrow:
   a. We will begin at 9:00. The majority of the day will be spent in practice exercises, working both in the large and small groups.
   b. Remind participants that they will need to have three copies of their ongoing family functioning assessment for tomorrow.
   c. Conclude the day with dismissing participants.
Day 2: Assessing and Scaling Caregiver Protective Capacities

Case Management
Day 2: Welcome Back

10-15 Minutes for Welcome Back and Overview of Agenda

Slide Purpose:
1. To provide an introduction for Day 2.

Trainer Narrative:
1. Welcome participants back for Day 2.
2. Inquire if there are any reflections or comments that anyone would like to share that they had last night after Day 1 of training.
3. Proceed to solicit volunteers to share their comments/reflections.
4. Transition to next slide.

› Overnight Thoughts?
   ◦ Questions from yesterday?
   ◦ Feedback from yesterday?
   ◦ Reflections from yesterday?
Agenda: Day 2

Slide Purpose:
1. To provide an overview of Day 2 Agenda

Trainer Narrative:
1. Provide overview of agenda for Day 2.
2. Inform participants that the majority of today will be conducted in practice groups, working through practice application and reviewing our own work in considering the assessment of caregiver protective capacities.
3. Inquire if there are any questions regarding the agenda.
4. Transition to next slide.
Slide Purpose:

1. This slide is to provide the introduction to Session 5.

Trainer Narrative:

1. Remind participants that yesterday we reviewed caregiver protective capacities, the skills associated in assessing caregiver protective capacities, and we practiced applying those skills both in general practice and through case application.
2. Transition to next slide.
Information Collection: Drives Decision-Making

Slide Purpose:
1. To provide a visual for the implications for information collection in driving decision-making.

Trainer Narrative:
1. Remind participants that yesterday we discussed the assessment of caregiver protective capacities is contingent upon the ability to gather information.
2. We engage not only the family, but also friends, external resources, review of information from others, and observations.
3. Today they will be building upon yesterday’s training.
4. We will start off the day with observing a case manager interview a parent as part of the caregiver protective capacity assessment.
5. Transition to next slide.
Practice: Observation of Others for Information Collection

- Observation of Case Manager Interview with Parent;
- Observe use of engagement techniques;
- Identify information to inform CPC’s;
- Case Scenario:
  - Russell Family
    - Brief narrative in PG for review.

Practice: Observation of Others
10 Minutes

Slide Purpose:
1. To provide a visual for the practice of observation of others.

Activity Handouts/References:
1. Angela Russell Case Narrative located in PG. Pg. 49

Exercise/Activity Debrief:
1. We are going to watch two videos of Angela Russell and her interaction with Brandy, the case manager.
2. Located in your PG on page 49 is a brief overview of the Russell family and the reason for our involvement with the agency.
3. Considering the various skills we may need to deploy in engaging families is critical to our work with families.
4. This exercise is to assist us in conceptualizing how the engagement of parents in the assessment of caregiver protective capacities is a critical component in being able to scale the CPC’s accurately and that will ensure that the family is engaged in the process.

5. As we observe the interview between Brandy and Angela, consider the skills Brandy uses to engage Angela, as well as the information that Brandy obtains from Angela.

6. Also pay close attention to the non-verbal cues that Angela presents.

7. Take notes of your observations in your PG and be prepared to share your reflections on the skills used and information collection in relation to CPC’s.

**Trainer Note:**

1. This video is contained on the Russell DVD. There are a total of 6 segments on the DVD, however you will only used segments #3 and #4.

2. Play Russell Segment #3 (approximately 3 minutes).

3. Proceed to play Russell Segment #4 (approximately 13 minutes).

4. Proceed to show report out slide after completion of the second video.

**Trainer Note:**

**Russell Case Summary for Video Observation Contained in the PG:**

Angela Russell was recently transferred to case management after it was determined that Angel (8 yrs.) was not safe in the home with Angela without safety services. An in-home safety plan was attempted with the family, but due to the degree that Angela was not functioning, an out-of-home safety plan was put in place that has Angela residing with her paternal grandmother. Angel’s father is deceased.

