

# **Wraparound Case Management Manual**

**Service Chapter 641**

**North Dakota Department of Human Services  
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### **Philosophy and Overview 641-01**

#### **Chapter Overview 641-01-01**

**(Revised 6/15/06 ML #3009)**

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This chapter pertains to the philosophy of the Wraparound Process. It also provides a broad overview of the process.

### **Definition of Wraparound 641-01-05**

(Revised 6/15/06 ML #3009)

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Wraparound is a strength based philosophy of care that includes a definable process involving the child and family that results in a unique set of community services and supports individualized for that child and family.

Wraparound is a process not a program. It does not create new programs or services but it is the method of meeting the needs of families through the coordination and identification of natural supports and formal services. This process is team driven, focuses on least restrictive methods of care and uses the family's strengths, preferences and choices in the process whenever possible. It is a continuum of intensity, which is driven by family needs, complexity, and level of risk.

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### **Use of Power 641-01-10** **(Revised 6/15/06 ML #3009)**

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All systems that work with children and families have power. The Wraparound process requires that this power must be used in the best interest of the child and family. Power and authority are present in helping relationships. The case manager carries power from the agency where they work. It is essential that the case manager explain to the child and family the full realm of their job responsibilities as well as the power and authority invested in the agency by law or court order.

### **Values, Principles, and Beliefs of Wraparound**

**641-01-15**

**(Revised 6/15/06 ML #3009)**

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The North Dakota Department of Human Services, Children and Family Services Division has adopted these values as the philosophical base for the service delivery system.

- 1. Unconditional commitment to working with families and children is provided.**
  - a. Families are provided with respect, honesty and openness.
  - b. The family's language is utilized. Jargon is avoided.
  - c. We are committed to never giving up on children and families while keeping children safe.
  - d. Setbacks may reflect the changing needs of family members, not resistance.
- 2. Families are full and active partners and colleagues in the process. ("VOICE AND CHOICE")**
  - a. Voice: The family is listened to, heard and valued. The skills and knowledge of the family members are essential to the change process.
  - b. Choice: Families are provided information on choice and identifying where choices exist and where there are limitations on choice. The outcomes of different choices are discussed.
  - c. Family members have clear voice and choice in the process. They are full members in all aspects of the planning, delivery, management and evaluation of services and supports.
  - d. The family's view is respected. Families are the experts with their own children.
  - e. Safety is paramount in all systems and choices are made to ensure that children, families and communities are safe. (i.e. Child Protective Services, Division of Juvenile Services)
  - f. The "expertise" of the system is valuable when discussing "bottom lines" such as: legal mandates, court orders, negotiable and non-negotiable rules/policies etc. The system can let go of power and allow families to make decisions when safety is assured.



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g. This is a joint decision making process with the family rather than a “deciding for” the family.

**3. Services are culturally responsive.**

- a. Cultural diversity is valued and respected.
- b. Each family is culturally unique.
- c. Differences are valued as strengths.
- d. The impact of culture on social workers and agencies is recognized and understood.

**4. This is a team driven process.**

**Global Concept:** Partnering with other systems and natural supports of families, help bridge the complexity of our work.

Partnering is no longer a luxury, but essential because problems often are too big and too complex for one system alone.

Collaboration produces results and it provides clarity for families and children/youth who interact with numerous systems which can be confusing at times. The team process allows us to focus on the whole child/family and be better positioned to address issues negatively impacting their functioning.

- a. Families, children, natural and conventional supports, and agencies are all part of the team.
- b. A multi system assessment is needed to help provide the family with the necessary resources.
- c. Collaboration between systems and team members is important in building and delivering effective services to families. Teams work together and share core values, beliefs and principles.
- d. The multi system approach provides shared risk with involved families.
- e. The team approach provides for an integrated system of care.

**5. Services focus on strengths and competencies of families, not on deficiencies and problems.**

- a. Strengths discovery is central to getting to know the family.
- b. Strengths are utilized in addressing the safety needs of the children and families.
- c. The strengths of all family members and supports are assessed and utilized in developing and implementing the plan.

**6. Service plans are outcome based.**

- a. The needs of all family members are identified and addressed in the plan.

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- b. Goals and tasks with measurable outcomes are established to address change (rather than compliance).
  - c. Services and supports are built on strengths that are unique to the family and child.
  - d. Family members are full partners in establishing plans.
  - e. The single plan of care is utilized across systems.
- 7. Services and plans are individualized to meet the needs of children and families.**
- a. Plans are flexible in nature.
  - b. Families should have access to services identified in the plan.
  - c. Services and supports can be coordinated into one plan.
- 8. Resources and supports, both in and out of the family, are utilized for solutions.**
- a. A balance of formal and informal, natural and conventional supports is utilized.
  - b. Families are key in identifying supports.
  - c. The community is recognized and respected as a key resource and support.
- 9. People are the greatest resource to one another.**

### **Mandate and Rationale 641-01-20 (Revised 6/15/06 ML #3009)**

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It is well recognized that child abuse and neglect can produce long term destructive effects upon a child. Intervention, at times, becomes imperative to prevent further abuse and/or neglect and to promote functional behavior by individuals and families. The Wraparound process provides intervention to ensure safety, permanency and well-being of children and families. It is mandated to use this process when providing child welfare case management. The statutes noted below speak to the provision of services:

**NDCC 50-25.1-02.** "Protective Services" include services performed after an assessment of a report of child abuse or neglect has been conducted, such as social assessment, service planning, implementation of service plans, treatment services, referral services, coordination with referral sources, progress assessment, monitoring service delivery, and direct services.

**NDCC 50-25.1-06. Protective and other services to be provided.** The department and the appropriate county social service board shall provide protective services for the abused or neglected child and other children under the same care as may be necessary for their well-being, and shall provide other appropriate social services, as the circumstances warrant, to the parents, custodian, or other persons serving in loco parentis with respect to the child or the other children.

See Child Protection Services Policy Manual section 640-15-20 for details on "services required" decision. In regard to "service required" cases transferred to another county, see Child Protection Services Policy Manual section 640-15-30-15 for details. The receiving county shall provide Wraparound case management services for families with a "services required" decision referred from another county.

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### **Services Required Referral of Children under Age Three to Developmental Disabilities Services**

When a decision of "Services Required" is made and there is a victim, who is under the age of three (3), a referral shall be made for eligibility determination for DD Case Management. If there are other young children (under age three who are not victims) about whom the Social Worker has some concerns, it would be good practice to make a referral for them, also, but is not required.

The Social Worker completing the CPS assessment shall:

- Notify the caregiver of the child that such a referral has been made, providing the caregiver a fact sheet developed by the Department for this purpose. There is no requirement to get a signed consent from the parent before referral.
- Complete a written referral to the regional DD program administrator using the referral form developed by the department for these referrals.
- Notify the supervisor of the Social Worker assigned as the child welfare case manager (it is recognized that in some counties the cps social worker and the case manager will be the same person so this step of notification will not be necessary in this situation)
- Document in the written assessment report that the referral and notifications have taken place

The Regional CPS Supervisor or designee shall:

- Document, on the Child Protection Services team staffing form, the need for the referral to the Developmental Disabilities Services Unit

### **Concerns Reported While the Family is Receiving Wraparound Case Management**

**When concerns are reported while the family is receiving Wraparound Case Management.** The intent of this policy is for the Social Worker serving as the wraparound case manager with the family to assess additional concerns of suspected child abuse or neglect received while the family is receiving wraparound case management.

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If an additional report of suspected child abuse or neglect is made when the family is receiving protective services through a county social services wraparound case manager, the concerns will be reviewed to determine if they can be assessed by the case manager. This will be true whether the report is from an external source or the child abuse or neglect concern surfaces and is identified by the Social Worker providing the wraparound case management services.

A team comprised of the Social Worker providing wraparound case management, this Social Worker's supervisor, the Social Worker who completed the most recent CPS assessment with this family, and this Social Worker's supervisor will confer with the regional supervisor. If County Supervisors are not available, the County Social Workers and the Regional Supervisor will make up the team. This team will discuss the concerns, reviewing for any immediate safety concerns, and plan for the next steps in the process. The need for a possible referral directly to Juvenile Court or State's Attorney for intervention should be considered.

