



CPS Supervisor Development Trainer's Manual

Prepared for the
Tennessee Department of Children's Services

by the
**University of Tennessee College of Social Work
Office of Research and Public Service**

The University of Tennessee College of Social Work Office of Research and Public Service

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The dedication and hard work that went into establishing the original format and materials have benefited the *Project* immensely. Some of the materials have been used in their entirety; others have been modified for use with this particular project as it relates to clinical supervision. Dr. Jenny Jones, who spent numerous hours conceptualizing the training model to target specific skill areas that impact frontline supervision, developed and designed the model. All rights to the model are copyrighted to her.

Many individuals have contributed their expertise, vision, creative abilities and support to the development of this curriculum. All contributors have enriched the development of this work. We owe our biggest debt of gratitude to members of the Northwest Region Citizen Review Panelist, expert consultants in a particular area, and direct service practitioners who reviewed our materials and shared personal insights. As a result, the curriculum is a relevant, empowering, strength-based /practice-based model for enhancing existing supervisory skills and developing new ones.

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Jenny L. Jones, PhD, ACSW

Principal Investigator

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A NOTE ABOUT THE CURRICULUM DEVELOPMENT TEAM.....

The primary task of the curriculum development team was to capture the major training concepts on paper and to organize the content into a clear, instructionally sound document that includes educational vignettes. Most important, the team wanted all of the materials to be “*user friendly*” and written in clear, concise language, without jargon. Below is a list of the names of those individuals who deserve special thanks:

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Participant Preparation Required

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Overall Time

Participant Preparation Required

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Description

Overall Time

Participant Preparation Required

Activity Agenda

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SUPPLEMENTS TO SUPERVISION

Module 1: Educative Supervision

MODULE 1—EDUCATIVE SUPERVISION

Description

The purpose of this module is to assist supervisors to build staff capacity through teaching, modeling, and learning techniques within the agency in which participants work. To accomplish this, the module introduces the topic of educative supervision, its purpose and uses, in clinical practice. Focusing on several distinct aspects of educative supervision, the module includes the following: a timeline representing the history of child welfare, roles and responsibilities for supervisors, overview of management and learning styles, adult learning theory and principles for teaching staff, defining competencies for case managers, the importance of self assessment and self awareness and how to use this information in teaching others, and the use of strategies for enhancing staff capacity.

The module will conclude with participants having the opportunity to design an individual learning plan to transfer this learning upon their return to supervisory responsibilities.

This entire module is comprised of twelve separate activities, as outlined in the accompanying Activity Agenda.

Overall Time

The entire module is presented in a total of 11 hours and 15 minutes, with a breakdown as follows:

Day 1—5 hours and 30 minutes

Day 2—5 hours and 45 minutes

Participant Preparation Required

This module does not require preparation in advance from participants.

ACTIVITY AGENDA

Day 1

Activity 1: Introductions

Type: Presentation, Guided Discussion

Time: 50 minutes

Activity 2: Overview of Child Welfare History

Type: Presentation, Guided Discussion

Time: 55 minutes

Activity 3: Roles/Responsibilities of Supervisors

Type: Small Group Activity

Time: 1 hour

Activity 4: Management Styles

Type: Presentation, Role Play, Small Group Activity, Guided Discussion

Time: 1 hour

Activity 5: Educative Supervision Competencies

Type: Small Group Activity, Guided Discussion, Self-Awareness Exercise

Time: 1 hour

Activity 6: Individual Development Plans

Type: Guided Discussion, Self-Awareness Exercise

Time: 30 minutes

Day 2

Activity 7: Case Manager Competencies

Type: Guided Discussion, Small Group Activity

Time: 50 minutes

Activity 8: Adult Learning Principles

Type: Guided Discussion, Small Group Activity

Time: 50 minutes

Activity 9: Learning Styles

Type: Self Awareness Exercise, Small Group Activity

Time: 50 minutes

Activity 10: Self Reflection

Type: Guided Discussion, Small Group Activity (optional)

Time: 30 minutes

Activity 11: Building Staff Capacity

Type: Guided Discussion, Small Group Activity

Time: 1 hour and 30 minutes

Activity 12: Individual Learning Plans

Type: Self Awareness Exercise, Small Group Activity

Time: 1 hour

ACTIVITY 1

INTRODUCTIONS

Time

50 minutes

Type of Activity

Presentation

Guided

Discussion

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Card stock paper
- ◆ Power Point (PWPT) Slide #2—*Topics for Training*
- ◆ #3—*Introductions*
- ◆ #4—*Ground Rules for Training*

Manual References

Learning Objectives

Participants will be able to

- ◆ Acknowledge expertise and experience within training group.
- ◆ List ground rules and format for training.

Instructions

1. **WELCOME** participants as they enter the training room, helping them to feel at ease in this experience for DCS CPS Supervisors and to be acknowledged for participation in this training and research project.
2. **EXPLAIN** that this training component, specifically for development of CPS supervisors, will consist of 6 separate modules and will be delivered over the next year.
3. **DISPLAY** PWPT Slide #1, *Topics for Training*, which lists the topics for the training, as follows:
 - ◆ Educative Supervision
 - ◆ Ethical Decision Making
 - ◆ Cultural Competency
 - ◆ Clinical Decision Making
4. **INFORM** participants that the research component will measure the impact of this training on supervisory and worker practices, worker turnover and client outcomes. Throughout the process, participants will be asked to complete some

None

instruments for the purpose of these measurements.

5. **ACKNOWLEDGE** that involvement in this training and research project will add some demands to an already over-burdened workload, but emphasize the importance of the involvement in setting future direction for the training of CPS supervisors.
6. **INFORM** participants that during the time between training, they will each have contact with an assigned mentor to follow up on application of the information presented during the training.
7. **INTRODUCE** yourself and your co-trainer (if appropriate) to the group by including the following information:
 - ◆ Name
 - ◆ Background
 - ◆ Work experience as brief history
 - ◆ Professional experience as relevant to CPS and/or staff supervision
8. **INSTRUCT** participants to introduce themselves and **DISPLAY** PWPT Slide #3, *Introductions*, with the following outline for participants to include in their introductions:
 - ◆ Name
 - ◆ County of residence and counties supervised
 - ◆ Length of time supervising in CPS
 - ◆ Total number of years of experience in the field of child welfare or any other related work

Trainer's Note: Record the number of years of experience reported by each participant so that a group total may be given after introductions are

complete. This information will emphasize the experience within the field, rather than placing an emphasis on supervision or the specifics of CPS so that participants can feel encouraged by the amount of relevant experience each one has.

9. **ASK** participants if most of their case managers have a background in social work or the human services? Facilitate a brief discussion of responses, informing participants that this module focuses on the supervisor's role as educator and staff developer.
10. **REVIEW** training structure, including frequency of breaks, lunchtime schedule, location of rest rooms and pay phones. Also, remind participants that cell phones and pagers must be on vibrate and if this is not an available option that they should be turned off.
11. **EMPHASIZE** the importance of full attention and participation to this training to ensure that each participant receives the full relevance, benefit, and value of training.
12. **DISPLAY** PWPT Slide #4, *Ground Rules for Training*, listing ground rules for training, which are generally accepted as follows:
 - ◆ Everyone participates!
 - ◆ Training will be relaxed and fun, while maintaining a professional atmosphere.
 - ◆ Everyone's opinions are respected.
 - ◆ There are no absolutes—no "right" answer for every situation.
13. **ASK** participants if they would like to add any suggestions or rules to ensure that this is a stimulating, productive and practical training

session. Establish a positive learning environment by suggesting that everyone's involvement in every step of the training will help to ensure that information presented is user-friendly and by encouraging participants to ask questions, challenge points made, report connections, and relevancy and to request clarification on any responses.

14. **INFORM** participants of the total number of years of experience in the room, conveying enthusiasm and excitement about the wealth of resources that the group brings to the training process. Emphasize that this training is designed to build upon experiences in working with and supervising others to ensure the safety (protection and permanency) of children.
15. **TRANSITION** to the next activity by informing the participants that because this is the first module in a series of training that they will receive, training will start with a review of the evolution of child protective services by a presentation of the history of child welfare practices.

ACTIVITY 2

OVERVIEW OF CHILD WELFARE HISTORY

Time

55 minutes

Type of Activity

Presentation

Guided

Discussion

Equipment/ Materials Needed

- ◆ Masking tape
- ◆ Copies of federal legislation
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Provide chronology of legislation relevant to child protection.
- ◆ Identify the dual mission of child protective services.
- ◆ Define terms relevant to historical review of child protective services.

Instructions

Trainer's Note: This is primarily a lecture-based presentation of child welfare history and must be presented chronologically for participants to understand how the current system came to be. It is advisable to post a line around the room prior to training so that as each event is announced, a visual representation can be made by posting the event and brief facts relevant to that event on this created "timeline." It is also advisable to use questions periodically to draw participants into a group discussion—these are provided throughout the text. Two trainers may be used so that each trainer can present his/her information without reading. Remember to post titles and dates of federal legislation on established timeline.

1. **BEGIN** by explaining to participants that information presented in this activity includes a historical perspective on the evolution of child

protective services, emphasizing the importance of understanding how their units, their positions and the jobs of CPS case workers has been influenced by history.

2. **ASK** participants what they consider the primary mission of CPS, narrowing choices to whether it is protecting children or preserving families. Facilitate a brief discussion on responses to these questions and segue to a discussion of the earliest known attention to child welfare practices.
3. **INFORM** participants that: the history of the nation's response to child abuse and neglect has been marked by tension between these two missions: an emphasis on rescuing children from abusive or neglectful families on one hand, and efforts to support and preserve families on the other. The contemporary debate over the priority given to these competing goals, reported by the media and in scholarly journals, is actually more than 100 years old.
4. **CONTINUE** by informing participants that: the child rescue orientation is reflected in a long-standing opinion that sees child maltreatment as a result of poverty and parental irresponsibility. Emphasis is on removing children from their homes as a measure to protect them. The family support approach, by contrast, focuses on eliminating social and environmental factors that contribute to parental stress and child maltreatment. The child rescue orientation was evident even in colonial times, while the family support philosophy is rooted in the social services orientation of the progressive movement, established in the early twentieth century.

5. **ASK** participants for any comments, agreement/disagreement or questions about this information. Facilitate a brief discussion of participant responses.
6. **CONTINUE** by stating: “The legal basis for efforts to protect needy children in colonial times was based on the English Poor Law of 1601, which placed public responsibility for the poor in the hands of local townspeople. The attention of those concerned about child abuse and neglect focused primarily on the children of the poorest families and on those who were orphaned, abandoned, or unsupervised. Children of the ‘unworthy poor’ were saved from developing slothfulness by separating them from their parents through indenture (meaning, binding one over to work for another person for a given period of time) or by placement in institutions.”
7. **HIGHLIGHT** the following as also being critical of this time period:
 - ◆ During most of the 1800s, destitute children were sent to institutions operated by private, charitable organizations (i.e., Catholic Charities).
 - ◆ Many poor or abandoned children were sent to live in almshouses—facilities established in large cities to house the very poor of all ages (i.e., Hull House in Chicago).
 - ◆ The Children’s Aid Society of NY set up what were known as Orphan Trains that relocated orphaned children to the Midwest.
 - ◆ By the second half of the 1800s, there was increasing criticism of the impact the

unsanitary, chaotic conditions of almshouses on children. Private charities and religious groups established orphanages or children's asylums to separate needy children from adults.

- ◆ The demands of urbanization, industrialization and immigration upon poor and working-class families in the 1800s left many children unattended. Child vagrancy became an increasingly visible problem in larger cities for those children with no other options for families, caregivers, food, or shelter.

8. **ALLOW** for comments and questions to information presented thus far and facilitate a brief discussion among training group.
9. **SEGUE** to the next time period of child welfare history by announcing that from 1877 to 1920, the focus on child protective services shifted to a philosophy imposed by anticruelty societies, the private associations that pre-empted the modern methods of investigating and responding to child abuse and neglect. Explain that, in 1877, the New York Society for the Prevention of Cruelty to Children was the first formed, following the famous "Mary Ellen" case in New York City.
10. **ASK** participants if anyone is familiar with the "Mary Ellen" case and present the following narrative information if participants are unable to tell all details: Mary Ellen was an illegitimate child orphaned at age 3. She was given to a Mr. and Mrs. Conolly, who were to care for her and to report on her progress each year. She was severely abused, never allowed to go outside, and was kept inside a tiny, dark closet when the parents were away. She was made to sleep on a scrap of carpet on the floor

and beaten regularly with a whip and scissors. Etta Wheeler visited the home and reported the abuse to police, church, and the courts, but was told, “don’t interfere between parent and child.”

Ms. Wheeler finally went to Henry Bergh of the American Society for the Prevention of Cruelty to Animals. She convinced him to take Mary Ellen’s cause and Mr. Bergh was able to get a judge to hear the case, arguing that the child should be entitled to the same protection from cruelty as animals.

The Society for the Prevention of Cruelty to Children was formally incorporated one year after Mary Ellen’s case was heard.

11. **CONCLUDE** that as a result of these actions, New York passed a law to protect children and to punish wrongs done to them, giving these anti-cruelty societies a legal foundation and a mandate to identify children mistreated by their families. More states passed similar laws to protect children as the twentieth century began, establishing the foundation for the nation’s juvenile court system.
12. **RESPOND** to questions and/or comments posed by training group.
13. **DISCUSS** the creation of the Societies for the Prevention of Cruelty to Children (SPCCs) by stating that: by the early twentieth century, more than 300 SPCCs operated in cities in the Northeast and Midwest under the umbrella of the American Humane Association.
14. **DELIVER** the following information to assist participants in understanding this section of the history of child protective services:

- ◆ Philosophies of the SPCCs differed by state, especially relevant to their emphasis—whether on child protection or family preservation.
- ◆ Progressive agendas for social reform of the early years of the 20th century gave endorsement to the approach of helping parents to care for their children.
- ◆ In 1920, the newly established Child Welfare League of America worked with the American Humane Association and other agencies to promote the idea of a national (although largely private) child welfare program that would stress temporary out-of-home care for dependent children, and would attempt to preserve the natural family home whenever possible.

15. **TRANSITION** to a presentation of the 1920–1950 time frame, informing participants that the child welfare system really began to emerge during this time. During this time, the issue of child protection was transformed from one of law enforcement to one of rehabilitation through social services; efforts to protect children gradually became part of the human service system provided by governmental agencies.

16. **CONTINUE** with the information provided below:

- ◆ By the 1930s and 1940s, functions once performed by humane societies were taken over by states, counties and municipalities. This marked a new era in the child welfare movement.
- ◆ The federal government's first venture into child welfare occurred with the passage of the Social Security Act of 1935. This law

established the Aid to Dependent Children program, which offered cash assistance to enable poor, single mothers to care for their children rather than to lose custody of them.

17. **TRANSITION** to a presentation of the next era of child welfare, 1960 to 1980.
18. **ASK** participants if anyone is familiar with “battered child syndrome.” In the 1960s, medical professionals focused public attention on evidence that many physical injuries to children were apparently inflicted by parents or caregivers; x-rays and other documentation of injuries gave rise to public awareness of “battered child syndrome,” a phrase coined by Dr. Henry Kempe in 1963.
 - ◆ Child abuse and neglect then became an issue of national importance, and the role played by government agencies in identifying and responding to the problem expanded significantly.
 - ◆ By 1968, mandatory reporting laws were passed in all states.
 - ◆ Federal leadership during this time caused expanded public awareness of child maltreatment and established: 1) a nationwide system of child protection that mandated reporting physical abuse, neglect, sexual abuse, and exploitation, 2) the creation of state CPS agencies to investigate reports and 3) state-level central registries for perpetrators and victims.
 - ◆ These established entities led public attention and support back to child safety as the primary concern; by the mid to late seventies, there were over 500,000 children in foster care in the U.S.

19. **SUMMARIZE** this time period by explaining that although legislation has been passed to protect children while preserving families, the funding to implement the goals of such legislation has not been adequately provided.
20. **TRANSITION** to a presentation of 1980 to present day, focused on the rising demand for resources by asking participants what they might identify as the current concern in the field of child welfare, allowing for participants to identify the need for resources.
21. **PRESENT** the following information:
 - ◆ As public awareness of child maltreatment grew, the number of reports grew exponentially, as well. Between 1976 and 1993, the number of children reported as abused or neglected rose by more than 347%.
 - ◆ Increased volume in reporting strained the child protection system's capacity to respond. Cases considered serious were investigated, but relatively few resources were available to support ongoing social services to children and families, even when evidence of maltreatment was found.
 - ◆ Public concern grew during the 1970s over the large number of children placed in foster care, the length of time they remained in placement, and the number of children drifting from one foster home to another, neither returning to their own parents or being placed for adoption. This concern resulted in growing pressure to expand efforts to preserve families.
 - ◆ Through the Adoption Assistance and Child

Welfare Act of 1980, the federal government required states to make “reasonable efforts” to prevent out-of-home placement and to promote family reunification or find permanent homes for children who had to be placed.

22. **ASK** if there are any questions and respond as appropriate and/or facilitate a brief discussion specific to reasonable efforts.
23. **SEGUE** to presentation of information specific to intensive in-home services, using the following:
 - ◆ The next shift in public thinking about services for at-risk children involved intensive in-home services, marking a transition from removal of abused and neglected children to that of keeping children safe in their homes whenever possible. This made it no longer necessary for parents to prove their ability to keep their children safe; rather, child protection agencies had to prove that they had made reasonable efforts to help the parents keep their children safe.
 - ◆ However, because of inadequate organizational capacities and expertise to effectively deliver the services, numerous and widespread examples of failure followed.
24. **ASK** participants to name some of the factors that led to increasing caseloads of child protective services during the 80s and 90s; facilitate a discussion of these factors, ensuring that the following are listed:
 - ◆ More severe and complex cases brought to the attention of the system,
 - ◆ Growing use of drugs, especially crack cocaine

among women with children,

- ◆ Increase in numbers of families living in poverty,
- ◆ Cutbacks in social services to the poor, and
- ◆ Deterioration of urban areas (more ghettos).

25. **SEGUE** to a discussion of how these factors were addressed, specifically the problem of limited services, using the following information:

- ◆ A 1993 amendment to the Social Security Act established the Family Preservation and Family Support program, which provided funds to help communities build a system of preventive and crisis intervention services for at-risk children and families.
- ◆ The most recent significant legislation was the Adoption and Safe Families Act (ASFA) of 1997, which seeks to improve child protection and care, increase adoption and other permanent arrangement, and support families.
- ◆ The ASFA amends the Adoption Assistance and Child Welfare Act of 1980, emphasizing child safety as the primary concern.
- ◆ There is also a component of ASFA that allows for termination of parental rights (TPR) to occur sooner.

Trainer's Note: Before summarizing this activity by presentation, participants may be asked to close their manuals and in groups of 2 or 3, to post the individual descriptions of each act on the timeline.

26. **SUMMARIZE** this activity by use of the following information, presented here as narrative for trainer to present in his/her own words:

- ◆ The American system of child protection arose out of the philanthropic and child-saving motivations of private individuals and organizations, which often focused on poor families. Despite the obvious connection between the needs of children and the conditions faced by their families, recognition of this has not translated into support for services to maintain and enhance family functioning. Instead, child welfare agencies—both public and private—have focused on providing substitute child-rearing environments for children whose parents are unable or unwilling to give them the care they need.
- ◆ Current reformers hope to use child welfare services to support and assist families who are having problems with child rearing. Attention now is devoted to coordinating the efforts of various public and private agencies working with children and families within communities, and to forging ties between formal helping agencies and informal networks of extended family, friends and neighbors who support each other in their parenting responsibilities.
- ◆ A public policy framework for providing supportive services to families, such as those that exist in other countries, has never really been standardized and put into place in the United States.
- ◆ Public and private resources available for financial assistance and service programs for children and families are inadequate and may shrink further as states and local communities juggle competing demands on a limited pool of

tax dollars.

- ◆ Reflective of the long-standing dilemma of child protection vs. family preservation, current policy debates still revolve around the need to balance protection for children with efforts to preserve families.

Trainer's Note: It might be helpful, as review, to conduct a type of "what did you learn" exercise to close this activity and it can be conducted several ways: through a sentence completion for the large group and then, sharing of answers; by having each person tell one item discussed that they did not previously know or that made an impact on their thinking for small groups; or by any game-like exercise of the trainer's choice.

27. **TRANSITION** to the next activity, which will focus on supervisory roles and responsibilities.

Overview of Child Welfare History

This overview provides a historical perspective on the evolution of child protective services. It emphasizes the importance of understanding how the jobs and responsibilities of CPS case managers have been influenced by history.

The history of the nation's response to child abuse and neglect has been marked by tension between these two missions: an emphasis on rescuing children from abusive or neglectful families on one hand, and efforts to support and preserve families on the other. The contemporary debate over the priority given to these competing goals, debated currently by the media and in scholarly journals, is actually more than 100 years old.

The child rescue orientation is reflected in a long-standing tendency to view child maltreatment as a result of poverty and parental irresponsibility and to emphasize removing children from their homes as a measure for protecting them. The family support approach, by contrast, is focused on eliminating social and environmental factors that contribute to parental stress and child maltreatment. The child rescue orientation was evidenced as early as the colonial period, while the family support philosophy is rooted in the social services orientation of the progressive movement established in the early twentieth century.

1700's and 1800's—Indenture and Institutional Response

The legal basis for efforts to protect needy children in colonial times was founded on the English Poor Law of 1601, which placed public responsibility for the poor in the hands of local townspeople. This law was used to justify governmental intervention into the parent-child relationship, either to enforce parental duty or to supply substitute care for the child. The attention of those concerned about child abuse and neglect focused primarily on the children of the poorest families and on those who were orphaned, abandoned, or unsupervised. Children of the “unworthy poor” were saved from developing slothfulness by separating them from their parents through indenture (meaning, binding one over to work for another person for a given period of time) or by placement in institutions. While actions taken on behalf of abused children were perhaps justified on moral grounds, these actions also served as instruments of social control.

Highlights of the Period

- ◆ During most of the 1800s, destitute children were sent to institutions operated by private, charitable organizations, e.g. Catholic Charities.
- ◆ Many poor or abandoned children were sent to live in almshouses. These facilities were established in large cities to house the very poor of all ages, e.g. Hull House in Chicago.

- ◆ By the second half of the 1800's, there was increasing criticism of the impact the unsanitary, chaotic conditions of almshouses on children. Private charities and religious groups established orphanages or children's asylums to separate needy children from adults.

The demands of urbanization, industrialization and immigration upon poor and working-class families in the 1800's left many children unattended. Child vagrancy became an increasingly visible problem in larger cities for those children with no other alternatives for families, caregivers, food, or shelter.

Orphan Trains

In 1853, a minister named Charles Loring Brace, formed the Children's Aid Society in New York City to rescue the large number of vagrant children there initiating what became known as the Orphan Trains. Vagrant and/or orphaned children were taken to the Midwest, for the most part, where families gathered at each train stop to look at the children and to choose whichever child they wanted. Those not selected at one stop would re-board the train and continue to the next stop to go through the process of being scrutinized again. For 75 years, the Children's Aid Society employed this practice, sending more than 150,000 orphans (or abandoned children) by train across the country. The intent was that these children would find homes with Christian families, where their willing labor would be valued by farming families in rural areas. However, while it is true that some children found good homes, others were taken and treated as little more than free or slave farm labor.

1877 to 1920—Shifting Philosophy in Child Welfare

From 1877 to 1920, the focus on child protective services shifted to a philosophy modeled by anticruelty societies, the private associations that anticipated modern methods of investigating and responding to child abuse and neglect. In 1877, the New York Society for the Prevention of Cruelty to Children was formed, following the famous "Mary Ellen" case in New York City.

Mary Ellen was an illegitimate child orphaned at age 3. She was given to a Mr. and Mrs. Conolly, who were to care for her and to report on her progress each year. She was severely abused, never allowed to go outside, and was kept inside a tiny, dark closet when the parents were away. She was made to sleep on a scrap of carpet on the floor and beaten regularly with a whip and scissors. Neighbors, upset by the child's treatment, told a church worker about Mary Ellen's living conditions. This worker, Etta Wheeler, visited the Connolly home and found the child chained to a bedpost, emaciated and covered with bruises and cuts.

Details of the “Mary Ellen” Case

- ◆ For a year, Ms. Wheeler continued to visit the home, offering to help but the Connollys did not accept her interventions. During this time, Ms. Wheeler appealed to police, church, and the courts but was told, “don’t interfere between parent and child”.
- ◆ Etta Wheeler finally went to Henry Bergh of the American Society for the Prevention of Cruelty to Animals. She convinced him to take Mary Ellen’s cause and Mr. Bergh was able to get a judge to hear the case, arguing that the child should be entitled to the same protection from cruelty as animals.
- ◆ Mary Ellen was carried into the courtroom on a stretcher, wrapped in a horse blanket. Members of the court and observers wept openly at the sight of this child’s condition.
- ◆ As a result of the hearing, Mary Ellen was removed from the Connolly home; the foster mother, Mrs. Connolly, was sentenced to one year in prison for the crimes she had committed against the child.

Mary Ellen’s case stirred public interest and attention; complaints began to pour in to Henry Bergh’s office in regard to the plight of other mistreated children. There were so many cases presented, that a community meeting of citizens was held and an association called “For the Defense of Outraged Childhood” was formed which created the Society for the Prevention of Cruelty to Children. This organization was formally incorporated one year after Mary Ellen’s case was heard.

In the same year (1877), New York passed a law to protect children and to punish wrongs done to them, giving these anti-cruelty societies a legal foundation and a mandate to identify children mistreated by their families. More states passed similar laws to protect children as the twentieth century began, establishing the necessary foundation for the nation’s juvenile court system.

Creation of Societies for the Prevention of Cruelty to Children (SPCC)

By the early twentieth century, more than 300 SPCCs operated in cities in the Northeast and Midwest under the umbrella of the American Humane Association.

Philosophical Basis

Philosophies of the SPCCs differed by state, especially relevant to their emphasis, whether on child protection or family preservation. However, in the early years of the twentieth century, progressive agendas for social reform gave endorsement to the approach of helping parents to care for their children. In 1909, the first White House Conference on Children took place, issuing the following statement: “No child should be removed from the home

unless it is impossible to so construct family conditions or to build and supplement family resources as to make the home safe for the child...”

An American Humane Association leader, Dr. Vincent de Francis, explained the emerging philosophy this way: “The best way to rescue a child is to rescue the family for the child”. In 1920, the newly established Child Welfare League of America worked with the American Humane Association and other agencies to promote the idea of a national (although largely private) child welfare program that would stress temporary out-of-home care for dependent children, and would attempt to preserve the natural family home whenever possible.

1920 to 1950—A Child Welfare System

The issue of child protection was transformed from one of law enforcement to one of rehabilitation through social services; efforts to protect children gradually became part of the human service system provided by governmental agencies. By the 1930’s and 1940’s, functions once performed by humane societies were taken over by a variety of public and voluntary organizations such as juvenile courts, juvenile protective associations, family welfare societies, and some newly formed governmental bodies. The acceptance by states, counties, and municipalities of the responsibility for child protection marked a new era in the child welfare movement.

The federal government’s first venture into child welfare occurred with the passage of the Social Security Act of 1935. This law established the Aid to Dependent Children program, which offered cash assistance to enable poor, single mothers to care for their children rather than to lose custody of them. That legislation also contained a section (Title IV-B, Child Welfare Services) to provide limited federal funding to encourage states to develop preventive and protective services for vulnerable children. However, in practice, the states used these funds to pay for foster care of children, not to provide supportive services to families whose children remained at home.

1960 to 1980—Next Era of Child Welfare

The focus of the public and child welfare agencies shifted once again during the period of the 1960’s and 1970’s as awareness of child abuse increased and child safety became a primary concern. In the 1960’s, medical professionals focused public attention on evidence that appeared to confirm that parents or caregivers at times inflicted physical injuries to their own children or the children in their care. X-rays and other documentation of injuries gave rise to public awareness of “battered child syndrome”, a phrase coined by Dr. Henry Kempe in 1963. Battered child syndrome is defined as the collection of injuries sustained by a child as a result of repeated mistreatment or beating. If a child’s injuries indicate intentional trauma or appear to be more severe than could reasonably be expected to result from an accident, battered child syndrome is suspected.

Child abuse and neglect became an issue of national importance, and the role played by

government agencies in identifying and responding to the problem expanded significantly. By 1968, mandatory reporting laws were passed in all states.

A federal law enacted in 1974, the Child Abuse Prevention and Treatment Act, (CAPTA) encouraged states to pass laws requiring that professionals and others identify children who needed protection and that public, social service departments investigate reports of maltreatment and keep track of substantiated cases. CAPTA also established the National Center on Child Abuse and Neglect, which developed standards for receiving and responding to maltreatment reports.

Federal leadership during this time caused expanded public awareness of child maltreatment and established: 1) a nationwide system of child protection that mandated reporting physical abuse, neglect, sexual abuse, and exploitation, 2) the creation of state CPS agencies to investigate reports and 3) state-level central registries for perpetrators and victims. These established entities led public attention and support back to child safety as the primary concern to the extent that by the mid to late 1970's, there were over 500,000 children in foster care in the U.S. CAPTA offered grants to help states that met national standards to develop child protection programs, but the funds were too limited to provide extensive service programs. In 1975, Congress passed Title XX of the Social Security Act, giving the states resources they could use to address child abuse and neglect, or other social service needs. Even so, by the end of the decade, 75 percent of all child welfare monies were devoted to foster care rather than to services to support and preserve families.

Supplementary to this legislation was the passage of the Indian Child Welfare Act of 1978, which clarified and reinforced the role played by Native American families and tribal governments in decisions about the protection and placement of their children. This law mandated that state courts act to preserve the integrity and unity of Native American families, but like CAPTA, it did not include significant funding for services.

Although legislation has been passed to protect children while preserving families, the funding to implement the goals of such legislation has not been provided.

1980 to Present Day—Rising Demand for Resources

As public awareness of child maltreatment grew, the number of reports grew exponentially, as well. Between 1976 and 1993, the number of children reported as abused or neglected rose by more than 347%. Increased volume in reporting put pressure on the child protection system's capacity to respond. Cases considered serious were investigated, but relatively few resources were available to support ongoing social services to children and families, even when evidence of maltreatment was founded. This resulted in CPS agencies being criticized for not doing enough for families identified as having problems, while, at the same time, being accused of interfering unnecessarily with families because of adversarial investigation of parenting practices.

Over the last 30 years, child protective services have become the largest component of child

welfare. Public concern grew during the 1970's in regard to the large number of children being placed in foster care, the length of time they remained in placement, and the number of children drifting from one foster home to another, neither returning to their own parents or being placed for adoption. This concern eventually resulted in growing pressure to once again expand efforts to preserve families.

Through the Adoption Assistance and Child Welfare Act of 1980, the federal government required states to make "reasonable efforts" to prevent out-of-home placement and to promote family reunification or find permanent homes for children who had to be placed. State eligibility for federal funding for foster care (almost 75% of all foster care dollars) was tied to these requirements. This legislation strengthened connections among CPS agencies, those child welfare agencies that oversee children in foster care, and the juvenile courts. The juvenile courts review public agency efforts to avoid placement and achieve permanency for children.

Intensive In-home Services

The next shift in public thinking about services for at-risk children promoted intensive in-home services, which were designed to reduce pressure on parents, in turn preventing abuse and allowing children to remain at home. This was a marked transition from the predisposition to removal of abused and neglected children. The emphasis became one designed to keep children safe in their homes whenever possible. No longer was it necessary for parents to prove their ability to keep their children safe; rather, it became the job of child protection agencies to prove that they had made reasonable efforts to help the parents keep their children safe. However, because of inadequate organizational capacities and expertise to effectively deliver the services, numerous and widespread examples of failure followed. In numerous recorded instances, children were killed or seriously injured by parents who were either non-responsive to in-home services or did not receive services at all. As the public became aware and outraged, removals and placement in foster care increased once again.

During the 1980's and 1990's caseloads of child protective service agencies continued to increase due to a wide range of issues, including:

- more severe and complex cases being to the attention of the system,
- a growing use of drugs, especially crack cocaine among women with children,
- an increase in the number of families living in poverty,
- cutbacks in social services to the poor, and
- deterioration of urban areas (more ghettos).

Addressing these Factors—Limited Services

- ◆ A 1993 amendment to the Social Security Act established the Family Preservation and Family Support program, which provided funds to help communities build a system of preventive and crisis intervention services for at-risk children and families.
- ◆ The Adoption and Safe Families Act (ASFA) of 1997 was a significant piece of legislation that sought to improve child protection and care, increase adoption and other permanent arrangement, and support families.
- ◆ The ASFA amends the Adoption Assistance and Child Welfare Act of 1980, emphasizing child safety as the primary concern.
- ◆ There is also a component of ASFA that allows for the termination of parental rights (TPR) to occur sooner than had previously been allowable. Many family advocates are concerned about this factor, believing that adoption may become the system's preferred means of reducing the foster care population rather than making sustained efforts to preserve families.

A Review of the History of Concern

The history of concern for abused and neglected children confirms that the American system of child protection arose out of the philanthropic and child-saving motivations of private individuals and organizations that often focused on poor families. Despite the obvious connection between the needs of children and the conditions faced by their families, recognition of this has not translated into support for services to maintain and enhance family functioning. Instead, child welfare agencies—both public and private—have focused on providing substitute child-rearing environments for children whose parents are unable or unwilling to give them the care they need.

Current reformers hope to use child welfare services to support and assist families who are having problems with child rearing, not only to replace those families. Attention now is devoted to the need to link the various public and private agencies working with children and families within communities, and to forge ties between formal helping agencies and informal networks of extended family, friends, and neighbors who support each other in their parenting responsibilities. Some current suggestions focus on developing comprehensive, linked community-based services that would share responsibility for child safety. This would require differentiating between high-risk cases, which CPS would focus on, and lower risk cases, which might respond well to intensive preventive services, becoming the responsibility of other community providers. Projects are being piloted in several states to cover this continuum of services.

A public policy framework for providing supportive services to families, such as those that exist in other countries, has never really been standardized and put into place in the US. In addition, public and private resources available for financial assistance and service programs for children and families—already inadequate to meet existing needs—may shrink further as states and local communities juggle competing demands on a limited pool of tax dollars.

Reflective of the long-standing dilemma of child protection vs. family preservation, current policy debates still revolve around the need to balance protection for children with efforts to preserve families.

ACTIVITY 3

ROLES/RESPONSIBILITIES OF SUPERVISORS

Time

1 hour

Type of Activity

Small Group
Activity

Equipment/ Materials Needed

- ◆ Handouts (1 for each participant)—
Contrasting Relationships Worksheet
Critical Role of Supervisors
Making the Transition
Positive Work Climate
- ◆ PowerPoint Slide #5—
Management Style Grid

Learning Objectives

Participants will be able to

- ◆ Define roles and responsibilities of CPS supervisors.
- ◆ Differentiate between peer and supervisor relationships.
- ◆ Examine determining factors of job satisfaction.

Instructions

1. **BEGIN** this activity by asking participants to respond to the following questions, recording answers on the flipchart as they are given:
 - ◆ What (and how many) roles do you play as a supervisor?
 - ◆ What are the responsibilities within those roles?
 - ◆ What is most challenging about supervising CPS workers?
2. **DISTRIBUTE** and review the two handouts, *The Critical Role of the Supervisor*, and *Making the Transition*.
3. **DIVIDE** the large group into 3 smaller groups for an exercise, (it would be helpful if each group has one participant with more experience than the others in the group) and distribute the *Contrasting Relationships Worksheet*.

◆ Flipchart

◆ Markers

Manual
References

None

4. **DIRECT** the groups to work together to complete the worksheet, specific to differences and similarities in relationships between peers or colleagues, as contrasted with relationships between a supervisor and supervisees.
5. **ENCOURAGE** the more experienced group members to guide the exercise, drawing from their experience when they first became supervisors; asking their help in preparing newer supervisors for some of the challenges relevant to management of their relationships with their supervisees.

Trainer's Note: You may assist if groups need prompting by providing some general categories to consider (i.e., power differences, issues around authority, communication and structure for contacts between supervisor and supervisee). The following is a categorical listing with ideas generated by previous training groups. As groups add ideas, you should update your copy as groups contribute greatly to the ideas contained below.

Peer Relationships

- ◆ Both have equal power.
- ◆ Both parties are responsible for themselves.
- ◆ One can't fire the other.
- ◆ Can ask personal favors.
- ◆ One can have favorites.
- ◆ Can socialize without restraint.
- ◆ Can establish mutual expectations.
- ◆ Can choose to avoid confrontation.
- ◆ Can see each other anytime, anywhere.

- ◆ Open communication.
- ◆ Relationships can become intimate.

Supervisory Relationships

- ◆ Supervisor has power over the worker.
 - ◆ Is responsible for the worker's performance on the job.
 - ◆ Can influence worker's livelihood.
 - ◆ Any "favors" asked must be job-related.
 - ◆ Some kinds of socialization may undermine the supervisor's authority.
 - ◆ Performance expectations for the worker are established by the job description and the supervisor.
 - ◆ Must confront inappropriate behavior or substandard performance.
 - ◆ Structured contact with an agenda.
 - ◆ Communication is influenced by status—must take care regarding personal information—must keep things confidential.
 - ◆ Can never evolve into an intimate relationship without changing the status of the two parties.
6. **FACILITATE** the sharing of the information completed by the small groups by having each group present the information they have recorded.
 7. **ASK** participants to share examples of times when they have been challenged by supervisees to compromise the supervisory boundary; asking also how they responded to the situation and by facilitating a discussion of suggestions by other participants on alternate methods of handling the

situations named.

Trainer's Note: It is possible that the group might be unable or unwilling to share situations, which they have faced, depending on the amount of experience by group members. So the following possible situations are provided as examples to discuss and may be used at your discretion. It is important to note that none of the following are actual situations, but could have happened to any supervisor. Situations are specific to a worker who:

- ◆ Expects special treatment because of your friendship prior to becoming supervisor.
- ◆ Comes in and interrupts you too often with gossip or other irrelevant information.
- ◆ Wants to confide something about another worker to you, but asks you to promise that it will be kept confidential.
- ◆ Asks you what happened to another worker that received a corrective or disciplinary action.
- ◆ When getting corrective feedback, says, "I'm older than you and have much more experience. Who are you to tell me anything?"
- ◆ Is part of a dominant subgroup in the unit and asks you to go out for drinks with the group.

Trainer's Note: You may also opt to conduct a role play exercise with the above situations written on slips of paper and distributed to volunteers to act out the situation. Directions should include:

- ◆ One of you is the supervisor and one is a worker; demonstrate how a supervisor can establish and maintain the supervisory boundary without damaging the rapport or

relationship with the worker.

Role-plays can then be processed by asking all participants for critique of the role-play, additional methods or strategies for handling the situation, etc. Notes should be made for future reference.

8. **PROCESS** discussion or role-plays of the situations by addressing the following:
 - ◆ How the situation or statement would make a supervisor feel;
 - ◆ How the supervisor's response might make the worker feel;
 - ◆ What alternative actions or responses might be helpful; and
 - ◆ What other situations or responses might generate the same feelings in either supervisor or worker.
9. **SUMMARIZE** this exercise by explaining to participants that there is no question that some people can maintain both a personal and professional relationship at the same time, but that this is probably the exception, rather than the rule.
10. **INFORM** participants that those that do maintain a dual relationship must make expectations of one another very clear as maintaining dual relationships can
 - ◆ Make supervisors vulnerable to allegations of favoritism;
 - ◆ May lead to discomfort in exercising authority when necessary for the job; and
 - ◆ It can contaminate the work climate by generating competitiveness and jealousy from

others in the unit.

11. **DISTRIBUTE** and direct participants to the handout, *Positive Work Climate*, noting that the supervisor's behavior is the greatest determining factor of job satisfaction for workers. Explain a worker's level of job satisfaction is directly related to the extent to which his/her needs are being met on the job.
12. **STATE:** "Later training will focus more on worker's needs, motivations and job satisfaction."
13. **POST PWPT** Slide #5, *Management Style Grid*, and point out that a supervisor has a significant influence on many of those needs, specifically those of a sense of security, belonging, self-esteem, and self-actualization.
14. **ASK** participants to give examples of how the supervisor might satisfy the identified needs and facilitate a discussion of responses. Explain that this phenomenon will be examined more thoroughly in a later module.
15. **TRANSITION** to the next activity by explaining that since a supervisor's behavior is critical to staff satisfaction and retention, the next activity will focus on analyzing primary characteristics of interactions with staff. Explain that there will also be an attempt to identify times when another style might be more effective.

Trainer's Note: It is likely that this transitional statement will occur at a time of day most appropriate to break for lunch. If so, inform participants how long they have for lunch and dismiss.

ACTIVITY 4

MANAGEMENT STYLES

Time

1 hour

Type of Activity

Presentation

Role Play

Small Group
Activity

Guided
Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slide #6—*Key Principles of Training*
- ◆ Handouts—*Management Style Activity Sheet* (5 copies)
Management Style Grid
- ◆ Flipchart

Learning Objectives

Participants will be able to

- ◆ Examine five examples of management styles.
- ◆ Provide case scenarios to exemplify each style.

Instructions

Trainer's Note: It might be best to introduce the topic of management styles through an interactive discussion and demonstration. You would play the role of a worker, acting out a brief interaction between a worker and a supervisor and having participants respond to this worker as if the situation were real. Urge participants not to over-think their responses, but to give their "first thought" response. Assure participants that there is no one correct response to any of the given situations.