Angela and her ex-boyfriend, Brian, have been separated for the past six months. Angela and Brian’s separation was hard on Angela and Angel and since that time things in
Angela’s life have slowly started to decline, both at home and in her work life. Angela began “partying” more frequently, often leaving Angel to care for herself, or at times bringing her with her to the “parties.” The last incident, that brought the family to the attention of the agency, was that Angela did not come home the next morning and when Angel woke up she was scared and called her grandmother, who subsequently call the agency for assistance and out of concern for Angel.
Observation: Report Out

Slide Purpose:

1. To provide participants an opportunity for observation activity report out.

Trainer Narrative:

1. Inquire of participants first regarding the skills they identified Brandy utilizing during the interview.
   a. Seek answers such as:
      i. Reflection of information;
      ii. Probing-regarding the reason for being tired;
      iii. Strengths based approach, what was going well/what is different now.
2. Second, inquire regarding the information collected in relation to CPC’s.

3. Capture CPC’s identified on flip chart paper as participants provide information.
   a. Which CPC did they identify?
   i. Seek answers such as:
      1. History of protecting—what is different now as opposed to when she was protecting;
      2. Taking Action--Not feeling like getting out of bed, not being able to keep eyes open;
      3. Meeting own needs--going to do what she does on the weekends;
      4. Defer own needs--goes out regardless of what child needs.

4. Refer back to the flip chart paper and select a CPC; inform participants that based upon the information obtained, let’s take a look at the scaling criteria.

5. Proceed to reference the caregiver protective capacity reference guide that is related to the identified CPC the group identified.

6. Refer participants to review the scaling for the CPC. Allow participants 2-3 minutes to review the scaling definition.

7. Once they have reviewed the scaling criteria, inquire of participants what rating they would give Angela based upon the information.

8. Review the scaling criteria with the group.

9. Inform the group that we will critically analyze the information we have to justify the scaling decision.

10. Proceed to inquire further regarding the information presented to support the CPC or information that is contrary to the scaling of the CPC.
11. Allow for discussion and review of information to confirm the scaling criteria.
12. Conclude the exercise with informing the participants that we will be continuing to practice assessing CPC’s in the upcoming exercises.
13. Transition to next slide.
Practice! Practice! Practice!

Practice Introduction

1 Minute

Slide Purpose:
1. To provide an introduction to the practice exercises.

Trainer Narrative:
1. In the following exercises we will be further practicing our skills in relation to the assessment of CPC.
2. We will be focusing our assessments and engagement on three of the information domains:
   a. Adult Functioning;
   b. Parenting General;
   c. Parenting Discipline.
3. Transition to next slide.
Adult Functioning and Caregiver Protective Capacities

3 Minutes

Slide Purpose:
1. To provide a visual for participants of the relationship between adult functioning, danger, and caregiver protective capacities.

Trainer Narrative:
1. The first practice activity will be focusing on adult functioning and the relationship of information gathered regarding adult functioning influences identified danger threats and CPC’s.
2. Review slide with participants, guiding them through the relationship of information collection, danger and CPC’s.
3. Inquire if there are any questions regarding the relationship of information, CPC, and danger.
4. Transition to next slide.
Practice: Assessment and Scaling of CPC’s

- Small Groups of 4;
- Case Scenario:
  - Practice engaging “parent” in assessment regarding adult functioning;
  - Analyze information to determine CPC’s and Scaling of CPC.

Slide Purpose:
1. To provide a visual for the practice exercise of assessing and scaling caregiver protective capacities.

Exercise/Activity Handout:
1. Caregiver Protective Capacity Reference Guide- Participants should have guide with them.
2. Danger Threat Reference Guide- Participants should have the guide with them.
3. Case Study: Narrative Adult Functioning- Located in the PG. Pg. 52.
4. Practice Exercise Worksheet- Located in the PG. Pg. 53.
**Exercise/Activity Instructions:**

1. Inform participants that the next series of three practice exercises will have us continuing to work with the Croft Family through information collection and scaling of caregiver protective capacities.

2. We will be practicing our engagement and interviewing skills, along with our critical thinking when determining the scaling of the caregiver protective capacities for the Croft family.

3. Inform participants that we will be working in groups of four (4), with each group completing two interviews.

4. As we will be working in our groups for the next three practice exercises, each participant will have an opportunity to be interviewed, as well as being the interviewer.

5. This is a group exercise, so we will be working together to achieve the outcome of assessing and scaling caregiver protective capacities.

6. Review the activity worksheet with participants, including the instructions for the activity.

**Trainer Note:**

1. Identify for participants that on the Ongoing FFA the scaling that is identified is NOT accurate--as this form was generated as part of the paper tools for implementation and the automatic default is to A.