This team of professionals will decide if the concerns will be assessed by the Social Worker providing wraparound case management services or if a new full CPS assessment is necessary. If the concerns are of a criminal nature, or if the family has revealed information indicating a child may have been a victim of a crime, a referral shall be made to law enforcement for a joint assessment/ investigation with a Social Worker who does CPS assessments.

If it is decided that a new CPS assessment will be completed by a CPS social worker, the reason for this decision will be documented in the written assessment report section entitled, "Reason for This Assessment."

If the wraparound case manager completes the assessment, the CPS supervisor or CPS Social Worker will complete the [SFN 1920](#), "Administrative Assessment and Referral", (123kb pdf) section A6, which will be attached to the [SFN 960](#) (30kb pdf) and placed in the case file. CPS will send a copy of these documents to the regional supervisor within ten working days of the receipt of the report of suspected child abuse and/or neglect by the assessing agency.

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The wraparound case manager will assess the reported concerns of suspected child abuse and neglect by discussing them with the appropriate family member(s) prior to the child and family team meeting. The assessment of the additional concerns shall be documented and reflected in the life domains section of the single plan of care and cross referenced to the applicable safety, strength, risk factors and placed in the case file. The wraparound case manager will incorporate any needed intervention into the service plan (SPOC).

The assessment of the additional concerns of suspected child abuse or neglect will be considered closed 30 days after the receipt of the additional concerns by the assessing agency.

### **Title IV-B and IV-E of the Social Security Act.**

**The Federal Adoption and Safe Families Act mandates that the reasonable efforts be made with families that leads toward permanency.**

The Wraparound process is used in foster care cases to demonstrate compliance with the Federal Adoption and Safe Family Act including:

#### **Reasonable Efforts – Reunifying the child and family.**

“Reasonable efforts” means the exercise of due diligence by the agency granted authority over the child by the court, to use appropriate and available services to meet the needs of the child and the child’s family so as to assure the child’s health, safety, and permanency.

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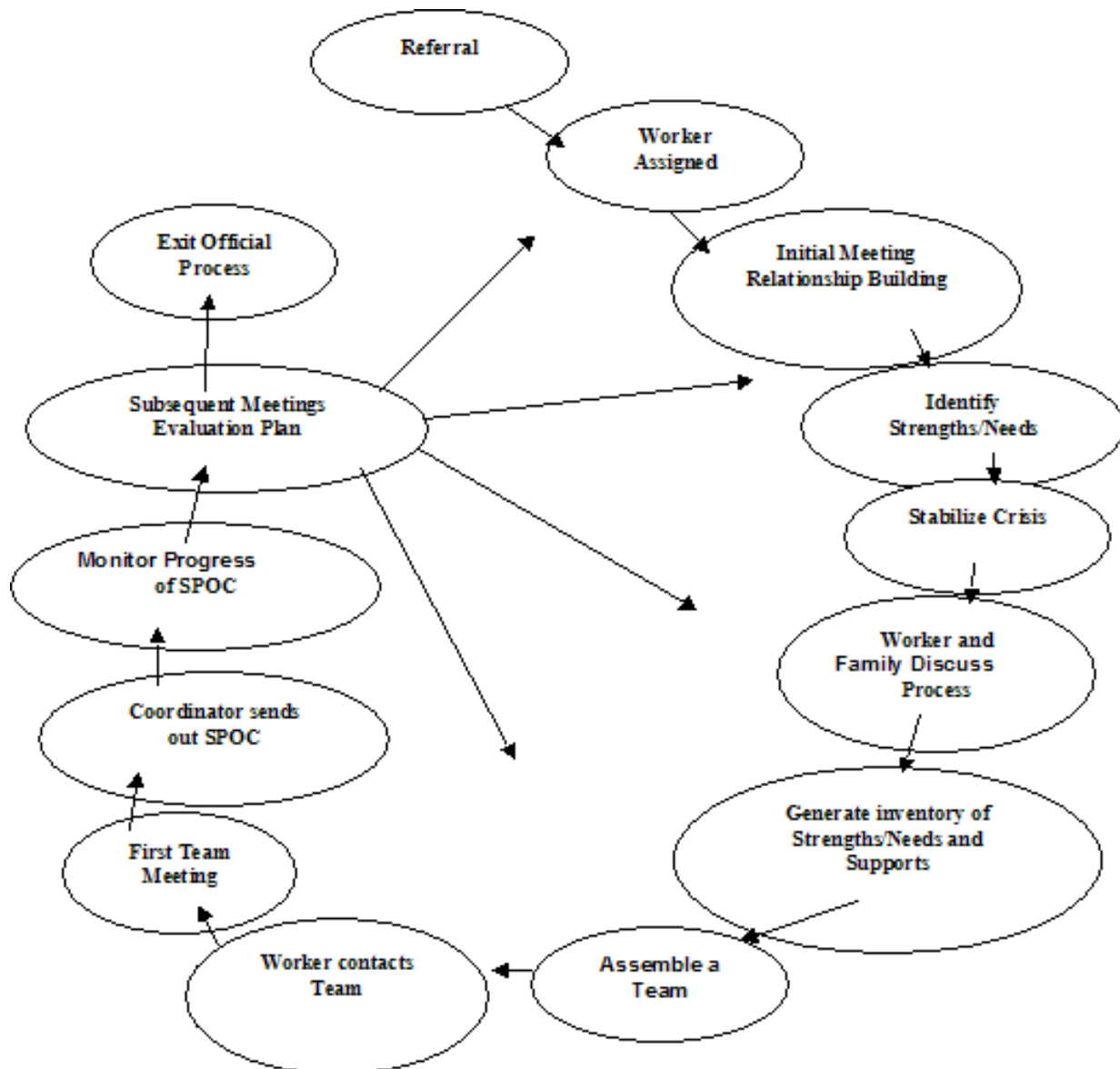
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## Wraparound Process Overview 641-01-25 (Revised 6/15/06 ML #3009)

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### Strengths Based Planning Process



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### **Referral and Worker Assignment 641-01-25-01 (Revised 6/15/06 ML #3009)**

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The referral (both internal and external) and case assignment will be determined by the county social service agency. See 641-05-05 and 641-40-35.



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### **Initial Meeting - Relationship Building 641-01-30 (Revised 6/15/06 ML #3009)**

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The first task in the Wraparound process is to form a relationship with families that lead to the accomplishment of goals. These methods will be discussed in more detail in [641-05-10-01](#) and [641-05-10-10](#).

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### **Stabilize Crisis 641-01-35** **(Revised 6/15/06 ML #3009)**

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A safety plan may be developed as part of the child protection process or may be needed during any stage of service delivery. Families may also need immediate assistance in meeting their basic needs. Details will be found in 641-05-10-05.

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### **Case Manager and Family Discuss Process 641-01-40 (Revised 6/15/06 ML #3009)**

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During the relationship building process the case manager discusses the Wraparound process and how it works with the family. The circular chart may be a tool useful during this discussion.

**Identify and Document Strengths/Needs/Risks**

**641-01-45**

**(Revised 6/15/06 ML #3009)**

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If the referral has come through child protection services, the Safety, Strengths, Risk Assessment (SSRA) is expanded upon during the strengths discovery. For all cases, the strengths discovery is the assessment method used to identify the needs/risks and strengths of the family. The strengths discovery is structured by life domains which provides a method to organize strategies leading to obtaining goals. This information must be documented in the single plan of care. This process is described in more detail in 641-05-10-15-01 through 641-05-15.

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### **Assemble a Team 641-01-45-01 (Revised 6/15/06 ML #3009)**

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As stated in the Values and Beliefs section (641-01-15), the team process is a major component of the Wraparound process. Potential team members are identified during the strengths discovery and assessment process. Initially, the team may be just the case manager and the family with additional team members added later. It is important that key providers and supports are represented in order to develop a comprehensive and effective plan. Teams and the team process will be described in more detail in 641-10-20-01 through 641-10-20-20.

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### **Teaming Process 641-01-45-05 (Revised 6/15/06 ML #3009)**

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Once the team members have been identified the case manager contacts the team members and arranges the first team meeting. See [641-10-20-01](#) through [641-10-20-20](#) and [641-10-40](#) for more details on the teaming process.