You should note that the goal of this exercise is to obtain natural examples of each management style without participants' knowledge of what is going on to set the stage for assessing individual management styles. It might be helpful for you to suggest that books, manuals and handouts should not be used at this point, especially page 12. This will keep participants from responding to situations as they anticipate they should. This way, responses are more likely to reflect their characteristic style, rather than the one they think you will prefer.

Also, it is critical that you be prepared with several different scenarios prior to this activity and the

◆ Markers

scenarios should reflect actual situations with which the participants can relate, as well as relevant to types of workers and difficult situations CPS supervisors can encounter on the job.

Manual
References

None

1. **INSTRUCT** participants to respond as they typically would to a worker in a “real” situation and proceed with the demonstration of the chosen scenarios. The following are several scenarios from which you can choose, asking participants what they would say in response:

- ◆ #1—A worker comes back from the field and says, “I tried to investigate the Carlson allegation, but when I knocked on the door, someone yelled from behind the door that they would kill me if I didn’t get off their property. I’m not being paid enough to risk my life.”
- ◆ #2—A referral comes in that needs to be investigated immediately (Priority 1) and it is near the end of the day. The worker who is next to be assigned is involved in a class that meets that day after work and you (the supervisor) are aware of this worker’s class schedule. When you assign this referral to this worker, he/she says, “But I have class tonight and it’s almost 4:30 now.”
- ◆ #3—You learn that a case manager has failed to investigate a substantial number of referrals. You let the case manager know that you want to discuss this situation and when you are face-to-face, he/she becomes very upset and says, “This is an impossible job. I don’t know how anyone can keep up with all this. I am so overwhelmed; I have no idea how to manage all these referrals.”

Trainer's Note: On #3, you may choose to handle two different ways—one in which the worker is upset and tearful and another in which the worker is angry and defensive. It is very interesting to observe how responses change when emotions are escalated, even though the message remains the same.

- ◆ #4—You learn that a case manager failed to respond to one particular referral in which the reporter stated that they witnessed the abuse personally. When you ask the worker about this, his/her response is, “Oh, I know the family and they wouldn't do that. I did go over and interview the victim, who denied that anything happened. So, I closed the case.”
- ◆ #5—A worker continually comes to you to ask about certain policies, although you have trained him/her on them, refreshed them several times previously and they have the policy/procedure manual as a reference. So, how do you respond if they ask again? (*Note: This scenario should elicit some minimalist responses.*)
- ◆ #6—A case manager has just returned from investigating a referral on an infant as failure to thrive. When you ask how the baby was, he/she says, “Oh, she was sleeping. She looked fine, so I'm closing the case.”

2. **BEGIN** demonstration of different management styles by drawing a 4-section (quadrant) grid on a flipchart, which represents part of the supervisory/management grid that will be completed later as definitions and examples of each style are provided.

3. **FACILITATE** responses, making an effort to

include responses that would represent each management style by placing an X in the quadrant representative of each style as responses are given.

Trainer's Note: An explanation follows to enable trainer to demonstrate placement on the grid of each management style. For example, a high feeling response is indicated by an X in the upper left corner, which is Worker-Centered style. Responses that focus primarily on a worker's behavior is indicated in the lower right corner, called Compliance style.

Responses that rely on relationships (using "we" and "us" pronouns) or those that use humor appropriately are indicated in the middle of the grid, considered Charismatic style. Responses that do not directly address feelings or behaviors may be Minimalist (i.e., selective ignoring or very brief, neutral responses).

Responses that address both worker's feelings and behaviors and attempts to develop some insight into how feelings and behaviors are related, is Credibility style. (Most teaching interventions are considered Credibility.) After the scenarios and responses are given, there should be an X in every quadrant before providing definitions for the styles. Note that you should be prepared with examples of the best use of each management style in order to help participants with integration of the information.

4. **DIRECT** participants to the *Management Style Grid* in their handouts (page 12) and post PWPT Slide # 6, *Key Principles of Training*, to assist with the visual demonstration of the grid's use.
5. **EXPLAIN** the grid by informing participants that the extent to which a supervisor's response addresses the worker's feelings is plotted on the Y axis, with 1 being very low feeling oriented to 9 being very high feeling oriented. Continue by

explaining that the extent to which a supervisor's response addresses the worker's behavior is plotted on the X axis, with 1 being very low behavior oriented to 9 being very high behavior oriented.

6. **CATEGORIZE** and explain some of the participants' previous responses to scenarios used (possibly most relevant to Sample Scenario #1) by using the following information:
 - ◆ **Worker centered:** "It sounds like it was really scary for you. Absolutely, you should not risk your life for this job. You won't be going back there alone."
 - ◆ **Charismatic:** "They warned you, you're doing pretty well (in a joking tone). Let's see if we can involve the police on this one. We're in this together—let's see what solutions we can come up with. I've had the same thing happen. It's frightening."
 - ◆ **Compliance:** "Visiting and investigating is part of the job and everyone has to do it. You can involve the police, but you do have to go back and complete the investigation."
 - ◆ **Minimalist:** "Most threats never happen."
 - ◆ **Credibility:** "I can really understand how threatened you must be feeling. We still need to follow up on that allegation, though. What can we come up with to ensure your safety and still complete the investigation?"
7. **DIRECT** participants to pages 13–15 for specific definitions of the five styles and review, elaborating on each style as appropriate by providing some additional examples of each style.
8. **ASK** if there are any questions relevant to use of

the grid, before conducting a small group and/or role play exercise.

9. **DIVIDE** the large group into five small groups, assigning each group one of the five management styles. Distribute the *Management Styles Activity Sheet* to each group, directing each group to work on their assignment without divulging to other groups to which style they are assigned.
10. **INSTRUCT** each group to develop a brief scenario (no more than 3 minutes) that will demonstrate the best use of the assigned style and allow approximately 10–15 minutes for the groups to develop the scenario.

Trainer's Note: You should offer assistance to any group having difficulty, so that a scenario is a good match for the assigned style. Write the following instructions on a flipchart as scenarios are being developed:

- ◆ *DO NOT tell us which style you are demonstrating, you will be showing us.*
- ◆ *Briefly describe the situation.*
- ◆ *Tell us WHERE the scene is taking place.*
- ◆ *Tell us WHO is WHO (i.e., worker, supervisor, co-worker, etc).*

11. **FACILITATE** role-play presentations by each group, instructing the audience to identify the style demonstrated. *(Note that there may be a combination of styles demonstrated within one scenario, so the audience should allow the entire role-play to be demonstrated before identifying the style.)*

Trainer's Note: Per your discretion, if public role-playing does not seem appropriate, an alternative

learning experience for this might be to: instruct small groups to develop a situation that they will report by telling the group something about the client, the setting, the situation they have developed and by including at least three statements that represent the style they have been assigned. The following instructions for processing apply to either option.

12. **PROCESS** the role-plays by asking the following questions after each demonstration and identification of style:

- ◆ Why did you select that style?
- ◆ What aspects of the interaction were specifically characteristic of that style?
- ◆ Were there any characteristics of another management style indicated? If so, what were they?
- ◆ Was this situation a good match for the style?
- ◆ What suggestions for improvement or increasing reality do you have?

13. **EXPLAIN** to participants that there is often some overlapping of styles and that supervisors frequently use a combination of styles within a single interaction.

14. **RECONVENE** into the large group, directing participants to individually complete page 16 of their participant handouts. Process completion of this worksheet by having participants volunteer to share and compare their responses with the large group.

15. **SEGUE** to summarization by asking the large group which management/supervisory style is best and facilitate a brief discussion of responses.

16. **EXPLAIN** that there is really no one best style. It depends on a variety of factors, including the nature of the supervisor's relationship with the worker, the worker's feelings, and level of performance in a particular skill (which is indicated by behavior), the time and the place.
17. **EXPLAIN** to participants that too often, supervisors are unable to select their staff; therefore, an effective supervisor must be able to use all styles as appropriate, depending on the needs of the staff or the situation.
18. **EXPLAIN** that most people have a style with which they are most comfortable, and ask participants which style is most comfortable for them. Facilitate a brief discussion of the various responses.
19. **TRANSITION** to the next activity, which will present the opportunity for participants to assess themselves in competencies required by the job.

ACTIVITY 5

EDUCATIVE SUPERVISION COMPETENCIES

Time

1 hour

Type of Activity

Small Group
Activity

Guided
Discussion

Self Awareness
Exercise

Equipment/ Materials Needed

- ◆ Handout—
*Competencies
for Educative
Supervision*
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Assess individual competency in educative supervision.
- ◆ List potential areas for self-improvement.
- ◆ Strategize methods for continuous improvement on the job.

Instructions

1. **BEGIN** this activity by reviewing the supervisory roles and responsibilities identified earlier and point out the many expectations that correspond.
2. **ASK** participants what they need to know or do in order to fulfill these expectations and record salient responses on the flipchart.
3. **DIRECT** participants to *Competencies for Educative Supervision* (contained on pages 17–20 of their participant handouts); instructing them to read it through, then return to assign a number from 1 to 5 to each expectation that reflects how they assess themselves in that competency.
4. **INSTRUCT** each participant to identify three areas (competencies) in which they could improve and to write these on page 20 of their participant handouts, in the space provided, allowing 10–15 minutes to complete.

5. **FACILITATE** a discussion of areas of improvement chosen by the group, noting similarities and differences among competencies chosen. Also, note any feedback specific to the instrument.

Trainer's Note: You may select some core competencies, asking specifically for discussion about teaching and/or developing these competencies in staff. The following are questions to guide this discussion, should you choose to include this exercise:

- ◆ What is the role of this competency in orientation? How do they orient and integrate new staff?
 - ◆ Has anyone had experience using individual development plans?
 - ◆ Does anyone have a schedule for discussing professional development with staff?
 - ◆ What are some ways you have tried to promote independence and autonomy in your workers?
 - ◆ What does supervision consist of? What does it look like?
 - ◆ How have you gone about increasing a worker's self awareness?
6. **DIVIDE** the group into smaller groups, using discretion about group size and which of the following tasks seem most relevant for this group's attention.
7. **INSTRUCT** each small group to create a list of strategies or recommendations for achieving the task assigned from the following tasks:
- ◆ Strategies for orienting and integrating new

staff to the unit.

- ◆ Listing of what can be done to attend to individual development of staff.
 - ◆ Ways to promote autonomy and motivate staff with basic skills to become more independent.
 - ◆ Recommendations for conducting individual supervision and case consultations.
 - ◆ Methods to develop greater self-awareness in staff.
8. **RECONVENE** the large group, and have each group present their strategies and/or recommendations to the large group. Ask for additional suggestions from the large group at conclusion of each presentation.
 9. **SUMMARIZE** this activity by explaining that the focus of this activity was to introduce ideas specific to educative supervision. Acknowledge that it is evident that these competencies are being practiced on a regular basis within the work environment of each participant and that they are excellent resources for one another.
 10. **TRANSITION** to the next activity, which will focus on individual learning needs of the training group members.

ACTIVITY 6

INDIVIDUAL DEVELOPMENT PLANS

Time

30 minutes

Type of Activity

Guided

Discussion

Self Awareness

Exercise

Equipment/ Materials Needed

- ◆ Handout—
Individual Development Plan
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Complete individual plans for self-improvement.

Instructions

1. **BEGIN** this activity by asking participants in which areas they believe they could improve or grow. As volunteers respond, record some critical areas on a flipchart.
2. **ASK** for suggestions as to how these areas might be improved and/or ways they could increase their effectiveness in the areas listed and facilitate a group discussion of those suggestions.
3. **DISTRIBUTE** the handout, *Individual Development Plan*, to each participant, instructing the group to complete one for each area (competency) in which they would like to improve. Explain to participants that these plans will serve as a guide for their mentors, who are assigned to help them focus on professional development.
4. **ALLOW** 10–15 minutes for the plans to be completed. If time permits, participants may complete additional plans for other competencies in which they want to improve.
5. **RECONVENE** the large group, asking for volunteers to share their ideas for self-improvement. Facilitate a discussion by having the large group make any additional suggestions or by

- recommending additional learning activities and resources.
6. **COLLECT** the plans, assuring participants that their plans will be returned to them after copies are made.
 7. **SUMMARIZE** this activity by explaining to participants that they must model the behavior they expect from staff. Explain that as educative supervision methods are integrated into the job, both staff and supervisors need to attend to professional development as a continuous improvement process.
 8. **REMIND** participants that one of the roles of their mentors is to follow up with them, checking progress made on self-development and improvement.
 9. **EXPLAIN** that Day 2 of this module's training will be devoted to identifying the learning needs of their staff and to developing strategies they can use to help case managers become more competent in their jobs.
 10. **DISTRIBUTE** training evaluation forms to each participant, instructing them to complete the form before leaving. Emphasize that the goal of training is to be as relevant and useful as possible, so their suggestions and feedback is critical to the process of continuous improvement for training.
 11. **COLLECT** evaluations and dismiss for the day, reminding participants of the time and location for Day 2 of Educative Supervision training.

ACTIVITY 7

CASE MANAGER COMPETENCIES

Time

50 minutes

Type of Activity

Guided

Discussion

Small Group
Activity

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Strategize methods to increase staff competency.

Instructions

1. **WELCOME** participants to Day 2 and conduct a warm-up activity.

Trainer's Note: This warm-up activity might include a discussion of reactions to Day 1, critical learning that occurred or discussion of specific suggestions/recommendations made on evaluations. If you adapt your training plan based on Day 1 feedback made, be sure to acknowledge those suggestions and get reactions from participants as to whether or not they agree.

It is also possible that you might conduct a brief review while checking for understanding by using some of the scenarios not previously used, identifying management styles or by asking participants which activity was most helpful to them.

2. **EXPLAIN** to participants that attention to case manager competencies is the focus of this activity, reminding them that it is their responsibility to develop staff because of their role as educative supervisors.
3. **ACKNOWLEDGE** that case managers complete an extensive pre-service training program, but as supervisors, they must ensure integration and

- practical application of the material learned.
4. **FACILITATE** a group discussion by using the following questions, recording salient responses on a flipchart or by asking for a volunteer to record responses:
 - ◆ What competencies do you have to teach your staff?
 - ◆ What problems do you encounter while training to these competencies?
 - ◆ What competency areas are particularly difficult to develop in staff?
 - ◆ Who is willing to share a success story relevant to teaching competencies to staff?
 5. **DIVIDE** the large group into smaller groups, ensuring that a mix of experienced/less experienced participants are in each group and assign one competency area to each group.
 6. **INSTRUCT** the small group to generate a list of strategies they could use to teach or further develop that particular competency with staff and to record their strategies on the flipchart. Allow 20 minutes for groups to complete this assignment.
 7. **RECONVENE** the large group and have each group present their list of strategies. Process this exercise by having the large group make any additional suggestions as small groups present.
 8. **COLLECT** or save all presentations, informing participants that these strategies will be typed and made available to them for future reference.
 9. **INFORM** participants that they have a sample of case manager competencies on pages 21 and 22 in their handouts; another is provided in the appendix.

The version in the appendix is being adopted by DCS to guide the development of future training programs.

10. **TRANSITION** to the next activity, which will focus on adult learning principles to guide their educative supervision process.

ACTIVITY 8

ADULT LEARNING PRINCIPLES

Time

50 minutes

Type of Activity

Guided

Discussion

Small Group
Activity

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides
#7—*Adult Learning Principles*
#8—*Adult Learning Principles*
#9—*Average Retention Rate*
#10—*A General Pattern for Training Delivery*
#11—*The Learning*

Learning Objectives

Participants will be able to

- ◆ List principles relevant to teaching and learning for adults.
- ◆ Generate training tips to be used on the job.
- ◆ Acknowledge importance of the learning cycle.

Instructions

1. **BEGIN** this activity by acknowledging that classroom or formal training is often listed as a strategy to develop a worker's skills and/or competency within a particular skill area.
2. **ASK** participants if they (or someone within their region) are responsible for delivery of training. Facilitate a discussion of who does the training, how it is conducted and to what degree it is successful. The following questions may be used to guide this discussion:
 - ◆ In your experience, how helpful is classroom (formal) training?
 - ◆ Do any of you conduct regular classroom style training for staff? In what topics? How often?
 - ◆ Have you ever participated in a training program that seemed unrelated to the work you do?
 - ◆ How many of you have been through the Child Welfare League of America (CWLA)

<i>Cycle</i>	supervisory training?
◆ Flipchart	◆ Are you familiar with adult learning principles?
◆ Markers	◆ How is training adults for a specific job different from training or teaching children or those adults who are being trained in more general areas?
Manual	
References	3. DISPLAY PWPT Slide #7, <i>Adult Learning Principles</i> , and review. Facilitate a discussion of implications for trainers based on this information.
None	4. DISPLAY PWPT Slide #8, which lists <i>Adult Learning Principles</i> , directing participants to the list on page 23 in their participant handouts and review these principles.
	5. FACILITATE a discussion specific to retention of training material by asking participants the following questions: <ul style="list-style-type: none">◆ How much do you believe you retain from classroom training?◆ Have you been in training sessions that seemed to “stick” more than others? If so, why? What made them different?
	6. DISPLAY PWPT #9, specific to <i>Average Retention Rate</i> , instructing participants to read the information as posted. Ask for reactions and explain that, as the slide indicates, the more directly involved a learner is in the learning process, the more they are likely to retain.
	7. DISPLAY PWPT #10, <i>A General Pattern for Training Delivery</i> , specifically for those participants who do develop and/or deliver training to their staff or other units.
	8. DIVIDE the larger group into three smaller

groups, assigning each group a training topic. Following are topics that may be used for this exercise:

- ◆ Characteristics of the best training,
- ◆ Obstacles to effective training, and
- ◆ Characteristics of the best trainers.

9. **INSTRUCT** each group to create a list specific to their assignment allowing 15 minutes for the lists to be completed.

10. **RECONVENE** the large group, directing each group to present their lists. Explain that development of interactive learning activities will greatly enhance the learning and training experience for all participants. Continue by stating that, in addition, it is critical to complete a cycle of learning, which involves processing and discussing the key points of the activity or exercise.

11. **DISPLAY** PWPT Slide #11, *The Learning Cycle* and review the four steps involved in the process. The following are explanations of the steps for assistance in review:

- ◆ Step 1 indicates that we need to first identify the information or skills you want to develop.
- ◆ Step 2 is specific to the development or creation of an activity or action that will facilitate that learning.
- ◆ Step 3 can often be overlooked; however, it is critical to include as it helps trainees integrate what they have learned or practiced in training into their own job responsibilities. Nearly all training sessions require participants to complete an activity or exercise, but insufficient time is spent analyzing the process, providing

critical feedback or the feedback provided is insufficient and even less time is spent reflecting on feedback to determine what changes need to be made back at work.

- ◆ Also, in Step 3, note that feedback can be intrinsic or extrinsic. Intrinsic feedback is what we notice ourselves and extrinsic feedback is what we hear from others. Because of personal perceptions and limitations, extrinsic feedback is extremely valuable in the learning process.
- ◆ Step 4 completes the process.

12. **ASK** if participants have any questions about the learning cycle and facilitate a discussion among group members.
13. **SUMMARIZE** this activity by explaining that this cycle applies to any kind of learning experience and that equally important to the classroom learning experience is the discussion with staff after they return from training.
14. **INFORM** participants that, as supervisors, they should explore with staff what they have learned, what activities or exercises they completed to assist the learning process, what they have tried upon returning to work and what plans they have for putting this learning into practice on the job. Explain that learning is greatly enhanced when direct supervisors show an interest, provide feedback, and follow up with trainees.
15. **ACKNOWLEDGE** that studies show humans are not always the best judge of their own skills, performance, or capacity. Provide the following example of a management survey, which asked workers if they worked:

- ◆ Harder than,
- ◆ Less hard than, or
- ◆ As hard as other workers in their workplace.

16. **ASK** for opinions as to how workers responded, explaining that 95% of workers responding to this survey said that they worked harder than anyone else in their unit or workplace.
17. **SUMMARIZE** this information by **STATING**:
“This is not even possible and proves that people are not the best judge of their own performance.”
18. **REMIND** participants that feedback must be an on-going process to enable assessment of where staff is actually at with regards to skills, performance, and capacity and it also enables supervisors to plan for future training.
19. **TRANSITION** to the next activity, which will address learning styles.

ACTIVITY 9

LEARNING STYLES

Time

50 minutes

Type of Activity

Self Awareness
Exercise

Small Group
Activity

Equipment/ Materials Needed

- ◆ Handout—
How Do You Learn?
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Assess individual learning preferences.
- ◆ Create an action plan to improve training abilities.

Instructions

1. **BEGIN** this activity by explaining that significant research exists on how people learn and process information; one particular paradigm describes three distinct types of learners.
2. **EXPLAIN** that everyone has a unique blend of each learning style depending on the material/information to be learned, but that one is usually dominant. Inform participants that this information is offered to enable them to develop more variety in their training sessions and to enhance participants' ability to retain and use the information presented.
3. **DISTRIBUTE** the handout, *How Do You Learn?*, and instruct participants to complete the assessment, adding their scores at the bottom of the second page.
4. **WRITE** the following three words, representing three learning styles, on a flipchart as participants complete the assessment: **Visual**, **Auditory**, and **Kinesthetic**.
5. **ASK** participants for a show of hands as each learning type is named and record the number of

people with each style on the flipchart.

Trainer's Note: The following information may be used to explain the incidence of the three learning styles in the general population. The largest group is Visual (60%), next is Auditory (20%), and then Kinesthetic (10%). It is also interesting to note that 90% of the prison population tested is Kinesthetic, which may explain how poorly most of them did in traditional educational settings.

6. **ASK** participants which they think dominates in traditional school settings and facilitate a brief discussion of responses. Most likely, participants will respond with Auditory because of the emphasis on lecture and listening skills and Visual is also an acceptable response due to the many things that were demonstrated (i.e., long division, without opportunity to try it until a homework assignment was given).
7. **DIVIDE** the group into three smaller groups, assigning one style to each group. (Groups may be mixed, but each group should have at least one person who scored highest in that particular learning style.)
8. **DISTRIBUTE** one piece of flipchart paper to each group with an outline of a T-shirt on it, instructing participants to design a T-shirt specifically following these instructions:
 - ◆ Develop a slogan which represents the group's assigned learning style,
 - ◆ Create a logo, and
 - ◆ Tell us how to teach you in this learning style.
9. **FACILITATE** presentations of each group's completed T-shirt after 15–20 minutes. As each

group presents, refer to the handouts corresponding to each style (pages 26–29) to supplement the ideas of each group.

Trainer's Note: It is possible that many of the participants have already completed this exercise during CWLA supervisory training, so an alternate exercise might be preferable. If so, consider assigning the three groups to the following: Kinesthetic—create a sitcom commercial representing this style; Visual—develop an ad campaign; and Auditory—create a song by writing new lyrics to a melody that everyone is familiar with, a rap or a poem. Also, instruct each group to include a list of strategies for how they can best be taught.

10. **DIRECT** participants to complete the *Learning Styles—Action Plan* on page 30 of their participant handouts, which will assist them in applying this information to their future group presentations or training sessions.
11. **ASK** for volunteers to share what they have written on the action plans, facilitating a group discussion of the plans.
12. **TRANSITION** to the next activity, which involves a discussion of mentoring.

ACTIVITY 10

SELF REFLECTION

Time

30 minutes

Type of Activity

Guided
Discussion

Small Group
Activity (optional)

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Identify qualities necessary for effective mentoring.
- ◆ List characteristics significant to successful OJT experiences.

Instructions

1. **BEGIN** this activity by asking participants if anyone can name a mentor with whom they have had experience; facilitate a discussion of personal examples and ask for elaboration of these experiences. List examples of the qualities of a good mentor, based on this information.
2. **EXPLAIN** that it seems that workers today expect much more from management or supervisors than they did in the past. Explain that while supervision and monitoring the completion of work continues to be a major expectation, now supervisors are also expected to function as mentors (coaches) for staff. Acknowledge that this takes conscious, deliberate effort and on-going attention to accomplish.
3. **ASK** for thoughts and/or opinions on these above statements and facilitate a discussion of similar/ differing opinions.

Trainer's Note: At this point, an optional exercise might be facilitated per your discretion. Since mentors for the training participants might also be involved in

the training at this time, it might be helpful to generate a discussion of the following:

- ◆ *What participants expect from their mentors?*
- ◆ *How mentors can help each participant the most and what might be least helpful?*
- ◆ *Anxieties about the mentoring component of this particular training and research project.*

Note that this exercise might be helpful either as a large group discussion or in smaller groups, meeting with their assigned mentors.

4. **ASK** participants to consider a time when they learned something significant to their success on the job.

Trainer's Note: Giving a personal example might be helpful to help participants conceptualize the assignment and to get the discussion started.

5. **CONTINUE** with the following questions to generate further discussion once examples are given:
 - ◆ What did you learn? Why did you need to learn it?
 - ◆ Was it a new skill, a changed attitude or new information?
 - ◆ What were the conditions that enabled you to learn it?
 - ◆ Did anyone help you integrate this learning experience? If so, who did? How did he/she help?
6. **SUMMARIZE** this discussion by pointing out favorable learning experiences reported by the group.

7. **TRANSITION** to the next activity by explaining that the remaining activities in this module will focus on creating similar, optimal conditions for their own staff to maximize their training and learning efforts once they are back on the job.

ACTIVITY 11

BUILDING STAFF CAPACITY

Time

1 hour, 30
minutes

Type of Activity

Guided
Discussion

Small Group
Activity

Equipment/ Materials Needed

- ◆ Handout—
*Building Staff
Capacity*
- ◆ Noisemakers
- ◆ Egg Timer
- ◆ Power Point
(PWPT) Slide
12—*Rules of
Brainstorming*
- ◆ Flipchart
- ◆ Markers

Manual

Learning Objectives

Participants will be able to

- ◆ Define teaching methods used in supervisor/staff learning experiences.
- ◆ Generate solutions to given learning situation or scenario.

Instructions

1. **BEGIN** this activity by explaining to participants that while classroom training is important for staff development, most learning takes place on the job with help and guidance from the supervisor. Acknowledge that, from the examples they have given previously, it appears they have learned much of what they know from experiences they've had, either directly with clients or mentors and supervisors.
2. **EXPLAIN** that the focus of the training will now shift attention to creating significant learning experiences for staff.
3. **REMIND** participants that learning activities were generated during their work in previous activities while developing several casework competencies; directing them to review the handout, *Building Staff Capacity*, on pages 31–36.
4. **ASK** participants if they are familiar with any of the methods listed relevant to supervisory teaching methods. Acknowledge that, most likely,

References

None

participants have used one-on-one training with staff at some point.

5. **ASK** if anyone has used brainstorming and if someone has, ask how it works. The following explanation might be helpful if participants are unable to give a complete description:
 - ◆ Brainstorming is a valuable technique for harnessing and using all creative resources on a team. It is an important part of problem solving, which focuses on generating as many options or solutions, without any judgment or evaluation of anyone's idea. Brainstorming also requires that everyone be involved and that no one is criticized for their ideas.
6. **Ask** why this is important and facilitate a brief discussion of responses. The following explanation might be helpful if participants are unable to give a complete response:
 - ◆ Evaluation and judgment are critical to good problem-solving process, but both can inhibit participation and creativity. Encouragement to brainstorm as many solutions as possible, to accept no limits, and to attempt to create the ideal world is critical. Sometimes a ridiculous idea sparks another one that is related, but more realistic.
7. **INFORM** the group that it might be helpful to practice brainstorming and that before getting started, it is important to know the rules of brainstorming.
8. **DISPLAY** PWPT Slide #12, the *Rules of Brainstorming*, and review as follows:
 - ◆ All ideas will be accepted. Let yourself imagine

the best possible world, with no limits on resources.

- ◆ No one is allowed to comment upon, criticize or praise any idea generated.
- ◆ Everyone must contribute to the brainstorming.

9. **DIVIDE** the large group into two groups, assigning a recorder for each group and one participant from each group to be the guardian of the rules. If available, each guardian may be given a toy hammer or noisemaker and instructed to use it when anyone breaks a rule, keeping track of the number of times a rule is broken.

Trainer's Note: Select any topic to assign to the groups to practice brainstorming, depending on identified needs. If something other than task related topics seem appropriate, the following are suggestions: 1) What you would do if you won 4 million dollars, 2) What you would rather be doing now, either instead of training or instead of your current position, and 3) How the agency can reward you for the work you do. Task related topics might include: 1) Ways to help staff feel like part of the team, 2) Ways to reward and motivate staff, and 3) Ways to encourage creativity and innovation in their staff. Remind participants that there are no limitations and that the two groups are in competition with one another to see which group generates the most ideas in the allotted time limit. Explain that, to date, one group of 15 supervisors brainstormed ways to get parents and caretakers more involved in a therapeutic day care program. They generated 137 ideas in 7 minutes, which is the record. Encourage the group to accept this information as a challenge. Then, instruct the groups to brainstorm for 7 minutes and begin timing.

10. **CALL** time and have each group report the number of ideas recorded, as well as the number of times a rule was broken. Explain that there is usually a connection: the fewer rules broken, the more ideas, but that this is not always true.
11. **FACILITATE** a presentation of all ideas generated, alternating between the two groups as there is likely to be some duplication.
12. **ASK** participants what should follow brainstorming? What should be the next step? The following information might be helpful if participants are unable to identify the next steps:
 - ◆ Each idea should be analyzed by listing pros and cons. This will enable identification of the one most reasonable to implement.
 - ◆ Then, the next step is specific assignments, including dates by when the assignment is to be completed and the time and method of follow up.
13. **ASK** if there are any questions specific to brainstorming and respond to participant questions as appropriate.
14. **SEGUE** by asking participants what additional methods they have used to train and/or teach their staff, and record responses on a flipchart.

Trainer's Note: Try to remember who suggests which methods so that assignments can be made appropriately for the next exercise. If participants do not mention the following for supervisory teaching methods, trainer should ensure the following methods are included: modeling, role playing, coaching, guided reflection and group meetings, either for the purpose of staffing cases or for training. Inform participants

that subsequent training sessions will focus more on conducting individual supervisory sessions and case staffings. Also, there will be additional training on the topics of coaching and performance management.

15. **DIVIDE** the group into three smaller groups with group #1 having 3–4 members, group #2 having 5–6 members, and group #3 with the remaining participants. Make the following assignments to the groups as indicated:

- ◆ Group #1—Demonstrate a one-on-one supervision session in which you are trying to develop the worker's empathy and sensitivity to the clients' feelings and needs.
- ◆ Group #2—Demonstrate how you would utilize a group meeting to teach and develop staff skills. It might be helpful to first identify which skills or competencies are to be developed.
- ◆ Group #3—Develop four potential role play situations a supervisor could use to teach staff, choosing one to demonstrate this role play being used with a worker. Designate which competencies each role-play is designed to develop.

16. **RECONVENE** the large group after 15–20 minutes and prepare the large group to observe presentations of each group by reminding participants that this is a learning environment, so any feedback must be helpful and constructive. Acknowledge that no one learns when he/she feels unjustly criticized or feels a need to defend him/herself.

17. **INSTRUCT** the three groups to present using the following guide for demonstration, processing presentations and giving feedback:

- ◆ Group members are to explain what they did, how it felt and what they might have done differently,
- ◆ Audience members are to give feedback about what they liked about the demonstration presented and what might have been done differently. Additional ways suggested to handle the demonstrated situations are welcome if they are presented in the spirit of developing alternatives that participants can adapt to their own practice; remind participants that, after all, they are their own best resources.

18. **FACILITATE** all presentations, critiquing, and processing as appropriate.

19. **EXPLAIN** that this exercise has enabled coverage of most, if not all, methods for teaching and training staff and ask if there are any questions specific to the methods covered.

20. **TRANSITION** to the next (and last activity of this module), which focuses on application of this information by developing learning plans for their staff.

ACTIVITY 12

INDIVIDUAL LEARNING PLANS

Time

1 hour

Type of Activity

Self Awareness
Exercise

Small Group
Activity

Equipment/ Materials Needed

- ◆ Handout—
Individual Learning Plan
- ◆ Power Point
(PWPT) Slide
#13—*The Learning Plan*
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Develop individual learning plans to increase staff proficiency in given competency.

Instructions

1. **BEGIN** this activity by acknowledging that teams are comprised of individuals and that individuals have a unique blend of strengths, needs, skills, and competencies. Explain that this activity will enable participants to help staff they supervise to improve a specific identified competency by integrating skills learned and applying the learning through effective principles of educative supervision.
2. **EXPLAIN** that during the following exercise that they may refer to the strategies brainstormed earlier (posted on wall), to handouts and to their own learning experiences and that they will create at least four learning experiences or activities for each plan.
3. **DISTIBUTE** blank copies of the handout, *Individual Learning Plan*, display PWPT Slide #13, *The Learning Plan*, and review, using the following information to ensure understanding:
 - ◆ Level of Proficiency refers to the level of competency one can reasonably expect, based on the applicable experience of the staff. For example, a new case manager may be at a

proficiency level of 1, and there would be no expectation that a 5 could be achieved immediately. More important than the number assigned to a level of proficiency is the behavioral description of what expectations you have regarding the next step in a particular worker's development of a specific competency.

4. **Instruct** participants to complete one learning plan for a specific staff member, whom they supervise, allowing 20 minutes for this task.

Trainer's Note: It would be helpful for you and your mentors to proctor this assignment by moving around the room, checking on progress, making suggestions and answering questions.

5. **RECONVENE** the large group and facilitate a discussion of examples, allowing the large group to ask questions and/or make suggestions to participants sharing their plans for enhancing individual learning.
6. **SEGUE** to the next exercise by assigning participants to mentors with whom they are working. Instruct mentors to work with individual participants to develop an *Individual Learning Plan* for each staff member they supervise and explain that these plans will become part of what mentors check on between now and the next module of training.
7. **COLLECT** all plans and explain that they will be returned after copies are made.

Trainer's Note: Make a copy of the completed plans for yourself and your mentors.

8. **DISCUSS** implementation by asking participants

how these plans might best be presented or reviewed with their staff. If participants are unable to make a complete list, use the following as suggestions:

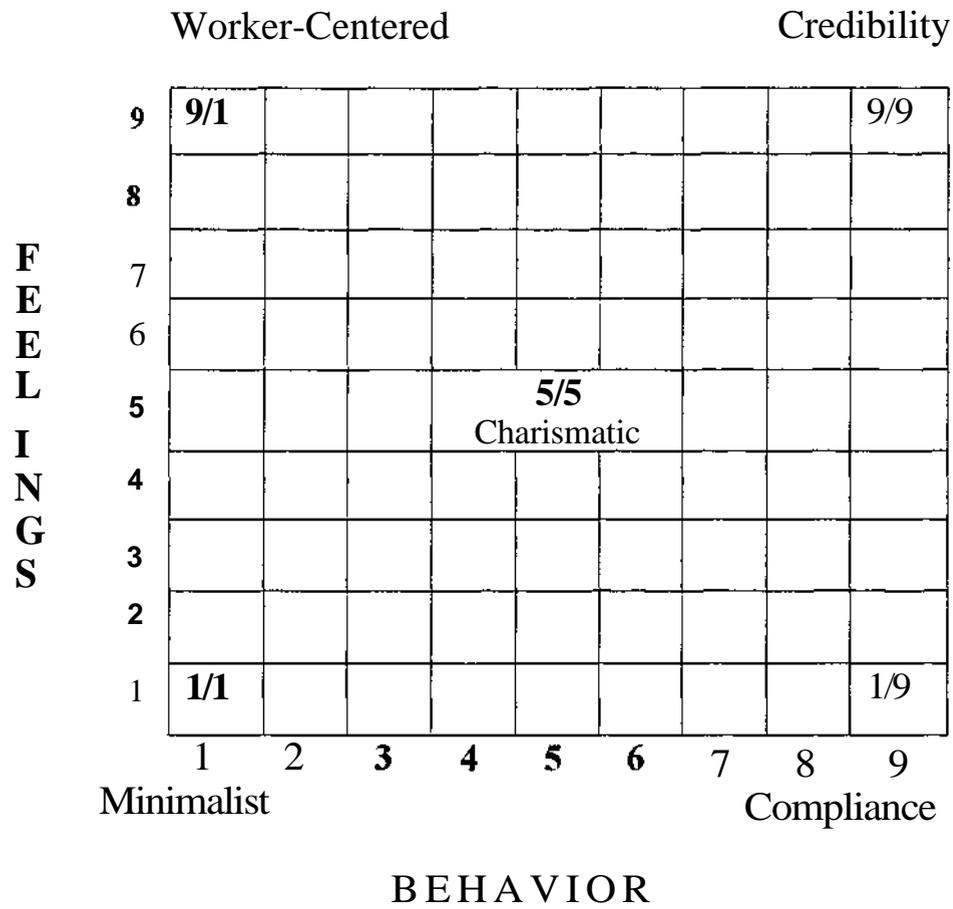
- ◆ Begin with a unit meeting in which supervisors explain the training and evaluation project and their involvement in it.
 - ◆ Schedule individual sessions with each case manager to discuss how they assess their learning needs—the supervisor can choose to focus on another competency area, if the case manager has a significant concern different from the competency identified by the supervisor.
 - ◆ Ideally, the learning plans should be developed jointly with the case manager. A worker is likely to have more “buy in” to the process if they had had a role in identifying their learning needs and strategizing ways to develop their own professional competencies.
 - ◆ Complete another learning plan or present the one prepared in training and review with the identified case manager. Get his/her commitment to work toward achieving the plan’s objective.
 - ◆ Be sure to follow up on all activities recorded on the plan. This is a commitment that the supervisor must make!
9. **ASK** if there are any questions or comments before thanking participants for their time and work in this module. Remind participants that they will continue to meet with their mentors over the next few months to work on further developing

educative supervision practices. Explain that this is on ongoing process, a work-in-progress endeavor.

10. **DISTRIBUTE** training evaluation forms, reminding participants that the evaluations are confidential and that honest feedback is essential to improve future trainings.
11. **COLLECT** all evaluations and dismiss participants from this training module.

Handouts

THE MANAGEMENT STYLES GRID



THE CRITICAL ROLE OF THE SUPERVISOR

Research has shown that there is a strong and direct relationship between a supervisor's behavior and a worker's job satisfaction. While front line supervisors may feel at times that they are relatively low on the power grid of the organization, in fact they can have a tremendous impact upon an organizations' staff retention, quality service, and productivity.

When the organization's mandate is to protect the safety and welfare of the most vulnerable segment of our population, children at risk of abuse or maltreatment, the supervisor's ability to manage and monitor the work of line staff is absolutely critical. Failure to provide effective supervision can have devastating results.

Supervisory failure also results in increased staff turnover, which already averages over 75% in many child protective services agencies. As the Tennessee Department of Children's Services joins the growing list of states that are either under a consent decree, a federal mandate, or a lawsuit to improve services to children, the increased expectations multiply the already demanding role of a CPS supervisor.

This training is designed to equip CPS supervisors with the skills and tools they need to succeed in this demanding role. This module begins with a focus upon the multiple roles and responsibilities of a CPS supervisor, and emphasizes some common challenges involved in making the transition from a line worker to a supervisor.

We will then examine supervisory styles and the work situations that they are best suited for. An understanding of these styles and when to utilize them can become a significant resource to both experienced and new supervisors. The paradigm has practical applications to working directly with clients and can easily be adapted to teach caseworkers different approaches for working with people.

The primary purpose of this module is to emphasize and support the supervisor's role as an educator and developer of staff. Research has shown that the role of educator can be one of the most rewarding aspects of supervision, both for supervisors and for those they supervise. This module will equip participants to integrate ongoing, educative activities into their daily supervisory practice.

Supervisory Roles and Responsibilities: Discussion Notes

What are some of the roles of a CPS supervisor?

What are some of the responsibilities of a CPS supervisor?

MAKING THE TRANSITION

Many social work professionals are promoted into supervisory or management positions because of their expertise working with clients, meeting deadlines and demonstrating reliability and quality in their work. Most assume their new role with little or no preparation of how they may have to work differently as a supervisor. A particular strain exists when a new supervisor is now over his or her former colleagues. It can also be difficult when the supervisor is younger or less experienced than those he or she supervises.

Another important transition is to learn to accomplish the work required through others, rather than by doing it oneself. Beyond the demands many new expectations, assuming the role of supervisor requires a re-definition of one's professional identity, how one will interact with superiors, and how to relate to those they supervise.

We begin by exploring how the supervisory role will likely influence one's relationships with staff, particularly with former colleagues or those with more child protection experience. This can help prepare the new supervisor to respond effectively when his or her authority is being challenged. It can also alert them to some situations that could compromise his or her authority on the job.

Some new supervisors may approach their role by deciding never to supervise the way they were supervised. Others decide to imitate the supervision styles they've appreciated from former supervisors they have had. The fallacy of either approach is that the new supervisor has immediately forgotten one of the first lessons of casework: each person is an individual with unique needs. Hence, each caseworker requires a somewhat different supervisory approach.

What are some other challenges of becoming a supervisor in CPS?

Contrasting Relationships: Worksheet

Use this worksheet to record your thoughts on how a supervisor's relationships with his or her former peers may contrast with the relationship a supervisor should have with his or her subordinates.

Peer Relationships

Supervisory Relationships



ESTABLISHING A POSITIVE WORK CLIMATE

Work climate is the employee's perception of how well his or her basic needs are being met in the agency. If workers feel their basic needs are being met, they will view work more positively.