2. Emphasize with participants:
   a. These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent.
Instructions for Identifying CPC’s

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing and scaling caregiver protective capacities in relation to information collection.

Materials Needed:

- Caregiver Protective Capacity Reference Guide
- Danger Threat Reference Guide
- Adult Functioning Domain: Croft Case Study

Instructions:

1. Working within your groups, you will review the maltreatment and adult functioning domains of the ongoing family functioning assessment.
2. Following the group review of the adult functioning domains for the Croft Family, the group will conduct two interviews—(1) with Amy Croft and (2) with Blake Thomas.
3. The focus of the interview will be to gather information regarding their adult functioning in relation to their caregiver protective capacities utilizing our engagement and observation skills.
4. Each interviewee is able to take creative liberties in the practice exercise; however, those liberties should be within reason and based upon the information that was provided in the adult functioning domains.
5. Following each interview, the group will record the information obtained through the interview using the worksheet.
6. Following the conclusion of both interviews, groups will review their information and determine the scaling of the identified caregiver protective capacities.

NOTE: These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent.
Assessing Caregiver Protective Capacities: Adult Functioning
Group Worksheet

Adult Functioning Interview with Amy Croft

Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Adult Functioning Interview with Blake Thomas

Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Activity Report Out

Slide Purpose:

1. To provide a visual for the activity report out.

Trainer Narrative:

1. Begin report out with first inquiring regarding the interview portion of the activity.
2. What skills and/or techniques were observed being utilized in obtaining information from Ms. Croft and Mr. Thomas?
3. Did anyone experience resistance during his or her interviews?
   a. How did the interviewer address the resistance?
4. For the interviewer, what were some things that you would do different in “real” practice?
5. Shift the focus from the interview and skills to engaging the group in identifying the information that was obtained and assisting groups in connecting their information to their identified caregiver protective capacities.

6. Request a group to volunteer to share one of their identified CPC’s and the associated scaling. Have the group present their information that supports the identified CPC and the corresponding scaling.

7. Encourage groups to ask questions and to analyze the selected CPC and associated scaling.

8. Provide feedback to the group as necessary.

9. Proceed to engage all five groups in the report out, having each group present at least one of their identified CPC’s, associated information, and scaling.

10. Conclude debrief with informing participants that we will be continuing to work with the Croft family, repeating this activity two more times, each time tuning our skills and deepening our information collection.

11. Transition to next slide.
Parenting General and Caregiver Protective Capacities

Slide Purpose:

1. To provide a visual for participants of the relationship between parenting general danger and caregiver protective capacities.

Trainer Narrative:

1. The second practice activity will be focusing on parenting general and the relationship of information gathered regarding parenting general and the influence regarding the identified danger threats and CPC’s.

2. Review slide with participants, guiding them through the relationship of information collection, danger and CPC’s.
3. Inquire if there are any questions regarding the relationship of information, CPC, and danger.
4. Transition to next slide.
Practice: Assessment and Scaling of CPC’s

- Small Groups of 4;
- Case Scenario:
  - Practice engaging “parent” in assessment regarding parenting general;
  - Analyze information to determine CPC’s and Scaling of CPC.

Slide Purpose:

1. To provide a visual for the practice exercise of assessing and scaling caregiver protective capacities.

Exercise/Activity Handout:

1. Caregiver Protective Capacity Reference Guide- Participants should have guide with them.
2. Danger Threat Reference Guide-Participants should have the guide with them.
3. **Case Study: Narrative Adult Functioning and Parenting**
   General-Located in the PG.
   Pg. 57.

4. **Practice Exercise Worksheet- Located in the PG.**
   Pg. 58.

**Exercise/Activity Instructions:**

1. We will be continuing to practice our engagement and interviewing skills, along with our critical thinking when determining the scaling of the caregiver protective capacities for the Croft family.

2. You will remain in your groups; this time you should be switching roles of interviewer and interviewee.

3. Remind participants that this is a group exercise, so we will be working together to achieve the outcome of assessing and scaling caregiver protective capacities.

4. Review the activity worksheet with participants, including the instructions for the activity.

**Trainer Note:**

1. Identify for participants that on the Ongoing FFA the scaling that is identified is NOT accurate-as this form was generated as part of the paper tools for implementation and the automatic default is to A.