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### **Develop, Monitor, and Evaluate the Single Plan of Care (SPOC) 641-01-45-10 (Revised 6/15/06 ML #3009)** [View Archives](#)

The single plan of care is the computerized treatment/service plan that supports the Wraparound process. This plan is developed by the team and will detail the risks, needs, safety issues and strengths of the family in the life domains. It will identify goals for change and tasks to accomplish those goals. The plan needs to be monitored and formally reviewed and updated at least every 90 days. Evaluation of the single plan of care is very critical in terms of goal accomplishment. If there are barriers to goal accomplishment different strategies will need to be identified. More information is found in 641-10-05 through 641-10-25-05 and 641-20-05 through 641-20-05-01.

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### **Exit/Case Closure 641-01-45-15 (Revised 6/15/06 ML #3009)**

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Once families have reached a level of functioning where risk is reduced or needs are met to the point they no longer need Wraparound services and supports we exit their lives and close the case within the agency. The goal is to help families become their own team leaders and coordinate their own services. Details will be found in 641-10-30 through 641-10-35.



## **Referral and Assessment 641-05**

### **Chapter Overview 641-05-01 (Revised 6/15/06 ML #3009)**

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This chapter describes referral and assessment in the Wraparound process. The Wraparound process seeks to empower the family to accomplish goals relative to safety, well being, and permanency. The family assessment is an integral part of the Wraparound process and focuses on family risks, strengths, and service needs. It requires the active involvement of the family and the identified child and family team in completing a cross systems assessment and a single plan of care.

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### **Referral Process 641-05-05 (Revised 6/15/06 ML #3009)**

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The majority of referrals for Wraparound case management will come from within the County system. Cases will be assigned based on the safety strength risk assessment (SSRA) factors, case load standards and the level of service coordination needed by the family. Details will be found in [641-10-25](#) and [641-40-35](#).

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### **Assessment 641-05-10 (Revised 6/15/06 ML #3009)**

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PI-11-18

The assessment of safety and risk begins at the point of a report of suspected Child Abuse/Neglect and continues throughout the entire wraparound process.

Prior to meeting with the family you may have information about them from any of a number of sources. These may include a referral document, SSRA, other assessments, information received verbally, previous experience and knowledge about similar families, situations, theories and the family's race, gender and culture. As a social worker, how you utilize and organize the information and subsequent assessment, can be critical in the way you are able to work with the family.

The Strengths Discovery, which is the required assessment tool, is used to assess the needs and strengths of the family, by using the life domains. The family assessment may include the use of optional tools like the genogram, ecomap, sequence of behavior, or time line. Details will be found in [641-05-10-15-01](#) through 641-05-15 and 641-40-01 through 641-40-05.

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### **Implementing the Initial Contact with the Family**

**641-05-10-01**

**(Revised 6/15/06 ML #3009)**

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**Note:** If the family is in crisis, the social worker may need to provide crisis intervention services. This will require an immediate response and development of a safety plan. Refer to the steps for crisis intervention in 641-40-25 and 641-05-10-05.

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### **Safety Plan 641-05-10-05** **(Revised 6/15/06 ML #3009)**

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[PI-11-19](#)

The safety plan shall be developed to address all anticipated crisis situations or situations where safety is compromised and how team members will respond. The what, who, when, where, how of each situation shall be defined. Safety, emergency and other issues shall be discussed in the child and family team meetings in order to communicate responses to crisis situations. Safety plans should be preventive, reactive, and promote a safe environment for child, family, and community. A safety plan should include methods to address potential out of home placement situations and how placement can potentially be avoided.

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### **Meeting with Families (Relationship Building)**

**641-05-10-10**

**(Revised 6/15/06 ML #3009)**

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Within the child welfare system, the child protection social worker will introduce the family to the Wraparound case manager. During this introductory meeting the areas of concern and strengths will be reviewed by the child protection social worker.

The first task is to form a relationship with family members, which leads to accomplishing goals. In the initial meeting with the family, the case manager describes the Wraparound process to the family, clarifies roles, gains the family's perception of the reason for referral and begins identifying their functional strengths, family needs, and potential team members. Details will be found in 641-05-10-15 through 641-05-10-15-05.

Understanding what the family needs is critical. Much of this information can be learned through the use of circular questions. Details will be found in [641-40-30](#).

## **Components of the Strengths Discovery 641-05-10-15**

### **Strengths 641-05-10-15-01 (Revised 6/15/06 ML #3009)**

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Strengths are the building blocks in the achievement of goals and tasks.

**Strengths are a family's source of power, will, character, purpose, values and toughness that give them the capability of generating a reaction of effect and change.**

### **Types of Strengths 641-05-10-15-05 (Revised 6/15/06 ML #3009)**

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There are several types of strengths. Descriptive, contextual, and functional.

Descriptive strengths are labels. You would describe someone who is athletic, loves children, computers, or has a good sense of humor, etc.

Contextual strengths are like stories. One way to provide context to a strength is to ask, "Can you tell me about a time when Tom used his talent in computers?" This gives 'life' to the strength and paints a picture of how this plays out in life.

Functional Strengths are a little like completing a bridge. "How can we use the strength to address something going on now?" If we know that Tom has a strength in computers and he used his talent to put together a spreadsheet for his homework schedule, how can that strength and story be used to address something we're faced with now? If Tom tends to become isolated and his isolation has been identified to trigger his depression and anger symptoms, how can his computer skills be used to address his isolation? Perhaps the team can match Tom with a computer business person who will provide mentoring to Tom and at the same time decrease his isolation. Another option would be for Tom to provide assistance to other children in a computer class.

Using strengths in their functional format provides a means to reach goals. Strengths are then utilized to address needed changes in a family in a meaningful way. (John Franz, Training Session, 2005)

(Refer to the Sample Questions For Strengths Discovery in [641-40-30](#).)



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### **Safety 641-05-10-20** **(Revised 6/15/06 ML #3009)**

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A child safety concern is a specific family situation or behavior, emotion, motive, perception or capacity of a family member that is:

1. Likely to have severe effects or results in imminent harm on a vulnerable child.
2. Is out-of-control, specific and observable
3. Is happening now, is certain to happen in the present or near future (i.e. next several days.)

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### **Risk of Future Child Maltreatment 641-05-10-25 (Revised 6/15/06 ML #3009)**

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The likelihood (probability, chance, potential, prospect, predictability) for parenting behavior, conditions, situations, beliefs, or perceptions to be harmful and destructive to a child's cognitive, social, emotional, physical development.

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### **Needs 641-05-10-30** **(Revised 6/15/06 ML #3009)**

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Needs describe behaviors or issues the family/system wishes to address in order to ensure all family members are safe. Needs are positive ways of stating the risk or the reason a family is involved with you. They begin to define more specifically why the family is participating in the Wraparound process. Needs are not services.

#### **Example of needs:**

- Mom needs to find a positive way to discipline her children.

### **Strengths Discovery Required 641-05-15 (Revised 6/15/06 ML #3009)**

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The Wraparound process is based, in part on learning about people's strengths, culture, values and choices. Functional strengths help people achieve their goals, which need to be described in enough detail to be useful in the planning process.

The strengths discovery uses life domains as its framework. Using life domains is a method of organizing the parts of a person's /family's life. They focus on functions and provide direction to interventions and practice.

If the case is a referral from a child protection assessment, the life domain used must be related to the safety/risk factor identified in the safety, strength, risk assessment (SSRA). It is important to continue to assess the family's situation throughout the life of the case. Incorporate changes made, goals met, and newly identified needs into each review of the plan.