Climate influences staff performance. Because it reflects the worker's perception of the positive and negative consequences of his or her actions, the work climate influences motivation. When workers feel their needs are likely to be met, they are more likely to take constructive action.

A number of factors influence the climate of a unit or agency. Some of these include:

- **History**
- **Organizational structure**
- **Interpersonal qualities of members of the group**
- **Management and supervisory behavior**

Of these, **management and supervisory behavior have the greatest impact** upon a worker's perception of their work climate. Managers and supervisors have the most influence upon how their staff experiences the workplace, through their responses to the day-to-day needs of the individuals in their unit.

There are a number of components of climate, each relating to the underlying needs of the worker and the behavior of the supervisor or manager. When managers and supervisors respond positively to a worker's underlying needs, the work climate improves. When those underlying needs are frustrated, the work climate deteriorates.

Adapted from: Supervising Child Protective Services Caseworkers by Thomas D. Morton and Marsha K. Salus, U.S. Dept. of Health and Human Services, Administration for Children and Families, National Center on Child Abuse and Neglect, 1994.

MANAGEMENT STYLES

9/1 Worker-centered: Thoughtful attention to the needs of people for satisfying relationships leads to a comfortable, friendly atmosphere and work tempo

- Most attentive to the worker's feelings, thoughts, and experiences
- Least attentive to the worker's behavior
- Relies upon the use of good communication and active listening skills
- Facilitates the expression of emotions and thoughts
- Most appropriate when the worker is new or overwhelmed
- Characterized by supportive interventions
- Interventions build rapport by showing interest in staffs feelings and concerns
- Helps workers develop a sense of belonging, as part of a team

5/5 Charismatic: Adequate performance is possible by balancing the need to accomplish work with the need to maintain worker morale and job satisfaction

- Involves the effective "use of self with staff
- Worker will accept demands from leaders they respect
- Sometimes characterized by the use of humor, but never at a worker's expense
- Relies upon the quality of the supervisor-worker relationship
- Workers produce to please or emulate managers they trust
- Promotes mutuality and identification with workers
- Elicits cooperation from staff who value their relationship with the supervisor
- Responds to the worker's feelings and behaviors
- Provides reasonable alternatives for the worker to consider
- Able to respond non-defensively when provoked or challenged
- Role models how to perform the job
- Aims to build relationships while maintaining appropriate roles

1/9 Compliance: Workers are more efficient when work conditions are arranged so that emotional elements interfere to a minimum degree

- Primary concern and focus is upon the worker's performance and behavior
- States the company rules, consequences, and facility policies
- Clearly states behavioral and performance expectations
- Some newer workers may need the structure of this style
- Directly addresses inappropriate worker behaviors
- Takes charge when worker is in "over his head"
- Includes limit setting and "stating the bottom line"
- May be necessary when facing deadlines or managing crises
- Conveys a sense of competence and control
- Manager is an authority figure, first and foremost
- Managers must enforce policies and procedures

1/1 Minimalist: The exertion of minimal effort to get the work done is appropriate to sustain organizational membership

- Is not particularly focused upon a worker's feelings or behavior
- Minimizes personal relationships
- Tells the rules and leave it up to the workers to follow them or not
- One can't change another, i.e., "people are what they are"
- Characterized by the adage "a good supervisor works himself out of a job"
- May be the best choice if giving attention would reinforce negative behavior
- May be the best choice in highly-charged, emotional situations
- Uses "selective ignoring" of a worker's feelings, statements, or behavior
- Tends to state facts and avoid emotion-laden communication
- Is appropriate when staff can function relatively independently

9/9 Credibility: More work is accomplished when people are committed to it

- Primarily a teaching style, focused on the professional development of staff
- The worker is actively involved in the decision-making process
- Places a high importance upon both the workers' feelings and behaviors
- Promotes insight into the relationship between a worker's feelings and behaviors
- Change is internalized because it is credible; the worker believes in it
- Ideal style for processing an incident or analyzing a casework intervention
- Engages the worker in self-reflection and problem-solving
- Includes a focus upon future planning and facilitating lasting change
- Facilitates mutual goal-setting and motivates staff toward improvement
- Compromised when supervisor has been inconsistent, unethical, unfair, etc.
- Maintains the 'vision' while ensuring task completion
- Promotes a sense of respect and trust from the staff

Management Styles - Worksheet

For each Supervisory Style, write one example of a staff or team situation that would indicate the need for the use of that style.

Worker-Centered:

Charismatic:

Compliance:

Minimalist:

Credibility:

COMPETENCIES FOR EDUCATIVE SUPERVISION

This is a tool you can use to assess your own proficiency in fulfilling the educative functions of supervision. As you review these expectations, rate yourself on a scale of 1 to 5 to reflect your proficiency in each area (1 being low and 5 being high.) The purpose of this is to inform you of the components of educative supervision and to help you identify an area you would like to improve upon during the course of this training program.

Educative supervision is defined as the activities of the supervisor which are directed toward helping staff learn what they need to know to carry out their jobs. This includes: helping new workers to understand the job and develop beginning competence; maintaining an ongoing emphasis on developing staff competence to complete the critical casework functions; and assisting senior level workers in their career planning.

A. Provide/assure orientation for new staff. Orientation provides information about the employee's role in the agency and the agency's role in the community. This helps to reduce the anxiety new staff experience, creates a sense of belonging to the agency, and promotes the development of staff competence.

Expectations:

_____ Assess the knowledge, skills, and learning style of new staff.

_____ Develop a system for orientation of new staff that builds on existing resources in the community and in the agency and accommodates the learning style of the new staff.

Assure that orientation includes: agency structure, culture and values; knowledge of the community; legal mandates; job responsibilities; various programs provided by the agency; policies and procedures; and client population and cultural sensitivity.

Assure that orientation for new staff occurs within 90 days of employment.

B. Create and implement a training and/or development plan with each staff member. Supervisors play an essential role in the development of staff. The joint development of a clear, specific, and realistic plan promotes its achievement.

Expectations:

- _____ Conduct initial and on-going assessments with staff to identify their strengths and needs.
- _____ Examine alternatives with staff to meet their developmental and training needs.
- _____ Develop an individualized performance plan with staff to meet their needs.
- _____ Conduct periodic reviews of the plan with staff and make adjustments as appropriate.
- _____ Provide/assure ongoing training regarding agency, policy and procedures, and casework practice.

C. Encourage personal and professional growth and advancement. Personal and professional growth helps staff achieve a sense of accomplishment and esteem which positively affects performance.

Expectations:

- _____ Assist staff in finding educational opportunities.
- _____ Assess, with staff, their personal and professional goals.
- _____ Support/encourage staff to achieve their goals.
- _____ Encourage the development of specialized expertise (as related to the job and the needs of the work unit).
- _____ Encourage staff creativity and innovation in new projects and roles.

- _____ Model/mentor continued growth and development for staff.
- _____ Promote independence and autonomy in casework practice.
- _____ Whenever feasible, encourage staff to serve on relevant committees to provide job satisfaction beyond routine duties and to broaden their perspective.

D. Provide case supervision and consultation. The supervisor plays a critical role in achieving positive outcomes for children and families by lending and encouraging objectivity and promoting consistency and quality casework practice.

Expectations:

Consider the workers' skills, strengths, interests, areas of needed development and the client's needs in assigning cases.

Discuss the worker's entire caseload with her or him at least monthly.

Review 25 percent of each worker's case records quarterly.

Assist staff in case assessment, including identifying presenting problems, the dynamics underlying the problems, the strategies for intervention, and the development of the plan.

Help staff identify problematic areas in work with the client and the anticipated course of intervention.

Help staff identify community resources and how to access them as needed.

Increase staff awareness of how their own attitudes and approaches, life experiences and cultural background potentially impact their relationships with clients and the outcome of intervention.

Assist staff in assessing progress towards case goals.

Support staff in making critical case decisions regarding placement, reunification of children, termination of parental rights, and case closure.

Encourage staff to identify the cultural diversity of all families and help them to develop plans to address individual differences.

Three areas I would like to develop further:

This tool was developed from Standards for Child Welfare Supervision, created by the National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine.

CPS CASEWORK COMPETENCIES

- Recording factual information clearly, concisely, thoroughly and in an understandable manner
- Gather information from the reporter to determine the appropriateness and urgency of the referral
- Evaluate the credibility of the reporter
- Determine whether the information meets the statutory and agency guidelines for child maltreatment
- Assess the level of risk of untreated harm and further harm and determine the response time required to ensure child safety
- Develop an initial investigation plan, whom to interview and in what order, what documents to obtain, what exams are needed and who should be involved in conducting the initial investigation
- Gather info to determine the validity of the report and assess the level of risk and safety
- Treat the children and family with respect, genuineness, and empathy
- Analyze initial data and determine validity
- Complete all investigative reports within the required time frame
- Determine the nature and level of risk of future maltreatment
- Determine whether the child's safety can be ensured in her own home and what interventions will be needed to protect the child - if needs cannot be met in her own home, determine the placement alternative
- Identify child's emergency physical or psychological needs
- Provide or ensure that needed emergency/'crisis intervention services are delivered to the child and family

- Identify the strengths in the child and family and the underlying factors that cause the abuse and neglect
- Reach consensus with the family on the problems that must be addressed to reduce/eliminate the risk of maltreatment and to meet the child's needs
- Identify the intervention approaches/services that will help the family's needs and whether the family will benefit from and is willing and able to participate in ongoing CPS services
- Develop a case plan with the family which builds on strengths and provides clear direction and guidance for changing the behaviors/conditions that contribute to the risk of maltreatment
- Develop or coordinate the delivery of services to the child and family
- Ensure that every contact with family is planned and purposeful
- Continually assess the risk of maltreatment to the child
- Evaluate the family's progress toward reduction or elimination of risk of future maltreatment
- Review, revise and update the case plan at least within the time frames required by the State
- Determine whether the risk of maltreatment has been reduced sufficiently so that the case can be closed

Taken from: Supervising Child Protective Services Caseworkers by Thomas D. Morton and Marsha K. Salus, U.S. Dept. of Health and Human Services. Administration for Children and Families, National Center on Child Abuse and Neglect. 1994.

There is another list of Child Welfare Competencies developed by The Institute for Human Services provided in the appendix of this training manual.

ADULT LEARNING PRINCIPLES

Andragogy is the study of how adults learn and acquire new behaviors.

- Adults cannot be forced to learn. They have a need to know why they should learn something.
- For adults, learning is a means to an end. Adults who seek out a learning experience do so primarily because they have a use for the knowledge or skills being sought.
- Adult learners tend to prefer single-concept, single-theory courses that focus heavily on the application of the concepts to relevant problems.
- Adults need to be able to integrate new ideas with what they already know if they are going to keep - and use - the new information.
- Adults are self-directed and bring a great deal of life experience into training. This must be acknowledged and used.
- Adult learners require active participation.
- Adults want to look competent. Their self-esteem and ego must be protected. Adults expect the opportunity to share their experiences.
- Adults examine past experiences when exploring new information.

HOW DO YOU LEARN?

INSTRUCTIONS: In each section check off the ONE description that BEST represents your view of yourself. Each section has only ONE check possible. After checking off one selection for each of the fourteen sections, total the number of checks for each column. The column with the highest number of checks broadly represents your preferred mode of procession communication.

1. LEARNING STYLE	Learns by seeing; watching others	Learns by hearing instruction from self and others	Learns by doing; direct involvement
2. READING	Likes descriptions: sometimes stops reading to stare into space and imagine the scene; intense concentration	Enjoys conversation, plays; avoids lengthy descriptions, unaware of illustrations; moves lips while reading silently	Prefers stories where action occurs early, often moves when reading, handles books; not eager to read
3. SPELLING	Recognizes words by sight	Sounds out words to decide how to spell them	Often is a poor speller, writes words to determine if they "feel" right
4. HANDWRITING	Tends to be good, particularly when young; spacing and size are good; appearance is important	Has more difficulty learning; tends to write lightly	Good initially, worsens when space becomes smaller; pushes harder on writing instrument
5. MEMORY	Remembers faces, forgets names; writes things down takes notes	Remember names, forgets faces; remembers by hearing repeatedly	Remembers best what was done, not what was seen or talked about
6. IMAGINATION	Vivid imagination; thinks in pictures, thinks with lots of detail	Thinks in sounds; visual details are less important	Picturing something in the mind is not important. Things imagined have to do with movement
7. DISTRACTABILITY	Generally unaware of sounds; distracted by clutter or movement	Easily distracted by sounds	Not attentive to visual or auditory presentation, so seems distractible

8. PROBLEM SOLVING	Deliberate; plans in advance; organizes thoughts by writing them; lists problems	Talks problems out, tries solutions verbally, talks self through problems	Attacks problem physically; impulsive, often selects solution involving greatest activity
9. RESPONSE TO PERIODS OF INACTIVITY	Stares; doodles; finds something to watch	Hums; talks to self or to others	Moves often; is restless
10. RESPONSE TO NEW SITUATIONS	Looks around, examines the environment	Talks about the situation, pros and cons and what to do	Tries things out; feels, touches, handles
11. EMOTIONS	Holds back; cries easily, beams when happy; facial expressions a good index to emotion _____	Shouts with joy or anger, blows up verbally but soon calms, expresses with tone, pitch, volume	Jumps for joy; hugs when happy, stamps, pounds when angry; body expresses emotion
12. COMMUNICATION	Quiet; does not talk at length; becomes impatient when lengthy listening is required; may use words clumsily	Enjoys listening but cannot wait to talk; descriptions are long but repetitive; likes hearing self and others talk	Gestures when speaking; does not listen well, stands close when speaking; quickly loses interest in detailed conversation
13. GENERAL APPEARANCE	Neat, likes order, may choose not to change appearance	Matching clothes not so important; can explain choices of clothes	Neat, but soon becomes wrinkled through activity
14. RESPONSE TO THE ARTS	Prefers visual arts to music; tends not to voice appreciation of art, but can be deeply affected by visual display; focuses on details rather than the work as a whole	Favors music over visual art, but readily able to discuss both; misses significant detail, but appreciates the work as a whole	Responds to music by physical movement; prefers sculpture; touches statues and paintings; at exhibits stops only at those in which she/he can become physically involved; comments little

Total
VISUAL

Total __
AUDITORY

Total _
KINESTHETIC

HOW DIFFERENT TYPES OF LEARNERS LEARN BEST

VISUAL LEARNERS learn through seeing...

These learners need to see the trainer's body language and facial expression to fully understand the content of a lesson. They tend to prefer sitting at the front of the classroom to avoid visual obstructions (e.g. people's heads). They may think in pictures and learn best from visual displays including: diagrams, illustrated text books, overhead transparencies, videos, flipcharts and hand-outs. During a lecture or classroom discussion, visual learners often prefer to take detailed notes to absorb the information.

- Learn by seeing
- Handouts
- Texts
- Printed articles
- Overhead transparencies
- Charts/graphs
- Slides
- Videos
- Note-taking guides
- Pictures/pictographs
- Maps
- Murals
- Visualization exercises
- Role plays
- Illustrations
- Mind ticklers
- Demonstrations
- Cartoons
- Colors/borders/illustrations on handouts
- Visual/printed directions to accompany verbal directions
- Modeling a skill step by step

AUDITORY LEARNERS learn through listening...

They learn best through verbal lectures, discussions, talking things through and listening to what others have to say. Auditory learners interpret the underlying meanings of speech through listening to tone of voice, pitch, speed and other nuances. Written information may have little meaning until it is heard. These learners often benefit from reading text aloud and using a tape recorder.

- learn by hearing
- repetition, repetition
- videos (talking)
- announcements
- reading out loud
- oral presentations
- stories/anecdotes
- whole group discussions
- lecturettes
- small group work
- silent reading environment
- change tone/volume/pitch
- verbal directions (talk them through step by step)
- need to be given 3x the amount of time to read materials as visual thinkers
- songs/music
- tapes
- slogans
- humor
- sound bites
- mnemonics
- sound effects

TACTILE/KINESTHETIC LEARNERS learn through moving, doing and touching...

Tactile/Kinesthetic persons learn best through a hands-on approach, actively exploring the physical world around them. They may find it hard to sit still for long periods and may become distracted by their need for activity and exploration.

- learn by doing
- any movement
- gesturing
- body language
- tapping
- pacing
- interactivity
- involvement
- flashcards
- props/objects
- manipulative pieces
- computers
- hands-on projects
- team games
- note taking guides
- puzzles
- creative art work
- sign language
- work centers with study options
- role plays & demonstrations (if they are in them)
- stories and anecdotes which include action
- using finger or place holder while reading

WORKING WITH YOUR OWN LEARNING STYLE

Here are more practical suggestions you can try to enhance your personal learning style:

Visual Learners:

- use visual materials such as pictures, charts, maps, graphs, etc.
- have a clear view of your teachers when they are speaking so you can see their body language and facial expression
- use color to highlight important points in text
- take notes or ask your teacher to provide handouts
- illustrate your ideas as a picture or brainstorming bubble before writing them down
- write a story and illustrate it
- use multi-media (e.g. computers, videos, and filmstrips)
- study in a quiet place away from verbal disturbances
- read illustrated books
- visualize information as a picture to aid memorization

Auditory Learners:

- participate in class discussions/debates
- make speeches and presentations
- use a tape recorder during lectures instead of taking notes
- read text out aloud
- create musical jingles to aid memorization
- create mnemonics to aid memorization
- discuss your ideas verbally
- dictate to someone while they write down your thoughts
- use verbal analogies, and story telling to demonstrate your point

Tactile/Kinesthetic Learners

- take frequent study breaks
- move around to learn new things (e.g. read while on an exercise bike, mold a piece of clay to learn a new concept)
- work at a standing position
- chew gum while studying
- use bright colors to highlight reading material
- dress up your work space with posters
- if you wish, listen to music while you study
- skim through reading material to get a rough idea what it is about before settling down to read it in detail.

LEARNING STYLES - ACTION PLAN

My Dominant (strength) style is:

Additional strategies in this style that I could add to my presentations are:

My Secondary style is:

A couple of strategies in this style which I don't often employ and that I could utilize more often are:

My least preferred style is:

Several strategies in this style which I rarely employ and that I plan to add for reinforcement purposes are:

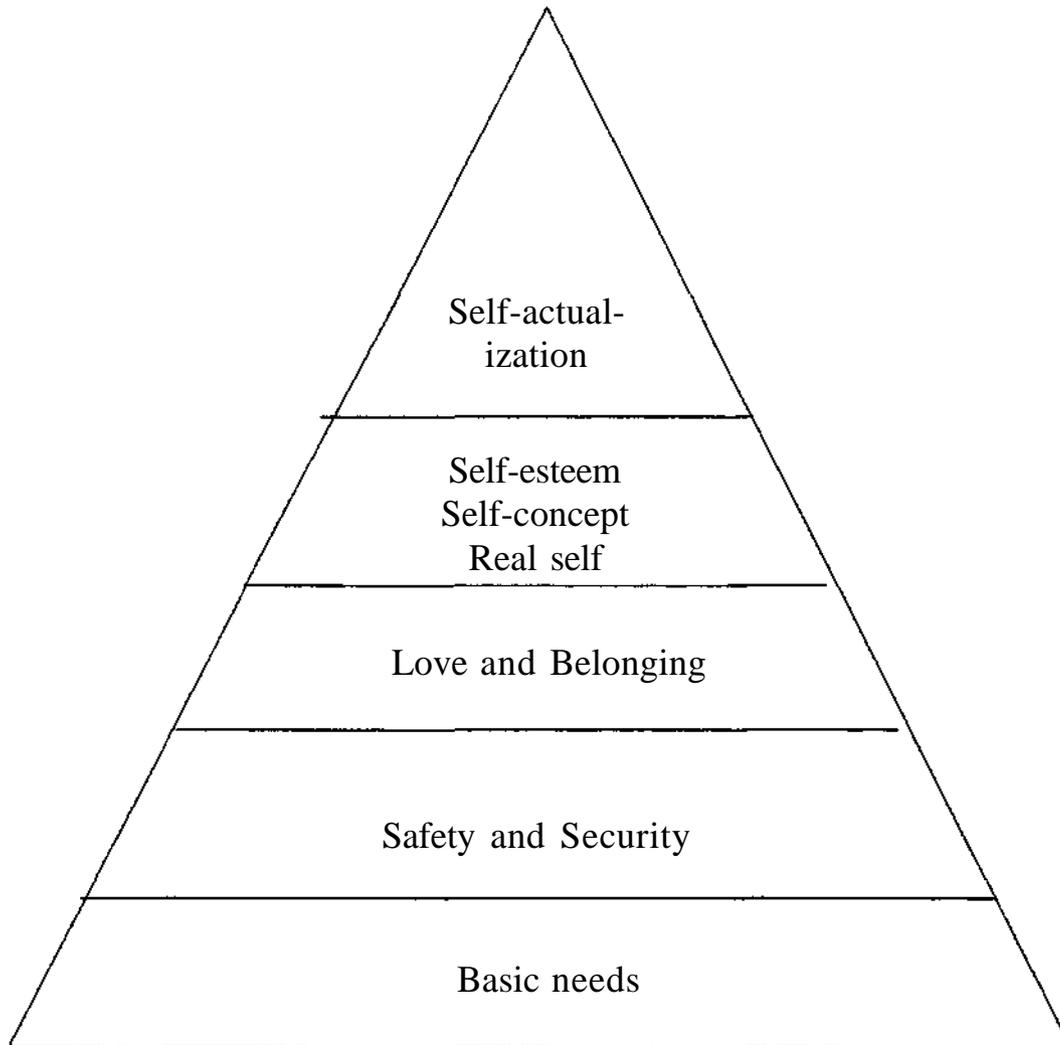
Miscellaneous

Module I: Educative Supervision

Learning Objectives

1. Orient new staff with an overview of the evolution of child protection services
2. Articulate some of the common challenges in making the transition to the role of a CPS supervisor
3. Maintain and explain the necessity for clear boundaries in the supervisor's relationship to those they supervise
4. Identify their characteristic style of supervision and when it will be most effective
5. Recognize when a different style may be more effective and match the five supervisory styles with specific workplace situations
6. Develop a personal learning plan to build upon their competencies in educative supervision
7. Identify the key competencies for CPS caseworkers and generate strategies for increasing the competence level of workers
8. Review the key points in adult learning theory
9. Distinguish three different learning styles and develop teaching techniques for each style
10. Use a variety of methods to teach casework skills to staff
11. Create and implement a targeted individual learning and development plan for each supervisee

MASLOW'S NEEDS HIERARCHY



ADULT LEARNING PRINCIPLES

- **Adults cannot be forced to learn.**
- **For adults, learning is a means to an end.**
- **Adult learners tend to prefer single-concept courses that can be practically applied to relevant problems.**
- **Adults need to be able to integrate new ideas with what they already know.**
- **Adults bring a great deal of life experience into training, and this must be acknowledged and used.**
- **Adult learners require active participation.**
- **Adults want to look competent Their self-esteem and ego must be protected. Adults expect the opportunity to share their experiences.**
- **Adults examine past experiences when exploring new information.**

KEY PRINCIPLES OF TRAINING

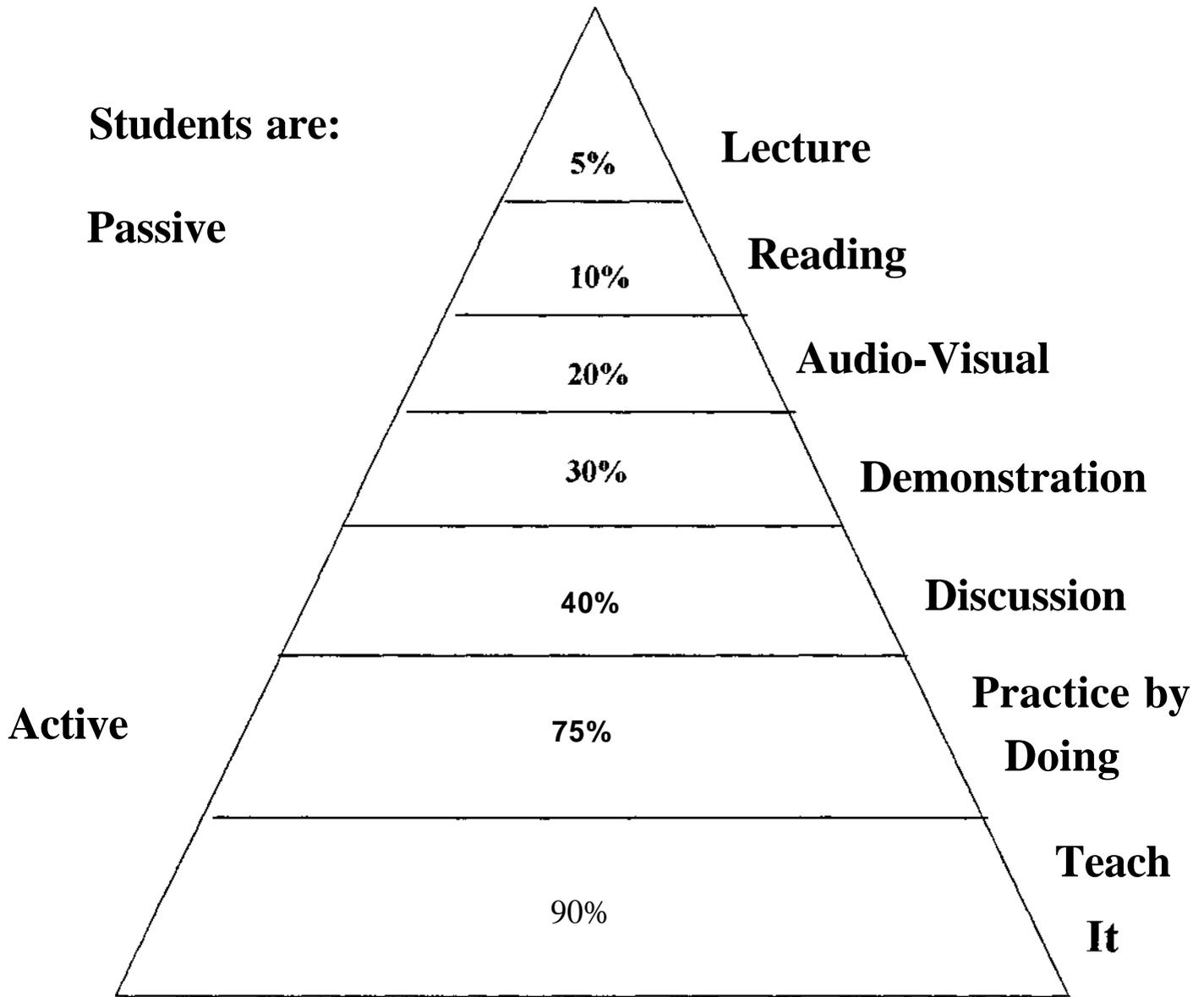
I hear... and I forget

I see... and I remember

I do... and I understand

-Confucius

AVERAGE RETENTION RATE



Amount of information that goes into long-term memory....by how it's processed

A GENERAL PATTERN FOR TRAINING DELIVERY

TELL:

Tell us what you are going to teach

SHOW:

Show us how to do the thing you want us to learn

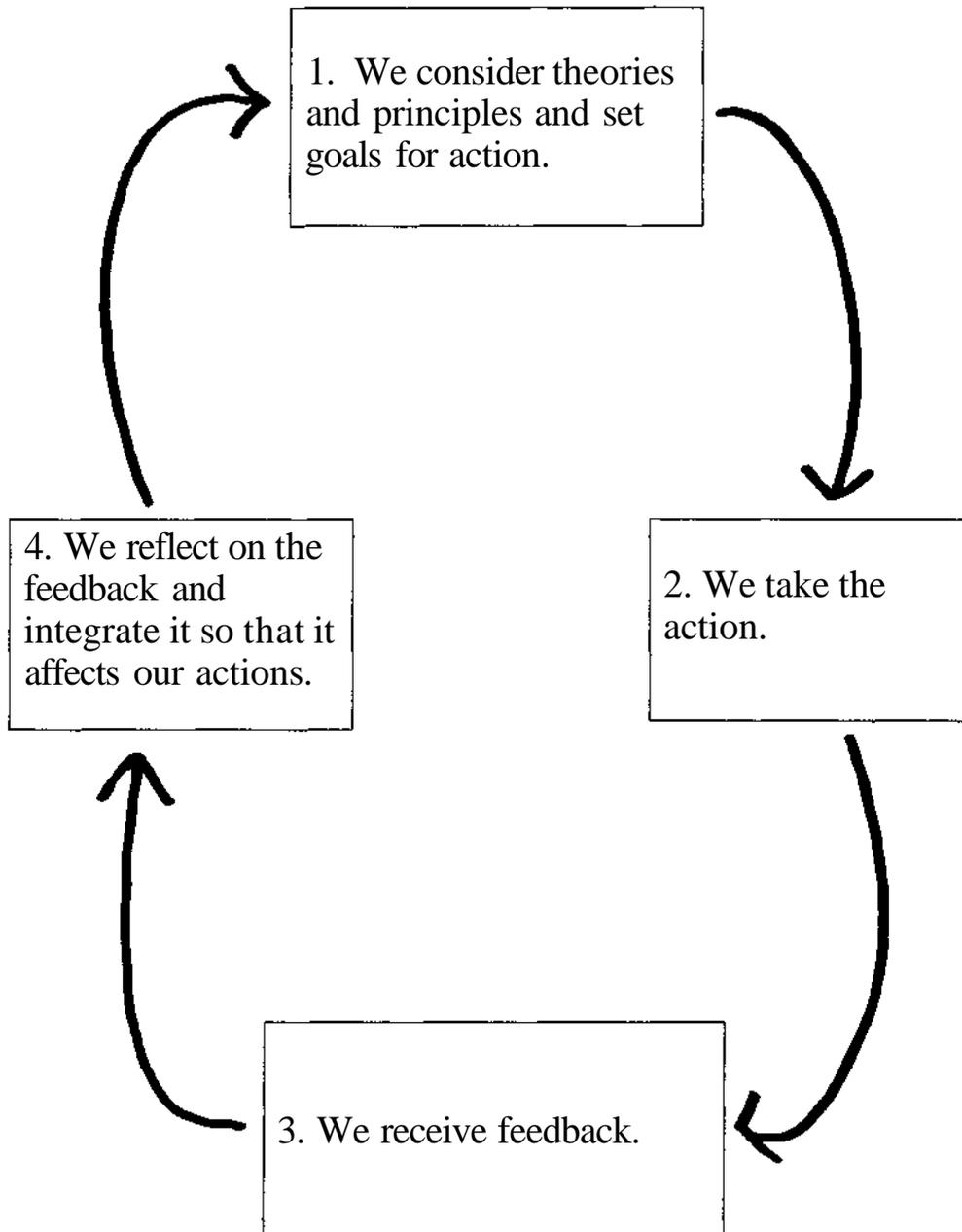
DO:

**Have learners practice through the use of an
interactive activity or exercise**

DISCUSS:

**Lead a discussion of the activity, eliciting how
participants will apply the new skill and
summarizing key points**

THE LEARNING CYCLE



THE RULES OF BRAINSTORMING

- 1. All ideas will be accepted. Let yourself imagine the best possible world, with no limits upon resources.**
- 2. No one is allowed to comment upon, criticize, or praise any idea generated.**
- 3. Every member of the team must contribute to the brainstorming.**

Module 2: Ethical Decision Making

MODULE 2—ETHICAL DECISION MAKING

Description

The purpose of this module is to enhance ethical decision making throughout the agency in which participants work. To accomplish this, the module introduces the topic of ethical decision making in clinical practice. Focusing on several distinct aspects of ethical decision making, the module includes the following: the importance of self assessment and self awareness, the role of values, supervisory techniques relevant to ethical decision making and the use of ethical decision making models for resolution of dilemmas. Participants will then be given the opportunity to resolve problems in sample cases by using the ethical decision making model as presented.

The module will conclude with demonstration of an Action Plan that participants will develop and implement upon their return to supervisory responsibilities. This entire module is comprised of nine separate activities, as outlined in the accompanying Activity Agenda.

Overall Time

The entire module is presented in a total of 9 hours and 15 minutes, with a breakdown as follows:

Day 1—5 hours and 15 minutes

Day 2—4 hours

Participant Preparation Required

This module does not require preparation in advance from participants.

ACTIVITY AGENDA

Day 1

Activity 1: Introduction and Agenda Review

Type: Guided Discussion

Time: 1 hour

Activity 2: Drawbridge Exercise (Values)

Type: Self Awareness Exercise, Small/Large Group Discussion

Time: 1 hour

Activity 3: Individual Decision Making Style

Type: Self Awareness Exercise, Small Group Activity, Guided Discussion

Time: 45 minutes

Activity 4: Professional Literature

Type: Presentation

Time: 45 minutes

Activity 5: Ethical Decision Making Model

Type: Presentation

Time: 30 minutes

Activity 6: Practicing Use of the Model

Type: Small Group Activity, Guided Discussion

Time: 1 hour and 15 minutes

Day 2

Activity 7: Practicing Use of the Model (con't.)

Type: Small Group Activity, Guided Discussion

Time: 1 hour and 30 minutes

Activity 8: Ethical Decision Making on the Job

Type: Self Awareness Exercise, Small Group Activity, Guided Discussion

Time: 1 hour

Activity 9: Supervision and Ethical Decision Making

Type: Small Group Activity

Time: 1 hour and 30 minutes

ACTIVITY 1

INTRODUCTION AND AGENDA REVIEW

Time

1 hour

Type of Activity

Guided
Discussion

Equipment/ Materials Needed

- ◆ 3 x 5 cards
- ◆ Handout—
Case Example
- ◆ Power Point
(PWPT) Slides
#2—*Ethical
Dilemmas*
#3—*Read
Case Example*
#4—
Introductions
#5—*Goal of
Workshop*
#6—*Agenda*
- ◆ Flipchart
- ◆ Markers

Learning Objectives

Participants will be able to

- ◆ List training goals of ethical decision making.
- ◆ Explain correlation between content presented and ethical decision making on the job.

Instructions

1. **DISPLAY** PWPT Slide #2, *Ethical Dilemmas*, as participants enter training room and distribute 3 x 5 cards so that each participant will record an ethical dilemma on the cards.
2. **EXPLAIN** that the dilemmas will be used for discussion during training; therefore, nothing should be written that cannot be discussed in a large group.
3. **DISPLAY** PWPT Slide #3, *Read Case Example*, and instruct participants to read page 1 of their participant handouts, *Case Example*. Participants should be instructed to think about this example in terms of whether or not an ethical problem exists in the plan and also to be ready to share their opinions with the large group during introductions.
4. **DISPLAY** PWPT Slide #4, *Introductions*, asking each participant to introduce him/herself in turn based on the slide, which includes:
 - ◆ Name
 - ◆ Job information (i.e., time in present position,

Manual References

None

- location, any regional demographics, etc.)
- Opinion relevant to Case Example
5. **RECORD** opinions as given, on the flipchart prepared with “yes” and “no” columns.
 6. **PROCESS** the opinions listed by explaining that when ethics are discussed, it is most often relevant to making an ethical decision and focus is most often on expected results or the decision itself, rather than on the process.
 7. **EXPLAIN** that the purpose of the opening exercise was to draw attention to this phenomenon, since participants were asked for their opinion on what the decision should be, rather than on how that decision was made.
 8. **INFORM** participants that this training will focus on ways to develop or enhance decision-making skills, as well as ways to improve the process used to make decisions.
 9. **DISPLAY** PWPT Slide #5, *Goal of Worship*, reviewing goals of the ethical decision making training.
 10. **EXPLAIN** that the primary goal, foundational to this training, is to assist participants to make any necessary changes to their daily practice relevant to ethical decision-making.
 11. **INFORM** participants that this goal is met by:
 - ◆ Incorporating learning into our own practice,
 - ◆ Modeling the improvement in our practice to others, and
 - ◆ Teaching/mentoring others to improve their own decision making skills.

12. **DISPLAY** PWPT Slide #6, *Agenda*, and review the activity agenda with participants, answering questions relevant to each activity as reviewed.
13. **TRANSITION** to the next activity, which is an exercise on values.

ACTIVITY 2

DRAWBRIDGE EXERCISE (VALUES)

Time

1 hour

Type of Activity

Self Awareness
Exercise

Small/Large
Group Discussion

Equipment/ Materials Needed

- ◆ Handout—
*Drawbridge
Exercise*
- ◆ Power Point
(PWPT) Slides
#7—
*Drawbridge
Exercise*
#8—*Values*
#9—*Values*
#10—
*Resolving
Value
Conflicts*
- ◆ Flipchart
- ◆ Markers

Learning Objectives

Participants will be able to

- ◆ Define “values.”
- ◆ Identify origin of their own personal values.
- ◆ Acknowledge the role of values in the ethical decision making process.
- ◆ Explain process for resolving value conflicts within the DCS setting.

Instructions

1. **BEGIN** the exercise by explaining that participants will now have an opportunity to work in small groups to decide responsibility and discuss the topic of values.
2. **DIVIDE** the large group into small groups of 5–6 participants each, ensuring that each participant has a copy of page 2 from their participant handouts, *Drawbridge Exercise*.
3. **DISPLAY** PWPT Slide #7, *Drawbridge Exercise*, reviewing that participants are to read the story individually and to rank order (at the bottom of page 2) the responsibility for the death of the lady.
4. **INSTRUCT** participants to complete as directed individually and then, discuss their individual answers in their assigned small groups, noting similarities and differences among answers.

Trainer's Note: While participants discuss in small

Manual
References

None

groups, you should record the names of all characters in the story on a flipchart, leaving room to record numbers next to each name.

5. **RECONVENE** the large group after giving ample time for this discussion in small groups Begin the large group discussion by asking for a show of hands, indicating which character participants believe to be most responsible for the lady's death. Record the number of votes on the flipchart as each character is named. When all votes are cast for the character MOST responsible, repeat the process for the character that participants believe to be next most responsible.
6. **FACILITATE** a full group discussion relevant to the thought process of each participant while deciding responsibility by asking:
 - ◆ Why did you vote for the character you did, as most responsible and next most responsible?
 - ◆ How was your decision made?
7. **ALLOW** for group discussion specific to the above-mentioned questions, as well as any responses pertinent to the decision, encouraging participants to share conflicting opinions.
8. **RECORD** salient points on the flipchart as discussion is conducted, ensuring that the following points are included:
 - ◆ The topic of ethics is contextual. Therefore, there may be conflicting opinions or feelings about the Nobleman's behavior because of the time period. Although possibly acceptable at the time, this behavior would be unacceptable in modern society, especially in the context of life in the United States.

- ◆ Ethics and the decisions made in relation to ethics is relationship based. This phenomenon occurs in interactions among people whenever the topic is open for discussion.
 - ◆ In making their decisions as to responsibility, participants may have focused on beliefs that “friends do not treat one another that way” or “husbands should not treat their wives that way.”
9. **CONNECT** these beliefs to identification that each participant relied on his/her values in order to make the decisions they did.
10. **DISPLAY** PWPT Slide #8, *Values*, as recognition that making ethical decisions is tied to one’s values is made. Review the definition as posted.
11. **DISPLAY** PWPT Slide #9, *Values*, asking aloud the questions posted. For the question about where/how values are learned, the following responses should be included:
- ◆ Values are learned from parents, church, school, friends, and media.
12. **ASK** the next question about whose values are “in the room” when working with clients. Ensure that the following are included:
- ◆ Worker’s personal and professional values, client’s values, agency’s values, community’s values, as well as any sub-cultural values that are relevant to the individual situation(s).
13. **ASK** participants how they resolve a conflict between agency mandates and personal values. *(Note: Participants may need assistance to cite an example, so it would be helpful for you to be prepared with one.)* Allow for discussion but limit

the time to only a few minutes.

14. **DISPLAY** PWPT Slide #10, *Resolving Value Conflicts* and review, explaining that one must be aware of the value conflict and then to be able to talk about it. In addition, to be able to talk about the topic of value conflict, there must be a climate of safety within the agency to allow for these types of issues to be openly discussed.
15. **ASK** participants for potential methods to create this climate of safety and allow for listing of ideas. If participants are unable to list any methods, the following may be an idea to get them started: set aside time (10–15 minutes) in staff meetings to allow for a discussion of ethical issues.
16. **EMPHASIZE** the importance of supervision in resolving value conflicts. Also, note the importance of referring cases when workers and/or supervisors are unable to resolve the value conflict.
17. **SUMMARIZE** this activity by stressing the importance of values in the ethical decision making process. Inform participants that this is part of the process that is most often ignored because it is stressful and outside the comfort level of individuals conducting the agency's work. However, stress that everyone needs to be aware of his/her values and how these values impact the decision making process.
18. **TRANSITION** to the next activity, which will allow participants to assess individual decision-making style.

ACTIVITY 3

INDIVIDUAL DECISION MAKING STYLE

Time

45 minutes

Type of Activity

Self Awareness
Exercise

Small Group
Activity

Guided
Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slide #11—*Part 1: Assessing Your Ethical Decision Making Approach or Process*
- ◆ Handout—*Assessing Your Ethical Decision Making*

Learning Objectives

Participants will be able to

- ◆ Acknowledge the importance of identifying the current ethical decision-making process.
- ◆ Assess the individual ethical decision-making process.
- ◆ Compare the individual ethical decision-making process with others.