2. Emphasize with participants:
   a. These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent.
   b. However, as you learn more information regarding the family, you may find that some of your previous CPC scales may change.
Instructions for Identifying CPC’s

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing and scaling caregiver protective capacities in relation to information collection.

Materials Needed:

- Caregiver Protective Capacity Reference Guide
- Danger Threat Reference Guide
- Parenting General: Croft Case Study

Instructions:

1. Working within your groups, you will review the maltreatment, child functioning, and parenting general domains of the ongoing family functioning assessment.
2. Following the group review of the parenting general domain for the Croft Family, the group will conduct two interviews-(1) with Amy Croft and (2) with Blake Thomas.
3. The focus of the interview will be to gather information regarding their parenting in relation to their caregiver protective capacities utilizing our engagement and observation skills.
4. Each interviewee is able to take creative liberties in the practice exercise, however those liberties should be within reason and based upon the information that was provided in the adult and parenting general domains.
5. Following each interview, the group will record the information obtained through the interview using the worksheet.
6. Following the conclusion of both interviews, groups will review their information and determine the scaling of the identified caregiver protective capacities.

NOTE: These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent. However, as you learn more information regarding the family, you may find that some of your previous CPC scales may change.
Assessing Caregiver Protective Capacities: Parenting General
Group Worksheet

Parenting General Interview with Amy Croft

Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Parenting General Interview with Blake Thomas

Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Activity Report Out

10 Minutes

Slide Purpose:

1. To provide a visual for the activity report out.

Trainer Narrative:

1. Begin report out with first inquiring regarding the interview portion of the activity.
2. What skills and/or techniques that were observed being utilized in obtaining information from Ms. Croft and Mr. Thomas?
3. Did anyone experience resistance during his or her interviews?
   a. How did the interviewer address the resistance?
4. For the interviewer, what were some things that you would do differently in “real” practice?
5. Shift the focus from the interview and skills to engaging the group in identifying the information that was obtained and assisting groups in connecting their information to their identified caregiver protective capacities.

6. Request a group to volunteer to share one of their identified CPC’s and the associated scaling. Have the group present their information that supports the identified CPC and the corresponding scaling.

7. Encourage groups to ask questions and to analyze the selected CPC and associated scaling.

8. Provide feedback to the group as necessary.

9. Proceed to engage all five groups in the report out, having each group present at least one of their identified CPC’s, associated information, and scaling.

10. Conclude debrief with informing participants that we will be continuing to work with the Croft family, repeating this activity one more time, each time tuning our skills and deepening our information collection.

11. Transition to next slide.
Slide Purpose:

1. To provide a visual for participants of the relationship between parenting discipline/behavior management and caregiver protective capacities.

Trainer Narrative:

1. The last of the series of practice activities will be focusing on parenting discipline/behavior management and the relationship of information gathered regarding parenting general and the influence regarding the identified danger threats and CPC’s.
2. Review slide with participants, guiding them through the relationship of information collection, danger and CPC’s.
3. Inquire if there are any questions regarding the relationship of information, CPC, and danger.
4. Transition to next slide.
Small Groups of 4;

Case Scenario:
- Practice engaging “parent” in assessment regarding parenting: discipline/behavior management;
- Analyze information to determine CPC’s and Scaling of CPC.

Slide Purpose:
1. To provide a visual for the practice exercise of assessing and scaling caregiver protective capacities.

Exercise/Activity Handout:

1. Caregiver Protective Capacity Reference Guide- Participants should have guide with them.
2. Danger Threat Reference Guide-Participants should have the guide with them.
3. Case Study: Narrative Adult Functioning, Parenting General, and Parenting Discipline-Located in the PG.
   Pg. 62.
4. Practice Exercise Worksheet- Located in the PG.
Pg. 63.

Exercise/Activity Instructions:

1. We will be continuing to practice our engagement and interviewing skills, along with our critical thinking when determining the scaling of the caregiver protective capacities for the Croft family.

2. You will remain in your groups; this time you should be switching roles of interviewer and interviewee for the last time.

3. Remind participants that this is a group exercise, so we will be working together to achieve the outcome of assessing and scaling caregiver protective capacities.

4. Review the activity worksheet with participants, including the instructions for the activity.

Trainer Note:

1. Identify for participants that on the Ongoing FFA the scaling that is identified is NOT accurate-as this form was generated as part of the paper tools for implementation and the automatic default is to A.