Life Domain areas are:

1. **Basic Needs:** food, shelter, transportation, habitability of housing, personal hygiene  
**SSRA Factors: Severity and/or frequency of neglect (5). Condition of Home (7), Income (16)**
2. **Social/Recreational:** activities within the family and the community such as sports, clubs, friends, interests, hobbies, relaxation, fun times  
**SSRA Factors: Caregiver ability to problem solve and access service (13), Strength of support systems (15)**
3. **Family:** family constellation, relationships among family members, values, parenting skills, discipline, supervision, extended family resources, and strengths. Discuss foster family if relevant. Discuss abuse/neglect issues if relevant  
**SSRA Factors: Child's ability to protect or care for self (1), Severity and/or frequency of abuse (4), Severity of frequency of neglect (5), Location of injury (6), Caregiver's alcohol and drug use (8), Caregivers parenting skills (9), Caregiver's supervision of children**

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- under 10 (11), Caregiver's methods for discipline and punishment of child (10), Caregiver's level of cooperation (12), Strength of family system (14), Strength of support systems (15), Previous history of abuse/neglect (17), Caregiver's anti-social, violent, or criminal activity (19), Subject's access to child (20), Presence of parent substitute (21)**
4. **Education/Vocational**: academic and vocational functioning, education placement (LD,ED), volunteerism, educational activities, occupational status, access, skills, attendance, special needs  
**SSRA Factors: Child's Behavior (3), Severity and/or frequency of neglect (5), Caregiver's parenting skills (9)**
  5. **Financial/Economic**: financial resources and money management issues  
**SSRA Factors: Severity and/or frequency of neglect (5), Income (16)**
  6. **Community**: community resources for family, current uses, needs, or wants. Behavior in the community, acceptance by community, including any community safety issues  
**SSRA Factors: Caregiver's ability to problem solve and access services (13), Strength of family system (14)**
  7. **Physical Health**: physical health, dental health, significant past medical information, medication regimen, health needs and/or equipment  
**SSRA Factors: Child's ability to protect or care for self (1), Severity and/or frequency of abuse (4), Severity and/or frequency of neglect (5), Location of injury (6), Condition of home (7), Caregiver's physical, intellectual, emotional abilities (18)**
  8. **Legal**: significant involvement with legal system and current status  
**SSRA Factors: Caregiver's anti-social, violent, or criminal activity (19), Subject's access to child (20)**
  9. **Emotional/Behavioral**: significant psychiatric/psychological history of family, functioning level and needs. Discuss any alcohol/other drug issues if relevant  
**SSRA Factors: Child's mental health (2), Child's behavior (3), Severity and/or frequency of neglect (5), Caregiver's**

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- alcohol and drug use (8), Caregiver's physical intellectual, emotional abilities (18)**
10. **Spiritual/Cultural**: describe religious or spiritual beliefs, values, practices, and support including ethnic or national traditions important to the family.
- SSRA Factors: Strength of family system (14), Strength of support systems (15)**

### **Multiple Case Managers/Care Coordination Decision Making 641-05-15-01** **(Revised 6/15/06 ML #3009)** [View Archives](#)

If a County Social Service agency is providing case management, the internal referral process of the agency should be followed. If there is a reason that an additional care coordinator/case manager from another agency is necessary, application for Residential or Wraparound Services (AKA Universal Application) should be completed and submitted to either the Human Service Center Partnerships Program or to the Division of Juvenile Services, whichever is most appropriate. Referrals to these agencies can be made by completing the first five pages of the ND Application for Residential or Wraparound Services (Universal application). The application must include relatively current information, especially regarding the diagnosis and GAF score of the child(ren). This application should be completed with the family that is being referred. The entire application is only completed in situations where out of home treatment is pursued and can be used with facilities around the state. Once the referral is received, program eligibility will be determined and a Wraparound facilitator assigned.

When referrals are made to other agencies, the child must meet the criteria for the Wraparound process in the agency in which the referral is being made. At a minimum, a child must have a Serious Emotional Disorder and be involved in 2 or more systems in the community. Their Global Assessment of Functional (GAF score) must be 50 or below.

It is the goal of this effort to have the least number of case managers/care coordinators for a family. This is to avoid duplication, maximize resources, and avoid confusion for families. It is acknowledged, however, that there are some situations where it is appropriate to have multiple case managers involved.

Before involving multiple case managers, it is imperative that the reason be clearly identified and the family be involved in this discussion.

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### **Rational for Multiple Case Managers/Care Coordinators 641-05-15-01-01 (Revised 6/15/06 ML #3009)**

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1. Court requires an agency's involvement.
2. County or Division of Juvenile Services (DJS) become involved with a family who has had long-term involvement with the Partnerships Program. It is not in the best interest of the child & family to discontinue Partnerships involvement.



### **Determining Who Facilitates Team Meetings**

**641-05-15-01-05**

**(Revised 6/15/06 ML #3009)**

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These guidelines set in place a procedure to decide who facilitates the child and family team meetings.

1. What is the relationship between the agencies and the family?  
How long have they worked with the family?
2. Ask the family for their input.
3. Consider the reasons for the family's involvement with the agencies.
4. Consider the case managers/care coordinators input on who facilitates.
5. Consider the length of time the agencies will remain involved with the families:
  - a. Billing is not considered in facilitation decisions.
  - b. The custodian does not need to be the facilitator.
  - c. The facilitator completes the single plan of care and must communicate with the other case managers to assure their needed plan requirements are in the plan.
  - d. Regular supervision needs to be utilized to monitor these situations.
  - e. Care Coordinators will not stay involved solely to access case aide/mentor services. These needs can be met elsewhere such as PATH family support, peer youth worker, natural supports, and Big Brother/Big Sister.
6. Consider co-facilitation as an option as long as communication defines roles.

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### **Planning Process/Service Delivery/Monitoring Progress 641-10**

#### **Chapter Overview 641-10-01 (Revised 6/15/06 ML #3009)**

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This chapter describes the planning process, which includes teaming, service delivery and monitoring progress.

### **Planning Process 641-10-05 (Revised 6/15/06 ML #3009)**

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After the family's needs are identified during the family assessment and strengths discovery a written plan is developed and recorded in the single plan of care. The plan documents the team's decision on goals, tasks, and assignments to meet the family's needs and is modified to reflect the changing needs of the family.

The planning process has five purposes:

1. It provides overall structure and direction to the child and family team;
2. It documents the family's needs and strengths, their willingness to participate in the change process and each team's member's role in the plan;
3. It provides a method to evaluate progress toward achieving goals and accountability of team members;
4. It documents the required reasonable efforts and active efforts to prevent the out-of-home placement of children; and
5. It documents the required reasonable efforts and active efforts to reunify children, who are in out-of-home placement, with their families.

### **Development of the Plan 641-10-10 (Revised 6/15/06 ML #3009)**

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During the initial meeting(s) that the case manager has with the family, a strengths discovery is initiated. Details will be found in 641-05-10-15-01 through 641-05-15 and 641-01-45. At the first child & family team meeting, work is started toward developing goals and tasks to address the needs identified in the strengths discovery.

Below are the steps toward developing and implementing the plan:

1. **Review Strengths Discovery.** Review the strengths discovery completed with the family. Have team members also identify strengths/needs/risks.
2. **Choose Priority Life Domains.** During the initial meetings with the family and/or the first team meeting, determine the life domains that include the most important needs and are the biggest priority to address first. Details will be found in [641-05-15](#). If there are any "bottom line" needs that are safety concerns for the family, these are also clarified at this time.
3. **Define Goals.** In each of the life domains prioritized, the team describes what behavior the child or family will be doing differently once the change has occurred.
4. **Assign Tasks.** The team brainstorms task options for meeting the family's goals. Whenever possible, family and team strengths are used in developing tasks to increase the likelihood for success. For each task, a team member will be assigned to complete the task and a start date and projected completion date will be determined.
5. **Develop Safety Plan.** A safety plan is developed with the family to ensure safety and prevent a crisis. The team will clarify what crisis could occur within this family and action steps that will be taken, before, during, and after the potential crisis to keep family members safe. The Safety Plan usually reflects the reason for services from the Child Protection Assessment (identified risk(s), potential crisis that may result in risk of harm or safety for the child (ren)).
6. **Child & Family Team Approval.** A single plan of care is the result of the child and family team's efforts to identify risks, safety issues, needs, and strengths as well as the development

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of goals and tasks that relate to the various life domains of the family. Family participation in the planning process is essential. Signing off on the plan by the family should convey the family's approval of the plan and that they agree with the goals and tasks that have been developed. All team members should sign the single plan of care signature sheet. Details will be found in [641-40-20](#).