Instructions

1. **BEGIN** by displaying PWPT Slide #11, *Part 1: Assessing Your Ethical Decision Making Approach or Process*, and directing participants to page 3 of their participant handouts, *Assessing Your Ethical Decision Making Process*. Review the slide and page 3 with participants, explaining the activity as follows.
2. **EXPLAIN** to participants that before working on enhancing the ethical decision making process, it is critical to have a clear understanding of current methods of approach to ethical dilemmas as a baseline.
3. **ASK** participants to name some possible ways (something one could do) to resolve ethical dilemmas. Examples may include: talk to one's supervisor, consider and/or list possible solutions, make a list of pros/cons for possible solutions, etc.

<p><i>Process</i> (2 pages)</p> <ul style="list-style-type: none">◆ Flipchart◆ Markers <p>Manual References</p> <p>None</p>	<ol style="list-style-type: none">4. EXPLAIN that many people may not believe they follow any type of decision-making process, that they just have a “gut reaction” or instinct. Inform participants that if this is true for them, they need to record this on the Participant page.5. INSTRUCT participants to complete the Participant page individually. Then, divide the large group into small groups of 4–5 each to discuss commonalities and differences among their responses and to record a master list of steps or actions specific to individual responses. <p><i>(Trainer’s note: Allow approximately 10–15 minutes for the individual completion of the Participant page and about 10–15 minutes for small group discussion.)</i></p> <ol style="list-style-type: none">6. RECONVENE the large group, recording any/all steps or actions listed in the small groups onto a flipchart. Save this completed flipchart, as it will be used later in the training.7. TRANSITION to the next activity, which will allow participants to examine the professional literature on the ethical decision making process.
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ACTIVITY 4

PROFESSIONAL LITERATURE

Time

45 minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #12—*Part 2: The Professional Literature on Ethical Decision Making Models* #13—*Why Use an Ethical Decision Making Model* #14—*Ethical Decision Making Models: Purpose* #15—*Ethical Decision*

Learning Objectives

Participants will be able to

- ◆ Acknowledge the importance of professional models in the ethical decision making process.
- ◆ Analyze different types of ethical decision-making models.
- ◆ Define key terms from professional literature.

Instructions

1. **BEGIN** by explaining that this activity will review pertinent professional literature about ethics and several ethical decision making models, displaying PWPT Slide #12, *Part 2: The Professional Literature on Ethical Decision Making Models*, as introduction.
2. **DISPLAY** PWPT Slide #13, *Why Use an Ethical Decision Making Model*, asking the large group about the purpose of ethical decision making models and why models are useful. Facilitate a discussion, allowing the large group to express their opinions. As the discussion nears a natural close, display PWPT Slide #14, *Ethical Decision Making Models: Purpose*.
3. **REVIEW** PWPT Slide #14, explaining that the purpose of decision making models is to help frame and resolve dilemmas, but not to provide clear-cut, distinct solutions.
4. **DISPLAY** PWPT Slide #15, *Ethical Decision*

Making Purpose #16—Ethical Decision Making Models: Purpose #17—My Research on Ethical Decision Making Models #18—Types of Ethical Decision Making Models #19—Preliminary Findings #20—2nd Part of Research #21—Part 3: Background Information and Definitions #22—Ethics #23—Ethical Dilemma #24—Characteristics of an Ethical Dilemma

Making Purpose, noting that decision-making models do not guarantee a firm conclusion; rather they help to provide confidence in a process.

5. **DISPLAY** PWPT Slide #16, *Ethical Decision Making Models: Purpose*, reviewing the various purposes of ethical decision-making models.

Trainer's Note: At this point, it is critical to ensure that participants understand the purpose of decision-making models. Participant buy-in is important before proceeding in this activity.

6. **DISPLAY** PWPT Slide #17, *My Research on Ethical Decision Making Models*, which describes the research project. Explain that the research included a 2 part exploratory study; the first part of the study was a thorough examination of 60 ethical decision making models.

7. **INFORM** participants that each model was analyzed based on what is shown on the slide, including:

- ◆ types of models (further explained on PWPT18),
- ◆ discipline of the model's author,
- ◆ time frames for the model,
- ◆ similarities/differences in the steps suggested by the model,
- ◆ any previous research conducted on the individual models,
- ◆ the theory base for the model, and
- ◆ information relevant to previous models from which they were taken.

8. **DISPLAY** PWPT Slide #18, *Types of Ethical Decision Making Models*, and review the various

#25—*Ethical Principles*
#26—*Ethical Standards*
#27—
Potential Areas of Conflict in an Ethical Dilemma

- ◆ Handouts—*Definitions* (3 pages)
- ◆ Flipchart
- ◆ Markers

Manual References

None

- categories of models. Explain that a Decision Process model includes questions and steps to be completed in a specific order, while Decision Tree models are those in which an answer to a question leads in either one direction or another.
9. **CONTINUE** by explaining to participants that Series of Questions Models are defined as those in which the questions may be answered in any order, as the order of questions is irrelevant. This is also true of Steps or Actions to Follow models, which suggest steps to be followed, with order again being irrelevant in this model.
 10. **EXPLAIN** that Prioritization of Ethical Principles/Values models rely on prioritizing, a system of assigning weight or criticality to a given situation. Inform participants that Hybrid models are defined as a combination of 2 or more models, usually one of which is a Decision Process model.
 11. **DISPLAY** PWPT Slide #19, *Preliminary Findings*, and review the study's findings. Note that Decision Process models are the most common type of model used, which is the model to be utilized in this training.
 12. **EXPLAIN** that the most popular model is Lowenberg and Dolgoff's Ethical Principle Screen, which is a Prioritization model that will also be reviewed in this training.
 13. **DISPLAY** PWPT Slide #20, *2nd Part of Research*, and review. Explain that the second part of the research study consisted of interviews with 30 social work practitioners, who were asked to describe the process they use to resolve ethical dilemmas.
 14. **DISPLAY** PWPT Slide #21, *Part 3: Background*

Information and Definitions, explaining that some basic background information and definitions relevant to ethics will now be reviewed. Inform participants that these definitions are included in participant pages 5–7, *Definitions*.

15. **DISPLAY** PWPT Slide #22, *Ethics*, #23, *Ethical Dilemma*, and PWPT Slide #24, *Characteristics of an Ethical Dilemma*, in turn, reviewing the definitions. Also, post PWPT Slide #25, *Ethical Principles*, explaining that trainer will provide an example shortly.
16. **DISPLAY** PWPT Slide #26, *Ethical Standards*, and review, noting that standards are rules of the profession and are the most concrete.
17. **DISPLAY** PWPT Slide #27, *Potential Areas of Conflict in an Ethical Dilemma*, explaining that principles are more concrete than theory or values and that standards are more concrete than principles.
18. **SUMMARIZE** this activity by emphasizing the importance of being familiar with concepts relevant to ethical decision making before learning an actual model that can be learned and adopted into practice by supervisors. Ask if there are any questions concerning this review of the literature, the research, the study and/or any specific point presented during this activity.

Trainer's Note: Respond to any questions posed if the answer is known. If the answer will be given later in this training, let the participants know. If the answer is not known, post to a "parking lot" flipchart and ensure participants that you will make every effort to have an answer before the end of training.

19. **TRANSITION** to the next activity, which will

include presentation of a model that can be used by participants.

ACTIVITY 5

ETHICAL DECISION MAKING MODEL

Time

30 minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #28—*Part 4: Application—Skills Practice with Ethical Decision Making Models* #29—*Loewenberg's and Dolgoff's Ethical Rules Screen* #30—*Ethical Principles Screen* #31—*Institute for Ethical Decision*

Learning Objectives

Participants will be able to

- ◆ Analyze Lowenberg and Dolgoff's Ethical Rules and Ethical Principles Screen.
- ◆ Review the Institute for Ethical Decision Making model.

Instructions

1. **BEGIN** by displaying PWPT Slide # 28, *Part 4: Application—Skills Practice with Ethical Decision Making Models*, explaining that this activity will result in participants learning an ethical decision-making model and process that can be used in their practice. Explain that after the model is presented, participants will have the opportunity to practice using this model with several case examples.
2. **EXPLAIN** that the most popular model, by Lowenberg and Dolgoff, will be examined first—reviewed as a basis for the model that will be used by participants, since this ethical decision making model is incorporated into the model presented for participant use.
3. **DIRECT** participants to page 8 of their participant handouts, displaying PWPT Slide #29, *Loewenberg's and Dolgoff's Ethical Rules Screen*. Review by explaining that this model instructs the review of the Code of Ethics first, and if this code is not applicable to the situation, to consult the

<i>Making Model</i>	Ethical Principles Screen.
◆ Handouts— <i>Ethical Rules Screen</i> <i>Explanation of Ethical Principles</i> <i>Institute for Ethical Decision Making Model</i> <i>Ethical Decision Making Worksheet</i>	4. DISPLAY PWPT Slide #30, <i>Ethical Principles Screen</i> , explaining that these exemplify the Ethical Principles discussed in a previous activity specific to terms. Inform participants that, in this model, these principles are arranged in a hierarchy with the first Principle as most important, with the second Principle as next important and so on. 5. INFORM participants that an explanation for each principle is contained on page 9 of their participant handouts. <i>Trainer's Note: Many of the principles are self explanatory, but you should specifically review Principle #2 with participants to eliminate any confusion.</i>
◆ Flipchart ◆ Markers	6. CONFIRM that there are shortcomings with the Lowenberg and Dolgoff model by explaining the following: <ul style="list-style-type: none">◆ First, the model treats ethical dilemmas as if there if only one problem in each dilemma;◆ Second, there is no request for a listing of possible solutions to include pros and cons;◆ Third, there is no suggestion to consult with anyone else for assistance, and◆ Finally, the model does not suggest any evaluation or monitoring of how well the solution is working or whether or not the dilemma was resolved.
Manual References None	7. INFORM participants that although this model is useful for considering the Ethical Principles and for arranging them in a hierarchy, it may not be complete for their use. However, this model can be

incorporated well into a more complete model, which is appropriate for their practice.

8. **DISPLAY** PWPT Slide #31, *Institute for Ethical Decision Making Model*, instructing participants to also review the matching information on page 10 of their participant handouts. Explain that it may be more useful for participants to follow along with information contained on the *Ethical Decision Making Worksheet* on pages 11–13 of their participant handouts.
9. **EXPLAIN** that this presented model is representative of the Decision Process models described earlier and reiterate that this model was developed by using input from social workers in previous training sessions.
10. **REVIEW** the model with participants, explaining each step as listed on the *Decision Making Worksheet*. Ensure participants that they should not worry about using “professional” language when using the worksheet; the purpose of the worksheet is to enable participants to organize their thoughts and to move through the process quickly and easily. It is not to be critiqued or shown to anyone else.

Trainer's Note: At this point, ensure participants that this process is to assist them in making decisions more quickly and more easily and that they should not make the process more complicated than it is, which is sometimes a natural tendency when we try to impress others. Explain that it is presented to be a straightforward model and a simplified process.

11. **REASSURE** participants by explaining that there will be ample opportunity to practice with this

model before conclusion of training, so that they know the expectation is to provide opportunity for them to be completely comfortable with using the model. Respond to any questions posed by participants about use of this model.

12. **TRANSITION** to the next activity, which will give participants the promised opportunity to practice skills learned in this activity, as specific to use of the model.

ACTIVITY 6

PRACTICING USE OF THE MODEL

Time

1 hour, 15
minutes

Type of Activity

Small Group
Activity

Guided
Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #31—*Institute for Ethical Decision Making Model* #32—*Practice with Case Examples*
- ◆ Handout—*Ethical Decision Making Worksheet* (3 copies for each participant)

Learning Objectives

Participants will be able to

- ◆ Resolve ethical dilemmas for given case examples.
- ◆ Demonstrate competency in use of the Decision Making Model.

Instructions

1. **BEGIN** by displaying PWPT Slide #32, *Practice with Case Examples*, explaining that participants will now have the opportunity to use the Decision Making Model to resolve case examples by working together in small groups.
2. **DIVIDE** the large group into small groups of 4–5 in each group and direct all participants to page 14 of their participant handouts.
3. **DISTRIBUTE** a copy of the *Ethical Decision Making Worksheet* to each participant and instruct the small groups to work together on the first case example, “The Wrong Man Sits in Prison,” completing each step as outlined on the worksheet. Explain that each group will have an opportunity to share their work when finished, as the large group will hear each group.

Trainer’s Note: Since individuals and/or groups are likely to notice that a completed version of this worksheet is contained on pages 14–16, participants should be directed NOT to look ahead and to complete the worksheet in their assigned groups. After the full

◆ Flipchart

◆ Markers

Manual
References

None

group discussion, this version will be reviewed.

4. **DISPLAY** PWPT Slide #31, *Institute for Ethical Decision Making Model*, as small groups are completing the worksheet. Allow groups to finish their work before reconvening the large group.
5. **RECONVENE** the large group and review small group work by having each group present their recordings for each step.

Trainer's Note: You should facilitate presentations in a lively manner and to keep things moving quickly as the presentations may become boring to others since there is likely to be repetition among groups.

6. **DIRECT** participants to pages 14–16 in their participant handouts and review the completed worksheet for this case example. Facilitate a discussion with the large group to clarify any confusion, answer any questions, and/or to acknowledge any learning gleaned from this exercise.
7. **DISTRIBUTE** another copy of the *Ethical Decision Making Worksheet*, if time permits, and instruct small groups to begin working on the second case example, “Should Eleanor Pomer Come Home?”
8. **CONCLUDE** with an announcement that participants will be given additional opportunity to practice use of the model when training resumes. Explain that the agenda for the next day also includes opportunity for discussion about how to use this material upon return to their agencies, as well as how this information can be used in the supervision role.
9. **END** by thanking participants for their

participation, acknowledging that training is going well.

ACTIVITY 7

PRACTICING USE OF THE MODEL (CON'T.)

Time

1 hour, 30
minutes

Type of Activity

Small Group
Activity
Guided
Discussion

Equipment/ Materials Needed

- ◆ Handout—
*Ethical
Decision
Making
Worksheet* (3
copies for each
participant)
- ◆ *Practical
Suggestions
for a Helping
Relationship
with a
Culturally
Different*

Learning Objectives

*Trainer's Note: This is a continuation of Activity 6;
therefore, learning objectives remain the same.*

Instructions

1. **OPEN** with an exercise to review the previous day's learning. The following are examples of material covered that participants should name:
 - ◆ Discussion of individual, current ethical decision making process,
 - ◆ Relevance and importance of values in the decision making process,
 - ◆ Review of the professional literature relevant to ethics and ethical decision making, and
 - ◆ Introduction and practice with a specific model for ethical decision-making.
2. **EXPLAIN** to participants that they will have an additional opportunity to practice use of the presented model with different case examples as training continues. In addition, explain that there will also be discussion about necessary changes to their practice, in a continuous improvement mode, as this change relates to ethical decision making, especially as relevant to their roles as supervisors.
3. **BEGIN** the activity by allowing small groups to reconvene and continue work on using the *Ethical*

Client (1 copy for each small group)

- ◆ Flipchart
- ◆ Markers

Manual References

None

Decision Making Worksheet to resolve the dilemma regarding Eleanor Pomer.

4. **ALLOW** time for small groups to complete their work on this exercise, then reconvene large group. Review their work, using the same format used with the first case example presented.
5. **ASK** participants the following at this point, facilitating a large group discussion:
 - ◆ What problems are you having with this model?
 - ◆ Are any particular steps more problematic than others?
 - ◆ Is there anything that does not seem logical about this model?
 - ◆ Does anyone have suggestions or recommendations to be made to the large group?

Trainer's Note: Be sure to resolve any issues relevant to use of this model before proceeding. Once resolved, remaining time allocated for this activity may be used for working on additional case examples, as the following instructions dictate.

6. **DISTRIBUTE** the handout, "Appendix A: Additional Exemplars," to each small group. Instruct groups to choose one of the examples to resolve, continuing to use the *Ethical Decision Making Worksheet*. Inform participants that there are check marks next to appropriate case examples.
7. **CALL** time at approximately 1 hour, 15 minutes to stay on schedule, allowing the remaining 15 minutes for summarization and conclusion.
8. **ASK** participants to list the benefits of using this model, recording responses on the flipchart. Ensure

that participants understand the effectiveness and efficiency of using this model as presented, rather than to continue using any former methods they may have used to resolve ethical dilemmas.

Trainer's Note: It is critical that participants be invested in use of this model at this point and that the ease and benefits of this model are emphasized, as this concept is further reinforced as training continues.

9. **SUMMARIZE** and conclude this activity by emphasizing the positives relevant to use of the model and transition to the next activity, which will involve transfer of learning to the job.

ACTIVITY 8

ETHICAL DECISION MAKING ON THE JOB

Time

1 hour

Type of Activity

Self Awareness

Exercise

Small Group

Activity

Guided

Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #33—
Changing Practice in Relation to Ethical Decision Making: Action Plan
- #34—
Changing Practice in Relation to

Learning Objectives

Participants will be able to

- ◆ Implement change into individual practices as relevant to ethical decision making.
- ◆ Incorporate change by completion of “Action Plan: Implementing, Modeling, Teaching and Mentoring.”

Instructions

1. **BEGIN** by displaying PWPT Slide #33, *Changing Practice in Relation to Ethical Decision Making: Action Plan*, explaining that the remainder of the training will be devoted to development of an action plan to enable participants to incorporate change into their practice as relevant to ethical decision-making.
2. **EXPLAIN** that the first step is to implement what they have learned in order to make any necessary changes in recognition of continuous improvement and the transfer of learning.
3. **INFORM** participants that once they have made any necessary changes, this behavior is modeled for their staff and will enable them to teach and mentor supervisees.
4. **DISPLAY** PWPT Slide #34, *Changing Practice in Relation to Ethical Decision Making: Implementing*, and direct participants to pages 18–20 in their participant handouts. Instruct them to

<p><i>Ethical Decision Making: Implementing #35—Action Plan: Modeling</i></p> <ul style="list-style-type: none">◆ Handout—<i>Action Plan: Implementing, Modeling, Teaching, and Mentoring</i> (3 pages)◆ Flipchart◆ Markers	<p>work individually, following the instructions on slide #34. Also, explain that participants should review the Self Assessment (Participant page 3) previously completed.</p> <ol style="list-style-type: none">5. ASSIGN participants to answer each question on participant page 18, <i>Implementing</i>, but to stop there; participant pages 19–20 will be completed later.6. DIRECT participants to share with a partner their responses to page 18, followed by a discussion with the large group.
<p>Manual References</p> <p>None</p>	<p><i>Trainer's Note: You should record on a flipchart the responses as to what will be done differently, how decision making strategies will be implemented, as well as any other pertinent information brought up in the large group discussion. Also, process thoroughly any obstacles to change identified by participants and how these obstacles may be overcome. (See #4 and #5 on participant page 18.)</i></p> <ol style="list-style-type: none">7. EMPHASIZE that commitment to improving is critical and that participants must have a plan to implement any change. Note that without this commitment and follow-thru that nothing different will happen upon their return to work.8. DISPLAY PWPT Slide #35, <i>Action Plan: Modeling</i>, directing participants to page 19 in their participant handouts, <i>Modeling</i>. Allow for participants to complete this worksheet with either partners or small group, whichever seems most appropriate.9. FACILITATE a discussion of responses in large group when small groups have completed the assignment, recording salient points to flipchart as

before.

TRANSITION to the next activity, which is specific to supervision and ethical decision making, as module wrap-up.

ACTIVITY 9

SUPERVISION AND ETHICAL DECISION MAKING

Time

1 hour, 30
minutes

Type of Activity

Small Group
Activity

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #36—
Supervisory Techniques, the DISC, and Ethical Decision Making
- ◆ Handout—
Teaching and Mentoring
- ◆ Flipchart

Learning Objectives

Participants will be able to

- ◆ Acknowledge the importance of teaching and mentoring in the overall change process as relevant to ethical decision making.
- ◆ Develop an action plan specific to implementing, modeling, teaching, and mentoring.
- ◆ Incorporate DISC information into the ethical decision-making process.

Instructions

1. **BEGIN** by asking participants to divide themselves into groups based on their dominant DISC style and display PWPT Slide #36, *Supervisory Techniques, the DISC, and Ethical Decision Making*, facilitating a brief discussion about dominant characteristics of each DISC style as review for this exercise.
2. **DIRECT** participants to answer and discuss in these small groups the questions contained on slide #36.
3. **INSTRUCT** participants to focus on ways in which they, in their respective styles, would approach a worker to help him/her resolve an ethical dilemma, identifying the pros and cons of the approach as dictated by style. Also, instruct participants to identify any specific supervisory

◆ Markers

Manual
References

None

techniques that would enable them to be more effective.

Trainer's Note: Remind participants that supervisory techniques were listed in handouts from the previous training module. Also, they may want to review Participant page 18 as help on methods to supervise other styles while completing the questions on PWPT Slide #36.

4. **PROCESS** the small group findings in large group, once the exercise has been completed by small groups by reviewing each style and listing the supervisory techniques that participants have identified as most useful.
5. **DISPLAY** PWPT Slide #37, *Teaching and Mentoring*, directing participants to participant handout page 20. Instruct participants to complete this worksheet in small groups, as well.
6. **REPEAT** processing of small group findings with the large group, once this exercise has been completed.
7. **SUMMARIZE** this training module, "Ethical Decision Making," by emphasizing that the primary intent of this training was to enable participants to learn about ethical decision-making and to increase the likelihood that they would be able to incorporate any necessary changes in their practice.
8. **CONCLUDE** this training module by reminding participants of the need to continue reviewing their Action Plan, and to request assistance as needed from their mentors, ensuring the implementation, modeling, teaching and training on ethical decision making.

9. **DISMISS**, informing participants where and when the next training module will occur, if known.

Handouts

Case Example

NASW member requested Office of Ethics and Professional Review (OEPR) comment on the following situation:

I run a recovery group for teenagers who have had problems in the past with drugs and/or alcohol. We normally meet in the group meeting room at my agency. As a treat for the members who have remained sober/drug free for the last six months, I would like to take the group out for pizza at the local pizzeria. We would go during the regular meeting time. Is there a problem with this plan ethically? My supervisor at the agency seems to think there may be. Source: http://www.socialworkers.org/pubs/code/oepr/dilemma_03.asp. September 12, 2002

Do you think there is an ethical problem with this plan?

Drawbridge Exercise

Read the story, and follow the instructions at the bottom of the page.

As he left for a trip to his outlying regions, the jealous nobleman warned his pretty wife, "Do not leave the castle while I am gone or I will punish you when I return."

But as time passed, the young woman grew lonely. Despite her husband's warning, she decided to visit her lover who lived in the countryside nearby.

The castle was surrounded by a moat teeming with deadly crocodiles. The only way across was by the castle drawbridge.

"My husband will not return before dawn," she thought, and ordered her servants to lower the drawbridge and leave it down until she returned.

After spending several pleasant hours with her lover, the Lady returned to the drawbridge, only to find it blocked by a madman wildly waving a large and dangerous sword.

"If you attempt to cross this bridge, My Lady, I will kill you!" he raved.

Fearing for her life, the Lady returned to her lover and asked him to help her.

"Our relationship is only a romantic one," he said. "And the nobleman would surely kill me should he find out. I will not help."

The Lady then found a boatman on the river, explained her plight to him, and asked him to take her across the river in his boat.

"I will take you across only if you pay my fee."

"But I have no money with me!" the Lady pleaded.

The boatman refused. "That is too bad. No money, no ride."

Her fear growing, the Lady ran crying to the home of a friend and after again explaining the situation, begged for enough money to pay the boatman his fee.

"If you had not disobeyed your husband, this would not have happened," the friend said. "I will give you no money."

With dawn approaching and her last resource exhausted, the Lady returned to the bridge in desperation, attempting to cross to the castle and was slain by the madman.

In the story above, there are six characters. They are (in alphabetical order):

The Boatman

The Lover

The Friend

The Madman

The Lady

The Nobleman

Working by yourself, use the list above to rank the characters in the order of their the Lady responsibility for the death of (from one being the most responsible to six being the least responsible).

Now, work with other members of your group, and decide on a group rank order for the six characters.

Source: Unknown

Assessing your Ethical Decision-Making Process

The questions below are designed to help you better understand the process you use when faced with an ethical dilemma.

1. Think about a recent ethical dilemma that you encountered in your work place. A situation in which whatever course of action you pursued you felt pressure to violate an ethical principle or value. These are situations in which you feel caught between a rock and a hard place. Please answer the following questions based on this dilemma.
2. Think for a moment about how you resolved the dilemma - how you got from feeling as though you had a dilemma to reaching a point that you felt that the dilemma was resolved, or at least out of your hands. Were there specific steps or actions that you took when resolving this dilemma or did it just seem to resolve itself? If you took specific steps or actions, please describe these below: (these do not have to be formal - it is whatever you did that moved you from feeling as though you had a dilemma to resolving it or getting it out of your hands).
3. Did taking these steps or actions help you resolve the dilemma?

4. List any steps or actions you took that were particularly helpful in resolving the dilemma.

5. List anything you did that was NOT particularly helpful in resolving the dilemma.

6. If you were faced with another similar ethical dilemma, would you take these same steps or actions that you used to resolve this dilemma? Why or why not?

7. When you consider the way in which you resolved this dilemma, the steps or actions that you took, would you say that these are the steps or actions that you typically take to resolve ethical dilemmas, or were these steps or actions different from the ones you might typically take to resolve a dilemma?

8. If these steps or actions were different from the ones you usually take, why did you take different steps or actions to resolve this dilemma?

Definitions

- **Values:** Are generalized, emotionally charge conceptions of what is desirable, historically created and derived from experience, and shared by a population or a group within it. They further provide the means for organizing and structuring patterns of behavior (Williams, 1968, cited in Meinert, 1980, cited in Reamer, 2001, p. 26).
- **Ethics:** Ethics is a branch of philosophy that examines: right or wrong, what should or should not be done, moral justification for actions (Kentsmith, 1986). Ethics is the action component of values; it is *values in action* (Levy, 1979).
- **Ethical Dilemma:** To be an ethical dilemma, there must at least be two conflicting or competing elements. These can be competing ethical standards, principles, values, a conflict between agency policy and an ethical standard, etc.
www.sociatworkers.org/pubs/code/oepr/dilemma03.asp, October 1, 2002
- **Characteristics of an ethical dilemma:**
 1. A choice must be made between courses of action.
 2. There are significant consequences for taking either course of action.
 3. Each course of action can be supported by one or more ethical principles.
 4. The ethical principles supporting the unchosen course of action will be compromised.

Social Work Values

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence

Social Work Ethical Principles

These principles are based on social work's 6 core values and set forth ideals to which all social workers should aspire. Following are the Six Social Work Ethical Principles

- Social workers' primary goal is to help people in need and to address social problems, (*service*).
- Social workers challenge social injustice, (*social justice*).
- Social workers respect the inherent dignity and worth of the person, (*dignity and worth of the person*).
- Social workers recognize the central importance of human relationships. (*importance of human relationships*).
- Social workers behave in a trustworthy manner (*integrity*).
- Social workers practice within their areas of competence and develop and enhance their professional expertise. (*competence*).

Social Work Ethical Standards

The Code has 155 specific ethical standards. These standards concern social workers' ethical responsibilities:

- To clients
- To colleagues
- In practice settings
- As professionals
- To the social work profession
- To the broader society

Some standards are enforceable guidelines for professional conduct and some standards are aspirational. Enforceability is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards

Ethical Rules Screen

1. Examine the Code of Ethics to determine if any of the Code rules are applicable. These rules take precedence over the worker's personal value system.
2. If one or more Code rules apply, follow these.
3. If the Code does not address itself to the specific problem, or if several Code rules provide conflicting guidance, use the Ethical Principles Screen.

Ethical Principles Screen

Ethical Principle 1	Principle of the protection of life
Ethical Principle 2	Principle of equality and inequality
Ethical Principle 3	Principle of autonomy and freedom
Ethical Principle 4	Principle of least harm
Ethical Principle 5	Principle of quality of life
Ethical Principle 6	Principle of privacy and confidentiality
Ethical Principle 7	Principle of truthfulness and full disclosure

Excerpted from: Loewenberg, F.M., Dolgoff, R., & Harrington, D. (2000). Ethical decisions for social work practice, 6th ed. Peacock Publishers: Itasca, Illinois.

Explanation of Ethical Principles

Ethical Principle 1: The protection of human life applies to all persons, both to the life of a client and to the lives of all others. This principle takes precedence over every other obligation.

Ethical Principle 2: The principle of equality and inequality suggests that all persons in the same circumstances should be treated in the same way; that is, equal persons have the right to be treated equally and nonequal persons have the right to be treated differently if the inequality is relevant to the issue in question. Unequal treatment can be justified when other considerations such as beneficence outweigh the equality principle or on the ground that such unequal treatment will promote greater equality (Frankena, 1973, p. 52). Examples in which this principle applies occur in situations that involve child abuse or elder abuse. Since the abused child or elder is not in an "equal" position, the principles of confidentiality and autonomy with respect to the abusing adult are of a lower rank order than the obligation to protect the child or adult, even when it is not a question of life and death.

Ethical Principle 3: A social worker should make practice decisions that foster a person's autonomy, independence, and freedom. Freedom, though highly important, does not override the right to life or survival of the person himself or of others. A person does not have the right to decide to harm himself or herself or anyone else on the grounds that the right to make such a decision is her or his autonomous right. When the person is about to make such a decision, the social worker is obligated to intervene since Ethical Principle 1 takes precedence.

Ethical Principle 4: When faced with dilemmas that have the potential for causing harm, a social worker should attempt to avoid or prevent such harm. When a harm must be done to one involved party or another, a social worker should always choose the option that will cause the least harm, the least permanent harm, and/or the most easily reversible harm. If harm has been done, the social worker should attempt where possible to repair the harm done.

Ethical Principle 5: A social worker should choose the option that promotes a better quality of life for all people, the individual as well as for the community.

Ethical Principle 6: A social worker should make practice decisions that strengthen every person's right to privacy. Keeping confidential information inviolate is a direct derivative of this obligation.

Ethical Principle 7: A social worker should make practice decisions that permit her to speak the truth and to fully disclose all relevant information to her client and to others.

**Institute for Ethical Decision Making, Inc:
Ethical Decision-Making Model**

- 1. Identify the issues**
- 2. Identify any additional information you need in order to make a decision**
- 3. Determine the ethical dilemma(s)**
- 4. List all possible actions**
- 5. Brainstorm possible consequences/outcomes for each action**
- 6. Consult with appropriate people, revisiting steps 1-5**
- 7. Choose a course of action, and consider it against values, ethical principles, or standards (rules)**
- 8. If the course of action is acceptable, implement and document. If not, return to step 3 and repeat process**
- 9. Monitor and evaluate the action taken**

Ethical Decision-Making Worksheet

1. **Identify** the issues.

- This is the step where you identify what is keeping you stuck - why you haven't taken action. List all the issues that make it difficult for you to make a decision in this situation.

1.

2.

3.

4.

2. **Identify' any additional information you need in order to make a decision.**

- Often we need more information before we can begin to analyze and resolve the dilemma. List below any information you need to make a good ethical decision.

1.

2.

3.

4.

3. **Determine the ethical dilemma.**

- What is the ethical dilemma? In other words, what two or more values, ethical principles, or standards /rules are conflicting? List it below. If there is more than one dilemma, list all dilemmas.

1. Ethical dilemma:

2. Ethical dilemma:

4. List all possible actions.

- What are all the possible action(s) that you could take that could address the issues you listed in question 1? List these below.

1.

2.

3.

4.

5. Brainstorm possible consequences/outcomes for each action.

- Action 1:
 - Potential positive and negative consequences of action 1 :
- Action 2:
 - Potential positive and negative consequences of action 2:
- Action 3:
 - Potential positive and negative consequences of action 3:
- Action 4:
 - Potential positive and negative consequences of action 4:

6. Consult with appropriate people, revisiting steps 1-5.

- Decide who should have input or be involved in making this decision. If necessary, call the appropriate experts. List who should have input or be involved in making this decision:

- 1.
- 2.
- 3.

7. Choose a course of action, and consider it against values, ethical principles, or standards (rules)

- If necessary, consult the Code of Ethics and review Loewenberg and Dolgoff's Ethical Principle Screen. Is this course of action consistent with professional standards?

8. If the course of action is acceptable, implement and document. If not, return to step 3 and repeat process.

9. Monitor/evaluate the action taken.

- Below, write your plan for monitoring and evaluation your course of action.

**Action Plan:
Implementing, Modeling, Teaching, and Mentoring**

IMPLEMENTING:

After reviewing the Self-Assessment handout that you completed at the beginning of the training, answer the following questions:

1. Specifically, what steps or actions that you took before would you

2. Specifically, based on the ethical decision-making model you learned in training, what new steps or actions would you take to resolve the dilemma?

3. What will maximize the likelihood that you will BEHAVE differently the next time you face an ethical dilemma? (moving from knowledge to action)

4. What might get in the way of your behaving differently?

5. What do you need to do, or whose support do you need to have, to overcome the things that might get in the way of you behaving differently?

TEACHING:

List specific actions that you will take to teach your workers the ideas you learned in this workshop - including the ethical decision-making process:

- 1.
- 2.
- 3.
- 4.
- 5.

MENTORING:

List specific strategies you are going to use to mentor your workers around ethical decision-making.

- 1.
- 2.
- 3.
- 4."
- 5.

Practical Suggestions for a Helping Relationship with a Culturally Different Client

Some research has shown that clients of a different cultural background from the helper may experience the helping relationship more negatively than if the helper is of the same culture (Atkinson, 1985; Atkinson et al., 1989). Because sensitivity to all cultures in the helping relationship is crucial (Pedersen et al., 1996; Sue et al., 1992; Sue et al., 1982), some helpful "tips" to working with culturally different clients may be important. In this context, Westwood and Ishiyama (1990) and others note a number of practical suggestions when working with culturally different clients, some of which may be particularly relevant to the human service professional (pp. 169—170):

1. *Encourage clients to speak their own language.* Of course a helper is not expected to be bilingual, although, no doubt that would be a benefit in many cases, and in some cases a referral to a bilingual helper may be appropriate. However, if a client is bilingual, and you are not, you can make an effort to know meaningful expressions of the client's language. Clients should be encouraged to use these expressions, and ultimately, you should be able to "chat" with your client by showing him or her that you have learned some of these expressions.
2. *Do your homework and know about the cultural heritage of your client.* Make sure that you have taken workshops or courses, gone to the library, and/or have asked your client about his or her cultural heritage.
3. *Check the accuracy of your client's nonverbals.* Don't assume that nonverbal communication is consistent across cultures. Ask your client about his or her nonverbals when in doubt.
4. *Make use of alternate modes of communication.* Because of cross-cultural differences, some clients will be reticent to talk while others may have communication problems because English is their second language. Use other modes of communication such as acting, drawing, music, story telling, collage making, and so forth that may draw your client out and that are appropriate for the client with whom you are working.
5. *Encourage clients to bring in items that are culturally significant and personally relevant.* Have your clients bring in items that will help you understand them and their culture (for example, books, photographs, articles of significance, culturally meaningful items, and so forth).
6. *Vary the helping environment.* In an effort to aid in the comfort level of your client and the building of trust, when appropriate, change the helping environment. Counseling may be quite unfamiliar territory to individuals from some cultures and sitting in a small private room

might create intense anxiety. While you do not want to delete the sanctity of the helping relationship, it may be important to explore alternative helping environments to ease your client into the helping relationship (for example, take a walk, have a cup of coffee at a quiet restaurant, initially meet your client at his or her home, and so forth).

7. *Don't jump to conclusions about your client.* Don't fall into the trap of assuming your client will act in stereotypic ways. Many clients won't match your stereotype.
8. *Know yourself.* Assess your own biases and prejudices to assure they will not negatively affect your helping relationship.
9. *Know appropriate skills.* Make sure that you have taken courses, workshops, and have kept up on the most recent professional literature to assure that you know the most appropriate helping skills to use and *not use* with your client.

Module 3: Cultural Competency in CPS

MODULE 3—CULTURAL COMPETENCY IN CHILD PROTECTIVE SERVICES

Description

The purpose of this module is to enhance cultural competency within the child protective services unit of the agency in which participants work. To accomplish this, the module enables participants to improve their cultural competence skills necessary for work within a clinical practice. The activities focus on: self identification within the training group of association with various cultural experiences, definition of the term “culture,” exploration of discrimination and oppression, explanation and exploration of the importance of cultural competency, and demonstration of a culturally competent practice by viewing and discussion of a video. Participants will also have the opportunity to examine skills, values, ethics, and knowledge necessary for a culturally competent practitioner.

The module will conclude with the opportunity for participants to prepare individualized learning plans to help them connect learning with implementation of culturally competent skills within the clinical practice setting. This entire module is comprised of twelve separate activities, as outlined in the accompanying Activity Agenda.

Overall Time

The entire module is presented in a total of 10 hours and 45 minutes, with a breakdown as follows:

Day 1—5 hours and 45 minutes

Day 2—5 hours

Participant Preparation Required

This module does not require preparation in advance from participants.

ACTIVITY AGENDA

Day 1

Activity 1: Introduction

Type: Guided Discussion, Small Group Activity, Self Awareness Exercise

Time: 1 hour

Activity 2: Getting Acquainted

Type: Self Awareness Exercise, Small Group Activity, Presentation

Time: 50 minutes

Activity 3: Defining Culture

Type: Guided Discussion, Self Awareness Exercise

Time: 50 minutes

Activity 4: Cultural Competency and its Importance

Type: Presentation, Self Awareness Exercise

Time: 50 minutes

Activity 5: “No Time to Lose” (Video)

Type: Video Presentation, Guided Discussion

Time: 50 minutes

Activity 6: Individual Learning Plans

Type: Guided Discussion, Small Group Activity

Time: 30 minutes

Day 2

Activity 7: Oppressed Groups

Type: Presentation, Guided Discussion

Time: 30 minutes

Activity 8: Terms Describing Discrimination

Type: Presentation

Time: 30 minutes

Activity 9: Best Practice—Skills, Values, Ethics and Knowledge

Type: Presentation, Self Awareness Exercise, Guided Discussion

Time: 1 hour and 30 minutes

Activity 10: Role Play/Case Studies

Type: Role Play, Small Group Activity, Guided Discussion

Time: 1 hour

Activity 11: “Ethnic Notions” (Video)

Type: Video Presentation, Guided Discussion

Time: 1 hour

Activity 12: Individual Learning Plans/Contract

Type: Self Awareness Exercise

Time: 30 minutes

ACTIVITY 1

INTRODUCTION

Time

1 hour

Type of Activity

Guided

Discussion

Small Group

Activity

Self Awareness

Exercise

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slide #2—
Introductions
- ◆ Flipchart
- ◆ Markers
- ◆ Name Badges or Tents

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Explain purpose and intent of module.
- ◆ Identify similarities and differences among group participants.

Instructions

1. **WELCOME** participants as they enter the training room and begin the training module by introducing the purpose and intent of this training.
2. **INFORM** participants that this module is the third in a series of four modules to be delivered over the next year, explaining that Module 1 (Educative Supervision) and Module 2 (Ethical Decision Making) have been delivered.
3. **REMIND** participants that this module is Module 3 and is called Cultural Competency in Child Protective Services. The remaining module is:
 - ◆ Clinical Decision Making
4. **ASK** if there are any questions relevant to the sequence or content of the training, answering any questions posed and/or posing questions, which will need to be answered later.
5. **REPEAT** the purpose of this research based training: to measure the impact of training on supervisor and worker practices, employee turnover, and client outcomes.

6. **REMIND** participants that mentors have been assigned to follow up on application of information presented during this training and that participants are asked to complete some instruments, for measurement purposes, throughout the process of training and implementation of skills learned.

Trainer's Note: Emphasize the importance of their input as to future training for CPS supervisors and acknowledge that their continued participation may add some demands to already over-burdened work schedules. Express appreciation for their participation, efforts, and enthusiasm for continuous improvement.

7. **INFORM** participants that this module is comprised of twelve activities, all relevant to cultural competence within child protective services, and will conclude with an opportunity for them to develop an individual learning plan as a "take away" product.
8. **INTRODUCE** yourself to the training group, including the following information in the introduction:
 - ◆ Name
 - ◆ Background (i.e., relevant education and/or training, title and location of current position)
 - ◆ Work History (including any professional experience relevant to CPS and/or staff supervision, especially in a state department setting)
9. **DISPLAY** PWPT Slide #2, *Introductions*, asking participants to now introduce themselves by including the following information:
 - ◆ Name

- ◆ County or counties served
- ◆ Length of time as CPS supervisor
- ◆ Total number of years of experience in child welfare and/or relevant work experience

10. **NOTE** similarities and differences among participants as each participant introduces themselves; this information may be recorded on a flipchart to demonstrate the number of different counties represented, total years of experience, etc. Encourage each participant to make a name tent or badge so that each participant may be called by his/her name or preferred nickname.

11. **CHALLENGE** participants to move to another table and to sit with participants with which they are not familiar.

Trainer's Note: This can be facilitated a number of ways (i.e., having entire group count off to make new groups, distributing specific hard candies like peppermint, Jolly Ranchers in different colors to designate groups, or simply by asking participants to "mix it up" and to sit with someone(s) they do not know).

12. **ASK** participants how it felt to move from a group with which they had become familiar to another group with which they were not familiar. Facilitate a large group discussion of responses, noting responses on a flipchart.