2. Emphasize with participants:
   a. These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent.
   b. However, as you learn more information regarding the family, you may find that some of your previous CPC scales may change.
Instructions for Identifying CPC’s

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing and scaling caregiver protective capacities in relation to information collection.

Materials Needed:
- Caregiver Protective Capacity Reference Guide
- Danger Threat Reference Guide
- Parenting Discipline: Croft Case Study

Instructions:
1. Working within your groups, you will review the maltreatment, child functioning, and parenting discipline domains of the ongoing family functioning assessment.
2. Following the group review of the parenting general domain for the Croft Family, the group will conduct two interviews—(1) with Amy Croft and (2) with Blake Thomas.
3. The focus of the interview will be to gather information regarding their parenting in relation to their caregiver protective capacities utilizing our engagement and observation skills.
4. Each interviewee is able to take creative liberties in the practice exercise; however, those liberties should be within reason and based upon the information that was provided in the adult and parenting general domains.
5. Following each interview, the group will record the information obtained through the interview using the worksheet.
6. Following the conclusion of both interviews, groups will review their information and determine the scaling of the identified caregiver protective capacities.

NOTE: These are practice interviews in a controlled setting. It should not and is not the expectation that you will obtain all the necessary information to complete all the caregiver protective capacities for either parent. However, as you learn more information regarding the family, you may find that some of your previous CPC scales may change.
Assessing Caregiver Protective Capacities: Parenting Discipline/Behavior Management
Group Worksheet

Parenting Discipline/Behavior Management Interview with Amy Croft
Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Parenting Discipline/Behavior Management Interview with Blake Thomas

Information Gathered

Identified Caregiver Protective Capacity Based Upon Information Collection and Scaling
Slide Purpose:

1. To provide a visual for the activity report out.

Trainer Narrative:

1. Begin report out with first inquiring regarding the interview portion of the activity.
2. What skills and/or techniques were observed being utilized in obtaining information from Ms. Croft and Mr. Thomas?
3. Did anyone experience resistance during his or her interviews?
   a. How did the interviewer address the resistance?
4. For the interviewer, what were some things that you would do different in “real” practice?
5. Shift the focus from the interview and skills to engaging the group in identifying the information that was obtained and assisting groups in connecting their information to their identified caregiver protective capacities.

6. Request a group to volunteer to share one of their identified CPC’s and the associated scaling. Have the group present their information that supports the identified CPC and the corresponding scaling.

7. Encourage groups to ask questions and to analyze the selected CPC and associated scaling.

8. Provide feedback to the group as necessary.

9. Proceed to engage all five groups in the report out, having each group present at least one of their identified CPC’s, associated information, and scaling.

10. Conclude debrief with thanking the participants for their practice of their skills and working through the various activities.

11. Inform participants that we will be shifting our focus now to our own practice, applying some critical thinking—in particular analysis of our work—to enhance our skills further in regards to assessing and scaling caregiver protective capacities.

12. Transition to next slide.
Session 6

Case Application Practice

Case Application
Session 6
Practice: Applying Concepts to Our Practice

90 Minutes

Slide Purpose:

1. To provide participants an opportunity to practice applying concepts.

Exercise Materials/References:

1. **Ongoing Family Functioning Assessment**: Participant brought to training with them.
2. **Instructions and Worksheet**: Located in PG. Pg. 67.
3. **Caregiver Protective Capacity Reference Guide**: Participants should have their own guide that they brought to training.
4. **Danger Threat Reference Guide**—Participants should have their own guides that they brought to training.

**Exercise Instructions:**

1. Remind participants that we completed these activities yesterday and today on the Croft Family.
2. Today we are applying them to our own practice.
3. Refer participants to the worksheet located in their PG for the first part of the exercise.
4. Working in your pairs, you will complete the exercise for both cases. This will require that you each review each other’s Ongoing FFA’s as part of the exercise.
5. Review Instructions for exercise with participants:
   a. Identify the impending danger threats based upon the ongoing family functioning assessment information;
   b. Identify information that supports the identified impending danger threats;
   c. Identify information that supports the identified caregiver protective capacities;
   d. Consider the relationship between the CPC’s and the danger threats and relationship between CPC’s.
   e. Next you will identify the scaling for each identified caregiver protective capacity.
      i. If you are unable to determine a scaling for a CPC, identify what information is missing and what the strategy to gather the necessary information will be.
      ii. For completed scaling CPC’s on the OFFA update/revise the scaling based upon your analysis of the information and your discussion with your partner.
6. The group will have 90 minutes to complete the exercise for both cases.
7. Inform participants that the trainer will be available to each group to assist in the exercise.