**Family Plan 641-10-15**  
**(Revised 6/15/06 ML #3009)**

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1. The written plan is a “working document”. Adjustments and changes are made as the family’s needs change.
2. Progress toward goal achievement is reviewed on a regular basis (at least on a quarterly basis).
3. A written plan has a limited number of goals and tasks as identified by the child & family team.
4. The written plan addresses the needs while assuring safety of family members through the safety plan.
5. Basic needs must be considered first.

### Components of a Family Plan 641-10-20

(Revised 6/15/06 ML #3009)

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The strengths discovery reflects the strengths, needs, risks, and safety factors as identified in the life domains. These areas are brought forward to the chosen family plan section where goals and tasks are then developed. Details will be found in [641-05-15](#).

**Goals:** Each family plan must contain:

1. Goals directly address the needs of the child or family identified in the assessment. Goals describe **what** behavior the child or family will be doing differently once the change has occurred. Goals measure change in behavior. Goals describe the outcome you are attempting to accomplish with the family.
2. Goals are behaviorally specific and defined so all parties understand what is expected.
3. Goals are defined from the family's point of view. Goals utilize the family's language.
4. Goals are realistically attainable.
5. Goals are measurable.
6. Goals are time limited.
7. Goals are mutually agreed upon with input from the child and family team. Goals are set with the family and not for them.
8. Goals are stated in a positive manner.

Details can be found for reasons for goal failure in [641-40-55](#).

**Tasks:** Each goal shall contain at least one task. Each individual task shall be entered separately into single plan of care and not combined under one task area.

Tasks describe **how** the change (which has been defined in the goal) will take place.

1. Tasks are designed to support the completion of the goals.
2. Tasks can involve natural and formal supports.
3. Tasks are specific and achievable.

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4. Tasks are broken down into manageable steps.
5. Tasks address barriers to reaching the goals.
6. Tasks indicate who will be carrying out the assignments.
7. Tasks indicate time frames for completion.
8. Tasks describe specific services used by the family to achieve their goals.



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### **Service Delivery/Team Process 641-10-20-01**

**(Revised 6/15/06 ML #3009)**

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An important part of the Wraparound process is developing a child and family team. This involves bringing key people together to do collaborative planning. The child & family teams provide the forum to jointly identify goals and discuss best methods to reach those goals. Through this process the team can better manage and plan methods to reach goals and remove barriers to reaching goals.

### **Foster Care Child and Family Team Process**

**641-10-20-05**

**(Revised 6/15/06 ML #3009)**

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The Wraparound process is used during the Foster Care Child and Family Team meetings (permanency planning). The philosophy of the foster care child and family team process and the "permanency planning process" are one in the same. Both emphasize bringing the key people involved with the child and family together to do collaborative planning. The integration of these two processes will include:

- The Regional Supervisor will set aside time frames to be involved in the initial team meetings and at least quarterly thereafter;
- The case manager will contact the Regional Supervisor to schedule the team meetings;
- The Regional Supervisor and the case manager will co-facilitate the initial and quarterly team meetings. The foster care child and family team may meet more often; however, the Regional Supervisor involvement would be at least quarterly;
- The single plan of care will become the child's treatment/case plan and will be referenced in CCWIPS as "See SPOC";
- The case manager will complete the single plan of care with all newly assigned cases.
- See [641-40-15](#) for information on the Guide to the Wraparound Process and the Single Plan of Care (SPOC) during Quarterly Foster Care Child and Family Team Meetings (formerly known as Permanency Planning Meetings) and the Step-by-Step process.

### **Team Composition 641-10-20-10**

(Revised 6/15/06 ML #3009)

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Initially the team may be comprised of the referring social worker, family members including the child when appropriate, and assigned case manager. Other team members may include friends, extended family, clergy, parent aide, teachers, addiction counselor, therapist, rape abuse counselor, probation officer, other natural supports, foster parent, PATH social worker, residential treatment center team, human service center staff; Right Track providers, Partnership Care Coordinator, Developmental Disabilities case managers etc.

The purpose of the team is to assist the family in making the needed changes to ensure safety, permanency, and well being of their child (ren). As the assessment and service delivery progresses, team members may be added or subtracted.

#### **A child does not have parents to be on the team**

If a termination of parental rights has occurred and adoption is the goal or other planned permanent living arrangement is the goal, a child and family team is formed with the key people involved with service and support delivery.

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### **Putting the Team Together/Social Worker Contacts**

#### **Team 641-10-20-15**

**(Revised 6/15/06 ML #3009)**

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Through the Strengths Discovery and assessment process with the family, potential team members have been identified. The next step is to contact the team members to set up the initial team meeting and explain the process.

Details will be found in [641-40-40](#).

### **Initial Team Meeting 641-10-20-20 (Revised 6/15/06 ML #3009)**

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In the Initial team meeting, a team facilitator is identified. This person is responsible to lead discussions that are focused on strengths discovery, life domains, and goal and task development. The lead facilitator will assure that ground rules are set and the team members stay on task. At the end of the meeting, each team member knows their responsibilities and the next meeting time, place, and date are determined.

#### **Sample Agenda for Initial Child & Family Meeting**

- Welcome – briefly review purpose of meeting and length of time for the meeting.
- Introductions – have each person introduce themselves and describe their role.
- Discuss briefly the Wraparound process in terms of needs, goals and strengths.
- Review the strengths-discovery completed with the family earlier. Ask for additions from the child and family team.
- Describe the needs from the family's perspective. Receive feedback from the team.
- Choose life domains on which to focus during the current care plan. (Only pick one or two life domains.)
- In each life domain, develop a family plan by defining goals and assigning tasks.
- Develop a safety plan. Depending on the situation, this may be the initial focus of the meeting.
- Schedule the next child and family team meeting.

Details will be found in [641-40-45](#).

### **Monitoring Progress 641-10-25 (Revised 6/15/06 ML #3009)**

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#### **Level of Service Determination Process**

Child & family team members decide how often they need to meet. They must meet whenever a major change needs to occur in the plan and/or at least every 3 months. Other issues impacting the frequency of meetings may include the safety issues, cohesiveness of the team, availability of community resources, whether services and supports are meeting the needs of the child and family and difficulty of placement.

The process of determining the level of care helps match the resources to the needs of families. Not all families need intensive coordination of their care/services. The level determination process assesses community, family, and agency resources and matches those to family needs. If you are working with a family where team conflict is low, all members are working on the same plan goals, and safety issues are difficult but manageable due to effective planning, the team will not need to meet as frequently as a team where the situation is assessed to be at a higher level of service need.

The Level of Service Determination form is a tool to help the child and family team quantify factors impacting resources whether they be time, money, services, etc. Details will be found in [641-40-35](#).

#### **What are the levels of coordination?**

On the form there are three levels. Always start on the left side of the document with level three. If there are any items endorsed in this level, stop. There is no need to complete the remaining levels. If no items apply in this level, go the next level and repeat the process. Stop in the level where the first item is endorsed. This then is your level assignment and team meetings will need to occur as per the frequency determined.

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Frequency of completion: the document should be updated with the same frequency that each agency requires with the Single Plan of Care.

The form also provides a section to identify whether a person other than the custodial staff should provide team facilitation. This should be completed with a supervisor within the guidance of your agency. We anticipate that this will be an infrequent occurrence.

### **1. Subsequent Team Meetings.**

At each subsequent team meeting, the single plan of care is reviewed with discussion regarding completion of tasks and whether tasks are accomplishing the goals. The single plan of care is a “working document” and adjustments and changes should be made as circumstances change.

Additional goals can be added to the plan, but it is important to not have more than one to three at any given time. Others can be added as goals are met. **It may be important when children are in foster care to identify for families those needs that must be met before children are reunified. In these situations, all of the needs are defined in their entirety for the family at the onset so that families are clear about the “bottom lines” of what changes need to be made before children can be reunified.** These needs are recorded in the strengths discovery life domain sections. Child and family teams can then choose which life domain to start with and develop and work on specific tasks as prioritized. Basic needs (food, shelter, safety, etc.) need to be met first as families will not be able to focus on other areas until these are addressed.

### **2. Evaluation of the Wraparound Process**

Throughout the Wraparound process, the child & family team will evaluate the effectiveness of services, determine if needs are met, level of risk is lowered, and goals are accomplished. Evaluation should be completed by the child and family team at least every ninety days. The case manager should seek the team’s perception about plan progress and request feedback regarding accomplishments and areas needing more attention.