13. **INTRODUCE** the icebreaker exercise by explaining the purpose. Inform participants that the exercise is intended to provide an opportunity for everyone to get to know one another and to create a supportive environment. Also, emphasize that the goal is to reveal "group memberships," allowing

participants the experience of belonging to a minority group.

14. **INSTRUCT** all participants to form a large circle, telling them that as different group names are called, they are to go inside the circle, which will designate identity with the group called. Begin by naming traits or characteristics that are considered “low risk,” for example:

- ◆ Brown hair (or curly hair, blonde hair, etc.)
- ◆ Large family
- ◆ Ownership of a red car
- ◆ A dog or cat as a pet

15. **BEGIN** calling names of groups that are typically discriminated against or underrepresented in the general population, for example:

- ◆ African American or Asian or Hispanic
- ◆ Female
- ◆ Gay or bisexual
- ◆ Disabled

16. **ACKNOWLEDGE**, by applause, each group forming in the middle of the circle and continue until it seems that most participants have been identified by inclusion in a particular group. Facilitate a discussion, considering the following questions as basis to glean responses from the entire group:

- ◆ What is most positive about inclusion in the group you belong to?
- ◆ How did it feel to be in the middle of the circle? Were you comfortable?
- ◆ How did it feel to be on the outside of the

circle?

- ◆ How did you feel about those included in your group and those who were not included?
- ◆ Did anyone not join the middle of the circle at any time? If so, how did that feel?

17. **SUMMARIZE** the intensity of an exercise such as the one just completed by acknowledging that it is not easy to be separated, to have our comfort level redefined by others and sometimes, to admit our differences when our society seems to dictate a strength in being “like everyone else.”

18. **TRANSITION** to the next activity, which will allow participants to share experiences of various ethnic, gender, religious, and cultural groups and to help create a respectful environment in which all participants will be heard.

ACTIVITY 2

GETTING ACQUAINTED

Time

50 minutes

Type of Activity

Self Awareness
Exercise

Small Group
Activity

Presentation

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slide #3—*Purpose/Mission*
#4—*Ground Rules*
- ◆ Flipchart
- ◆ Markers
- ◆ Baskets or Bowls

Manual References

Learning Objectives

Participants will be able to

- ◆ Identify points of focus for cultural competency training.
- ◆ State the ground rules for this training module.

Instructions

1. **BEGIN** by explaining the purpose of this activity is to share experiences of various ethnic, gender, religious and cultural groups, and also to create a listening environment.

Trainer's Note: Before facilitating the initial exercise, decide which ethnic categories are to be used. It is best to base this decision on the demographics of the group by asking participants to name the ethnic groups they would feel comfortable using. If a group is mentioned that only has one member, suggest that this participant join another group.

2. **DIVIDE** the large group by ethnic categories chosen by the group; give each ethnic category small group a sheet of flipchart paper and markers.
3. **ASK** participants to write their responses to the following:
 - ◆ What we want you to know about our group.
 - ◆ What we never want to see, hear, or experience again as a member of this group.
 - ◆ What we want our allies (supporters) to do.

None

4. **ALLOW** approximately 10 minutes for the groups to complete their responses; then, reconvene the large group. Instruct each group to report their discussion and/or responses.

Trainer's Note: As groups are reporting, you should ask any questions that may clarify responses. You should not challenge responses. Responses of the group represent realities and should not be allowed to create any arguments or dissention among the large group. The following questions may be asked of all participants of the large group in order to facilitate a discussion after all groups have presented their responses:

- ◆ What are your initial reactions to this activity?
 - ◆ Which group did you learn most about?
 - ◆ Did any of the statements (responses) surprise you?
 - ◆ Did you notice any similarities among or between the groups?
5. **TRANSITION** to the next exercise, which will explain the purpose and mission of cultural competency training.
 6. **DISPLAY** PWPT Slide #3, *Purpose/Mission*, and review the following as focal points:
 1. How culture influences—children and families
 - ◆ Values
 - ◆ Attitudes
 - ◆ World View
 2. Introduce and Examine
 - ◆ Cultural Diversity
 - ◆ Terms

3. Significance of Diversity in Work
4. Acknowledge Necessity of Developing Competencies Related to Diversity

Trainer's Note: If not already done, explain all housekeeping issues for the training day (i.e., frequency of breaks, time for lunch to begin and end, location of bathrooms, public telephones, and vending machines). Also, all participants should be instructed to turn off cell phones and pagers or, at a minimum, to set them to vibrate during the session. Emphasize the importance of participation in this session, acknowledging that cultural issues may sometimes be difficult or uncomfortable. Assure participants that you will remain consistent to the theme and will address any concerns posed by the group. If participants are curious, trainer may explain that self-assessments, role playing, small group work, and development of action plans will be included in the training.

7. **DISPLAY** PWPT Slide #4, *Ground Rules*, to establish ground rules for the training, which emphasize the criticality of participation. Those rules are:
 - ◆ Everyone participates!
 - ◆ Training is a positive learning experience— with everyone having some fun.
 - ◆ Everyone's opinion is respected.
 - ◆ There are no "right" answers for all situations.
8. **ASK** participants if there are any rules they would like to add and post any additions to the flipchart paper for posting in the training room throughout the training session.

Trainer's Note: It may be helpful to also tell participants that trainer expects active participation and an open process (i.e., raising of hands if a question or comment is to be made). Let them know that there may be some language used that is not 100% politically correct. Acknowledge that participants may choose not to comment or give their opinions in every activity and/or exercise, as you understand that information processing is an individual process. Emphasize that objections, questions, and comments should be made respectfully.

9. **INFORM** participants that there are baskets (or bowls) placed about the room for their use. Explain that participants may opt to write a question, request clarification, or comment on exercises and activities by writing on paper and placing the paper into the basket for later reading and response by you.
10. **ASK** if participants have any questions at this point and transition to the next activity, which is designed to offer a definition for culture.

ACTIVITY 3

DEFINING CULTURE

Time

50 minutes

Type of Activity

Guided

Discussion

Self Awareness

Exercise

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Handouts—
*Sociocultural
Awareness
Exercise*

*Possible
Verbal and
Nonverbal
Sources of
Miscommuni-
cation Between
Cultural
Groups (5*

Learning Objectives

Participants will be able to

- ◆ List aspects and characteristics relevant to definition of culture.
- ◆ Analyze definitive quotes associated with culture.
- ◆ Identify 11 fundamentals within communities of culture.
- ◆ Differentiate between productive and non-productive paths of culturally competent communication.

Instructions

1. **BEGIN** this activity by posing the question: What is culture? Record responses on a flipchart. If participants are unable to offer any definitions to begin, you may give some examples to start (i.e., shared language, career, food, music, values, or any other relevant characteristics of culture).
2. **DISTRIBUTE** the handout, *Sociocultural Awareness Exercise*, instructing participants to complete the checklist individually. Allow 10–15 minutes and discuss results, providing encouragement for similarities and differences in responses.
3. **EXPLAIN** that this activity will focus on an introduction to culture, defining culture, and the

<p>pages)</p> <p>◆ Power Point (PWPT) Slide #5—<i>Fundamentals of Defining Culture</i> #6—<i>What is Culture?</i> #7—<i>What is Culture?</i></p>	<p>role of one's social identity in response to culture.</p> <p>4. ASK participants how they would define culture, recording responses on a flipchart and begin the presentation by reading the following definitive quote by Neukrug, 1999:</p> <p><i>Culture represents those common values, norms of behavior, symbols, language, and the life patterns that people may share. Neukrug continues with, all Americans have a similar cultural heritage because within the society, there is a shared language, a common set of experiences, and patterns of behavior with which we are all familiar. Any American can travel throughout the United States and feel at least somewhat familiar with the community and the people. Within our broader culture, subcultures have distinguishing patterns of behavior and values that in some ways may differ from the larger subculture. Examples of some subcultures include gays and lesbians; various racial, ethnic and religious groups; subcultures based on gender; subcultures based on the region of the country in which one lives (for example, the South).</i></p>
<p>Manual References</p>	
<p>None</p>	<p>5. FACILITATE a brief group discussion on reactions to this quote, moving to an explanation that culture can be defined in a context, reaching beyond the determination of race. Inform participants that culture is defined by communities and the common traditions within those communities.</p> <p>6. DISPLAY PWPT Slide #5, <i>Fundamentals of Defining Culture</i>, reviewing the 11 fundamentals identified to define culture within any community, as follows:</p> <p>1. Define sense of self</p>

2. Communicate and use language
 3. Dress and values appearances
 4. Embrace certain values and mores
 5. Embrace specific beliefs and attitudes
 7. Use time and space
 8. Relate to family and significant others
 9. Eat and use food in their customs
 10. Play and make use of leisure time
 11. Work and apply themselves
 12. Learn and use knowledge (Neukrug, 1999)
7. **DISPLAY** PWPT Slide #6, *What is Culture?*, which illustrates the characteristics of culture and present the following information in support.
 8. **INFORM** participants that because each one of us sees the world through our own “cultural lens,” there is great potential for conflict to develop between individuals of different cultures and communities.
 9. **DISPLAY** PWPT Slide #7, *What is Culture?*, which illustrates two paths of communication in a cross-cultural encounter, presenting the following information in support of this illustration.
 10. **INFORM** participants that one path is productive, leading to “more contact” and the other path is unproductive, leading to a “dead end.” Discuss any reactions or comments posed by the group.
 11. **DISTRIBUTE** the handout, *Possible Verbal and Nonverbal Sources of Miscommunication between Cultural Groups*, responding to any viewpoints or perspectives given by the group.

12. **SUMMARIZE** this activity by explaining to participants that it is evident that understanding cultures of the families served by DCS is critical. Only by an increased understanding can communication be improved and subsequently, outcomes for families.
13. **EXPLAIN** that this understanding is not limited to culture defined by race, but also by understanding religious beliefs, class and/or socio-economic standing and all other areas previously mentioned.
14. **ASK** participants if they have questions or comments on the information presented, responding to their verbalizations with interest.
15. **TRANSITION** to the next activity, which outlines cultural competency and its importance to work within the DCS system.

ACTIVITY 4

CULTURAL COMPETENCY AND ITS IMPORTANCE

Time

50 minutes

Type of Activity

Presentation

Self Awareness

Exercise

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #8—*Areas of Proficiency* #9—*Areas of Proficiency (continued)* #10—*Promoting Cultural Competency* #11—*Promoting Cultural Competency (continued)* #12—

Learning Objectives

Participants will be able to

- ◆ Acknowledge the importance of a culturally competent practice.
- ◆ Analyze core competencies for child welfare case managers.
- ◆ List behaviors relevant to an organizational structure of cultural competence.
- ◆ Examine terms defined by the continuum of cultural competence.

Instructions

Trainer's Note: This activity is likely to be presented following a lunch break and is primarily lecture based, so a format of engaging participants throughout by asking their reaction to information presented is strongly recommended.

1. **REMIN**d participants that this activity will present an introduction to the term “cultural competency” and will include a description of its importance to their roles as CPS supervisors.
2. **BEGIN** by asking participants for their ideas on defining cultural competence and explaining its importance to their roles. Facilitate a brief discussion on these two critical questions before responding with the following information.

Continuum of Cultural Competency

- ◆ Handout—*Self Assessment Checklist*
- ◆ Flipchart
- ◆ Markers

Manual References

None

3. **EXPLAIN** that cultural competency is defined in a variety of ways. For example, the Child Welfare League of America, defines cultural competence as, *the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms and values the worth of individuals, families, tribes, and communities and protects and preserves the dignity of each.*
4. **EXPLAIN** to participants that, simply, cultural competence is the ability to provide cross-cultural services effectively and that it is more than a term; it is an action that continues to evolve and change. Further explain by stating that in order to become fully competent, one must be prepared to participate in a developmental process, by actively pursuing knowledge, developing new skills, and continuously analyzing individual performance.
5. **EXPLAIN** that, according to the Core Competencies for Child Welfare Case Managers, developed by the Institute for Human Services, child welfare workers should be proficient in the following areas pertaining to cultural competence in child welfare.
6. **DISPLAY** PWPT Slide #8, *Areas of Proficiency*, reviewing the following information as relevant to family-centered child protective services:
 - ◆ Worker knows the values of family-centered child welfare practices, including family preservation, permanence for children, preservation of parents' and children's rights, client self determination, reasonable efforts, and

- respect for individual differences.
- ◆ Worker understands the dual roles of the child welfare case manager to protect children from maltreatment and provide services that preserve and empower families.
 - ◆ Worker understands how individual, family, developmental, situational and environmental factors contribute to physical and/or sexual abuse, neglect, and worker knows how to identify and evaluate these factors.
7. **CONTINUE** by reviewing the following information, specific to case planning and family-centered casework.
- ◆ Worker knows how social work values and principles apply to child welfare practice, including respecting the family's dignity, individuality, culture, and right to self-determination.
8. **ASK** participants for any questions, comments, etc. on this information before moving to further presentation, responding as appropriate to the large group or by offering to talk with any individual separately at the next scheduled break or conclusion of this training module.
9. **DISPLAY** PWPT Slide #9, *Areas of Proficiency (continued)*, reviewing the following information as relevant to separation, placement and reunification.
- ◆ Worker knows how to prepare relatives, foster parents, and other caregivers to receive children in placement to reduce stress and facilitate adjustment.

- ◆ Worker knows how to work collaboratively with caregivers to assess a child's need for special developmental, medical, educational, social, psychological and other services; to identify resources and to obtain needed services.
- ◆ Worker understands the concept of "continuum of care" in determining the best placement for a child, and knows strategies to identify, strengthen and maintain the least restrictive, most homelike, culturally relevant placement to meet a child's needs.

10. **EXPLAIN** that by developing culture competence with staff, supervisors are able to ensure that services provided to children and families is improved through a better understanding of individuals and neighborhoods.

11. **CONTINUE** by informing participants that when DCS staff does not act in a culturally competent manner with families, there is a direct effect on community perception regarding child welfare workers and standards, which, in turn, effects relationships between DCS and the communities it serves. In addition, culture competence prepares staff to address issues facing communities and DCS as a service organization.

12. **INFORM** participants that in order to promote cultural competency within the organization, several behaviors should be incorporated into the organizational structure.

13. **DISPLAY** PWPT Slide #10, *Promoting Cultural Competency*, and present the following information in support:

- ◆ Organizations must commit themselves to increase knowledge about the cultures within the communities served by the agency, as well as cultures within the organization.
- ◆ Culture and cultural competency must be included in policy development, strategic planning, and service delivery process. Also, there should be increased understanding of how the various forms of culture impact the families served and staff.
- ◆ Organizations must commit themselves to promoting cultural competence with staff and within the entire organization by considering staff development, training, hiring, and other employee policies that support cultural competence. Staff must develop an understanding and respect for the ways in which cultural diversity is positive for the organization.
- ◆ Organizations must create a safe and supportive environment where staff can explore and develop an appreciation for all cultures. For example, staff should be encouraged and supported to become involved in a communities' cultural activities and events.

14. **DISPLAY** PWPT Slide #11, *Promoting Cultural Competency (continued)*, reviewing the following information in support:

- ◆ Hiring decisions must be made to reflect the populations that the organization serves. Staff should advocate for development of cultural competency principles in other groups to which the organization belongs and/or participates.

15. **ASK** participants to explain the previous statement by naming some of the other groups to which the organization belongs. Possible examples include: court system, food banks, church groups, and other advocate groups, like TCCY (Tennessee Commission on Children and Youth).
16. **CONTINUE** presentation of PWPT Slide #11 by reviewing the following:
 - ◆ Organizations must provide a means for employees to speak out against intolerance. Systems must be put in place to recognize and resolve conflicts that may occur when different cultures work together.
17. **ASK** participants what systems are in place within their respective organizations or units, facilitating a brief brainstorming for ideas presented by group. Responses might include: employee work committees, open door policy regarding such matters between supervisor and staff, etc.
18. **INFORM** participants that cultural competency is important because it defines the lives of children, families, communities, and the work of child welfare and social service agencies and that, perhaps most critically, cultural competence is important because children and families depend on service providers, policy makers, and our government.
19. **ASK** participants the following questions, in turn, supportively facilitating a group discussion of responses:
 - ◆ Do the communities and families you serve believe that they receive culturally appropriate services that meet their needs? Why or why

not?

- ◆ If the families served by your respective unit or organization were asked to rate the cultural competence of DCS, what would they say?

20. **TRANSITION** to the next exercise by explaining that becoming culturally competent is a process, beginning at cultural destructiveness (as most negative form on the continuum) and reaching to cultural proficiency, which is the most positive form of cultural competency.

21. **DISPLAY** PWPT Slide #12, *Continuum of Cultural Competency*, telling participants that the following information lists the steps in the continuum of cultural competency. Review as follows, allowing for comment or questions from participants as each step in the continuum is reviewed:

- ◆ **Cultural destructiveness** is the attitudes, policies and practices destructive to the individuals and cultures within them. It is the intentional destruction of a culture, which may assume that one culture is superior to another (i.e., one race is superior to other races).
- ◆ **Cultural incapacity** is the attempt to not be intentionally destructive of other cultures, but is exhibited by an inability to work with minorities or oppressed groups. It may also include a belief in the superiority of the dominant group. Characteristics of cultural incapacity include: discriminatory hiring, subtle messages to oppressed groups specific to them not being valued, welcomed, or that there is a lower expectation of this group.

- ◆ **Cultural blindness** is when agencies create policies meant to provide unbiased services to its clients. It includes the belief that color or culture makes no difference and that the values of the dominant culture can be applied across the board.
- ◆ **Cultural precompetence** assumes that there is room for improvement in how the agency works with minorities. Following this recognition, a respect for differences is developed and the agency works toward hiring more unbiased staff.
- ◆ **Culturally competent** organizations hold culture in high esteem. There is acceptance and respect for differences and a continuing method for assessing the organization's cultural competence in place. The organizational focus is on continuous expansion of its cultural knowledge and resources.
- ◆ **Culturally proficient** organizations also hold culture in high esteem. Knowledge of culture is continually pursued through research and new practices and approaches to service delivery are developed based on culture.

22. **SUMMARIZE** the presentation of the continuum by explaining that an agency must identify areas of importance, such as safety, permanency, and outcomes for families in regards to becoming culturally competent. Culturally competent decision-making can influence the way business is done.

23. **EXPLAIN** that when an organization fails to meet federal guidelines regarding its practices, that the

federal government can take funds and/or jobs away from the organization and that this is only one example of how cultural competence can directly effect an organization.

24. **ASK** participants if they have any additional comments or questions and respond briefly, as appropriate.
25. **DISTRIBUTE** the handout, *Self Assessment Checklist*, and instruct participants that they will have 10–15 minutes to individually complete the checklist.

Trainer's Note: If there is not enough time for participants to complete the checklist, you may decide to distribute and briefly explain, providing the checklist for participants' personal use and scoring. However, this method is not preferable; meaning that if time permits, the checklist and following instructions for discussion should be utilized if possible.

26. **EXPLAIN** to participants that a scoring schedule is on the second page of the handout, enabling participants to score their results. Discuss results with those participants willing to share their scores, providing encouragement for continuous improvement.
27. **TRANSITION** to the next activity, which includes viewing a video and opportunity for discussion of cultural components portrayed in the film.

ACTIVITY 5

"NO TIME TO LOSE" (VIDEO)

Time

50 minutes

Type of Activity

Video

Presentation

Guided

Discussion

Equipment/ Materials Needed

- ◆ Video—*No Time to Lose*
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Identify similarities and differences among cultural groups portrayed in presented video.
- ◆ Analyze cultural components and characteristics of children.

Instructions

1. **INTRODUCE** the video, *No Time to Lose*, explaining that participants should pay special attention to cultural components and characteristics presented, including any similarities and differences among the groups portrayed.
2. **SHOW** the video and review by facilitating a discussion of responses to the following questions:
 - ◆ What did you especially like/dislike about the video? What did you learn?
 - ◆ What can you tell me about the children portrayed in regards to culture? Any similarities? Differences?
 - ◆ What about their dreams? Material possessions? Beliefs about life? Resiliency?
3. **ASK** the group to name characteristics of culture identified in the video; the following is a list that should be included in participants' responses:
 - ◆ Dreams, aspirations
 - ◆ Symbols

- ◆ Attitudes, beliefs, perceptions
 - ◆ Roles
 - ◆ Values, norms
 - ◆ Trust, resiliency
 - ◆ Sense of community
 - ◆ Emotions
 - ◆ Laws
 - ◆ Material possessions
4. **SUMMARIZE** video explaining to participants (or agreeing with their responses) that these children portrayed see themselves as being on the fringe; they want to go to school and believe that education provides an answer for them.
 5. **TRANSITION** to the next activity, which will conclude Day 1 of this training module, explaining that participants will have an opportunity to look at changes they may be experiencing as a result of this training.

ACTIVITY 6

INDIVIDUAL LEARNING PLANS

Time

30 minutes

Type of Activity

Guided

Discussion

Small Group

Activity

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Recognize changes in perception of a culturally competent practice.
- ◆ Develop an individualized learning plan representative of group and self.

Instructions

1. **SUMMARIZE** previous activities with this one by asking of group:
 - ◆ What changes have occurred in you or the group as a result of this training module?
 - ◆ How might these changes alter our thinking? (as a group and/or individuals?)
2. **RECORD** responses on a flipchart and allow time for discussion/comments by all participants wishing to be heard and post so that responses are easily visible to all.
3. **TRANSITION** to the next exercise by informing participants that they will have an opportunity to be creative in this next exercise.
4. **DIVIDE** the large group into small groups of 2–3 for a brainstorming exercise. Instruct small groups to select, through discussion, a symbol or object representative of the change they have undergone and/or the commitments they hold as a result of this training.

5. **RECONVENE** the large group for presentation by small groups and facilitate a discussion resulting in the selection of one symbol or object.

Trainer's Note: This may not be possible—time and ability of the group to reach consensus must be considered. Remind groups of their commitment to listen to the opinions and comments of others in a respectful manner.

6. **SUMMARIZE** by asking participants if any questions remain and by responding to any questions/comments or suggestions in baskets or bowls.
7. **DISMISS** the group from Day 1 of this training module, explaining where and when Day 2 of Cultural Competency in CPS will occur.

ACTIVITY 7

OPPRESSED GROUPS

Time

30 minutes

Type of Activity

Presentation

Guided

Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides
#2—*Forms of Oppression*
#3—*Oppressed Groups*
#4—*Oppressed Groups*
#5—*Hispanics by Origin: 2000*
#6—*Cultural Development*
#7—*DSC Regions*
- ◆ Flipchart

Learning Objectives

Participants will be able to

- ◆ Define oppression and its impact on various cultures.
- ◆ Analyze current census data.
- ◆ List the 5 stages of oppression development.
- ◆ Identify differences in cultures within the 12 DCS regions of Tennessee.

Instructions

1. **WELCOME** participants back to Day 2 of Cultural Competency in Child Protective Services training and conduct a brief icebreaker activity to start the day. The following are some examples which may be used: recording what worked, what didn't work in previous day's training, asking each participant what he/she learned about cultural competence so far or any other appropriate exercise to summarize or finish the previous day's training schedule.

Trainer's Note: There are Power Point slides for Day 2 of Cultural Competency training and they are numbered beginning again with #1. As they are mentioned here in this training, some of the numbers are the same numbers of slides used in Day 1. However, Day 1 and Day 2 of Cultural Competency training have different Power Point slides, which you will need to have in order to present the information

◆ Markers

Manual
References

None

as outlined. It is recommended that you review all slides before presenting the information, so as to avoid any confusion relevant to the numbering of the slides.

2. **BEGIN** by explaining that, in this activity, participants will be engaged in the topic of oppression and provide the following information.
3. **INFORM** participants that it is important to be able to identify the diverse populations of Tennessee; like other states across the U.S., Tennessee is comprised of a variety of cultures and communities. For example, there are a number of religious groups that reside and practice within the state (i.e., Amish, Jewish, Roman Catholics, etc.) who successfully worship and practice their beliefs in Tennessee and across the nation. Because of its history of being a place of refuge from religious persecution, the U.S. has one of the most diverse religious populations in the world.
4. **CONTINUE** by explaining that other oppressed populations can be found in Tennessee. Being affiliated with a particular group can result in feelings of superiority and this can result in a belief that this superiority means that others are not on their perceived level. Some may believe that this superior inclination is appropriate, even logical.
5. **ASK** participants, before proceeding, what oppression means to them. Facilitate a brief discussion on responses, recording salient comments on the flipchart.
6. **INFORM** participants that oppression exists when power is either actual or perceived in a relationship and may be a result an individual's or group's claim to be knowledgeable, right, or in possession of "proper" possessions (i.e., an expensive car,

designer clothes, etc).

7. **DISPLAY** PWPT Slide #2, *Forms of Oppression*, and explain that oppression can take various forms, defining the three types of oppression as follows:
 - ◆ Internal oppression—when an individual oppresses him/herself because of what he hears either about him/herself or what is heard about other people like him/her. Similar to a self fulfilling prophecy, an individual's expectations about the future lead this person to behave in ways that may cause the expectation to come true or the event to occur.
 - ◆ External oppression—this type of oppression comes from forces outside one's self, i.e. societal standards or expectations.
 - ◆ Auto oppression—this is manifested by one acting as though what he/she believes is truth.
8. **DISPLAY** PWPT Slides #s 3 and 4, *Oppressed Groups*, in turn, which displays current census data, discussing the list of cultures and oppressed groups represented by Tennessee's census information, highlighting: total population, numbers of males and females, and distribution of racial groups found in Tennessee. Also, discuss cultures and communities not normally considered (i.e., gay/lesbian community, drug users, poor and teen or unwed mothers).
9. **ASK** participants to name other oppressed groups, supporting responses given.
10. **EXPLAIN** that many people make decisions about other groups based on where they come from, which effects how they treat others. Also, treatment of others may be influenced by what is said by

peers or family and oppressive behavior may be a result of this influence.

11. **INFORM** participants that oppression is defined by author Patricia Hill Collins as: a view of the world through both a conceptual lens of the simultaneity of race, class and gender oppression and of the need for a humanist vision of community that creates new possibilities for empowering.
12. **ASK** participants for their response to this definition, facilitating a brief discussion.
13. **INFORM** participants several notions, theories or beliefs have occurred, attaching specifically to certain groups and review the following points as outlined:
 - ◆ When Europeans came to North America, Native American tribes were classified as biologically and morally inferior to the “civilized” newcomers.
 - ◆ Institutionalized racism has resulted from the notion that African Americans are inferior and this notion impacts many facets of community life. For example, rejection rates for mortgage and home improvement loans are twice as high for blacks as for white at the same income level (Quint, 2002); employers continue to prefer hiring immigrant workers who do not speak English over American born blacks willing to work for lower wages (Massey and Denton, 1993), and social security disability benefits are refused more often to African Americans than to whites at similar levels of physical impairment (Labaton, 1992).
 - ◆ Asian Americans, who represent a variety of

distinct cultures and come from various nations, such as Japan, China, Cambodia, and the Philippines, are often categorized as a single group, especially in terms of immigration and societal attitudes. Also, “Asian Americans are considered to be examples of a model minority for having fulfilled the American Dream of upward mobility as a result of hard work” (Hess, et.al.). Note that this is a generalization, not every Asian American has fulfilled the American Dream nor do they all work hard. Misconceptions like this cause cultural misunderstanding and inhibit appropriate service delivery.

- ◆ Continuing with Asian American culture, the above belief was generated by the influx of the Chinese in the mid-nineteenth century. To quote, “In both the U.S. and Canada, in the mid-nineteenth century, young Chinese men were imported (often forcibly placed on ships in the Chinese city of Shanghai—which led to the term being ‘shanghaied’) to work on the transcontinental railroad. They were not allowed to become citizens and were forbidden to send for a wife or marry an American, and those men who remained formed an almost exclusively male community in the West Coast cities in the U.S. and Canada. The gambling, opium smoking and prostitution that characterized these segregated all-male communities reinforced the socially constructed image of Chinese as anti-family and immoral” (Anderson, 1991).
- ◆ Numbers of Mexican Americans in the U.S. is increasing.

14. **DISPLAY** PWPT Slide #5, *Hispanics by Origin: 2000*, which demonstrates the breakdown of the Hispanic population in the U.S. and continue with the following lecture information:

- ◆ A notion applied to individuals of Mexican descent is the social construction of “illegal alien.” A consequence of this classification is social isolation and limited economic opportunities. As a result, upward mobility has been limited to this population. Although family size is higher than the U.S. average, family income and educational attainment is below the national average.

15. **DISPLAY** PWPT Slide #6, *Cultural Development*, and tell participants that cultural development effects the development of oppression and that there are several stages of oppression development.

16. **REVIEW** the five stages of oppression development as outlined:

1. Stage one is conformity—the individual completely embraces the dominant culture’s beliefs and customs and, at the same time, aspects of his/her own culture are rejected and viewed with contempt.
2. Stage two is dissonance—characterized by conflicting messages and observations that are inconsistent with the view of one’s own culture and the dominant culture. This inconsistency leads the individual to question the beliefs held in the conformity stage.
3. Stage three—immersion and resistance occurs, characterized by the individual embracing his/her culture’s values and beliefs and

rejecting those of the dominant culture.

4. Stage four—this is called the introspection stage, wherein individuals realize the extreme nature of emotions associated with Stage 3 and come to understand how those feelings interfere with the development of self identity (Sue & Sue, 1999).
5. Stage five—in this final stage, integrative awareness occurs; individuals develop an inner sense of security and can appreciate the unique aspects of their own culture and well as those in other cultures. Rather than conflict, individuals recognize that there are both acceptable and unacceptable factors in both his/her own culture and the dominant culture. In this stage, a strong desire to end all forms of oppression exists within the individual.

17. **ANNOUNCE** to participants that before ending a talk about oppression, specific information will be given on individual regions within Tennessee.

18. **DISPLAY** PWPT Slide #7, *DCS Regions*, which lists the 12 DCS regions within the state, preparing for a group discussion of regions represented by the training group. Those 12 counties are listed below:

- ◆ Davidson County (Nashville)
- ◆ Shelby County (Memphis)
- ◆ Knox County (Knoxville)
- ◆ East
- ◆ Northeast
- ◆ Southeast
- ◆ Upper Cumberland

- ◆ Mid Cumberland
- ◆ Hamilton County (Chattanooga)
- ◆ Northwest
- ◆ Southwest
- ◆ South Central

19. **FACILITATE** a group discussion by using the following questions, as appropriate:

- ◆ What cultural differences are evident among these regions?
- ◆ Can you identify environmental or geographical characteristics?
- ◆ Are there any traditions, behavior, or practices that you associate with these regions?
- ◆ How do these regional differences present themselves in our attitudes or opinions?
- ◆ How might regional differences impact DCS policy and practice implementation?

20. **SUMMARIZE** any salient points made during group discussion and transition to the next activity, which contains presentation of terms relevant to discrimination.

ACTIVITY 8

TERMS DESCRIBING DISCRIMINATION

Time

30 minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #8–*Terms Used in Discrimination* #9–*Terms Used in Discrimination* #10–*Terms Used in Discrimination*
- ◆ Handout—*Definition of Terms*
- ◆ Flipchart
- ◆ Markers

Manual

Learning Objectives

Participants will be able to

- ◆ Define terms associated with discrimination.

Instructions

1. **BEGIN** by explaining to participants that to fully understand the language of discrimination, one must be familiar with the terms used to describe discrimination. Continue by explaining that some of the terms presented in this activity may be familiar and some are probably not.
2. **ENCOURAGE** participants to ask questions, comments, etc., as the terms are presented.

Trainer's Note: This activity is primarily lecture-based and includes a review of terms, which are also included on PWPT Slides #s 8, 9, and 10. As terms are presented with definitions, there may be additions to the definitions specific to implications or examples. All terms are presented here for review; it is recommended that you distribute the Definition of Terms handout before terms are reviewed so that participants may include their own notes specific to implications or examples presented in addition to the definitions.

- ◆ Racism is discrimination on the basis of race; race was traditionally based on biological classification. So, people of the same racial group share a similar genetic heritage.

References

None

However, this definition becomes blurred when including the extent of inter-racial marriages, as the significant differences in personality and physical characteristics of those with a similar racial heritage. Some sociologists declare there are no races, some believe there are three and still others conclude that there are as many as 200. This clouds the issue, so the concept of race is not as clear as one might think.

(Neurkrug, 1999).

- ◆ Ethnicity is based on long-term patterns of behavior that have some historical significance and may include similar religious, ancestral, language, and/or cultural characteristics.
- ◆ Sexism is discrimination on the basis of one's sex.
- ◆ Chauvinism was originally used to refer to jingoism or excessive patriotism, but has come to be associated with sexist attitudes, most especially of men toward women.
- ◆ Ethnocentrism or Ethnic Prejudice is the belief that one's ethnic group is superior to all others; this sometimes results in discrimination toward those of different ethnic backgrounds or national origin.
- ◆ Ageism is discrimination on the basis of one's age, usually against the elderly and/or the young.
- ◆ Anti-Semitism is discrimination against Jews; the traditional usage does not include discrimination against Arabs who are also Semites.
- ◆ Religious Prejudice is discrimination on the

basis of a particular religious preference.

- ◆ Social Class represents the perceived ranking of persons within a society and is based on a number of dimensions including the amount of money one has, the status one holds by reason of occupation or position in the community and the amount of power an individual has (Macionis, 1993). This ranking can also be determined by membership in the “right” clubs or organizations; social class is directly related to issues of power. Individuals in different careers may be perceived as in different social classes, but social class is not necessarily related to poverty vs. wealth.
- ◆ Classism, then, is prejudice and discrimination based on socio-economic standing or class.
- ◆ Heterosexism is the system in which heterosexuality is assumed to be the only acceptable and viable life option.
- ◆ Homophobia is fear, dislike or hatred of gays, lesbians, and/or bisexuals, which often results in acts of discrimination (Weinberg, 1972).
- ◆ Minority is any group of people singled out because of its cultural or physical characteristics. Systematic oppression occurs toward these groups by individuals in a position of power. With this definition, a minority could be the numerical majority of a given population, as occurred for many years in the South and is also the case for women in the US (Atkinson, Morten & Sue, 1998; Macionis, 1993).
- ◆ Stereotypes are rigidly held beliefs about a

group of people that assume that most or all of the group have certain behaviors or beliefs that tend to be unique to that group; for example, Asians are intelligent, Native Americans are alcoholics.

- ◆ Prejudice is a positive or negative bias about a group as a whole (i.e., the statement, “I hate gays.”).
- ◆ Discrimination is an active behavior, such as gay bashing or unfair hiring practices that negatively affect individuals within ethnic or cultural groups (Lum, 1996).

3. **CONTINUE** the definition of discrimination by explaining to participants that discrimination is an active process. Hiring processes within an organization is an example and this is one practice where discrimination can be proved because it can be counted or measured. Discrimination can be toward any group; for instance, if we have homophobia, we can also have heterophobia. When discrimination occurs within an organization, the agency must initiate a corrective action plan. Questions to guide corrective action measures include: Do we set up systems so that we are fair and equitable? Do we have people and/or information available to determine if our policies are effective and culturally competent? Do we communicate to the community that our goal is not to remove children, but to help families of all cultures?
4. **EXPLAIN** that yet another term specific to a discussion on discrimination is “white privilege,” which can be defined as unearned power conferred systemically (Peggy McIntosh, 1995). Other

definitions specific to white privilege include the following:

- ◆ A right, advantage, or immunity granted to or enjoyed by the class of white persons beyond the common advantage of all others; an exemption in many particular cases from certain burdens or liabilities,
- ◆ To extend that definition, it may include a special advantage or benefit of white persons, with ideological reference to divine dispensations, natural advantages, gifts of fortune, genetic endowments, social relations, etc.
- ◆ It may also mean a privileged position specific to the possession of an advantage white persons enjoy over non-whites.
- ◆ The special right or immunity attached to white persons in a social relation. The display of white privilege is manifested in the social expression of a white person or persons demanding to be treated as a member of a socially privileged class. (Source: The Monkeyfist Collective—www.pbs.org)

5. **ASK** if there are any questions and respond to questions posed by group as appropriate.

Trainer's Note: Some animosity may be exhibited by the group as these terms are absorbed. You are urged to not get caught up in any discussion, which will elicit disrespect, or dissolution of the cohesive group participation.

6. **TRANSITION** to the next activity, which centers on best practices specific to skills, values, ethics and knowledge needed by the culturally competent

practitioner.

ACTIVITY 9

BEST PRACTICE—SKILLS, VALUES, ETHICS AND KNOWLEDGE

Time

1 hour and 30
minutes

Type of Activity

Presentation

Self Awareness

Exercise

Guided

Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slides #11—*Skill Areas for Cross Cultural Service*
- #12—*Best Practice: Skills and Knowledge for the Practitioner*
- #13—*What is*

Learning Objectives

Participants will be able to

- ◆ Identify skills, knowledge and abilities required in a culturally competent practice.
- ◆ Define 3 elements for effective practice.
- ◆ Analyze similarities and differences within the training group.

Instructions

1. **BEGIN** this activity by asking participants the following questions: What are the skills, knowledge, and abilities needed to be an effective child welfare practitioner with populations that may not be of the same culture as the provider? What do you need to know in order to move toward best practices?
2. **RECORD** any critical responses on the flipchart. The following information is expected to be given by participants, but presented here for your benefit in facilitating discussion.
 - ◆ There are several things that should be understood about the communities we serve. For example, we must know the population make-up to understand motives, cultures and norms of a society. We must know about services available and the cultural competency of those services; for example, transportation,

*means to be
Culturally
Competent*

- ◆ Handout—
*Social
Awareness
Exercise
Checklist*
- ◆ Handout—
*What it Means
to be
Culturally
Competent*
- ◆ Flipchart
- ◆ Markers
- ◆ Glue, crayons
or colored
pencils,
scissors

**Manual
References**

None

medical and mental health services, and day care opportunities. By staying abreast of services available, organizations can determine where there are gaps and can identify alternative actions to get things done and appropriate services delivered.

- ◆ It is also important to know who the people are; what cultures, groups, and subgroups are represented in the community. Knowing the layout and characteristics is essential; for example, knowing how to get from one county to another. One way to become familiar with geography is a “windshield survey,” which means driving around and observing the community. This process is helpful in determining how people learn about services, locations of services, and the best route to get there. It is also helpful to determine the accuracy of communication within a community.

3. **FACILITATE** another phase of discussion by **STATING**: “In the child welfare profession, it is impossible to prove that what we do really helps the people or groups that we claim to help.”
4. **ASK** participants if this statement is true and facilitate discussion of responses. Then, ask participants: If we know something doesn’t work, why do we continue to do it? Facilitate a discussion of responses to this question and present the following.
 - ◆ We must keep in mind that “one size does not fit all.” Identifying the support that a child welfare worker has from the sponsoring agency is critical to know so that you can make a

difference in the lives of those you serve. We must find ways to help others and are actually mandated, through legislation, to provide certain services within specific time frames.

- ◆ Many practitioners fear repercussions for doing their job.
5. **ASK** participants what might be solutions relevant to the repercussions for doing the job and facilitate a discussion of responses. Record salient points on a flipchart.
 6. **PRESENT** the following information if participants are unable to respond to the above question.
 - ◆ It is important to identify one's own values and beliefs and to develop the appropriate skills and knowledge for working within the profession. Becoming culturally competent is difficult, but worthwhile as cultural competence creates a more effective worker, which improves relationships with family and in turn, improves the outcomes.
 7. **SEGUE** to the next section by explaining that, according to Diller (1998), there are five basic skill areas necessary for the delivery of acceptable cross-cultural services.
 8. **DISPLAY** PWPT Slide #11, *Skill Areas for Cross Cultural Service*, and review the five basic skill areas as follows:
 - ◆ **Awareness and Acceptance of Differences**—includes developing an understanding of how cultures differ and realizing that these differences may effect the helping process. It is important to realize the existence of cultural

differences in values, communication styles, health concerns, etc.

- ◆ **Self-Awareness**—involves understanding the various ways culture affects and impacts behavior.
- ◆ **Dynamics of Difference**—since clients and providers may come from different cultures, there is a chance that there will be a miscommunication or misjudgment based on an individual's behavior. It is important to understand what can go wrong in cross-culture communication and to take steps to prepare for avoidance of conflict.
- ◆ **Knowledge of the Client's Culture**—the most effective providers understand the client's culture within the client's own cultural context. For instance, several years ago, during a period of particularly heavy immigration from Southeast Asia, CPS received multiple abuse reports on Vietnamese parents whose children had come to school with red marks all over their bodies. Some cultural research soon indicated that the children had been given an ancient remedy for colds called “cupping,” which involves placing heated glass cups (similar to shot glasses) on the skin, leaving harmless red marks for about a day. This investigation, of course, angered the parents who believed themselves to be attending to the needs of their children and insulted them by accusations of poor parenting. It also caused embarrassment to the workers involved, but the positive side is that it served to point out the lack of cultural knowledge and need for skill

building in this area.

- ◆ **Adaptation of Skills**—this term refers to adapting or adjusting generic helping practice to accommodate cultural differences. For example, a Chinese family may not feel comfortable working toward an outcome that involves increasing assertiveness skills in their children. The style of interaction must be adjusted to something acceptable to the client. Another example is the family therapy process for African Americans; most definitions of family for African Americans includes multiple generations and possibly non-biological family members such as good friends or neighbors.