8. Inquire if there are any questions regarding the exercise.
Instructions for Assessing and Scaling Caregiver Protective Capacities

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice assessing and scaling caregiver protective capacities based upon information collection.

Materials Needed:

• Caregiver Protective Capacity Reference Guide
• Danger Threat Reference Guide
• Ongoing Family Functioning Assessment: Assigned Family
• Exercise Worksheet-Located in the PG.

Instructions:

1. Working within your pairs, you will review both of the Ongoing Family Functioning Assessments brought to training.
2. The worksheet aims to capture both CPC’s that are supported and those that you feel you still need information to make a scaling determination.
3. During the exercise you should identify a minimum of one CPC that is supported and one CPC that is not supported and the focus of information collection to complete the scaling.
   a. Consider both parents and/or caregivers in the household if applicable.
4. Begin with reviewing one and when the pair has concluded the exercise worksheet for the first case, proceed to complete the second case.
   a. The group will need to identify a reporter for the large group report out.
When reviewing the Ongoing Family Functioning Assessment, each participant should be considering:
- Information that supports the identified impending danger threats;
- Information that supports the identified caregiver protective capacities;
- Relationship between the CPC’s and the danger threats and relationship between CPC’s.

**Example:**

<table>
<thead>
<tr>
<th>Caregiver Protective Capacity</th>
<th>Information to Support Scaling OR Information needed to Complete CPC Scaling</th>
<th>Scaling of CPC</th>
<th>New Scaling Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not taking action.</td>
<td>Mom has been leaving the children with various caregivers, not returning for days, and sometimes has been gone for a week. Mom lacks the energy in the morning to get out of bed and has been avoiding the interaction with her child. Mom feels disconnected from the child, which increases her feeling of isolating from the child.</td>
<td>C</td>
<td>Yes- previous rating was a D rating</td>
</tr>
<tr>
<td>Aligned with child</td>
<td>Mom struggled to talk about her relationship with the child, and whenever it was raised, she appeared to avoid the relationship. Need to identify with mom how she feels in regards to being aligned with the child. Could also ask the child about if she feels supported by mom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent:</td>
<td>Caregiver Protective Capacity</td>
<td>Information to Support Scaling</td>
<td>Scaling of CPC</td>
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<tr>
<td>Caregiver Protective Capacity</td>
<td>Information to Support Scaling or Information Needed (Include Plan)</td>
<td>Scaling of CPC</td>
<td>New Scaling Decision</td>
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Activity Report Out

30 Minutes

Slide Purpose:

1. To provide a breaking point for exercise debrief and report out.

Exercise/Activity Debrief:

1. Conduct debrief through engaging the participants in reflection of the exercise.

   a. What were some insights that the participants had regarding information collection and the identified caregiver protective capacities?

      i. Were there any examples of where people felt that they might need more information?
ii. If so, what did they find was missing in their information collection?

2. Proceed to solicit volunteers to share their identified CPC’s and scaling.
   a. What was the rationale for the scaling or if they changed the scaling, what was the rationale?

3. Conclude debrief with seeking feedback from the participants regarding the exercise and how they envision applying these concepts to working with their families in the future.

4. Allow for participants to share their feedback.

5. Inform participants that this concludes the training, but that before we end for the day, that we will be completing our post-test assessment and that we are asking that participants complete the training evaluation.

6. Transition to next slide.
Baseline Knowledge Assessment and Training Evaluation

20 Minutes

Slide Purpose:

1. Information to participants to inform assessment and evaluation.

Trainer Note:

1. Provide both the evaluation and post-test at the same time to allow for participants to complete both before dismissing the class.
2. Do not dismiss the class until after the post-test and the evaluation are completed.