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The supervisor is consulted on an ongoing basis regarding the status of the case. Decisions are made regarding the need for continued services or closure. If the agency is looking at closing the case this information should be taken to the next team meeting for discussion prior to any action taken toward closure.

NOTE: Referral to the Juvenile Court shall be made at any time throughout the wraparound process if assessed risk indicates the child(ren) is not safe.

Also, if the family situation changes and risks are adequately reduced or eliminated at any time during the Wraparound process, case closing should be considered. This information needs to be communicated to the team and included in the plan as to when closure will occur. Case closure cannot occur without the team's knowledge.



### **Lack of Progress 641-10-25-01 (Revised 6/15/06 ML #3009)**

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If the evaluation finds there is lack of progress, the child and family team should explore the following to determine what revisions are needed in the plan:

1. Determine if the assessment was accurate and if assumptions about the nature of the presenting and underlying concerns were accurate;
2. Determine if goals are behaviorally specific, measurable, and realistically attainable.
3. Determine if the time frames are clear to all participants and realistic;
4. Make sure the tasks as outlined in the single plan of care are clear to all team members. Assess whether the tasks were appropriate and useful in addressing the needs and goals;
5. Determine if all team members are/have been performing their tasks. Determine if the correct team member was performing the correct task and if the tasks are appropriate to the team member's role;
6. Explore whether all team members still see the relationship between the concern and the plan;
7. Decide what, or if, further changes are needed to address the identified concern/needs;
8. Determine if new concerns/needs have surfaced that have caused, or may cause, the child(ren) to be abused or neglected. Determine what new goals are required;
9. If necessary, mediate disputes and disagreements between the team members;
10. Assess whether the family members are capable of further change. Determine if they have reached their maximum level of functioning after reconsidering the family's:
  - a. Physical and intellectual capacities,
  - b. Socio-economic situation,
  - c. Personal or cultural values, and
  - d. Functioning in response to current situation.
11. If the family members have not changed their level of functioning or behavior, decide if this was due to a lack of

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- motivation, an unwillingness of certain members to cooperate, or an inability to change.
12. Determine the necessity to obtain additional information before an effective evaluation can be conducted and whether the information is accurate and verifiable.
  13. If the case remains open, a new single plan of care is due within 15 working days from the expiration of the previous single plan of care.

**Family Refusal of the Plan 641-10-25-05  
(Revised 6/15/06 ML #3009)**

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The consequences of the family's refusal must be discussed during the negotiation of the plan. This discussion is particularly important if the case was opened due to a "services required" decision and out-of-home placement may be necessary because the risk of harm is assessed as high, or because of the child(ren) are currently in foster care.

**If the family refuses to participate in the planning process or services, the case manager shall consult with his/her supervisor to decide the appropriate action to take. A potential referral to the Juvenile Court may be required. Document all contacts and efforts to engage families from the time of referral to Juvenile Court until the outcome.**

Families can and sometimes do refuse services. Despite their best efforts, social workers may be unable to engage some families in the service process during the assessment. In other instances, families may simply withdraw later from the service process.

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### **Case Closing Criteria 641-10-30 (Revised 6/15/06 ML #3009)**

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#### **The case review must find that one or more of the following factors exists to justify ending of services:**

1. Child(ren) under age 18 is no longer in the home;
2. The family has moved out-of-state (confer with supervisor to determine if referral to state of residence is required);
3. The subject is no longer in the home and/or no longer has access to the child(ren), and the non-abusing parent has demonstrated the ability to protect the child(ren);
4. The family has achieved their goals and risk has been sufficiently reduced or eliminated;
5. There is no evidence that abuse and neglect has occurred in the past three (3) months and the child(ren) appears to be in no danger of future abuse and neglect;
6. The family demonstrates the ability to function at a minimally acceptable level based on family and community standards;
7. There is no longer any progress being made – the child and family team agree that services are ineffective and non-productive and risk factors are considered low;
8. The family is unwilling to cooperate and the Juvenile Court refuses to intervene or there is insufficient cause for a court referral;
9. The court relieves the County of the obligation to provide services;
10. Children who have been in foster care are returned home and family plan goals have been achieved;
11. Services can be provided to the family by another resource without the intervention of the County and the family can/will access such resources;
12. Resources have been exhausted and are no longer available to assist the family; or
13. The family requests that the case be closed.

Regardless of whether the family participates, an administrative decision will be made between the case manager and supervisor. They

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must jointly assess the safety and risk to the child(ren) when a family refuses services.

If it is determined that the child(ren) is not safe or there is high risk of maltreatment, legal intervention is needed and a referral to the States Attorney/Juvenile Court is required.

If there is not sufficient cause to pursue legal intervention, after supervisory consultation, the case will be closed. The case manager must thoroughly document the reasons for closure and any existing concerns in the case record and also on the single plan of care.

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### **Requirements Relating to Case Closure 641-10-35 (Revised 6/15/06 ML #3009)**

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The decision to end services is based on a thorough evaluation of the family situation. Prior to case closing the case manager shall:

1. Discuss the single plan of care progress with the child and family team members; and
2. Confer with the supervisor to review case progress. Needs, risk and safety factors must be thoroughly assessed at this time.

After conferring with the supervisor and the child and family team, a joint decision will be made on whether to close the case. If the case is to be closed, the case manager shall:

1. Schedule a final team meeting to discuss the reasons for case closure; and
2. Close the case in single plan of care.

### **Potential Team Challenges 641-10-40 (Revised 6/15/06 ML #3009)**

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#### **What if parents will not allow key identified people on the team?**

It all depends upon whom they don't want on the team. If it is vital, then you need to negotiate and discuss the cost of not having them on the team. Example: If education is a key area to address in the plan and the school is not allowed to participate, meeting educational goals will be hampered if not impossible to adequately address. You can offer to meet individually with the family and the individual to mediate what has happened. It is important to find out why they don't want them on the team. This information, if unknown, may present barriers to the planning regardless of their inclusion on the team.

One option, while not ideal, is for the person to provide information to be presented at the child & family team meetings. If the person is so critical to the planning, your agency may want to approach the court. If the court cannot be involved, you need to be honest with the family about what limitations the absence will have on their outcomes.

Continue working with the family with team members for whom you have approval. This results in a smaller team and in some situations may be just you and the family. Over time, trust may develop enough for others to become involved.

If the family returns to your agency in the future, this type of situation is important to note when you form a new team and what options you may need to take to make change.

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### **Court Referrals and Activities 641-15**

#### **Chapter Overview 641-15-01** **(Revised 6/15/06 ML #3009)**

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This chapter pertains to the necessary activities when a court referral is made.



**Requirements Relating to Juvenile Court Referrals and Placement (NDDHS Foster Care Service Chapters 623-624) 641-15-05**

**(Revised 6/15/06 ML #3009)**

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**Referrals to the Juvenile Court may be made at any time throughout the case life to gain assistance from the court. The case manager shall consult his/her supervisor, states attorney, and child and family team, if possible, before making court referrals. It is noted every judicial district is unique and specific processes may vary.**

**If court referrals are made, refer to NDDHS Foster Care Service Chapters 623-05, 624-05, 447-10, ICWA, ASFA, and Juvenile Court Model Court Order Packet.**

Examples of Court Referrals:

1. Emergency Removals/Shelter Care Hearings
2. Deprivation/Unruly-Hearing to recommend out-of-home placement or court ordered services for CPS services required situations.
3. Court Review if parents are not following through with court ordered services.
4. Permanency Hearing/review of custody.

Taking custody of a child from a parent pursuant to an order of the court, the law of arrest, by law enforcement, or juvenile supervisor, if there are reasonable grounds to believe: 1) that the child is suffering from illness or injury or is in immediate danger from his surroundings, and that his/her removal is necessary; or 2) that the child has run away from his/her parents, guardian, or other custodian.

### **Factors in Recommending Out-of-Home Care**

**641-15-10**

**(Revised 6/15/06 ML #3009)**

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If a child is in imminent danger, a referral to law enforcement is made to protect the child immediately. Reference Child Protective Services manual chapter 640 regarding mandated reporting requirements and agency procedures.