9. **SEGUE** to a discussion of further development of professional standards pertaining to the knowledge, skills and abilities of the practitioner and explain that there are three basic elements to be presented.
10. **DISPLAY** PWPT Slide #13, *What it Means to be Culturally Competent*, and distribute the handout, *What it Means to be Culturally Competent*, which describes the three characteristics and the three dimensions of these characteristics, reviewing as follows.
11. **EXPLAIN** that in order to obtain the knowledge, skills and abilities needed to be a culturally competent practitioner, it is critical to understand the influence and interconnection of three elements, which are:
 1. Empowerment approach,
 2. Strengths perspective, and
 3. Ideally from these elements, come opportunity.

Trainer's Note: At this point, you may wish to post PWPT Slide #13, Social Work Diversity Perspectives and Frameworks, to demonstrate these relationships, describing the interaction between ethno cultural perspective, oppression perspective and vulnerable life situations perspective. If trainer is uncomfortable with the information provided, the following statements may be used.

12. **INFORM** participants that it is important to understand that many child welfare workers do not want to do anything outside of policy; sometimes it is more important to recognize the need to do what is right even if policies do not exist to protect your actions. With this philosophy, gaps in policies can be identified and improved upon.
13. **SUMMARIZE** this segment by reminding participants that it is the responsibility of child welfare practitioners to address the organizational environment, especially in considerations of culture. The profession must strive to be tolerant, flexible, fair and professional at all times while maintaining a conscious awareness of cultural differences.
14. **DIVIDE** participants into small groups and distribute the handout, Social Awareness Exercise, one to each group. Instruct the groups to complete the Checklist within their assigned groups, allowing 15-20 minutes to complete.
15. **FACILITATE** a discussion relevant to responses of the groups, identifying similarities and differences among participants.

Trainer's Note: Depending on time, it may be advisable to break for lunch at this point, leaving the

next activity to follow the lunch break.

16. **CONDUCT** an activity aimed at identifying each participant of the training group as an individual. Distribute sheets of poster paper (card stock paper works best, if available) to each participant. Instruct them to fold the paper in half, thus making a “tent” and to write their names in the center of the “tent,” leaving some space for additional words to be written.
17. **INFORM** participants to write two or three things that most people do not know about them as individuals. When this is completed, have each participant explain his/her tent to the group, encouraging supportive comments from the group as this constitutes a cultural awareness exercise.

Trainer's Note: You may decide to display these tents on the wall for later review by participants.

18. **ASK** and respond to any questions generated by the group, clarifying any topics discussed during this activity.
19. **TRANSITION** to the next activity, which will involve role-play and the study of some case examples with demonstration by groups of cultural interactions.

ACTIVITY 10

ROLE PLAY/CASE STUDIES

Time

1 hour

Type of Activity

Role Play

Small Group

Activity

Guided

Discussion

Equipment/ Materials Needed

- ◆ Power Point (PWPT) Slide #14—*Role Play*
- ◆ Flipchart
- ◆ Markers
- ◆ Role play scenarios (1 for each small group)

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Design a role play demonstrating cultural competence.
- ◆ Identify aspects of a culturally competent behavior as presented.

Instructions

1. **BEGIN** by announcing that the day has focused on issues of practice specific to increasing cultural competence and explain that participants will now have an opportunity to use the information presented.
2. **DIVIDE** the group into small groups for this activity, assigning each small group one of the role play scenarios designed for this activity.
3. **INSTRUCT** small groups not to let the other groups know which scenario they have been assigned.
4. **DISPLAY** PWPT Slide #14, *Role Play*, reviewing the instructions as posted. Tell each group that they will develop a brief scenario or role play, approximately 3 minutes in length, which demonstrates the situation they have been assigned. Each group will present before the larger group and it will be the task of the large group to identify the various cultural dimensions of the scene.

Trainer's Note: It may be advisable to allow groups to

separate to develop their role play; you may need to tell participants some possible locations to complete the assignment. Offer assistance to groups by going to each group to ensure understanding of the assignment. Each group should develop and demonstrate a situation that is a good match for the assigned scenario within a 15-minute timeframe.

5. **RECONVENE** the large group as assigned role plays are completed and review the assignment before having groups present their role play.
6. **POST** the following directions to set the scene prior to each group performance and instruct each group to tell the large group:
 - ◆ A brief description of the situation, including any information that is pertinent, but will not give away any of the issues to be demonstrated.
 - ◆ Where the scene is taking place (i.e., kitchen of a client's house, residential treatment center, etc.).
 - ◆ Introduce the characters who will enact the scenario, meaning who is who and what role they have (i.e., father of the child, treatment provider, etc.).
7. **BEGIN** role plays by asking for groups to volunteer in order and continue until all groups have performed.
8. **FACILITATE** a group discussion by using the following questions:
 - ◆ Was culturally competent behavior demonstrated?
 - ◆ Are there alternative methods to resolve the situation? If so, what are they?

- ◆ What, if anything, could have been done or addressed differently?
 - ◆ What other outcomes were possible?
 - ◆ What did you learn from this experience?
9. **SUMMARIZE** this exercise by allowing discussion to come to a natural close, after all participants have had an opportunity to be heard.
10. **TRANSITION** to the next activity, which will present the opportunity for participants to view a short video (if time permits and appropriate video is available).

ACTIVITY 11

"ETHNIC NOTIONS" (VIDEO)

Time

1 hour

Type of Activity

Video

Presentation

Guided

Discussion

Equipment/ Materials Needed

- ◆ Video—*Ethnic Notions*

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Express perception of information presented in video.

Instructions

Trainer's Note: It is noted that it may not be appropriate to show this video to this training group and you are advised to have an alternative film available. One suggestion is "Drugs in Black and White America." Similar discussion will result and video is to be chosen at your discretion, depending on expectations, reactions, prior responses, etc. of the training group, as well as time available for activity and debriefing. You are advised to view both videos prior to training to ensure the best choice is made.

1. **INTRODUCE** the video, by naming and explaining briefly the content of the film.
2. **ASK** participants to respond to the following, after watching the video, and facilitate a group discussion:
 - ◆ What did you think about the information covered?
 - ◆ How does this information make you feel?
 - ◆ What are your beliefs about the information? Why?
 - ◆ Have you experienced a change in perception as a result of this video?

3. **TRANSITION** to the next activity, which will conclude Day 2 of Cultural Competency in Child Protective Services, by telling participants that they will now have an opportunity to complete an individual learning plan and contract for continuous self improvement relevant to cultural competency.

ACTIVITY 12

INDIVIDUAL LEARNING PLANS/CONTRACT

Time

30 minutes

Type of Activity

Self Awareness
Exercise

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Handout—
Individual Learning Plan
- ◆ Handout—
Training Evaluation

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Identify personal learning needs.
- ◆ Complete a plan for self-improvement.

Instructions

1. **BEGIN** this closeout activity by facilitating a large group discussion; asking participants in what areas they believe they could improve. Record core responses on flip chart and ask for suggestions on methods to increase their effectiveness in those areas of need.
2. **DISTRIBUTE** an *Individual Learning Plan* to each participant; instructing each individual to complete one for a competency in which they would like to improve.
3. **EXPLAIN** that these plans will serve as a guide for their mentors, whose task it is to help focus on individual improvement.
4. **ALLOW** 10–15 minutes for completion of one and if time permits, participants may choose to complete more than one in additional competency areas.
5. **RECONVENE** the large group, allowing for any sharing of individual responses as appropriate. Explain that this training group should serve as resources to one another, as well, and encourage

- the group to suggest additional learning activities or methods of growth in any competency named.
6. **COLLECT** these plans, explaining that copies will be made and the plans will be returned to them.
 7. **SUMMARIZE** this module by informing participants that becoming culturally competent is an on-going process and requires a commitment to individual continuous learning and improvement. Also, explain that they should model behavior they expect from staff and as culturally competent behavior is demonstrated that staff should be recognized and supported for their efforts.
 8. **EXPLAIN** that the *Individual Learning Plan* is a guide to help focus their attention on their own growth and to create a parallel process for their staff to follow. Inform participants that their mentors will follow up with them to offer assistance with the areas they have identified as areas to improve.
 9. **CONDUCT** the training evaluation by distributing the *Training Evaluation Form*, explaining to participants of the importance of their feedback in improving the training.
 10. **COLLECT** all evaluations and dismiss training participants.

Handouts

Possible Verbal and Nonverbal Sources of Miscommunication Between Cultural Groups

Asians

Touching or hand-holding between members of the same sex is acceptable.

*Hand-holding/hugging/kissing between men and women in public looks ridiculous.

"A slap on the back is insulting.

*It is not customary to shake hands with persons of the opposite sex.

* Finger beckoning is only used by adults to call little children and not vice-versa.

Opposing View

Touching or hand-holding between members of the same sex is considered as a sign of homosexuality.

*Hand-holding/hugging/kissing between men and women in public is acceptable.

*A slap on the back denoted friendliness.

*It is customary to shake hands with persons of the opposite sex.

*Finger beckoning is often used to call people.

Source: Taylor, P.L. (in press). Clinical practice as a social occasion. In L Cole & V.R. Deal, *Communication disorders in multicultural populations*. Rockville. American Speech-Language-Hearing Association.

Possible Verbal and Nonverbal Sources of Miscommunication Between Cultural Groups

Hispanics

*Hissing to gain attention acceptable.

*Touching is often observed between two people in conversation.

*Avoidance of direct eye contact is sometimes a sign of attentiveness and respect; sustained direct eye contact may be interpreted as a challenge to authority.

*Relative distance between two speakers in conversation is close,

*Official or business conversations are preceded by lengthy greeting, pleasantries, and other talk unrelated to the point to business.

Opposing View

*Hissing is considered impolite and indicates contempt.

*Touching is usually unacceptable and usually carries sexual overtone.

*Direct eye contact is a sign of attentiveness and respect.

*Relative distance between two speakers in conversation if farther apart.

*Getting to the point quickly is valued.

Source: Taylor, P.L. (in press). Clinical practice as a social occasion. In L Cole & V.R. Deal, *Communication disorders in multicultural populations*. Rockville. American-Speech-Language-Hearing Association.

Possible Verbal and Nonverbal Sources of Miscommunication Between Cultural Groups

American-Indians

*Personal questions may be considered prying.

*Gushing over babies may endanger the child.

*A bowed head is a sign of respect.

*It is acceptable to ask the same questions several times, if you doubt the truth of that person.

Opposing View

*Personal questions are acceptable particularly when establishing case history information.

*Gushing over babies shows admiration of the child.

*Lack of eye contact is sign of shyness, guilt, or lying.

*It is a sign of inattention if the same question is asked several times.

Source: Taylor, P.L. (in press). Clinical practice as a social occasion. In L Cole & V.R. Deal, *Communication disorders in multicultural populations*. Rockville. American Speech-Language-Hearing Association.

Possible Verbal and Nonverbal Sources of Miscommunication Between Cultural Groups

African-Americans

*Touching of one's hair by another person is often considered offensive.

*Preference for indirect eye contact during listening, direct eye contact during speaking as signs of attentiveness and respect.

*Public behavior may be emotionally intense, dynamic, and demonstrative,

*Clear distinction between "argument" and "fight". Verbal abuse is not necessarily a precursor to violence.

*Asking "personal questions" of someone one has met for the first time is seen as improper and intrusive.

Opposing View

*Touching of one's hair by another person is a sign of affection.

*Preference for direct eye during listening and indirect eye contact during speaking as signs of attention and respect.

*Public behavior is expected to be modest and emotionally restrained. Emotional displays are seen as irresponsible or in bad taste.

*Heated arguments are viewed as suggesting that violence is imminent.

*Inquiring about jobs, family, and so forth of someone one has met for the first time is as friendly.

Source: Taylor, P.L. (in press). Clinical practice as a social occasion. In L Cole & V.R. Deal, *Communication disorders in multicultural populations*. Rockville. American Speech-Language-Hearing Association.

Possible Verbal and Nonverbal Sources of Miscommunication Between Cultural Groups

African-Americans

*Use of direct questions is sometimes seen as harassment, e.g. asking when something will be Finished is seen as rushing that person to finish.

*Interruption is usually tolerated, the floor is granted to the person who is most assertive.

*Conversations are regarded as private between the recognized participants. "Butting in" is seen as eavesdropping and is not tolerated.

*Use of expression "you people" is seen as pejorative and racist.

*Accusations or allegations are general rather than categorical, And are not intended to be all-inclusive. Refutation is the responsibility of the accused.

*Silence denotes refutation of accusation. To state that you feel accused is regarded as an admission of guilt.

Opposing View

*Use of direct questions for personal information is permissible.

*Rules of turn-taking in Access to conversation dictate that one person has the floor at a time until all his points are made.

*Adding points of information or insights to a conversation in which one is not engaged is seen as being helpful.

*Use of expression "you people" tolerated.

*Stereotypical accusations or allegations are all-inclusive. Refutation or making exception is the responsibility of the person Making the accusation.

*Silence denoted acceptance of an accusation. Guilt is verbally denied.

Source: Taylor, P.L. (in press). Clinical practice as a social occasion. In L Cole & V.R. Deal, *Communication disorders in multicultural populations*. Rockville. American Speech-Language-Hearing Association.

Cultural Competency: Definition of Terms

Typical terms used to describe discrimination are:

Racism: discrimination on the basis of race;

Sexism: discrimination on the basis of sex, most often by men;

Misogyny: a hatred or distrust of women;

Ethnocentrism or Ethnic Prejudice: the belief that one's ethnic group is superior to all others, resulting, at times, in discrimination toward those of different ethnic backgrounds or national origin;

Ageism: discrimination on the basis of age, usually against the elderly and the young;

Ableism: discrimination against the physically or mentally disabled;

Xenophobia: fear and or hatred of strangers or foreigners or anything that appears strange or foreign;

Anti-Semitism: discrimination against Jews (a traditional usage that does not include discrimination against Arabs, who are also Semites);

Religious Prejudice: discrimination on the basis of a particular religious preference;

Chauvinism: originally used to refer to jingoism or excessive patriotism, it has also come to be associated with sexist attitudes, most especially of men toward women;

Classism: Prejudice and discrimination based on socio-economic level or class;

Heterosexism: the system by which heterosexuality is assumed to be the only acceptable and viable life option;

Homophobia: fear, dislike, or hatred of lesbians, gays, and bisexuals often resulting in acts of discrimination (Weinberg 1972).

"A minority is any group of people who is being singled out because of its cultural or physical characteristics and is being systematically oppressed by those individuals who are in a position of power. Using this definition, a minority could conceivably be the numerical majority of a population, as was the case for many years in South Africa, and as is the situation with women in the United States (Atkinson, Morten, & Sue, 1998; Macionis, 1993)."

"Stereotypes are rigidly held beliefs about a group of people that assume that most or all of the group have certain behaviors or beliefs that tend to be unique to that group (for example, Asians are intelligent people, Native Americans are alcoholics)."

Prejudice is a positive or a negative bias about a group as a whole (for example, I hate gays).

"Discrimination is an active behavior, such as gay bashing or unfair hiring practices that negatively affects individuals within ethnic or cultural groups (Lum, 1996)."

White Privilege: "unearned power conferred systemically"
(Peggy McIntosh, 1995)

Another definition for white privilege is:

1.
 - a. A right, advantage, or immunity granted to or enjoyed by the class of white persons beyond the common advantage of all others; an exemption in many particular cases from certain burdens or liabilities.
 - b. In extended sense: A special advantage or benefit of white persons; with ideological reference to divine dispensations, natural advantages, gifts of fortune, genetic endowments, social relations, etc.
2. A privileged position; the possession of an advantage white persons enjoy over non-whites and white individuals enjoy over non-white individuals.
3.
 - a. The special right or immunity attaching to white persons as a social relation; prerogative.
 - b. *display of white privilege*, a social expression of a white person or persons demanding to be treated as a member or members of the socially privileged class. (Source: The Monkeyfist Collective/www.pbs.org)

CULTURAL COMPETENCY: FURTHER READINGS

- Andersen, M.L., & Collins, P.H. (1998). *Race, class, and gender*. Baltimore, MD: Wadsworth Publishing.
- Aponte, J. F., Rivers, R.Y., & Wohl, J. (1995). *Psychological interventions and cultural diversity*. (1st ed.). Boston: Allyn & Bacon.
- Berman-Rossi, T., & Miller, I. (1994). African-Americans and the settlements, during the late nineteenth and early twentieth centuries. *Social Work with Groups*, 17(3), 77-95.
- Blauner, R. (1970). *Racial oppression in America*. New York: Holt, Rinehart and Winston.
- Bowles, D.D. (1988). Development of an ethnic self-concept among blacks. In C. Jacobs & D. D. Bowles (Eds.). *Ethnicity and race: Critical concepts in social work*. (pp. 103-113). Silver Springs, MD: NAS W Press.
- Boyd-Franklin, N. (1989). *Black families in therapy*. New York: The Guilford Press.
- Brown, P. (1991). Passing: Differences in our public and private self. *Journal of Multicultural Social Work*, 1 (2), 33-50.
- Castex, G.M. (1994). Providing services to Hispanic/Latino populations: Profiles in diversity. *Social Work*, 39(3), 288-292.
- Chao, CM. (1992). The inner heart: Therapy with Southeast Asian families. In L.A. Vargas & J.D. Koss-Chioino (Eds.), *Working with culture* (pp. 157-181). San Francisco: Jossey-Bass.
- Comas-Diaz, L. (1998). Ethnic minority psychology, identity, empowerment, and transformation. (Editorial) *Cultural Diversity and Mental Health*, 4(3), 151.
- Comas-Diaz, L., & Greene, B. (1994). *Women of color integrating ethnic and gender identities in psychotherapy*. NY: Guilford Press.
- Comer, J.P., & Poussaint, A. (1992). *Raising black children*. NY: Plume Books.
- Cose, E. (1992). *The rage of a privileged class*. NY: Harper Collins.
- Crapo, R.H. (1990). *Cultural anthropology understanding ourselves and others* (2nd ed.). Utah: The Dushkin Publishing Group, Inc.
- Dana, R.H. (1993). *Multicultural assessment perspectives for professional psychology* (1st ed.). Boston: Allyn & Bacon.
- deAnda, D., & Riddel, V.A. (1991). Ethnic identity, self-esteem, and interpersonal relationships among multiethnic adolescents. *Journal of Multicultural Social Work* 1(2), 83-98.
- deKoal, M. (1999). "White chocolate": An inquiry into physical and psychological identity. *Journal of Child Development*. 77(1), 27-29.
- Dhooper, S.S. (1991). Toward an effective response to the needs of Asian Americans. *Journal of Multicultural Social Work* 1(2), 65-81.

- Dominelli, L. (1988). *Anti-Racist social work: A challenge for white practitioners*. London, England: MacMillan.
- Dovidio, J., & Gaertner, S. (Eds.). (1986). *Prejudice, discrimination and racism*. New York: NY: Academic Press, Inc.
- Gaertner, S., & Dovidio, J. (1981). Racism among the well intentioned. In E. Clausen & J. Bermingham (Eds.). *Pluralism, racism and public policy The search for equality*. Boston, MA: G.K. Hall.
- Gibbs, J. (1993). *After the LA riots: Social work's role in healing cities*. San Francisco: Many Cultures Publishing.
- Hardy, K.V. (1995). *The psychological residuals of slavery*, [video]. NY: Guilford Press.
- Harper, K.V. (1996). *Cross-cultural practice social work with diverse populations*. Chicago, IL: Lyceum Books, Inc.
- Hartman, A. (1991). Social worker-in-situation. *Social Work*, 36(3), 195-197.
- Hartman, C. (Ed.). (1997). *Double exposure: Poverty and race in America*. Armonk, NY: M.E. Sharpe.
- Hasenfield, Y. (1996). Future issues for social work practice. In P. Raffoul & A. McNeece (Eds.), *Future issues for social work practice*. Boston, MA: Allyn & Bacon.
- Helms, J. E., & Cook, D.A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. (1 st ed.). Boston, MA: Allyn & Bacon.
- Healy, J. F. (1995). *Race, ethnicity and class: The sociology of group conflict and change*. Thousand Oaks, CA: Pine Forge Press.
- Hertzberg, J.F. (1990). Feminist psychotherapy and diversity: Treatment considerations from a Sell Psychology perspective. In L.S. Brown & M.P.P. Root (Eds.). *Diversity and complexity in feminist therapy* (pp. 275-297). Binghamton, NY: Haworth.
- Hill, C.E. (1992). An overview of four measures developed to test the Hill Processing Model: Therapist intentions, therapist response modes, client reactions, and client behaviors. *Journal of Counseling and Development*, 70, 728-739.
- Ho, M.K. (1987). *Family therapy with ethnic minorities*. Newbury Park, CA: Sage.
- Ivey, A.E., Ivey, M.B., & Simek-Morgan, L. (1997). *Counseling and psychotherapy: A multicultural perspective* (4th ed.). Boston, MA: Allyn & Bacon.
- James, C. E. (Ed.). (1996). *Perspectives on racism and the human service sector*. Toronto, Canada: University of Toronto, Press.
- Koss-Chioino, J.D., & Vargas, L.A. (1992). Through the cultural looking glass: A model for understanding culturally responsive psychotherapists. In L.A. Vargas & J. D. Koss-Chioino (Eds.), *Working with culture* (pp. 1 -22). San Francisco: Jossey-Bass.
- Liver, M.C., & Shapiro, T.M. (1995). Race, wealth, and inequality in America. *Poverty and Race*, 4(5), 16-17. Locke, D. C. (1992). *Increasing multicultural understanding*. Newbury Park, CA: Sage. Lum, D. (1996). *Social work practice with people of color*. Pacific Grove, CA: Brooks/Cole.

- Lynch E.W., & Hanson, M.J. (1998). *Developing cross-cultural competence* (2nd ed.). Baltimore: Paul H. Brookes Publishing Co.
- Macintosh, P. (1989). White privilege: Unpacking the individual knapsack. *Peace and Freedom* (July/August), 10-12.
- Macrae, N.C., Stangor, C., & Hewstone, M. (1996). *Stereotypes and stereotyping*. New York, NY: Guilford Press.
- Marcus, L. (1988). Processes of new organizations: A case study. *Administration in Social Work*, 12(3), 91-106.
- McAdoo, H.P. (1993). *Family ethnicity strength in diversity*. Newbury Park, CA: Sage.
- McInnis-Dittrich, K. (1994). *Integrating social welfare policy and social work practice*. CA: Brook/Cole Publishing.
- Nash, D. (1970). Red, white and black: The origins of racism in colonial America, In G. B. Nash & R. Weiss (Eds.), *The great fear: Race in the mind of America* (pp. 1-26). Englewood Cliffs, NJ: Prentice-Hall.
- Norton, D. (1978). *The dual perspective*. New York, NY: Council on Social Work Education.
- Norton, D. (1987). *The dual perspective: Inclusion of ethnic minority content in the social work curriculum*. New York: Council on Social Work Education.
- O'Mara, J. (1994). *Diversity activities and training designs*. San Francisco, CA: Jossey-Bass/Pfeiffer.
- Parham, T.A. (1993). White researcher conducting multicultural counseling research: Can their Efforts be "Mo Betta"? (reaction) *The Counseling Psychologist*, 27(2), 250-256.
- Patterson, O., & Winship, C. (1992, May 3). White poor, black poor. *New York Times*, op. ed. page.
- Pharr, S. (1988). The common elements of oppression. In *Homophobia: A weapon of sexism* (pp. 53-64). Inverness, CA: Chardon.
- Pedersen, P.B. (1994). *A handbook for developing multicultural awareness* (2nd ed.). Alexandria, VA: American Counseling Association.
- Pedersen, P.B. (1993). *Culture-centered counseling and interviewing skills*. Westport, CT: Praeger.
- Perrow, C. (1961). The analysis of goals in complex organizations. *American Sociological Review*, 26, 854-866.
- Ryan, A. S. (1993). *Social work with immigrants and refugees*. Binghamton, NY: Haworth.
- Saba, G.W., Karrer, B.M., & Hardy, K.V. (1990). (Eds.), *Minorities and family therapy*. Binghamton, NY: Haworth.
- Schiele, J. H. (1986). Afrocentricity: An emerging paradigm in social work practice. *Social Work*, 41(5), 284-294.
- Seldon, H. (1983). *The problem: White history and present implications*. Boston: Boston University, Martin Luther King, Jr. Center.
- Smith, L. (1961). *Killers of the dream*. New York: W.W. Norton.
- Spencer, M.B., & Markstrom-Adams, C. (1990). Identity processes among racial and ethnic minority children in America *Child Development*, 61(2), 290-310.
- Staples, B. (1994). *Growing up in black and-white*. New York: Pantheon Books.

- Tatum, B.D. (1997). *"Why are all the Black kids sitting together in the cafeteria?"* New York, NY: Basic Books.
- Watts, R.E., & Henriksen, R.C. (1998). The interracial couple questionnaire. *The Journal of Individual Psychology*, 54(3), 368-372.
- Wilkins, R. (1995, March 27). Racism has its privileges. *The Nation*, 409-416.
- Williams, E.E., & Ellison, F. (1996). Culturally informed social work practice with American Indian clients: Guidelines for non-Indian social workers. *Social Work*, 41 (5), 147-151.
- Wohl J. (1989). Integration of cultural awareness into psychotherapy. *American Journal of Psychotherapy*, 63(3), 345-355.
- Yancey, G., & Yancey, S. (1998). Interracial dating: Evidence from personal advertisements. *Journal of Family Issues*, 19(3), 334-348.

THE LANGUAGE OF ETHNIC DIVERSITY

D	I	S	C	R	I	M	I	N	A	T	I	O	N	L
A	B	B	K	H	I	M	G	F	D	M	I	E	W	L
S	N	V	H	J	J	E	C	A	R	U	T	W	D	G
E	J	T	C	A	T	T	T	S	G	L	E	R	T	Y
G	B	O	C	S	G	H	G	S	H	T	D	O	G	Y
R	C	I	Z	Y	Q	N	D	I	G	I	D	L	O	T
A	D	K	I	T	E	I	Z	M	I	C	P	O	W	L
T	H	J	Z	X	K	C	S	I	K	U	K	G	E	L
I	J	B	E	G	O	I	J	L	A	L	H	G	B	C
O	G	A	D	L	L	T	E	A	F	T	D	E	G	E
N	K	N	O	A	H	Y	I	T	J	U	R	R	R	R
K	L	R	R	M	M	N	O	I	P	R	A	U	R	U
S	Y	U	K	E	Y	J	N	O	I	A	T	O	P	T
Q	L	Z	X	Z	Y	T	N	N	F	L	T	Y	E	L
P	S	R	T	Q	E	F	S	P	U	T	Y	R	N	U
G	U	S	L	G	V	R	A	C	I	S	M	N	L	C
L	M	N	R	O	P	Q	R	S	T	U	G	E	P	B
H	I	A	D	I	V	E	R	S	I	T	Y	J	K	U
E	T	F	G	S	O	C	I	A	L	C	L	A	S	S
E	D	C	D	I	V	V	B	A	S	O	C	I	A	L

Please complete the puzzle above

Words can be straightforward, backwards, or diagonal

ID Number _____

Date _____

Self-Assessment Checklist

Use the following scale to rate how strongly you agree with the following statements:

- | Low Agreement | 1 | 2 | 3 | 4 | High Agreement |
|---------------|--|---|---|---|----------------|
| ___ 1. | | | | | |
| | I regularly assess my strengths and weaknesses, and consciously try to improve myself. | | | | |
| ___ 2. | | | | | |
| | I am interested in the ideas of people who do not think as I think, and I respect their opinions even when I disagree with them. | | | | |
| ___ 3. | | | | | |
| | Some of my friends or associates are different from me in age, race, gender, physical abilities, economic status, and education. | | | | |
| ___ 4. | | | | | |
| | If I were at a party with people outside of my group, I would go out of my way to meet them. | | | | |
| ___ 5. | | | | | |
| | I do not need to understand everything going on around me. I tolerate ambiguity. | | | | |
| ___ 6. | | | | | |
| | I am able to change course quickly. I readily change my plans or expectations to adapt to a new situation. | | | | |
| ___ 7. | | | | | |
| | I recognize that I am a product of my upbringing and my way is not the only way. | | | | |
| ___ 8. | | | | | |
| | I am patient and flexible. I can accept different ways of getting a job done as long as the results are good. | | | | |
| ___ 9. | | | | | |
| | I am always asking questions, reading, exploring. I am curious about new things, people, places, ideas, and opportunities. | | | | |
| ___ 10. | | | | | |
| | I am interested in human dynamics and often find myself thinking "what's really going on here?" | | | | |
| ___ 11. | | | | | |
| | I can see two sides on most issues. | | | | |
| ___ 12. | | | | | |
| | I have made mistakes and I have learned from them. | | | | |
| ___ 13. | | | | | |
| | In an unfamiliar situation, I watch and listen before acting. | | | | |

ID Number,
Date

- __14. I listen carefully.
- __15. When I am lost, I ask for directions.
- __16. When I don't understand what someone is saying, I ask for clarification.
- __17. I sincerely do not want to offend others.
- __18. I like people and accept them as they are.
- __19. I am sensitive to the feelings of others and observe their reactions when I am talking.
- __20. I am aware of my prejudices and consciously try to control my assumptions about people.
- _____ Total points

Scoring the Self Assessment Checklist 1

1. Total points on all 20 questions

If your score is 80 or above, you probably value diversity and are able to work effectively with people who are different from you— but you certainly have room for improvement.

If your score is below 50, you probably experience much difficulty dealing with diversity and could benefit greatly from courses/training on multicultural counseling.

Source: Valuing Diversity Trainer's Guide (Adapted) 1990 San Francisco: Copeland Griggs Productions, Inc.

Reflections of a Helper

Reflect on the following questions:

1. What do you get out of helping? (What does helping other people do for you? What are your motives/needs to help?)
2. What life experiences have contributed to your wanting to be a helper? How have these experiences influenced your choice?
3. What assets do you bring to the helping profession? (What about you makes you an effective helper?)
4. What gets in the way of your effectiveness as a helper? (What are some of your unresolved issues, unfinished business, or "buttons" that may inhibit your effectiveness?)

Practical Suggestions for a Helping Relationship with a Culturally Different Client

Some research has shown that clients of a different cultural background from the helper may experience the helping relationship more negatively than if the helper is of the same culture (Atkinson, 1985; Atkinson et al., 1989). Because sensitivity to all cultures in the helping relationship is crucial (Pedersen et al., 1996; Sue et al., 1992; Sue et al., 1982), some helpful "tips" to working with culturally different clients may be important. In this context, Westwood and Ishiyama (1990) and others note a number of practical suggestions when working with culturally different clients, some of which may be particularly relevant to the human service professional (pp. 169—170):

1. *Encourage clients to speak their own language.* Of course a helper is not expected to be bilingual, although, no doubt that would be a benefit in many cases, and in some cases a referral to a bilingual helper may be appropriate. However, if a client is bilingual, and you are not, you can make an effort to know meaningful expressions of the client's language. Clients should be encouraged to use these expressions, and ultimately, you should be able to "chat" with your client by showing him or her that you have learned some of these expressions.
2. *Do your homework and know about the cultural heritage of your client.* Make sure that you have taken workshops or courses, gone to the library, and/or have asked your client about his or her cultural heritage.
3. *Check the accuracy of your client's nonverbals.* Don't assume that nonverbal communication is consistent across cultures. Ask your client about his or her nonverbals when in doubt.
4. *Make use of alternate modes of communication.* Because of cross-cultural differences, some clients will be reticent to talk while others may have communication problems because English is their second language. Use other modes of communication such as acting, drawing, music, story telling, collage making, and so forth that may draw your client out and that are appropriate for the client with whom you are working.
5. *Encourage clients to bring in items that are culturally significant and personally relevant.* Have your clients bring in items that will help you understand them and their culture (for example, books, photographs, articles of significance, culturally meaningful items, and so forth).
6. *Vary the helping environment.* In an effort to aid in the comfort level of your client and the building of trust, when appropriate, change the helping environment. Counseling may be quite unfamiliar territory to individuals from some cultures and sitting in a small private room

might create intense anxiety. While you do not want to delete the sanctity of the helping relationship, it may be important to explore alternative helping environments to ease your client into the helping relationship (for example, take a walk, have a cup of coffee at a quiet restaurant, initially meet your client at his or her home, and so forth).

7. *Don't jump to conclusions about your client.* Don't fall into the trap of assuming your client will act in stereotypic ways. Many clients won't match your stereotype.
8. *Know yourself.* Assess your own biases and prejudices to assure they will not negatively affect your helping relationship.
9. *Know appropriate skills.* Make sure that you have taken courses, workshops, and have kept up on the most recent professional literature to assure that you know the most appropriate helping skills to use and *not use* with your client.

Module 4: Clinical Decision Making

MODULE 4—CLINICAL DECISION MAKING

Description

The purpose of this module is to equip supervisors with the knowledge, competence and confidence required to make critical decisions relevant to the clinical practice of child protective services. This module is unique in that it presents information to enable supervisors to operate at the highest level of clinical decision making. The activities presented within this module include several presentations by experts on a particular aspect of clinical decision making, opportunities to practice new knowledge or case examples, skill development activities, review of response priorities, planning for case closure, involvement in a mock staffing and strategies for implementing an effective family conferencing model in the respective regions as represented by participants.

The module will conclude with participants having an opportunity to conduct a supervisory staffing on a pre-determined problematic family or case.

This entire module is comprised of 12 separate activities as outlined in the accompanying Activity Agenda.

Overall Time

The entire module is presented in a total of 17 hours, with a breakdown as follows:

Day 1—6 hours and 45 minutes

Day 2—6 hours and 45 minutes

Day 3—3 hours and 30 minutes

Participant Preparation Required

This module will require participants to bring case management job plans specific to those they supervise, regional plans to close cases (if already in existence) and an identified case requiring a high level of clinical decision making as a potential case for staffing exercise.

ACTIVITY AGENDA

Day 1

Activity 1: Introductions and Icebreaker

Type: Guided Discussion, Self-Awareness Exercise

Time: 45 minutes

Activity 2: Setting Performance Expectations

Type: Self Awareness Exercise, Small Group Activity

Time: 1 hour, 15 minutes

Activity 3: Presentation of Dr. Clark's PowerPoint (Part 1)

Type: Presentation

Time: 1 hour, 30 minutes

Activity 4: Heuristics and Biases (Case Studies)

Type: Small Group Activity, Self-Awareness Exercise

Time: 45 minutes

Activity 5: Presentation of Dr. Clark's PowerPoint (Part 2)

Type: Presentation

Time: 1 hour, 45 minutes

Activity 6: Skill Development

Type: Presentation, Self Awareness Exercise, Small Group Activity

Time: 45 minutes

Day 2

Activity 7: Response Priorities Review

Type: Guided Discussion

Time: 30 minutes

Activity 8: Psychological Disorders in Children and Adolescents

Type: Presentation

Time: 1 hour, 45 minutes

Activity 9: Presentation of Dr. Washington's PowerPoint

Type: Presentation

Time: 1 hour

Activity 10: Closing Cases

Type: Guided Discussion, Small Group Activity

Time: 30 minutes

Activity 11: Family Conferencing

Type: Presentation, Guided Discussion, Role Play (optional)

Time: 3 hours (negotiable, depending on participants' level of experience)

Day 3

Activity 12: Case Staffing

Type: Role Play, Small Group Activity

Time: 3 hours, 30 minutes

ACTIVITY 1

INTRODUCTIONS AND ICE-BREAKER

Time

45 minutes

Type of Activity

Guided

Discussion

Self Awareness

Exercise

Equipment/ Materials Needed

- ◆ Icebreaker Activity as designed by trainer (prior to presentation of this module)
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Identify previous learning from Modules 1–3.
- ◆ Explain purpose and intent of module.
- ◆ Acknowledge the importance of individual capacity to make clinically-based decisions.
- ◆ Provide examples of clinical decision making specific to child protective services.

Instructions

1. **WELCOME** participants as they enter training room, acknowledging specifically those who are returning for this training session, Module 4—Clinical Decision Making.

Trainer's Note: It is important that you have a prepared icebreaker for this session. The suggested icebreaker is a game, similar to Jeopardy or Millionaire, in which questions and the answer key have been prepared in advance. It is recommended that questions and answers be taken from Modules 1–3 with a few questions that will have answers provided within this Module. This may serve the purpose of both review of previous learning and readiness for further training.

2. **RECONVENE** the large group and introduce the topic of Clinical Decision Making, the overall emphasis of this module.
3. **INFORM** participants that the purpose of this

module is to provide information and tools to assist them in daily decision making within their units, as supervisors of child protective services teams.

Explain that a further intent of this module is to increase their confidence in making some of the difficult decisions they must make in order to assure the protection and permanency of Tennessee's children.

4. **ASK** participants their opinion of the importance of clinical decision making and the rationale for providing this specific training for them; facilitate a brief discussion of participants' responses.

Trainer's Note: If participants ask questions that will be covered later in this module, you should list these questions on the flipchart for later review.

5. **POSE** the question: What decisions do you make on a regular basis that impact the protection and permanency of Tennessee's children? List on flipchart, acknowledging appropriate responses.

6. **FOLLOWING** are examples of responses that might be mentioned:

- ◆ Psychological stability of a child and/or family members
- ◆ Placement options
- ◆ Legal coverage (i.e., whether mandates for reasonable efforts and/or diligent searches have been met)
- ◆ Decisions specific to supervisee's requests (i.e. sick leave, over-time, priorities and responses, policy and procedure guidelines, etc.)

7. **FACILITATE** any discussion of additional, appropriate responses, summarizing while preparing participants for continuation of this

training module.

8. **TRANSITION** to the next activity, which will include a review of performance expectations for staff and supervisor's role in insuring that performance standards are met, as well as what steps might be taken in the event that performance expectations are not met.

ACTIVITY 2

SETTING PERFORMANCE EXPECTATIONS

Time

1 hour, 15
minutes

Type of Activity

Self Awareness
Exercise

Small Group
Activity

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Case Management Job Plan samples (Supervisors should have regional job plans with them for review)

Manual References

Learning Objectives

Participants will be able to

- ◆ Compare and contrast job plans created by personnel and actual duties performed.
- ◆ Revise case management job plans to accurately reflect case management tasks and duties.
- ◆ Identify appropriate staff performance measures.
- ◆ Strategize methods for facilitating a unit meeting.

Instructions

1. **BEGIN** this activity by informing participants that they will have an opportunity to review job plans currently in use by case managers within child protective services across the state and will compare and contrast the tasks and duties written by personnel and the actual daily work of a case manager working in a CPS unit.
2. **INSTRUCT** participants to provide any job plans that they have brought to training with them, as instructed in their earliest directions regarding “participant preparation required.”

Trainer's Note: It is entirely possible that participants will not be prepared. You should be prepared with sample job plans in case none are brought to training by participants. It is also possible that copies will need to be made and distributed so that participants are able to network and learn from one another during

None

this exercise. In this activity, your role is more facilitative than educational in nature.

3. **DIRECT** participants to work in small groups of 3–4, noting discrepancies between what is contained within the wording of the job plans and the actual tasks, duties and responsibilities that case managers have.
4. **ALLOW** ample time for this exercise, noting that participants will likely produce a useful product to take back to their regions, enabling clarification specific to case management job plans for CPS units.
5. **INSTRUCT** participants to continue working within the small groups and based on their group discussions and review of job plans, list expectations they have of staff within their units. In this exercise, participants should also address the question: How will you know when staff meet this expectation? In other words, by what method will you measure staff effectiveness? (*This should enable participants to share ideas and to network within their small groups.*)
6. **RECONVENE** the large group, having each small group present their findings and suggestions to the entire group, noting when a new suggestion is mentioned.
7. **ACKNOWLEDGE** the hard work and effectiveness of an exercise such as the one just conducted for its overall learning, synergy, and networking properties.
8. **INFORM** participants that they will now have an opportunity to brainstorm different methods for running a unit meeting and going round-robin,

have each participant continue to give ideas until all methods have been reported.

Trainer's Note: You should list these methods on flipchart for entire class to see. Keep in mind the directives for facilitating a brainstorming session. Once posted, continue with the following exercise as step 2.

9. **INSTRUCT** participants to return to their small groups, discussing responses in the previous brainstorming session with the intent of reaching consensus for the Top Ten Ways to Run a Unit Meeting, allowing time for the groups to decide which methods are most appropriate and to reach consensus.
10. **RECONVENE** the large group, asking each small group to report on their discussions. Note differences among the groups, making an effort to reach a class consensus on the top ten methods.
11. **SUMMARIZE** this activity, acknowledging the intensity of their work and their roles in the success of this activity.
12. **TRANSITION** to the next activity, explaining to participants that they will have an opportunity to learn from an expert some of the key issues relevant to clinical decision making during a PWPT presentation.

ACTIVITY 3

PRESENTATION OF DR. CLARK'S POWER POINT (PART 1)

Time

1 hour, 30
minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Dr. Clark's PowerPoint Slides (PWPT) slides
 - #2—*Part One*
 - #3—*Components of EBP*
 - #4—*Obstacles*
 - #5—*Obstacles: Scientific Findings*
 - #6—*The "Big Three" Heuristics*

Learning Objectives

Participants will be able to

- ◆ Define evidence-based decision making.
- ◆ List obstacles and challenges to the process of decision making.
- ◆ Acknowledge the components of heuristics.
- ◆ Analyze empirical findings relevant to clinical decision making.
- ◆ Correlate findings with implications for supervisors of child protective services.