Trainer Narrative:

1. The curriculum objectives were to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding assessing and scaling caregiver protective capacities.
2. Inform participants that this is not a test but, rather, a gauge of their knowledge base, post-training delivery.
3. The assessment will be used to inform further assistance and staff development activities at a global and individual level for participants.
Activity/Exercise:

1. **Hand out the competency post-test assessment for participants.**
   a. **Loose Handout.**

2. **Hand out the training evaluation.**
   a. **Loose Handout**

3. Allow participants 20 minutes to complete the worksheet and evaluation.

4. Have participants hand in their worksheets to the facilitator.

5. Transition to closing slide.

6. Thank participants for their time and attention over the last two days and dismiss the participants.

Trainer Note:

1. Per the contract requirements, the following will need to be completed:
   a. All sign in sheets need to be scanned and emailed to the Region Contact and OCW Contract Managers;
   b. All training evaluations need to be scanned and emailed to the Region Contact and OCW Contract Managers.
1. What are the ongoing family functioning intervention stages?
   ___ A) There are no intervention stages in ongoing case management.
   ___ B) Exploration and Case Planning
   ___ C) Introduction, Exploration, Case Planning, and Progress Evaluation
   ___ D) Preparation, Introduction, Exploration, and Case Planning
   ___ E) Case Planning and Progress Evaluation

2. Which of the following items is not among caregiver protective capacities?
   ___ A) Takes action for child
   ___ B) Talks about child to co-workers
   ___ C) Recognizes child’s needs
   ___ D) Aligns with child
   ___ E) Is emotionally attached to the child

3. What is the primary basis for ongoing case management intervention?
   ___ A) Because the parents want services
   ___ B) Because parents’ protective capacities are diminished and help is needed
   ___ C) Children are unsafe due to impending danger and diminished protective capacities.
   ___ D) A and B
   ___ E) B and C

4. What does it mean to be open-minded?
   ___ A) Refuting new information without examining the validity
   ___ B) Being unreceptive to new information
   ___ C) Willingness to accept new information even when an opinion has been formed
   ___ D) Unwilling to accept new evidence that opposes opinions
   ___ E) None of the above

5. Active Listening is:
   ___ A) Engaged listening
   ___ B) Judging what the speaker is saying
   ___ C) Formulating your own thoughts
6. Caregiver protective capacities are:
   ____ A) Family resources
   ____ B) General parenting practices including discipline and knowledge of child development
   ____ C) Parenting protective factors
   ____ D) How a parent determines if their children are developing appropriately
   ____ E) Personal and parenting behaviors, cognitive, and emotional characteristics that specifically and directly associate with protecting one’s child(ren)

7. Assessing is:
   ____ A) Timely.
   ____ B) Is a one time occurrence to complete the Ongoing Family Functioning Assessment
   ____ C) **Continual and dynamic**
   ____ D) Record based information collection
   ____ E) Done without the family

8. Engaging is considered a(n):
   ____ A) Is only done with compliant parents
   ____ B) Is based upon the family
   ____ C) **Is an essential skill of Case Managers**
   ____ D) Is optional
   ____ E) None of the above

9. Scaling of caregiver protective capacities is based upon:
   ____ A) Not sure what the scaling is based upon
   ____ B) **A determination of degree of functioning from limited to extensive**
   ____ C) Compliance
   ____ D) What was marked a yes or no by the CPI
   ____ E) None of the above

10. True or False:
    All caregiver protective capacities have to be an A or B for children to be considered safe in case management.
    ____ True
    ____ False
# Florida Safety Methodology Training Workshops Evaluation Survey

**Contract #J 949**

<table>
<thead>
<tr>
<th>TRAINING DATE:</th>
<th>REGION/CIRCUIT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINER’S NAME:</td>
<td>WORKSHOP TITLE: Assessing and Scaling Caregiver Protective Capacities: Case Management</td>
</tr>
</tbody>
</table>

Please respond to each question using the following scale:

<table>
<thead>
<tr>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Unsure/Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
</tr>
</thead>
</table>

Please circle the number that most appropriately answers the following questions regarding the TRAINER’S presentation:

1. The quality of the presentation was good.

2. Participation was encouraged.

3. The trainer used various tools to match various learning styles (exercises, PowerPoint, lecture, multimedia, etc.).

4. The trainer was knowledgeable about both the Florida Safety Methodology and child welfare systems.

5. Overall, I was satisfied with the trainer’s performance.

Additional Comments: ____________________________________________________________

Please circle the number that most appropriately answers the following questions regarding the evaluation of the TRAINING CONTENT:

1. I have a clear understanding of the information presented.

2. The information presented was useful to my work.

3. The information presented was well organized.

4. I understand the components of this concept of the Florida Safety Methodology.

5. I learned specific practice skills as a result of this training workshop.

6. Overall, I was satisfied with the curriculum contents.
Additional Comments: _____________________________________________

__________________________________________