If a child is at risk of harm, but the situation is not imminent, the case manager and supervisor shall determine through assessment and evaluations in the child and family team process, that a deprived child referral to the state's attorney is necessary. In unruly or delinquent situations, the parent or law enforcement would make the referral to juvenile court.

The following factors should be considered when determining the need to make a referral to the Juvenile Court for removal of the child from the home:

1. Is the child in need of care and treatment because the parent(s) are unable or unwilling to provide proper support, education, medical surgical or other care required by law, which results in the neglect of the child?
2. Do conditions of physical or psychological maltreatment exist which cannot be immediately remedied, or significantly reduced or which can be expected to result in significant harm to the child?
3. Is a crisis situation occurring which results in temporary inability of parent(s) to give adequate care to the child?
4. Is the parent unable to provide adequate support and guidance to the child due to an impaired relationship, such as child-conflict, domestic violence, etc?
5. Does the child have special needs, which cannot be met if the child remains with the parent(s)?
6. Have all appropriate and available community/agency resources been offered to the family to prevent placement?
7. Do aggravated circumstances exist where reasonable efforts are not required? See "Making Sense of ASFA Regulations: A Road

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Map for Effective Implementation," P. 10 (2001) American Bar Association/Washington D.C.

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### **Request for Authority to Remove Child 641-15-15 (Revised 6/15/06 ML #3009)**

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**Court referral processes vary widely across the state and also vary depending upon the stage of the court proceedings. Information is typically provided to the state's attorney to initiate court action. Please consult with your supervisor for your local court's protocol.**

**Regardless of the process used, the following is the type of information that the Court may require:**

1. The child's full legal name and date of birth.  
The mother's full legal name and residence.

The father's full legal name, residence, and basis for paternity, if known.

Where the child resided and who is the primary custodian and/or caretaker.

If one parent is non-custodial, what relationship that parent has or has not maintained with the child, including financial support, supervision, visitation, emotional ties, frequency of contact.

2. Indian Child Welfare Act as it pertains to child(ren) (ie: is the child native and/or enrolled or eligible for enrollment).
3. Facts that support alleged deprivation and compromise the safety of the children.
4. Historical information of child protection concerns, outcomes, formal involvement and results (date specific) including any placements.
5. Services offered, outcome/follow through.
6. Statement regarding placement – what has been done to prevent removal and to reunify (ie: "reasonable efforts/active efforts").
7. Document Reasonable Efforts as referenced below  
"Federal law requires that there be a judicial determination as to whether reasonable efforts have been made to prevent or eliminate the need to remove a child from the home, as well as a judicial determination regarding whether reasonable efforts have

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been made to safely return a child to the home. Failure to obtain these judicial determinations and have them stated in court orders jeopardizes a state's access to federal IV-E foster care payment dollars."

"A primary source of information for a court to rely upon when making these determinations is the 'Affidavit of Services Offered.'" This affidavit is completed by the case manager and provides explanations as to what needs were identified for the child and family and what corresponding services were offered and why, as well as the reason(s) the services offered were or were not successful in achieving the intended goal. If services were not offered, the affidavit outlines the reason(s) for not offering such services."

"The affidavit is intended to assist the court in reaching its own conclusions as to whether the agency made reasonable efforts. If services were not provided, the affidavit can be specifically referenced in the juvenile court petition and order, and may be included along with the petition, as an essential component in the reasonable efforts decision-making process." (Juvenile Court Model Court Order Packet 10-16-00). Refer to NDDHS Foster Care Service Chapter 623-05.

8. If aggravated circumstances exist, document these circumstances and make a request that no reasonable efforts are required (a specific finding from the court).
9. A suggested witness list that includes names, address, phone number, whatever information they can provide and how each can be contacted.
10. Recommended action necessary to protect the safety, permanency and well-being and best interests of the child.

### **Placement Activities 641-15-20 (Revised 6/15/06 ML #3009)**

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The decision to recommend placement of a child may be very difficult for the case manager and the family. Placements that are not considered emergency placements provide the case manager with a better opportunity to prepare the family for disruptions. In these instances, the case manager shall:

1. Involve the child and family team in the decision to place the child(ren) and the case manager's decision to make this recommendation, to the extent possible with the exploration of kin/relatives for placement;
2. Maintain support services and supervision to assist the parent(s) in providing a safe, nurturing environment for the child(ren) until the court responds;
3. Not all parents will cooperate with the planning process for placement. Keep parents updated and involved as much as possible. Efforts are documented in the case file.

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### **Court Preparation Checklist/Preparing the Family for Court/Legal Process 641-01-15-25 (Revised 6/15/06 ML #3009)**

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The following checklist has been designed to assist case managers and families in effectively preparing for court hearings. The list is not exhaustive. The issues should be discussed with the assigned state's attorney, Guardian Ad Litem, and family members well in advance of the court proceeding. This will assist all parties to be more fully prepared and may diminish some anxiety at the hearing.

### **Preparing the Family for Court/Legal Process**

**641-15-25-01**

**(Revised 6/15/06 ML #3009)**

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The court process may place the case manager in an awkward position with the family. Despite this, the case manager is still expected to work with the family to inform them and assist with ameliorating the conditions necessitating court intervention. The following guidelines will assist the case manager in preparing the family for court the legal process and hearings:

1. Review why you have requested court intervention;
2. Review the goals and tasks on their single plan of care both accomplished and unaccomplished;
3. Inform the family of their right to have an attorney early in the process, the importance of applying for one in advance of the hearing;
4. Describe what happens in a typical hearing and the case manager's role in the court action and hearing;
5. Describe the role of the states attorney, GAL in the process;
6. Assist the family in dealing with their feelings about the court action;
7. Explain the possible outcomes of the court hearing;
8. Respond to the child's possible feelings of guilt, fear or uncertainty. This is particularly important when the recommendation is to remove the child from the home;
9. Offer support to the family members. In cases where the recommendation is to remove the child, this support may be in the form of encouraging parents to actively participate in the removal process and subsequent services which can result in reunification of the child; and
10. In cooperation with the States Attorney and the child's Guardian Ad Litem (GAL), prepare the child for what to expect if (s)he is to testify. Include explanations that the child should answer questions truthfully and only answer those questions that (s)he knows the answer. Also, assure the child that (s)he is not to blame for the necessity of the hearing and that the judge is there to make a determination as to what is best for the child.



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Sometimes it is helpful to show the child the inside of the courtroom before the hearing to orient him/her to the surrounding and where participants will be sitting. Local victim advocates may have videos and reading/reference materials for children and youth regarding courtroom protocol specifically developed various developmental ages/stages. Consult with them for available resources.

### **Case Manager Preparation for the Hearing**

**641-15-25-05**

**(Revised 6/15/06 ML #3009)**

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The case manager should contact the States Attorney to consult on preparations prior to the hearing. The following questions may help the case manager prepare for testifying at the court hearing:

1. What is the issue at the hearing; i.e., removal from home -- deprivation, unruly, delinquency, 12-month permanency hearing, termination of parental rights? Preparation is needed for both phases of the hearing-adjudication and dispositional
  - a. What specific facts are needed to meet the legal standard?
  - b. What specifically will the case manager need to offer as testimony to support the case?
  - c. Who else will be called as a witness in the case and for what purposes?
  - d. What are the recommendations from the case manager or child and family team process (ie: placement preferences, time limits, visitation arrangements and frequency, issues to be addressed by parents, like evaluations).
2. Is expert testimony needed (ie: is an opinion needed beyond the facts given by lay witnesses)?
  - a. What are the qualifications in the jurisdiction for an expert witness?
  - b. Does the social worker meet the qualifications?
  - c. What information is needed to show that the case manager can qualify as an expert witness?
3. Who is the opposing attorney/parents attorney?
  - a. Does this attorney have experience in these types of matters?
  - b. What kinds of questions might the case manager expect on cross-examination regarding their testimony on the facts or their recommendation?
4. Is there a Guardian Ad Litem (GAL)?
  - a. The case manager should call the state's attorney or GAL to discuss the case and to see if any additional information is needed by the state's attorney or GAL to complete their work.
  - b. The case manager may want to think about questions they can anticipate from the GAL/state's attorney.