Instructions

1. **BEGIN** this activity by explaining that the information to be presented was prepared by Dr. Jim Clark, who has a Ph.D. and LCSW licensure. Tell participants, by way of introduction, that Dr. Clark is an associate professor at the University of Kentucky, in both the College of Social Work and the College of Medicine in Psychiatry.

Trainer's Note: It is likely that this information will be presented by a special guest trainer, who will be familiar with the PowerPoint presentation as written.

However, in the event that you must present the information, following are the steps to do so.

Participants should be encouraged to ask questions and/or to request clarification. If you do not know the answer(s), the question(s) should be posted for later

#7—*Obstacles to Accuracy*
#8—*Organizational Obstacles*
#9—*Other Factors Influencing Clinical Decision Making*
#10—*Empirical Findings: Clinicians*
#11—*Empirical Findings: Child Welfare Professionals*
#12—*Implications for Supervision*
#13—*Implications for Supervision*
#14—*Case Examples*

- response.*
2. **POST PWPT Slide #2, *Part One***, explaining the intent of this presentation by presenting the questions and opportunities contained within this activity.
 3. **POST PWPT Slide #3, *Components of EBP***, covering the components of evidence-based practice.
 4. **POST PWPT Slide #4, *Obstacles***, which includes a humorous overview of potential obstacles for conducting an evidence-based practice.
 5. **POST PWPT Slide #5, *Obstacles: Scientific Findings***, acknowledging the more serious aspects (scientific findings) of potential obstacles and review as noted.
 6. **POST PWPT Slide #6, *The "Big Three" Heuristics***, identifying the 3 components of heuristics (defined as mental short cuts) and reviewing the definitions as listed.
 7. **POST PWPT Slide #7, *Obstacles to Accuracy***, reviewing factors that contribute to the potential for obstacles to accuracy.
 8. **POST PWPT Slide #8, *Organizational Obstacles***, which outlines potential organizational obstacles to effective decision making.
 9. **POST PWPT Slide #9, *Other Factors Influencing Clinical Decision Making***, and review the additional factors that may influence clinical decision making.
 10. **POST PWPT Slide #10, *Empirical Findings: Clinicians***, reviewing the empirical findings specific to possible actions or behaviors employed by clinicians, acknowledging the negative aspect of

**Manual
References**

None

this research data.

11. **POST PWPT** Slide #11, *Empirical Findings: Child Welfare Professionals*, which further specifies empirical findings specific to child welfare professionals as opposed to clinicians in general.
12. **POST PWPT** Slide #12, *Implications for Supervision*, and review the implications for supervision in relation to information presented thus far.
13. **POST PWPT** Slide #13, *Implications for Supervision*, further information specific to implications for supervisors who are “in the know”.
 - ◆ **POST PWPT** Slide #14, *Case Examples*, which serves as instructional guidance for the next activity in which participants will have an opportunity to review cases, identifying the following as outlined on PWPT Slide #13:
 - ◆ Important facts of the case
 - ◆ Heuristics and biases
 - ◆ Adaptive vs. maladaptive decisions
 - ◆ Suggestions for increasing the probability of positive outcomes
14. **ASK** if there are any questions relevant to this portion of the PWPT presentation, noting any questions that may need further research and later response on flipchart.
15. **TRANSITION** to the next activity, which will enable participants to practice what they have learned in this activity by analyzing case study examples.

ACTIVITY 4

HEURISTICS AND BIASES (CASE STUDIES)

Time

45 minutes

Type of Activity

Small Group
Activity

Self Awareness
Exercise

Equipment/ Materials Needed

- ◆ Handout—
*Worksheet of
Child Welfare
Cases;
Heuristics and
Biases #1–4*
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Identify heuristics and biases relevant to sample child welfare cases.
- ◆ Propose potential remedies specific to supervision of given case examples.

Instructions

1. **BEGIN** this activity by telling participants that they will have an opportunity to practice what they have learned in the preceding activity through small group work on sample cases.
2. **DISTRIBUTE** Case Vignettes #1–4 (see note below) to designated small groups or partners and deliver the following directions.
3. **DIRECT** partners or small groups to read the vignette assigned and then:
 - ◆ Identify both heuristics and biases specific to the case
 - ◆ Propose a supervisory remedy to improve the outcome of this case specific to providing assistance with clinical decision making for the case manager identified (i.e., worker 1)

Trainer's Note: The worksheet designed for this exercise is copyright protected by Dr. Jim Clark and provided specifically for this portion of training. It may be preferable to have several groups working on

the same vignette, all groups working on a separate vignette or having all groups complete all vignettes for additional practice and comparison among the groups. This exercise and the method in which it is completed is at the trainer's discretion and is probably most dependent on the amount of time available for this skill development exercise.

4. **ALLOW** time for the exercise to be completed and then facilitate a discussion of groups' responses as each group shares their thoughts on the case examples.
5. **INFORM** groups that this constitutes an opportunity to learn from each other and to take suggestions specific to supervisory remedies back to their own respective regions to implement.
6. **SUMMARIZE** salient points made by participants and their groups as a result of participation in this exercise and transition to next activity, which will be a continuation of information specific to clinical decision making as designed by Dr. Clark.

ACTIVITY 5

PRESENTATION OF DR. CLARK'S POWER POINT (PART 2)

Time

1 hour, 15 minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Dr. Clark's PWPT slides #16—*Delineate the Decision Points*
#17—*Organizing Tasks for Assessment for Discussion w/Supervisors*
#18—*Why are Valid Assessments Rarely*

Learning Objectives

Participants will be able to

- ◆ Integrate issues of bias and heuristics into clinical decision making.
- ◆ Differentiate between assessment error and validity.
- ◆ Analyze supervisory strategies, incorporating appropriate strategies into practice.
- ◆ Identify potential causes specific to case decision making error.

Instructions

1. **BEGIN** this activity by explaining that the information presented in this activity is a continuation of the work completed by Dr. Jim Clark specifically for the purpose of informing and improving supervisory skills in clinical decision making.

Trainer's Note: The information contained within this presentation may also be presented by a special guest trainer, familiar with the PowerPoint presentation available. The following steps will enable you to present the information him/herself. Again, participants should be encouraged to ask questions and/or to request clarification. Items may be recorded for later response, in the event that you do not know the answer.

Developed and Utilized?
#19—*Specific Strategies for Supervisors*
#20—*Strategies for Supervision Sessions*
#21—*Strategies for Supervision Sessions*
#22—*Examples of Multidimensional Approaches and Decision Tools*
#23—*Examples of Empirically Significant Predictors*
#24—*Use of Case Conferences*
#25—*Case Conferences*
#26—*Examples of Multiple Hypothesis for Causation*
#27—

2. **POST PWPT** Slide #16, *Delineate the Decision Points*, and discuss the 4 areas pertinent to clinical decision making at different junctures.
 3. **POST PWPT** Slide #17, *Organizationalizing Tasks for Assessment for Discussion w/Supervisors*, which further explains what case managers should know about each case in order to make a clinically-based decision.
 4. **POST PWPT** Slide #18, *Why are Valid Assessments Rarely Developed and Utilized?*, presenting an overview of the reasons that assessment errors occur so frequently.
 5. **POST PWPT** Slide #19, *Specific Strategies for Supervisors*, specifying strategies that may be relevant for adoption by supervisors responsible for overseeing the clinical decision making skills of case managers.
- Trainer's Note: Acknowledge the potential remedies considered by supervisors while involved in the previous exercise, in which they were to identify potential supervisory remedies for improving case outcomes on the case examples given. The information and/or remedies they identified should be incorporated into PWPT Slide #17.*
6. **POST PWPT** Slide #20, *Strategies for Supervision Sessions*, which outlines what supervisors can do to increase the effectiveness of case managers.
 7. **CONTINUE** with PWPT Slide #21, *Strategies for Supervision Sessions*, further outlining strategies for supervisors to incorporate into their daily practice.
 8. **POST PWPT** Slide #22, *Examples of Multidimensional Approaches and Decision Tools*,

Examples of Multiple Hypothesis #28— Encourage the Following Processes to Reduce Error #29—Typical Sources of Implementation Errors #30—Your Supervisee Depends on Your #31— Excellent References

Manual References

None

- and discuss the decision making tools listed which help to inform the case managers and/or supervisors faced with clinical decision making specific to the protection and permanency of children.
9. **POST PWPT Slide #23, *Examples of Empirically Significant Predictors***, presenting information specific to factors that influence the potential for positive outcomes for a child and his/her family in relation to case management work.
 10. **POST PWPT Slide #24, *Use of Case Conferences***, and begin the discussion of case conferencing and the implications for use of this technique.
 11. **POST PWPT Slide #25, *Case Conferences***, which continues the case conference discussion and provides additional information on other types of error which may occur in case conferencing.
 12. **POST PWPT Slide #26, *Examples of Multiple Hypothesis for Causation***, giving information specific to the question: What causes us to make inappropriate decisions?
 13. **POST PWPT Slide #27, *Examples of Multiple Hypothesis***, and continue presenting reasons that might cause inappropriate decision making.
 14. **POST PWPT Slide #28, *Encourage the Following Processes to Reduce Error***, indicating that there are ways to reduce the potential for error and present the information as outlined.
 15. **POST PWPT Slide #29, *Typical Sources of Implementation Errors***, which outlines some of the potential sources of implementation error as it relates to implementation of services and/or treatment designed to reduce the risk identified in

assessment specific to each child and/or family served by the department.

16. **POST PWPT** Slide #30, *Your Supervisee Depends on Your*, reminding participants that the case managers they supervise are dependent upon them for learning and growth. Tell participants that when case managers make appropriate and sound decisions, it is a reflection on their ability to provide guidance and direction. Discuss the five areas outlined on PWPT Slide #30.
17. **POST PWPT** Slide #31, *Excellent References*, and encourage participants to learn more about effective, appropriate decision making by further research of the topic. Present the references contained on this PWPT and ask participants if they have additional resources with which they are familiar, sharing this additional information with the group.
18. **ASK** if there are any questions relevant to this portion of the PWPT presentation, noting any questions that may require further research and later responses on flipchart.
19. **TRANSITION** to the next activity, which involves a skill development exercise.

ACTIVITY 6

SKILL DEVELOPMENT

Time

45 minutes

Type of Activity

Presentation

Self Awareness

Exercise

Small Group
Activity

Equipment/ Materials Needed

- ◆ Scenario and Video—*Safety vs. Risk*
- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Differentiate between safety and risk factors.
- ◆ Assess feelings of unexpected stranger as presented in mock class interruption.

Instructions

Trainer's Note: Prior to beginning this activity, you should have arranged with a co-worker or designated representative a scenario in which this designated "stranger" bursts into the training room, as a disruption in the planned activity, exhibiting agreed upon feelings, such as anger, confusion, sadness, etc., and leaves. It should occur at an agreed upon time; you will be aware of interruption and participants should be taken completely by surprise. Upon this person's exit, trainer should ask of participants:

- ◆ *Who was that?*
- ◆ *What purpose did he/she have?*
- ◆ *What feelings were exhibited?*
- ◆ *What do you think is going on with this person?*
- ◆ *What are your reflections of this "set up"?*

The most likely time for the above disruption and opportunity for assessment is while the trainer readies the class for presentation of the Safety vs. Risk video. You should be sure to debrief this exercise immediately following the occurrence.

1. **SHOW** the *Safety vs. Risk* video as presented, preparing participants to complete work on scenarios specific to safety and risk following the viewing.
2. **DISTRIBUTE** scenarios designed for use in conjunction with the video and tell participants that they now have an opportunity to practice the skills presented in the video.
3. **ALLOW** time for partners to work on the scenarios.
4. **FACILITATE** a discussion of individual responses and any discrepancies between what partners identified as safety vs. risk issues.
5. **SUMMARIZE** the learning in this activity by posting the following sentence stems for participants' individual completion:
 - ◆ From this activity, I learned...
 - ◆ Because of this activity, I will change my practice by...
 - ◆ I hope to be able to...
 - ◆ I hope I do not...
6. **THANK** participants for their hard work and commitment to learning more about clinical decision making during Day 1 of this module. Give information relevant to Day 2 and dismiss for the day.

ACTIVITY 7

RESPONSE PRIORITIES REVIEW

Time

30 minutes

Type of Activity

Guided
Discussion

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ *Response Priority Log(s)* as available from regions

Manual References

CPS Response
Priorities

Learning Objectives

Participants will be able to

- ◆ Define response priorities as per departmental policy.
- ◆ Analyze use of Response Priority Log as a management/supervisory tool.

Instructions

1. **WELCOME** participants to Day 2 of Clinical Decision Making, Module 4 of CPS Supervisor's Development training.

Trainer's Note: A brief warm-up may be conducted by simply asking participants 1) What they learned in Day 1, 2) What else they want to know about clinical decision making, and/or 3) What changes to the training they would like.

2. **BEGIN** this activity by conducting a brief discussion of response priorities as defined by DCS policy.

Trainer's Note: CPS supervisors are very familiar with response priorities and will be able to define adequately without your assistance. However, as a reference, you are encouraged to familiarize yourself with this policy and may do so by researching case management pre-service training as contained in CPS specialty week. It is also advisable, as review, for you to be prepared with several scenarios so that participants can identify which response priority the

scenario falls under.

3. **PRESENT** examples of available *Response Priority Logs* for participant review and facilitate a brief discussion based on the following questions:
 - ◆ What method does your region use to ensure that victims are seen?
 - ◆ Does your region use a similar log? If yes, how does it work? If not, what do you use?
 - ◆ What is the effectiveness of this type of logging system in relation to supervision?
 - ◆ What works? What doesn't?
 - ◆ What changes need to be made?
4. **RECORD** any pertinent information on flipchart and encourage participants to note salient points of the discussion. Explain that the purpose of this exercise is to enable them to implement the best practice for response priority recording and supervision in the regions or counties.
5. **SUMMARIZE** this activity by noting that one of the most effective learning experiences involves learning from others in similar circumstances in relation to what works and what does not work, so that continuous improvement becomes the norm.
6. **TRANSITION** to the next activity, which will provide information specific to common psychological disorders in children and adolescents—information helpful in assessment, intervention and evaluation.

ACTIVITY 8

PSYCHOLOGICAL DISORDERS IN CHILDREN AND ADOLESCENTS

Time

1 hour, 45 minutes

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Dr. Bride's PowerPoint (PWPT) Slides
 - #2—*Mood Disorders*
 - #3—*Depressive Symptoms*
 - #4—*Manic Symptoms*
 - #5—*PTSD*
 - #6—*Separation Anxiety Disorder*
 - #7—*Reactive Attachment Disorder*
 - #8—*Reactive*

Learning Objectives

Participants will be able to

- ◆ Identify psychological disorders prevalent among children and adolescents.

Instructions

1. **BEGIN** this activity by explaining that the information to be presented was prepared by Dr. Brian Bride of UT's College of Social Work and was designed specifically for this training, although certainly relevant to other disciplines with a need to better understand some of the more prevalent disorders among children and adolescents.

Trainer's Note: It is likely that this information will be presented by a special guest trainer, who will be familiar with the Power point presentation as written.

However, in the event that you must present the information, following are the steps to do so. Each slide contains sufficient information to define the psychological disorder for which it is intended. Participants should also be encouraged to ask questions and/or request further information on any of the information presented so that you can have an opportunity to provide additional resources or research potential for those who have specific questions or need.

2. **POST** PWPT Slide #2, *Mood Disorders*, and briefly present information specific to mood

Attachment Disorder #9—ADHD #10—Opposition Defiant Disorder #11—Conduct Disorder #12—Mental Retardation #13—Categories of Mental Retardation #14—Learning Disorders #15—Autism

- ◆ Flipchart
- ◆ Markers

Manual References

None

- disorders.
3. **POST PWPT Slide #3, *Depressive Symptoms***, which lists common symptoms associated with depression.
 4. **POST PWPT Slide #4, *Manic Symptoms***, and tell participants the common symptoms of mania as listed.
 5. **POST PWPT Slide #5, *PTSD***, covering PTSD's definition.
 6. **POST PWPT Slide #6, *Separation Anxiety Disorder***, and discuss specifics of separation anxiety disorder. Discuss with participants their experience with this disorder as it pertains specifically to children removed from their homes and placed in state's custody or placements with which they are unfamiliar.
 7. **POST PWPT Slide #7, *Reactive Attachment Disorder***, explaining that RAD (Reactive Attachment Disorder) is a progression of separation anxiety and is a relatively newer identified disorder occurring in children and adolescents, especially those who have been unable to bond or form stable relationships early in their lives.
 8. **POST PWPT Slide #8, *Reactive Attachment Disorder***, which further explains RAD and elicit responses from participants to the question: Does anyone have a story relevant to this disorder and its manifestation in children on your caseload? Briefly facilitate a discussion of responses relevant to personal and/or professional experiences with RAD.
 9. **POST PWPT Slide #9, *ADHD***, and explain the

differences in symptomology between the inattention specific diagnosis of attention deficit hyperactivity disorder (ADHD) and the hyperactivity-impulsivity specific diagnosis. Confirm that a child or adolescent may have ADHD but that not all children display the hyperactivity-impulsivity factor. These children are diagnosed as attention deficit disorder (ADD) only.

10. **POST PWPT Slide #10, *Opposition Defiant Disorder***, reviewing the information listed and telling participants that Oppositional Defiant Disorder (ODD) often seems like normal, adolescent behavior. Explain that in order to meet criteria for this diagnosis, the behavior must be consistent and persistent over a designated period of time.
11. **POST PWPT Slide #11, *Conduct Disorder***, explaining the more serious diagnosis of conduct disorder, which can be viewed as precursor to adult antisocial personality disorder. Discuss the defining factors as listed.
12. **POST PWPT Slide #12, *Mental Retardation***, and define mental retardation as listed.
13. **POST PWPT Slide #13, *Categories of Mental Retardation***, explaining the various categories and scores necessary for categorization into the different levels of mental retardation.
14. **POST PWPT Slide #14, *Learning Disorders***, and explain that learning disorders impact probably far more children and adolescents than are diagnosed. Ask participants what a child with an undiagnosed learning disability might “look like” and acknowledge any appropriate responses; responses might include:

- ◆ Frustration, anxiety, bullying and/or other annoying behavior
- ◆ Truancy or fear of going to school
- ◆ Sloppy or incomplete school assignments
- ◆ Irrational “excuses”

15. **POST PWPT** Slide #15, *Autism*, and define autism. Ask participants for explanation of behaviors exhibited by any children diagnosed with autism on their caseloads, facilitating a brief discussion of any examples given.

16. **ASK** participants if any questions remain; post any to flipchart that need further clarification and/or research.

Trainer's Note: It might also be appropriate to ask participants if they are familiar with any movies that focus on psychological disorders. This curriculum specialist suggests several movies for viewing for those who are interested and uses this teaching strategy in educational psychology classes, followed by a writing assignment in conjunction with the viewing. This assignment is always well received and serves to generate a level of enthusiasm for further learning. Some suggested movies are: ConAir, Sybill, Rainman, Copy Cat, Primal Fear, Girl Interrupted, and there are many others that participants are likely to name.

17. **TRANSITION** to the next activity, which serves as a review of clinical decision making in general.

ACTIVITY 9

PRESENTATION OF DR. WASHINGTON'S POWERPOINT

Time

1 hour

Type of Activity

Presentation

Equipment/ Materials Needed

- ◆ Dr. Washington's PowerPoint (PWPT) Slides #2—*Clinical Decision Making* #3—*Clinical Decision Making* #4—*Clinical Decision Making* #5—*Top Ten Reasons it Could Work* #6—*Top Ten Reasons it Could Work* #7—*Top Ten*

Learning Objectives

Participants will be able to

- ◆ List salient points of clinical decision making.
- ◆ Identify reasons to incorporate clinical decision making skills into daily practice.
- ◆ Acknowledge barriers to appropriate decisions made in a clinical practice.
- ◆ Strategize methods to implement clinical decision making skills.

Instructions

1. **BEGIN** this activity by explaining that the information to be presented was prepared by Dr. Gregory Washington, who has a Ph.D. and both LPC and LCSW licensure. Inform participants, by way of introduction, that Dr. Washington is an assistant professor with the UT College of Social Work and also serves as co-director for the Family Health Institute.

Trainer's Note: It is likely that this information will be presented by a special guest trainer, one who is familiar with the PowerPoint presentation. Dr. Washington himself is most likely to present this information. In the event that you present the training material, the following are the steps to do so. Again, participants are encouraged to ask questions and/or to request further information specific to clarification. If

<p><i>Reasons it Could Work</i> #8—<i>Top Ten Barriers</i> #9—<i>Top Ten Barriers</i> #10—<i>Top Ten Barriers</i></p> <ul style="list-style-type: none">◆ Flipchart◆ Markers <p>Manual References</p> <p>None</p>	<p><i>you do not know the answer(s), the question and suggestions should be posted on the flipchart and kept for later response.</i></p> <ol style="list-style-type: none">2. POST PWPT Slide #2, <i>Clinical Decision Making</i>, and review information specific to evidence based decisions presented in Dr. Clark's earlier PowerPoint presentation.3. POST PWPT Slide #3, <i>Clinical Decision Making</i>, introducing factors and definitions that present obstacles to evidence-based decision making (or clinical decision making).4. POST PWPT Slide #4, <i>Clinical Decision Making</i>, which outlines the characteristics of a supervisor committed to an evidence-based practice (EBP).5. POST PWPT Slide #5, <i>Top Ten Reasons it Could Work</i>, and begin discussion of why EBP works.6. POST PWPT Slide #6, <i>Top Ten Reasons it Could Work</i>, continuing with further reasons that EBP works and allowing for participants to interject with examples that illustrate each point made.7. POST PWPT Slide #7, <i>Top Ten Reasons it Could Work</i>, introducing barriers to the process of incorporating EBP into one's daily workload and acknowledge any references made by participants that illustrate their exemplification of the barriers as outlined.8. POST PWPT Slide #8, <i>Top Ten Barriers</i>, which continues listing barriers.9. POST PWPT Slide #9, <i>Top Ten Barriers</i>, and review methods of implementation of EBP into daily workloads.10. POST PWPT Slide #10, <i>Top Ten Barriers</i>, which continues listing ways to implement EBP.
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11. **ASK** if there are any questions relevant to this presentation, noting any questions and/or suggestions for further research or clarification. Encourage participants to make suggestions for improvement to any information or activities presented in this training because this is the foundation for continuous learning and improvement—the intent of all training offered.
12. **TRANSITION** to the next activity, which will allow for small group interaction and class networking.

ACTIVITY 10

CLOSING CASES

Time

30 minutes

Type of Activity

Guided
Discussion

Small Group
Activity

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Strategize most effective ways to close inactive cases.
- ◆ Network in reference to methodologies used for closing cases with all participants.

Instructions

1. **BEGIN** this session by announcing that there is currently a mandate from the department for all regions to close inactive cases and to do so as quickly as possible.
2. **ASK** participants what is involved in closing cases; following are potential responses:
 - ◆ Updating data in TN Kids.
 - ◆ Identifying cases appropriate for closure.
 - ◆ Monitoring caseloads of individual case managers.
 - ◆ Reviewing referral and/or response logs.
 - ◆ Ensuring that necessary data is included (i.e., assessment, paperwork, so that a case is ready for closure).
 - ◆ Locating and/or combining all “hard copies” of a case.
 - ◆ Performing a final quality assurance check.
3. **INFORM** the participants that there may be

several regional processes and procedures in place to accomplish this task and that this activity will enable them to share with one another some of the best ideas for closing cases to enable more effective and efficient closure within their own respective regions.

4. **DIVIDE** large group into groups of 3 and deliver the following directive while distributing flipchart paper and markers to all groups.
5. **DIRECT** participant groups to record the process used in their regions, identifying both positive and negative aspects of the process identified. Inform participants that they may also record issues or problems that they are having for potential problem solving by the large group. Allow time for groups to complete this task.
6. **HAVE** each group present in an open discussion forum so that ideas for improvement can be recorded by all participants as each group presents.

Trainer's Note: If time permits, a large group consensus might be reached for the single most appropriate process to be used so that standardization is enabled and each participant can return to his/her region with a plan to close inactive cases as per departmental mandates.

7. **SUMMARIZE** the learning and synergy from this exercise and transition to the next activity, which will include information on family conferencing, a critical element in clinical decision making.

ACTIVITY 11

FAMILY CONFERENCING

Time

3 hours

Type of Activity

Presentation

Guided

Discussion

Role Play
(optional)

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Handout—
Policy 31.7
- ◆ Baby Jones
referral

Manual References

*Building Solutions
in Child
Protective
Services*; Chapter
8, 2000.

Learning Objectives

Participants will be able to

- ◆ Define the concept of Family Conferencing (Child and Family Team Meetings [CFTMs]).
- ◆ Analyze DCS policy relevant to Engaging Families for purposes of CFTMs.
- ◆ List steps used in preparation for family conferencing.
- ◆ Hypothesize solutions to identified problems.

Instructions

1. **BEGIN** this activity by introducing the concept of Family Conferencing as a critical practice of DCS, one in which all staff must be proficient. Suggest that, as supervisors, participants are generally in a position to be effective role models for other staff reporting to them.
2. **ASK** participants what family conferences (or Child/Family Team Meetings) are for—why have them? Following are a few examples for responses:
 - ◆ To allow further assessment.
 - ◆ To gain information relevant to the child and/or family needs.
 - ◆ To create an atmosphere of concern specific to child and family needs.
 - ◆ To prepare family for next steps in the assessment or custodial phase.

DCS Policy 31.7

- ◆ To introduce all parties to one another—putting faces and names/responsibilities together.
- 3. **DISTRIBUTE** handout of DCS *Policy 31.7*, one to each participant, explaining that even though all participants have access to this policy back at their offices, a review might be warranted.

Trainer's Note: As time allows, it might be a good time for participants to read over the policy, to enable preparation for the material to be presented. You should be available to answer questions and a review activity might be in order. For example, you may ask participants to identify 2 things from their review that seem most critical, that they did not know or that they are glad they saw in print. Then, going round-robin, all participants can share their findings.

- 4. **PRESENT** the DCS definition of family conferencing activities as found in Policy 31.7:
 - ◆ an essential practice strategy of DCS's reform efforts, focusing on making critical (clinical) decisions involving care and placement of at-risk and custodial children.
- 5. **EXPLAIN** that the emphasis is placed on preparing to host the family conference and that there are steps to enable this to be accomplished. Those steps are 1) Engaging the Family, 2) Assessing Safety and other Concerns, and 3) Preparing for the CFTM.
- 6. **DISCUSS** the following as foundational to preparation for a family conference, using the questions to guide participants' involvement in the process.
 - 1) Engaging the Family: which involves making a connection with family members, establishing

trust and allowing for them to feel as comfortable with the process as possible. Some questions to ask of case managers in preparation are:

- ◆ What one thing would the client say you did that was most helpful?
 - ◆ What do you think the family appreciated about what you did?
 - ◆ What would the client say is most important to him/her at this time of his/her life?
 - ◆ What do you suppose it means to the family that they might lose their child?
 - ◆ What do you suggest to calm the client? What seems to work?
 - ◆ How do you manage to stay calm in your involvement with the family so far?
 - ◆ What has worked to help you obtain information?
 - ◆ What do you believe to be most upsetting to this family?
- 2) Assessing Safety/Other Concerns: this step requires staff to know which issues are priority; for example, knowing which services may constitute reasonable efforts and which may not work at this point in time. The following are some questions to ask of case managers to help guide them.
- ◆ Knowing what you know so far, how would you rate the level of safety? (scaling question)
 - ◆ How would the parent rate the level of safety? The child(ren)? Others?
 - ◆ What would raise the safety factor just one

point higher for this family? What would lower the safety factor by one point?

- ◆ Can you explain your strategy for listening to the parent's ideas about how to ensure safety for the children?
 - ◆ What is your assessment of how realistic the family's ideas are?
 - ◆ What would make you comfortable enough to either close or transfer the case?
 - ◆ What is your immediate goal for this family?
 - ◆ Have elements of a safety plan been addressed?
- 3) Preparing for the CFTM: by discussing this step with a supervisor in advance of the actual meeting or conference, case managers can begin to feel more comfortable with their own decision making in reference to understanding what the client wants and whether or not it is feasible to give the client what he/she wants. (What the client wants, for example, may be in conflict with state and/or federal mandates, be unavailable as a service or not in the best interest of the child.) It also allows for role modeling by the supervisor, helping to ensure that all parties will be as prepared as possible for the actual meeting. The following are some questions to help guide this discussion.
- ◆ What will (or has) the client told you is most important to her/him right now?
 - ◆ What does it mean to this family that CPS is involved in their life?
 - ◆ What is (or will be) most upsetting to this client? What other issues are upsetting?

- ◆ How have you (or can you) find out what the family wants?
- ◆ What would the children identify as most important to them right now?
- ◆ What differences would be made if this family gets what it wants?
- ◆ What would family friends, other relatives or other involved parties identify as a family need right now?
- ◆ Is there anything else that you are uncomfortable with or that you want specifically to discuss before conducting the family conference?

7. **PAUSE** here and ask participants to provide feedback on the material presented thus far. Some suggested comments and/or questions to facilitate this discussion are provided here:

- ◆ Do these steps seem reasonable?
- ◆ Has anything been left out that you think should be included, either in the policy or in this material?
- ◆ What might work/not work in regard to these steps?
- ◆ What will be most difficult for you, as supervisors, to carry through? Easiest?
- ◆ What other suggestions do you have to help us prepare for family conferencing?

Trainer's Note: A role play might be the most effective way to gauge whether or not participants feel comfortable with their role in the process of preparing for a family conference. Therefore, a case might be presented; participants paired up and one acting as

supervisor and the other as case manager, they can “practice” preparation. Also, it would likely be helpful to allow practice in conducting a family conference, assigning roles to each participant as relevant to the case to be used for this purpose. All participants likely have a case in mind that could be used; however, Baby Jones referral may be used/reused and roles assigned accordingly, using only the exercise suggested on page 7 as format. This exercise is relevant to Future Plan: holding a CFTM.

8. **PROCESS** the exercise by having participants from all teams report on their progress and outcomes; what worked, what didn't work, how closely they believe their role play would match a “real” family conference and what might be different.
9. **THANK** all participants for their work and commitment to the process and dismiss Day 2 of training, explaining the times and locations for Day 3 of training, which will allow participants to conduct and/or participate in an identified case staffing.

ACTIVITY 12

CASE STAFFING

Time

3 hours, 30 minutes

Type of Activity

Guided Discussion

Role Play

Small Group Activity

Equipment/ Materials Needed

- ◆ Flipchart
- ◆ Markers
- ◆ Handout—*CPS Case Staffing Model*
- ◆ Identified CPS Case(s) for staffing purposes

Manual References

None

Learning Objectives

Participants will be able to

- ◆ Define CPS case staffing model.
- ◆ Conduct case staffing in defined format.

Instructions

1. **BEGIN** this session by welcoming participants to the last day and concluding activity for this training. An introductory short guided discussion might be in order in response to the following question: *What do you consider your greatest “take-away” so far from these training modules?*

Trainer’s Note: All participants will benefit from hearing responses, so a round-robin is likely the best way to conduct this brief discussion. It would be helpful for participants to have you (or identified assistant) list on newsprint for all to see.

2. **SEGUE** to the primary focus of this activity by explaining that conducting a case staffing is one (if not the most!) critical element of CPS work. Ask participants to consider, for a few minutes, why this is so, and then list some of their thoughts on the importance of this task. The following are a few possible responses:

- ◆ To know what the issues are, such as allegations, problems, strengths.
- ◆ To get pointers on how to proceed.
- ◆ To obtain information—others participating in

the staffing may have information that some do not have.

- ◆ To understand what the family wants.
- ◆ To identify all players in the situation.

3. **PROCEED** by distributing handouts of the *CPS Case Staffing Model*, one to each participant, and review the model by facilitating a guided discussion of each element, confirming the importance of each step.
4. **DIVIDE** the large group into groups of 4–5 participants in each group to allow for practice staffing and application of the identified model.

Trainer's Note: Although participants have been instructed to bring cases with them, you may choose to begin the exercise by distributing the prepared case (1 per group) for review. This way, each group will learn from the other small groups and will be better prepared to conduct a staffing on one of their own cases.

5. **INSTRUCT** all small groups to staff the case, using the *CPS Case Staffing Model* as presented. Also, explain that it will be necessary to prepare written responses and/or to document the staffing when the large group is reconvened, so each group might want to assign roles. Allow time (approximately 1.5 hours total, breaking as appropriate) for each group to complete the case staffing.

Trainer's Note: Remain available to each group for guidance, re-instruction of the steps, to answer questions about the case which may not be clear, and to monitor the progress of each group, etc. As each group completes their work, tell them that the large

group will be reconvened when all groups have finished.

6. **RECONVENE** the large group to process the exercise.
7. **DEBRIEF** the staffing by allowing each small group to present.

Trainer's Note: Time may be utilized most effectively by each small group taking only an assigned portion and allowing other groups to interject differing opinions, missed options, opportunities for improvement, etc.

8. **CONDUCT** the exercise again, as time allows, on cases that individuals have brought with them by dividing again into small groups but of a different make-up, allowing participants to work with as many other colleagues as possible.

Trainer's Note: Be sure to process and/or debrief this exercise after each staffing is concluded.

9. **EXPLAIN** to participants that as each case has been processed, it is critical that the model itself is reviewed and evaluated. Therefore, ask participants what works and what doesn't work about the model presented. List all responses on a split flipchart with **Works** on one side and **Doesn't Work** on the other so that participants are able to compare and contrast the model presented to other models they have seen or used in the past.
10. **INFORM** participants of your appreciation for their hard work and commitment to this training, intervention, and mentoring model presented, and suggest that they exchange contact information with one another so that they are able to continue their networking opportunities.

11. **CONDUCT** any final training evaluation
necessary and dismiss.

Handouts

CHILD WELFARE CASE: HEURISTICS & BIASES**Case vignette 1**

William Johnson (5 y/o) and his sister, Mary (3y/o), live with their mother and stepfather in a trailer in rural Apple County. A teacher called DCBS after William appeared at school three days in a row with the same clothing and underwear; he was also very hungry. Upon investigating the situation, Worker 1 found mother "passed out" on the couch, and the stepfather as highly confrontational and uncooperative. The children were removed and placed in foster care. Neither caregiver showed up for the court hearing, and the children remained in foster care.

Worker 1 held a meeting with two supervisors and five colleagues to decide how to proceed. "This is just like the Tyler case," one supervisor advised, "We should just pull that case plan and use it." Worker 1—who had less working experience than DCBS than any in the group—said that she didn't know the Tyler case. The group talked about Mrs. Tyler's alcoholism and Mr. Tyler's history of domestic violence. Worker 1 felt uneasy about proceeding this way, but went along with the group since there was such consensus.

Heuristics & Biases:

Supervision remedies:

Case vignette 2

Even after six months of visiting the children in foster care, Worker 1 found it very difficult to communicate with the foster mother. She found her to be too directive with the children, even though William and Mary had changed from "running wild" through the home during the first month, to appearing more settled currently. William looked very much like Worker 1's own older brother, and Mary was very sweet and helpless. "Why can't these kids get a caregiver who really loves them?" Worker 1 decided to move the children and upon receiving no objection from her colleagues at a peer supervision meeting she moved ahead to do so.

Heuristics & Biases:

Supervision remedies:

Case vignette 3

The children were referred to Dr Z. at the local counseling agency. Worker 1 noted the full waiting room of depressed caregivers and screaming children who were scheduled to see Dr. Z that morning. After speaking with the foster mother and Worker 1, and after observing and interviewing William for 35 minutes, Dr. Z. provided a DSM-FV diagnosis of Bipolar Disorder 1, ADHD, and ODD. He prescribed Valproate and Concerta, and a new medication that Dr. Z. noted was very effective with several adolescents he had been treating. "This is the worst case I have seen in a long time," exclaimed Dr. Z., to the surprise of the foster mother and Worker 1.

Heuristics & Biases:

Remedies:

Case vignette 4

After working the case plan for 6 months, William and Mary's mother was reported to be drug-free and stable by the community mental health therapist. Worker 1 had also seen positive and significant changes in the parent. Foster mother had noted the children were doing much better during supervised visits and reported several very positive conversations with the biological mother. Supervisor 1 rejected this information and stated that she "a drunk is always a drunk. If she doesn't stop drinking altogether we're never returning these children." Supervisor 2 felt very uneasy because she had already OK's the reunification process and initiated overnight visits. Worker 1 had promised everyone that the children would be returning. She called the clinical consultant who asked if any drug or alcohol screens had been conducted. "No," replied Worker 1, "her therapist doesn't believe in screens. He told me he "knows" when someone is clean because "he's been there, done that" and he says has been in recovery for 6 years now."

Heuristics & Biases:

Remedies:



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 31.7

Subject: Engaging Families

Supersedes: DCS 31.7, 05/01/03; DCS 31.8, 05/01/03; DCS 31.9, 05/01/03

Local Policy: No
Local Procedures: No
Training Required: No
Applicable Practice Model Standard(s): Yes

Approved by:

Effective date: 05/01/03

Revision date: 04/01/05

Application

To All Department of Children's Services (DCS) Employees and Private Provider Agencies

Authority:

Brian A. Settlement Agreement; TCA 37-5-106

Policy

DCS case managers shall engage families in helping relationships that will support the achievement of safety, permanency and well-being for children. Fundamental to these relationships is a recognition and appreciation for the knowledge and strengths that all families and children possess and the significance of partnering with families in the development of plans of intervention. DCS staff will interact with families and children using culturally competent interpersonal skills, demonstrating genuineness, empathy and respect for the family and individuals. Relationships shall be characterized by behaviors and actions that impart respect for human dignity, full disclosure of information, inclusion in the decision-making process, and knowledge of the appropriate use of authority in serving families.

The Child and Family Team Meeting (CFTM) shall be the model utilized by DCS staff to engage families in the decision-making process throughout their relationship with the Department. This model will be utilized for the development of case plans and making permanency decisions as well as for addressing critical decisions around the placement of children.

Procedures

A. Child and Family Team Meetings

Each region will develop a timeline for implementation that will be included in their Regional Implementation Plan. At full implementation, CFTM's will take place at the following times/events:

1. Prior to the child's placement into custody, if the removal is due to a Child Protective Services (CPS) investigation (in situations where the child's safety is not assured), the meeting may take place following the child's placement into the Department's custody, preferably within twenty-four (24) hours, but always before the preliminary hearing.
2. For children who do not enter the Department's custody as a result of a CPS investigation, but through an unruly or delinquent determination by the court, the initial CFTM must occur within seven (7) days. It is preferable that this meeting takes place as soon as possible after the child's placement into custody.
3. Within fifteen (15) working days of the child's entry into state custody, a CFTM shall be held for the purposes of developing the permanency plan. The permanency planning CFTM should build upon the work done in the initial CFTM with the family. See DCS Policy [16.31-BA Permanency Planning For Children/Youth in Department of Children's Services Custody](#).
4. At six (6) months from the child's entry into state custody, a CFTM shall be held for the purpose of reviewing the child and family's progress towards permanency and prepare the child and family team for finalizing a permanency decision at the nine (9) month CFTM.
5. At nine (9) months from the child's entry into state custody, a CFTM shall be held for the purpose of finalizing a permanency decision for the child. The supervisor will play a significant role in this CFTM and shall be responsible for ensuring that the outcome of the meeting includes a realistic plan that will achieve the goal of return to parent within the next three months, or that an alternate plan for permanency is developed.
6. Prior to any change in placement, including a disruption, a CFTM shall be held to determine if the current placement is appropriate for the child and can be maintained. If additional supports cannot maintain the placement, then a plan should be developed to transition the child to their next placement.

7. A CFTM shall be held if the team is considering changing a child's permanency goal. The purpose of this meeting is to engage the child and family in assessing the appropriateness of continuing the current permanency goal and in determining an alternate permanency goal, if necessary.
8. A CFTM shall be held at any time a revision to the child's permanency plan is needed. The purpose of this CFTM is to revise or complete an annual update to a permanency plan.
9. A CFTM shall be held prior to discharge/return to parent to evaluate the appropriateness of the child's return to parent or discharge from custody to an alternate permanency option and to plan for the child and family's transition. This CFTM shall occur at least ten (10) days prior to the beginning of the Trial Home Visit or discharge from custody.
10. Any member of the child and family team may initiate a CFTM to address an issue or concern that has arisen. The purpose of this CFTM is to pull together only the members of the child and family team necessary to address the concern(s).

B. Participation

1. DCS staff shall plan Child and Family Team Meetings for times and locations that are convenient to the family and child(ren)/youth.
 - a) Efforts shall be made to schedule the meeting by consensus.
 - b) The setting should be conducive to discussion of family issues.
 - c) The DCS Case Manager must also assess any safety concerns, such as domestic violence or the issues to be discussed in the meeting, when determining an appropriate location.
2. DCS shall provide services to support the participation of parents and relatives in Child and Family Team Meetings. Such services may include transportation, childcare, interpreter services, and any other services that would support the family's participation.

C. Attendance

1. Child/Youth

- a) Participation is mandatory if child/youth is 12 years of age or older.
- b) Consideration shall be given to safety and emotional issues as they relate to having parents and children/youth together at all child and family team meetings. Staff shall assess this issue on a case-by-case basis and provide alternative means of participation if the child/youth's best interest warrants their exclusion.
- c) Younger children, as appropriate, should be included for part, if not all, of the child and family team meeting.

3. Parents (including legal, biological and alleged fathers)

- a) Unless a parent's rights have been terminated or surrendered, the Department must include all known parents, including legal, biological and alleged fathers, in Child and Family Team Meetings.
- b) The Department shall conduct diligent searches throughout the life of the case if there are any unidentified parents, or the Department does not know their whereabouts. Efforts to locate parents should be clearly documented in the case record.
- c) The incarcerated parent must be included in Child and Family Team Meetings, whenever possible and appropriate. They shall be encouraged to participate in the plan and meet their parental responsibilities, including, but not limited to, corresponding with the Department and the child/youth, contributing to the child/youth's support, participating in available services to assure safety, permanency and well-being and helping to formulate a realistic plan for the child/youth's care.

4. Child's Case Manager

- ◆ Regardless of who facilitates any child and family team meeting, the child's assigned case manager must be in attendance.

5. Resource Parents

- ◆ Resource parents with DCS or a contract agency are crucial members of the child and family team. Every effort should be made to ensure their full participation in

CFTM's.

6. Child and Family Team Meetings shall also involve, to the extent possible the following individuals:
 - a) Specialized DCS staff persons, as needed, shall be included to support the work of the child and family team. These may include, but are not limited to, Full-Time Facilitators, Education Specialists, Health Unit Members, Juvenile Justice Staff, DCS Legal Staff, and Adoption Liaisons. Every effort should be made to ensure the same Full-Time facilitator, is utilized throughout the life of the case.
 - b) Extended family members and other support persons as defined by the family
 - c) Therapists and/or contract agency staff involved in providing services to the child/youth, family, and/or other identified permanency option.
 - d) Court Appointed Special Advocate (CASA) Volunteer
 - e) Community Partners to include support persons to the family identified by the Department. Their involvement is subject to the parent(s) consent
 - f) Attorneys, to include the guardian ad litem and the attorney for the child/youth's parents
 - g) Interpreter, as needed

D. Format for the Child & Family Team Meeting

The Child and Family Team Meetings shall, to the extent possible, include the following activities:

1. Introductions
 - ◆ The facilitator will engage the group in introducing all persons present and identifying the purpose and goal of the meeting.
2. Establishing Ground Rules
 - a) The facilitator shall help the group to develop and agree on ground rules for the meeting to manage emotions and keep the meeting focused on the outcome (e.g., speaking one at a time, using appropriate language and tone).
 - b) The role of the Department and its responsibility for safety and permanency should also be made clear to the group.
 - c) Confidentiality and family privacy will be discussed.

3. Identify the Situation & Encourage Meaningful Child & Family Participation.
 - a) To the greatest extent possible, DCS shall support the child and parents/caregivers in sharing their story related to their current situation and in defining their underlying needs and desired outcomes.
 - b) The strengths and needs of the family should be identified, as well as any safety issues that must be successfully addressed in any plan.
4. Identify Solutions to the underlying Conditions
 - ◆ The group should brainstorm ways to meet the underlying needs of the family while maintaining safety and working towards timely permanency for the child.
5. Develop the Plan/Reach a Decision
 - a) The group will develop a plan to meet the underlying needs and achieve the desired outcomes of the meeting.
 - b) The goal of the team should be reaching consensus on a plan that the family and the Department can support.
 - c) To every extent possible, families should play a significant role in the development of plans/decisions. The Department must remain open to the ideas of families, while owning the responsibility for safety, well-being, and permanency.
6. Troubleshooting Potential Setbacks
 - ◆ The team should assess what might go wrong with the plan and determine who will notify the Department if a particular step in the plan fails. The team might also develop a contingency plan should the initial plan of the group be unsuccessful. Otherwise, the team will have to reconvene to determine the next step(s).
7. Closing/Recapping the Meeting
 - a) The facilitator should review with the group the plan that has been developed recapping each task, as well as the responsible party for the task(s) and the assigned timeframes.
 - b) The team should schedule any necessary follow up

meetings.

- c) The facilitator should close the meeting by thanking the team members for participating.

8. Documenting the Plan

- a) The plan developed in the CFTM, including the assigned tasks and responsibilities of each participant shall be reviewed and signed by the participating team members at closing.
- b) In CFTM's that are held for the purpose of developing a permanency plan, the permanency plan will serve as the written plan for the CFTM.
- c) For those CFTM's that do not result in the development of a permanency plan, the plan should be documented on the *Staffing Summary and Placement Justification* form.
- d) The written agreement shall be copied and distributed to the meeting participants.

E. Documenting the Team's Work

- 1. The meeting and outcomes, as well as permanency plans (if developed), shall be documented in TNKids.
- 2. Form *CS-0230, Staffing Summary and Placement Justification* or form *CS-0577, Permanency Plan* will be maintained in the child/youth's case file.

Forms

- CS-0230 Staffing Summary and Placement Justification
- CS-0577 Permanency Plan

Collateral Documents

None

Standards

DCS Practice Model Standard-5-201

DCS Practice Model Standard-5-202
DCS Practice Model Standard-5-203
DCS Practice Model Standard-5-204
DCS Practice Model Standard-5-401
DCS Practice Model Standard-5-402
DCS Practice Model Standard-5-500
DCS Practice Model Standard-6-507B

Glossary

<i>Term</i>	<i>Definition</i>
<i>Full-Time Facilitator:</i>	A DCS Employee who's full-time role at the agency is the facilitation of Child & Family Team Meetings and the coaching and mentoring of staff in their professional development on CFTM. The Full-Time facilitator has completed the core curriculum on Child & Family Team Meetings, the advanced curriculum on facilitating Child & Family Team Meetings, passed the skills based competency exam and met the minimum threshold for competency on their structured observations.

CPS Case Staffing Model

- I. What are the allegations and potential issues identified in the narrative?
 - a. Identify all the people in the home/scenario. This includes all children, identified victims, caretakers, alleged perpetrator and ages.
 - b. Review the narrative portion of the intake report.
 - c. Identify any allegations of harm and underlying concerns.
 - d. Identify any strengths/potential resources identified in the report?
 - e. Does the alleged perpetrator currently have access to the child or other children?
 - f. Should other agencies/disciplines be involved?

- II. What is your investigative strategy?
 - a. Identify all the people you need to talk to in order to gather information to determine child safety.
 - b. What order should they be interviewed?
 - c. Where will you interview them?
 - d. What is the key information you want to gather from each interview?
 - i. What are key questions you want to ask each person you will interview?
 - ii. Get to potential safety, risk and strengths.

- III. Gather the information.
 - a. Were there any new concerns/safety/risk issues identified?
 - b. Were any new strengths/resources identified?
 - c. Any new people to interview?
 - i. Is the child(ren) immediately safe?
 - ii. Should there be a safety plan developed to protect any of the children?

- IV. Plan with family?
 - a. Evaluate the info/Plan with the family
 - i. Should a child and family team meeting be held to address the issues? If so, when? Where?
 - ii. Do I have the information I need to substantiate information from professional reporters?
 - iii. Is more info needed? If so, from whom?

iv. What is needed to provide safety and reduce risk, increase strengths within family?

V. Classification

- a. Did the alleged incident occur?
- b. Who did it?
- c. Determine classification decision.

The Administrative Role of the Supervisor or “Why You Were Hired” Managing Time and Work Flow

Case Application

Based on the information you just read on the administrative function of supervision, answer the following questions. Remember, the answers should reflect the material in the tutorial, not necessarily on your past practice.

Your boss has just emailed you a directive that you must respond to within the hour. Tutti, your newest worker, is struggling with a protective services case with two feuding divorced parents. The father has court-ordered visitation. The parents constantly get into fights when the transfer of the two-year-old is made. The fighting is extremely emotionally upsetting to the child. The families called Tutti every hour during the weekend to “tattle” on the other party, alleging minor “abusive” and “neglectful” acts by the other parent. Tutti runs into your office on Monday seeking an immediate solution to dealing with these parents. How can you model organization, planning and limit-setting for Tutti, during her crisis situation?

1. **Your first step is to determine client safety. You would do so by:**
 - a. Asking for a lengthy description of the case.
 - b. Asking Tutti to email you the burning questions.
 - c. Call the client yourself to set limits, as you know this mom.
 - d. Asking some key questions about client safety.

2. **You hope Tutti will learn all of the following from this interaction except:**
 - a. That you are more concerned with paperwork demanded by your boss than you are with her problems.
 - b. To begin to differentiate between problems that can wait until the supervisory session and those that require immediate action.
 - c. To think about what limits and boundaries she should be setting with these families.
 - d. That you need to be able to prioritize between competing demands.

3. **Assuming that there is no immediate danger to the child, which of the following reflects the best approach to structuring this interaction with Tutti?**
 - a. Tell her this situation is a no-brainer and she should be able to figure it out for herself.
 - b. Give her all the time she needs to vent about these clients because you know they can be frustrating.
 - c. Direct her to make a list of her primary concerns/questions and assure her that these will be covered in her weekly supervision session.
 - d. Explain that you would love to talk to her about this family right now but “Nashville” is requiring yet another stupid report from you by the end of the hour.

4. **One time-management option is referring Tutti to an experienced worker to help her figure out what needs to happen with this family. This option has both positive and negative potential outcomes. All of the following statements about this option are correct except:**
 - a. The experienced worker might give her bad advice.
 - b. The experienced worker may be able to bring a fresh perspective to the issues.
 - c. The experienced work may feel put upon by this extra demand.
 - d. You might be fired for delegating this duty to a subordinate.

5. **Suppose you determine that this case is not really a crisis. You decide there is no need to talk about it with Tutti in supervision because you need to spend your time on cases in which the family is experiencing much more difficult problems. All of the following are likely outcomes of this decision except:**
 - a. The disputes and fights between family members escalate until the judge orders the child into foster care.
 - b. Tutti feels like you do not understand the pressure she is under to try to help this family resolve its problems.
 - c. Tutti will be more likely to insist on getting an answer from you right away instead of waiting for a scheduled supervisory session.
 - d. The family will resolve the issue of transferring the child back and forth by themselves.

The Administrative Role of the Supervisor or “Why You Were Hired” Managing Time and Work Flow

Supervisors have three fundamental roles:

- Supportive
- Educational
- Administrative (1).

This tutorial examines the role of *Administrator*.

Supervisors model organization for their own survival and to structure workers.

Time and Organization

- Time management and organizational skills are highly desirable for the supervisor in child welfare.
- As the supervisor is more organized, so is the staff.
- Organization presents the appearance of control over the environment.
- This perception of control is especially important, as the field of Child Welfare is often crisis driven.
- Not only is organization crisis driven, but the new worker may also get caught up in the crises of the client families.

Working with Disorganized and Chaotic Families...

- It is essential that the supervisor model the skills of organization and management that the worker will need when interacting with families. For the Child Welfare Supervisor,
- Such modeling means having enough time to answer the administrative demands of the job in such a way that it does not consume the other functions of the job.
- Staff rarely see, nor can understand the pressures the supervisor faces.
- It is imperative that the supervisor gains control of the tasks for which he/she is directly responsible and still make time for the staff.

What Workers Want?

- Staff in Child Welfare prefer a supervisor who spends more time on teaching practice skills to them (2).
- Staff considers their supervisors as being “too concerned about the administrative role and compliance with tasks, with the focus on “did you do or not do” instead of coaching, developing and supporting a relatively inexperienced workforce.

What Workers Want Continued

- Workers want discussion of all cases, not just those in crisis (2). An experienced supervisor can often alert the worker to potential risks that, if addressed, can stabilize a case and make for less work in the future.
- The current practice of over identifying with cases in crisis sets up an unproductive pattern of perpetual crisis for the entire office.

Crisis cases are unavoidable in this field, yet by attending to all cases, many crisis situations can be avoided, creating a better sense of organization for the workforce.

What Workers Want Continued

- Child Welfare supervisors find themselves most directly involved with the monitoring of timeliness, completeness, and review for appropriate services and building skills and the attitudes of workers (3).
- Research suggests that this type of administrative structuring should occur weekly to allow for the proper monitoring of risk and the protection of liability as the supervisor.

Strange as it may seem, monitoring of all cases could essentially reduce a supervisors' workload.

How to Strike the Balance between Your Needs as a Supervisor and the Needs of Staff

This all sounds so great, but how do supervisors begin to address the fact that they must take care of themselves by answering the organization's administrative directives, completing reports, complying with hiring directives and employee evaluations timesheets and travel?

- It is suggested that it is ok for the supervisor to limit his or her own open door policy (4).

Balance Between Supervisor and Staff, Continued

- Research suggests that this step is the single practice factor that could improve both client and worker outcomes.
- Cutting down on interruptions and adding more proactive supervision through regularly scheduled supervision can allow the supervisor to better manage time

Does this statement imply that a supervisor should never respond to a worker in crisis—of course not.

- By structuring regular supervisory sessions, the supervisor may be able to teach the worker the difference between a **true crisis** and **something that can wait until another time.**

References

1. Shulman, L.(1993). *Interactional supervision*. Washington, DC: National Association of Social Workers.
2. Bernotavicz F. D., & Bartley, D. (1996). *A competency model for child welfare supervisors*. Portland, OR: The Dougy Center.
3. Diwan, S; Berger, C., & Ivy, C. (1996) Supervision and quality assurance in long-term-care case management. *Journal of Case Management*, 5(2), 65-71.
4. Kane, D. (1991). *Strategies and dilemmas in child welfare supervision: A case study*. Doctoral Dissertation. City University of New York, NY.

The Administrative Role of the Supervisor or “Why You Were Hired” Managing Time and Work Flow

Supervisors have three fundamental roles: Supportive, Educational and Administrative (1). This tutorial examines the role of *Administrator*.

Supervisors model organization for their own survival and to structure workers.

Time management and organizational skills are highly desirable for the supervisor in child welfare. As the supervisor is more organized, so is the staff. Organization presents the appearance of control over the environment. This perception of at least some control helps workers feel someone is able to set limits in a job that at times seems overwhelming. This perception of control is especially important, as the field of Child Welfare is often crisis driven. Not only is organization crisis driven, but the new worker may also get caught up in the crises of the client families.

When working with disorganized and often chaotic families, it is essential that the supervisor model the skills of organization and management that the worker will need when interacting with families. For the Child Welfare Supervisor, such modeling means having enough time to answer the administrative demands of the job in such a way that it does not consume the other functions of the job. Staff rarely see, nor can understand the pressures the supervisor faces. It is imperative that the supervisor gains control of the tasks for which he/she is directly responsible, and still make time for the staff.

What workers want?

Research would suggest that staff do not stay with their supervisors because the supervisor is proficient in the pressing administrative demands supervisors know all too well. Staff in Child Welfare prefer a supervisor who spends more time on teaching practice skills to them (2). Overall, the Child Welfare workforce could be considered an **inexperienced** and **young** workforce (2). What is currently known about practice in Child Welfare is that most of the staff consider their supervisors as being “too concerned about the administrative role and compliance with tasks,” with the focus on “did you do or not do” instead of coaching, developing and supporting a relatively inexperienced workforce.

Workers want discussion of all cases, not just those in crisis (2). By this behavior alone, an experienced supervisor can often alert the worker to potential risks that, if addressed, can stabilize a case and make for less work in the future. But, the current practice of over identifying with cases in crisis sets up an unproductive pattern of perpetual crisis for the entire office. Crisis cases are unavoidable in this field, yet by attending to all cases, many crisis situations can be avoided, creating a better sense of organization for the workforce.

Child Welfare supervisors find themselves most directly involved with the monitoring of timeliness, completeness, and review for appropriate services and building skills, as well as the attitudes of workers (3). Research suggests that this type of administrative structuring should occur weekly to allow for the proper monitoring of risk and the protection of liability as the supervisor. Strange as it may seem, monitoring of all cases could essentially reduce a supervisors' workload.

How to strike the balance between your needs as a Supervisor and the needs of Staff

This all sounds so great, but how do supervisors begin to address the fact that they must take care of themselves by answering the organization's administrative directives, completing reports, complying with hiring directives and employee evaluations timesheets and travel? It is suggested that it is ok for the supervisor to limit his or her own open door policy (4). Research suggests that this step is the single practice factor that could improve both client and worker outcomes. Cutting down on interruptions and adding more proactive supervision through regularly scheduled supervision can allow the supervisor to better manage time while meeting the conflicting demands of the supervisor's job. Does this statement imply that a supervisor should never respond to a worker in crisis—of course not. However, by structuring regular supervisory sessions, the supervisor may be able to teach the worker the difference between a true crisis and something that can wait until another time.

References

1. Shulman, L.(1993). *Interactional supervision*. Washington, DC: National Association of Social Workers.
2. Bernotavicz F. D., & Bartley, D. (1996). *A competency model for child welfare supervisors*. Portland, OR: The Dougy Center.
3. Diwan, S; Berger, C., & Ivy, C. (1996) Supervision and quality assurance in long-term-care case management. *Journal of Case Management*, 5(2), 65-71.
4. Kane, D. (1991). *Strategies and dilemmas in child welfare supervision: A case study*. Doctoral Dissertation. City University of New York, NY.

The Administrative Role of the Supervisor or “Why You Were Hired” Managing Time and Work Flow

Pre Assessment

In preparation for this topic, please rank the following statements from 1-5.

1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly Agree
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1. I enjoy planning ahead.

1 2 3 4 5

2. I am willing to decrease my own client practice activities.

1 2 3 4 5

3. I enjoy making decisions.

1 2 3 4 5

4. I find completing paperwork related to feelings of accomplishment.

1 2 3 4 5

*Adapted from: Munson, C.E. (1993). “Do I want to supervise?” *Clinical social work supervision* (2nd Ed). NY: Haworth Press

Please answer the following questions:

1. The function of my job that my employees value most is the administrative function.

T F

2. A supervisor should always try to maintain an open-door policy so that workers have access to him or her as needed.

T F

3. Workers need their supervisors to model organizational and time management skills in order to feel some sense of power and control.

T F

4. Workers only need to discuss cases that are in crisis.

T F

Conflict Resolution Styles

Case Application

Based on the information you just read on conflict resolution styles, answer the following questions. Remember, the answers should reflect the material in the tutorial, not necessarily on your past practice.

Answer the following questions based on the information in the scenario and the information you read on conflict resolution styles.

Supervisor was reviewing case contacts and found Case Manager was not entering data on home visits on a case. Supervisor called Case Manager to office where she confronted the worker on not seeing this family. Worker responded by saying she was overworked and had too many cases with not enough time to complete tasks. Supervisor told worker she must see her families weekly regardless of any other circumstances. Worker began yelling saying supervisor just does not understand the stress of this job. Supervisor told worker that if she did not complete the home visits, there would be disciplinary action.

1. What type of conflict style did the supervisor use?

- A. Collaborator
- B. Compromiser
- C. Accommodator
- D. Controller
- E. Avoider

2. What type of conflict style did the worker use?

- A. Collaborator
- B. Compromiser
- C. Accommodator
- D. Controller
- E. Avoider

3. What would be the best choice of conflict style for the supervisor?

- A. Collaborator
- B. Compromiser
- C. Accommodator
- D. Controller
- E. Avoider

4. What would be the best choice of conflict style for the worker?

- A. Collaborator
- B. Compromiser
- C. Accommodator
- D. Controller
- E. Avoider

5. Which conflict style would create a win/win scenario?

- A. Collaborator
- B. Compromiser
- C. Accommodator
- D. Controller
- E. Avoider

Conflict Resolution Styles Research Summary

Conflict is inevitable in the workplace. As supervisors, how we handle conflict is critical in our effectiveness. Conflict typically is seen in negative terms. But, in actuality, it can be a positive thing, building cohesiveness and increasing trust.

What is your conflict style? The literature suggests five different conflict styles.

1. Collaborator. This approach is one of where maintaining the interpersonal relationships and ensuring that both parties in the conflict achieve their personal goals is the primary focus. The collaborator is concerned with both his or her self-interest and also with the opposing party's interests. Appropriate conflict management methods are utilized. This style provides a win/win posture for both parties.

2. Compromiser. This approach assumes a win/win solution cannot be reached and seeks a little winning and a little losing in both the relationship and goals of both parties. Manipulation and persuasion dominate the style. The objective is to find a partially satisfying yet mutually acceptable solution. This style is a mini-win/mini-lose posture.

3. Accommodator. This approach is focused on maintaining the interpersonal relationship above all else. There is little concern for personal goals and needs. The behavior seen is pleasing, giving in, appeasing, and avoiding. This style is a yield-lose/win posture.

4. Controller. This approach is a power oriented one, which focuses on winning at all costs. His or her goals and needs are what are important with no concern for the opposing party. This is often evidenced by aggressive behavior. This style is a win/lose posture.

5. Avoider. This approach is seen in someone who avoids conflict at all costs. Personal goals, needs, and interpersonal relationships are of little concern. The behavior is often displayed as denial, shifting topics, noncommittal remarks, and humor. This style is a leave-lose/win posture.

References

Robert A. Baruch Bush and Joseph P. Folger, The Promise of Mediation (San Francisco: Jossey-Bass, 1994).

Kathy Domenici and Stephen W. Littlejohn, Engaging Communication in Conflict (Thousand Oaks: Sage Publications, 2001).

Roger Fisher and William Ury, Getting to Yes (New York: Penguin Books, 1981).

Sheila Heen, Bruce Patton, and Douglas Stone, Difficult Conversations (New York: Penguin Books, 1999).

Joyce L. Hocker and William W. Wilmot, Interpersonal Conflict (New York: McGraw-Hill, 2001).

Harriet Goldhor Lerner, The Dance of Intimacy (New York: Harper & Row, 1989).

Conflict Resolution Styles Research Summary

- Conflict is inevitable in the workplace.
- How we handle conflict is critical in our effectiveness.
- Conflict typically is seen in negative terms.
- Conflict can be a positive thing, building cohesiveness and increasing trust.

What is your conflict style?

The literature suggests five different conflict styles.

Conflict Style “*Collaborator*”

1. Collaborator.

- This approach is one in which maintaining the interpersonal relationships and ensuring that both parties in the conflict achieve their personal goals is the primary focus.
- The collaborator is concerned with both his or her self-interest and also with the opposing party's interests.
- Appropriate conflict management methods are utilized. This style provides a win/win posture for both parties.

Conflict Style “*Compromiser*”

2. Compromiser.

- This approach assumes a win/win solution cannot be reached and seeks a little winning and a little losing in both the relationship and goals of both parties.
- Manipulation and persuasion dominate the style.
- The objective is to find a partially satisfying yet mutually acceptable solution.
- This style is a mini-win/mini-lose posture.

Conflict Style “Accommodator”

3. Accommodator.

- This approach is focused on maintaining the interpersonal relationship above all else.
- There is little concern for personal goals and needs.
- The behavior seen is pleasing, giving in, appeasing, and avoiding.
- This style is a yield-lose/win posture.

Conflict Style “Controller”

4. Controller.

- This approach is a power oriented one which focuses on winning at all costs.
- His or her goals and needs are what are important with no concern for the opposing party.
- This is often evidenced by aggressive behavior.
- This style is a win/lose posture.

Conflict Style “Avoider”

5. Avoider.

- This approach is seen in someone who avoids conflict at all costs.
- Personal goals, needs and interpersonal relationships are of little concern.
- The behavior is often displayed as denial, shifting topics, noncommittal remarks, and humor.
- This style is a leave-lose/win posture.

References

- Baruch Bush, R. A., & Folger, J. P. (1994). *The promise of mediation*. San Francisco, CA: Jossey-Bass.
- Domenici, K., & Littlejohn, S. W. (2001). *Engaging communication in conflict*. Thousand Oaks, CA: Sage Publications.
- Fisher, R., & Ury, W. (1981). *Getting to yes*. New York, NY: Penguin Books.
- Heen, S., Patton, B., & Stone, D. (1999). *Difficult conversations*. New York, NY: Penguin Books.
- Hocker, J. L., & Wilmot, W. W. (2001). *Interpersonal conflict*. New York, NY: McGraw-Hill.
- Lerner, H. G. (1989). *The dance of intimacy*. New York, NY: Harper & Row.

Tutorial Four Conflict Styles Research

Pre Assessment

In preparation for this topic please rank the following statements from 1–5.

1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly Agree
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1. I handle conflict with minimal stress and frustration.
1 2 3 4 5
2. I enjoy helping others problem-solve.
1 2 3 4 5
3. I believe that compromise is not a solution.
1 2 3 4 5
4. I accept that conflict occurs in the work place.
1 2 3 4 5

Please answer the following questions.

1. Conflict is always a negative occurrence.
A. True
B. False
2. Conflict is not supposed to happen in the workplace.
A. True
B. False
3. We all handle conflict in the same way.
A. True
B. False
4. "Controller" is the optimal conflict style for supervisors
A. True
B. False
5. The collaborator is a win/win posture.
A. True
B. False

Conflict Resolution Styles

Practice Opportunity

Answer the following questions based on the information in the scenario and the information you read on conflict resolution styles.

Supervisor was reviewing case contacts and found case manager was not entering data on home visits on a case. Supervisor called case manager to office where she confronted the worker on not seeing this family. Worker responded by saying she was overworked and had too many cases with not enough time to complete tasks. Supervisor told worker she must see her families weekly regardless of any other circumstances. Worker began yelling saying supervisor just does not understand the stress of this job. Supervisor told worker that if she did not complete the home visits, there would be disciplinary action.

1. Let's look further into this supervisor scenario. Supervisor confronted the worker on not seeing her family. Practice what you would say to a worker about her home visits?
2. Practice what you would say to the worker when she said she was overworked and had too many cases?
3. How would you respond to the worker when she was yelling?

The Educational Role of the Supervisor or Staff Development

Supervisors have three fundamental roles:

- Supportive
- Educational
- Administrative (1)

In this tutorial, we will look at the role of Educator.

Supervisor as Educator

- The supervisor as educator is the role most staff expects.
- To new staff, the supervisor is the experienced one.
- In public Child Welfare, new staff members are often disappointed that the time that gets devoted to this activity depends on the workload of the supervisor,
This results in little time for one-on-one supervision and training.

Supervisor as Educator, Continued

Many supervisors do not perceive themselves as educators.

Reasons Include:

- Belief that training is the sole responsibility of agency contract trainers
- Pressure to find sufficient time and lack of institutional recognition of the importance of the function.

Lao Tzu

The Chinese philosopher Lao Tzu said:

“Give a man a fish and you feed him for a day. Teach him how to fish and you feed him for a lifetime.”

- Formal training may provide a theoretical or ethical framework to conduct the work of an organization.
- It may also provide an opportunity to practice skills in the relatively safe environment of the training room.
- Staff must learn how to apply the knowledge they gain in the classroom to the real world.+
- The tendency is to tell staff what to do instead of teaching them how to problem solve using the knowledge they already have.
- The teaching function is the very one most valued by the person receiving the supervision.

- The time spent in teaching will save the supervisor countless hours in the future as new staff members learn to apply theoretical concepts into practice.

It will also increase the satisfaction of employees.

Socratic Questioning

- This tutorial addressed one supervision technique called Socratic questioning, or the Socratic method.
- The Greek Socrates was renowned for answering a question with a question.
- His questions were designed to help his students think their way through to the answer and to explore possible outcomes of choices.
- In the Socratic method, the supervisor asks the worker a series of questions about an individual case to get the worker to think purposefully about what is happening in the case.
- The Socratic method asks questions that directly or indirectly causes the staff to see the connection between theory and practice” (2).

Socratic Questioning, Continued

These questions should be explored in individual supervision and should be directed with the following purposes:

Acceptance and Socratic Questioning

The supervisor asks questions designed to assess whether there are any barriers to staff working effectively and respectfully with a particular client.

Establishing a positive relationship and Socratic Questioning

A skilled supervisor asks questions about what stage the development of the relationship with the client is in:

- Initial
- Working
- Ending

The experienced supervisor recognizes that the beginning phases are often the most difficult, as the client is naturally defensive, and helps the worker to apply this knowledge to the family with whom he or she is engaged.

Future Actions and Socratic Questioning

Addressing future actions of the staff rather than problems already established.

- The supervisor helps the staff to plan proactively for problems that might be evident.
- The problems are evident to the supervisor, yet may not be evident to the individual staff member.

Socratic Questioning, Continued

These “questions need to be worded in ways that require the practitioner to explore alternatives of actions, and to select the best or potentially most productive alternative” (4).

Consider This.

A relatively new worker is assigned to a family who is experiencing multiple problems. The family has an open protective service case for neglect. The youngest child has just been hospitalized with an upper respiratory infection. Mom has no one to care for the other children. The baby will come home on a monitor and the electricity will be cut off next week if she does not pay the bill. The hospital staff is angry with the mother because she is not staying with the baby at the hospital and they are calling the office wanting DHS to put the children in foster care. The mother calls the worker in a panic and the worker comes to the supervisor.

The Supervisors Use of Socratic Questioning

This situation is an instance where the supervisor wants the worker to apply some of the knowledge he or she has about crisis intervention. A supervisor who employs the Socratic method would ask questions such as:

- “How would you help this mother prioritize the problem?”
- “How could you help this mother use this crisis as an opportunity for change?”
- “What might be positive/negative results of the worker’s suggested course of action?”

Appropriateness of Socratic Questioning

The Socratic method is not appropriate for all situations.

* If the worker told the supervisor the building was on fire, the appropriate course of action is to go outside **before** asking whether the worker has called 911 or whether the worker knows the appropriate use of different types of fire extinguishers.

When used appropriately, this technique can help sharpen workers’ critical thinking skills.

References

1. Shulman, L.(1993). *Interactional supervision*. Washington, DC: National Association of Social Workers.
2. Munson, C.E. (1993). “Do I want to supervise?” *Clinical social work supervision* (2nd Ed). NY: Haworth Press
3. Munson, C.E. (1993). “Do I want to supervise?” *Clinical social work supervision* (2nd Ed). NY: Haworth Press
4. Munson, C.E. (1993). “Do I want to supervise?” *Clinical social work supervision* (2nd Ed). NY: Haworth Press

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TUTORIAL Leadership Styles

Summary of Research

- Much of the research addresses leadership qualities that result in high work performance and effective communication between supervisor and supervisee.
- These qualities would likely coincide with the definition of “best practice.” For this study it seems that “**leader**” could be considered synonymous with “**supervisor**.”
- Some of the research makes a distinction between a manager and a leader, indicating that the former focuses more on completion of a task and the latter on interaction of workers with each other and the supervisor. This summary considers that both foci are important and mutually complementary.

When a leader functions at a level of best practice the organization experiences a “win-win” type of interaction between supervisor and supervisee.

Steven Covey delineates the following leader actions that contribute to a “win-win” situation.

- The leader specifies desired results, communicates principles and policies essential to getting desired results, identifies available resources, defines accountability, and determines consequences.
- “total quality” as an expression of continuous improvement in personal and professional development, interpersonal relations, managerial effectiveness, and organizational productivity.

In *The Twenty-one Irrefutable Laws of Leadership Workbook*, John C. Maxwell names certain “laws” as necessary components of good leadership.

- Law of Empowerment (p. 132)
- The Law of Sacrifice (p. 200)
- The Law of Respect (p. 761)
- The Law of Intuition (p. 89)

George T. Fisher addresses leader behaviors that contribute to enhanced morale in *The Supervisor’s Big Book of Lists*.

Fisher highlights the following:

- Importance of tending to workspace (temperature, noise, equipment, etc.), as well as the assigned tasks.
- Supervisory actions that boost healthy morale. Some of these are responding quickly to complaints, avoiding comparison of workers, leading by example, fairly delegating difficult cases to all workers, and being willing to do things differently.
- Legitimate supervisee expectations. These include respect for their opinion, fair treatment, decisiveness, proper training, rewards based on performance, defense against unfair criticism, and consistency.

The *Harvard Business Review* on *What Makes a Leader* lists five components of “emotional intelligence.”

These are:

- Self-awareness
- Motivation
- Self-regulation
- Empathy
- Social skill

Further, inspirational leaders possess some unexpected qualities that make them effective.

Three of these are:

- Selectively showing their own weaknesses
- Relying heavily on intuition
- Managing employees with “tough empathy”

References

1. Coffman, C., Buckingham, M. (1999). *First Break All the Rules*. New York: Simon & Schuster.
2. Covey, S. (1990), *Principle-Centered Leadership*. New York: Simon & Schuster.
3. Fisher, G., (1994). *The Supervisor’s Big Book of Lists*. Prentice Hall
Harvard Business Review on What Makes a Leader, (2001). Harvard Business School Press.
4. Maxwell, J. (2002). *The Twenty-one Irrefutable Laws of Leadership Workbook*. Nashville: Thomas Nelson Publishers

Structuring the Supervisory Sessions: How to cover “most” of the bases in one hour.

Research in supervision strongly suggests that supervision should be structured.

“Much of the literature on developmental issues, cognitive style of the supervisee and a host of other topics refer to the relative need of structure in supervision (Bernard and Goodyear, 1998). “

Supervision and Structure

“Highly structured supervisors can be viewed as an extension of training, while the unstructured supervisor’s supervision can be viewed as approaching consultation” (Bernard and Goodyear 1998).

- In supervision of staff in Child Welfare the structured approach is what seems most appropriate.
Due to the high degree of regulation and complex policy and legal atmosphere of working in a public agency.

Ways to Structure the Supervisory Session

There are numerous ways to structure the supervisory session.

- Some approaches take into account the demanding schedule of supervisors in a public Child Welfare office.

Schwartz (1981) suggests a one-page worksheet for the busy supervisor.

- This one page supervision sheet can be used in future sessions and can also be used as part of the employee’s personnel file.
- A one-page form for structuring the session is included in this tutorial.

Ways to Structure the Supervisory Session, Continued

Other approaches to structuring the session are valuable tools, although they are admittedly more time consuming.

These approaches include:

- Direct observation
- Individual case conferences
- Peer supervision in the form of a staff meeting

- Actual observation of client contacts with a mid session break for the supervisor to make suggestions.
- Other intensive approaches include:
- Videotaping
 - Audio taping
 - Observing interactions with staff
 - Making suggestions using a remote control “bug in the ear” technique.

Ways to Structure the Supervisory Session, Continued

Regardless of the structure chosen, one clear concept emerges from the literature.

Through regular, structured supervision, the supervisor can play an important role in combating stress induced poor judgment (Bernard and Goodyear 1998).

The Individual Case Conference

With all these choices, the individual case conference seems to be a good place to start for busy supervisory staff. So how does the supervisor in Child Welfare even begin to think about spending an hour with each staff and what form should the hour take?

Shulman (1993) suggests the following:

Prepare for the Session

This format requires the supervisor to engage in self-preparation to meet with the worker.

Self-preparation includes two components:

- The emotional self-preparation
- Administrative self-preparation

Emotional Self- Preparation

Tuning in is a central skill in supervision.

The supervisor must identify and clarify what is going on internally with him or herself, as well as identifying things that must be covered in the session.

The supervisor must be aware of any negative feelings he or she may have about the supervisee and figure out what the cause for these feelings may be.

Questions that supervisors might ask of themselves include:

- “Am I being fair?”
- “Am I focusing (tuning in) to job appropriate issues or am I getting off into personal issues?”

The supervisor must center himself or herself in order to be objective.

Emotional Self-Preparation, Continued

“Tune in” to the needs of the staff member.

If this worker had a very difficult court case the previous week, the supervisor should be cognizant of concerns, issues, fears, etc that the worker might bring to the session.

Administrative Self-Preparation

Consider the old adages that “forewarned is forearmed.”

The supervisor must know what is happening on the workers’ cases or, just as importantly, where there appear to be gaps in workers’ cases.

Prepare by having some notes or reviews of the cases that will be discussed in supervision. For supervisors in Tennessee, this preparation may take the form of a partial case review in TNKIDS.

Conduct the Session

In the actual session remember that this time is **quality case time**. The focus should be on the cases for which the worker is responsible. Avoid using this **quality time** to clarify time sheets, or travel.

1. Both the supervisor and the worker should come to the session prepared to discuss certain cases.
 - These cases will represent a combination of challenging families and families who are making progress.

- The eventual goal of identifying specific families/cases for specific session is to ensure that all cases on a worker's case load are discussed in supervision during a month's time frame.

Conduct the Session, Continued

2. Begin by asking what the worker expects from the day's session and make note of those.
 - Cover these issues first.
 - During this time be attuned to the possibility that there is a disaster de jour and be ready to address those issues.
 - **Caution:** Avoid letting this one case consume the entire session.

Conduct the Session, Continued

3. Cover the issues identified on the review form.

As the grant progresses, numerous techniques will be introduced to guide supervisors and workers through different ways to address these issues.

Evaluate the Session

This part of supervision is probably the most frequently neglected.

It can be very useful to modify the supervisory session so that the worker and supervisor feel it was time well spent.

- Ask for feedback about how "helpful" this session was to the worker. If the worker did not feel it was beneficial, what changes would he or she suggest?

Benefits of Structured Supervision

The key for structured supervision is to keep track of time, stay focused on cases and do not exceed time limits.

Potential benefits that the supervisor may see over time include:

- The supervisor will be much better informed about what workers are doing.
- Discussing cases before there is a crisis may decrease the number of crises that arise.

- Knowing in advance which cases will be discussed lets both supervisor and worker make the most efficient use of the time.
- The supervisor will learn which supervisory actions are helpful and which are not helpful. It is interesting. These actions will not be the same for each person supervised.

In Conclusion...

At first, the structured approach to supervision may feel awkward and may feel as if it is too time consuming.

However, as the relationship between the supervisor and worker develops, and as each learn what to expect, the time will be spent more efficiently.

References

1. Bernard, J., Goodyear, R. (1998) *Fundamentals of clinical supervision 2nd* Ed. Boston: Allyn and Bacon. Pp.91.
2. Schwartz, R.C., Liddle, H.A., & Breunlin, D.C. (1998). Muddles in live supervision. In A.A. Liddle, D.C.Breunlin, & R.C. Schwartz (Eds.), *Handbook of family therapy training and supervision* New York: Guilford, 183-193.
3. Shulman, L.(1993). *Interactional supervision*. Washington, DC: National Association of Social Workers.

Sample form for structuring the session is on the next page.

Structured Case Review

Preparatory Work (Before the session)

Complete administrative review—done by supervisor, not CHRIS trainer
Use Administrative Review Form

Supervisory Session

Case Name/#
Date Case Opened
Reason Case Opened
Next Court Date (if applicable)

- Tell me about this family. If this is not the first time that the case has been reviewed in supervision, ask, “What has changed since the last time we discussed this family?”

- Tell me about the household composition? Who lives there? What are the relationships? Are significant people missing?

- What risk factors or mitigating factors have you identified in this family?

- What is the case plan goal? The concurrent case plan goal?

- What progress has the family made toward the goal? What strengths are present and what barriers exist?

- What needs to be accomplished by the next supervisory session on this family?
 - By the family?
 - By the worker?
 - By the supervisor?
 - By other parties?

What is DISC?

The DISC model is a four quadrant behavioral model based on the work of William Moulton Marston Ph.D. (1893 - 1947) to examine the behavior of individuals in their environment or within a specific situation. DISC looks at behavioral styles and behavioral preferences.

There are four categories of human behavioral styles, types or temperament that is the current make up of the instrument: "D" for Dominance-Drive-Direct, "I" for Influence, "S" for Steadiness or Stability, and "C" for Compliant, Conscientious, or Cautious. Now a days DISC has become one of the most popular and user friendly four quadrant models for understanding behavioral styles and personality types, with various companies offering models with quadrants, circles, wheels, and diamonds to graphically represent the positioning of these behavioral and personality styles and types.

It continues to be used in corporations, educational institutions, government agencies, and religious institutions as a way to develop and improve the understanding of others, remaining key to productive interpersonal interactions. See the following link for an example copy of a DISC report (<http://www.onlinediscpersonalityprofile.com/>)

Why Use the DISC for the CPS Project

The DISC Inventory was used as a tool to assist supervisors; trainers and mentors gain an awareness and understanding of how they interact on an interpersonal level. All members of the team participated in the process, which included the administration of the inventory and small group discussions of results.

The CPS project focused primarily on enhancing clinical skills among frontline supervisors and the transference of those skills to their workers, with the belief that outcomes to children and families would be strengthened. We believed that in order for this to happen supervisors needed to have an awareness of how they view themselves and how they relate to each other, their mentor, and their supervisee. This process was a valuable addition to the overall project and helped to set the tone for the project, and conveyed the message that the project had an investment in professional growth and development for all involved.

Mentorship Component

The mentoring component was developed as a part of the overall curriculum. The purpose was to infuse mentoring into every aspect of the learning labs and on-site technical assistance. Mentorship, defined as an interpersonal helping relationship between two individuals who are at different stages in their professional development (Collins, 1994). This technique is an innovative approach used to train supervisors in public child welfare settings, and it allow for supervisors to be paired with a more experienced person who serves as a support and direct mechanism for feedback.

This intervention involved modeling and on the job training activities directed at training supervisors to become mentors to newly hired supervisors. Mentors worked with supervisors on structuring a supervisory session, how to provide support to casemanagers, and how to teach casemanagers skills needed to work with families. The expected competencies that experienced supervisors were to master are as follows: enhanced knowledge of the importance of the supervisory roles of education and support, understanding of and demonstrating clinical practice methods and modeling the supportive functions. Visits by the mentor to the supervisor followed the five key concepts of supervision identified by Munson (1995) (structure, regularity, consistency, case orientation, and evaluation). This phase of the learning is designed to strengthen organizational culture, reduce stress among supervisors and caseworkers, reduce worker turnover, and increase overall effectiveness of job satisfaction, which will ultimately increases service delivery and outcomes to clients.

See the following page for a copy of the mentoring contact sheet.