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5. The file is not to be taken to court unless it has been specifically subpoenaed. Taking the file to court may mean that everyone in the file could be brought forward into the court action. The case manager can take any notes with them but should be aware that the attorneys can request a copy of anything the case manager brings into court.
  - a. If a CPS report is part of the fact pattern offered, the case manager should not disclose the name of the reporter unless specifically ordered to do so by the court.

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### **At the Hearing 641-15-25-10 (Revised 6/15/06 ML #3009)**

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These guidelines are provided to assist case manager during the hearing:

1. It goes without saying- tell the truth, the whole truth
2. Dress appropriately and professionally. How you present yourself to the court impacts on your credibility as a witness;
3. Listen carefully to the attorney's questions and do not answer the question unless the attorney stops talking;
4. Be as specific as possible with answers to the attorney's questions, i.e., when asked how often you have seen the client, say - "Three times from May 1991 through the present" NOT -- "I guess two to three times in the last year or so". Facts are required –observations not conclusions. If you are asked to give an opinion or recommendation, you will be asked specifically for this. Don't venture there unless and until asked.
5. If you don't understand a question, did not hear, or do not know the answer, say so. Ask that the question be repeated or rephrased if necessary.
6. On cross-examination remember two things:
  - a. Always pause for a few seconds to give your attorney time to object to the question if (s)he desires. If you blurt out an answer that is detrimental to your case and it could have been objected to, the court may allow the answer to be stricken, but everyone still will have heard it. If you are asked a question by the opposing attorney and your attorney objects, do not say anything until the judge has ruled. Sometimes the attorneys will both present explanations for their positions. The judge will either sustain the objection that means you do not have to answer the question or overrule the objection that means you do have to answer.
  - b. Always answer only what you are asked by the opposing attorney. Do not volunteer information. It is the opposing attorney's job to ask the questions and get the answers (s)he feels will benefit his/her position and their client. If you want to explain an answer, ask if you may explain. If the opposing attorney says no, you have at least tipped off your own

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- attorney to request an explanation on re-direct. (Refer to [641-40-10.](#))
7. During the dispositional phase of the hearing, the rules of evidence are presented, follow formal court protocol, and are more relaxed. During this phase of the hearing, testimony will be focused on recommendations for action or (next steps) in the case. Typically, this will require some opinion-related testimony from the case manager and others. This is the time and place to address placement, visitation, needs of the child, and conditions and conduct that are compromising child safety and must be remedied.

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### **Supervision and Case Consultation 641-20**

#### **Chapter Overview 641-20-01**

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This chapter pertains to the importance of the supervisory role.

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### **Requirements and Definition of Supervision 641-20-05 (Revised 6/15/06 ML #3009)**

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The County Social Service Agency shall make supervision available to case managers.

**The supervisor shall be a consultant, trainer, and mentor to the case manager and assist the case manager in using the Wraparound process. The supervisor monitors the quality of the Wraparound process. Through regular case consultation, the supervisor assists the case manager by providing options relating to the child and family team process and appropriate strategies.**

### **Supervision 641-20-05-01** **(Revised 6/15/06 ML #3009)**

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Supervision is an educational process designed to permit the integration of self-understanding, relevant theory, substantive knowledge, and functional skills into practice.

The supervisor performs the following functions:

- Instruct, guide, and assist in the application of theory into practice;
- Provide individualized teaching regarding single plan of care including the strengths discovery, family assessment, goal and task writing, intervention strategies, and working with teams;
- Promote self-awareness, identify strengths and needs areas, promote skill building, and provide constructive feedback.

The supervisor will have the primary responsibility for quality assurance, including the integrity of the Wraparound process and quality of work performance of the case managers.

It is important that the case manager and supervisor discuss specific cases on an ongoing basis. At a minimum, the supervisor is involved in the decision making process at critical points in the life of each case.



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### **Initial Case Assignment 641-20-05-05 (Revised 6/15/06 ML #3009)**

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Case managers should be assigned no more than 8-15 families based on service intensity needs, the case manager's skill, experience, and work load. The Level of Service Determination tool can be found in [641-40-35](#) that provides a method during the ongoing assessment process to match family need to agency resource.

In families where one or more children have been placed in foster care, a higher level of service intensity and case management involvement are often required. This should be taken into consideration when making case assignment.

Planning for balanced work loads will be an important part of supervision. The estimated time required for each family must be re-evaluated during supervision and be taken into consideration on future case assignments.

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### **Case Consultation 641-20-05-10 (Revised 6/15/06 ML #3009)**

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After the strengths discovery is completed, case consultation provides the opportunity for the case manager to share his/her perception of the family's strengths, risks, needs, and possible goals.

The supervisor shall review the single plan of care in order to determine if the plan reflects the Wraparound process, agency policy, and addresses the identified safety/strength/risk/need factors.

It is the supervisor's responsibility to determine if the case manager is reflecting the Wraparound process and that services address the strengths and needs of the entire family.

The family situation and identified safety/strength/risk/need factors will be discussed on an ongoing basis in supervision (recommended weekly, especially in high priority cases).

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### **Supervisory Review 641-20-05-15 (Revised 6/15/06 ML #3009)**

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It is recommended that the supervisor conduct a formal single plan of care review at the completion of each 90-day period. The supervisor may review the level of service determination form with the case manager to establish a need for continued services along with input from the child and family team. Consultation will focus on the effectiveness of services and the reduction of risk. Risk factors are compared to those existing at the beginning of the wraparound process. Case progress is discussed and case closing criteria listed in [641-10-30](#) is utilized in making a decision on whether the case can be closed. If a decision is made to close the case, refer to [641-10-35](#) that includes discussion with the child and family team.

Additional information relating to supervision will be found in [641-40-15](#).

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### **Case Recording/Documentation 641-25**

#### **Chapter Overview 641-25-01 (Revised 6/15/06 ML #3009)**

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This chapter describes how the case manager maintains a written account of case management activity.

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### **Requirements Relating to Case Recording 641-25-05 (Revised 6/15/06 ML #3009)**

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**For consistency throughout the state, case recording that includes both case activity records and monthly/quarterly summaries must, at a minimum, follow the guidelines and format described in this chapter. Exceptions to these methods require supervisory approval.**

**Case activity records describe daily contacts and activities. Summaries of progress toward goal achievement are completed monthly or quarterly. A final narrative is completed at case closing.**

Refer to the Foster Care Service Chapter 624 for policy related to case recording and documentation when a child in the family is placed in foster care.

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### **Case Recording Outline 641-25-10 (Revised 6/15/06 ML #3009)**

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The guidelines listed below are intended to provide a basic structure for capturing relevant information. They are designed to serve as a general framework for all case recording. Emphasis is placed upon case recording being purposeful, succinct, and focused on the Wraparound process.

#### Case Activity Record

Each entry should include the following information:

1. Date of contacts
2. Persons contacted
3. Contact type e.g. phone or letter
4. Purpose of contacts e.g. brief explanation of each contact

To assist with record keeping for the medical assistance billing process, the Procedure Codes are to be entered on the case activity record in units according to the following: S – Supervision; C – Collateral; D – Direct; RK – Record Keeping; and T – Travel. One unit equals 8-15 minutes.

#### Wraparound Targeted Case Management Services

Wraparound Targeted Case Management Medicaid Amendments fall under two specific target groups as listed below:

#### **Children in Alternative Care-Foster Care**

##### **Target Group:**

The person must be Medicaid eligible and be a foster child age 0 - 21 who is in the care, custody, or control of a North Dakota County Social Service Board, or be a child who has been in foster care and has been appointed a legal guardian by a court having jurisdiction, or be a child placed in North Dakota pursuant to the Interstate Compact for children who are placed by an agency from another state.

### Children receiving child protective services

#### **Target Group:**

The child must be Medicaid eligible, be a child who has been the subject of a child abuse or neglect report or believed to be at risk thereof, be under age 18 and the CPS assessment has a finding of 1) services required, or 2) services recommended.

#### Monthly/Quarterly Summary

All monthly/quarterly summaries should include changes in strengths, risks, and safety concerns as well as the family's progress in completion of goals and tasks on the single plan of care. Permanency efforts are also documented if children are in out-of-home care.

Behavioral descriptions are used where possible to illustrate changes observed since the initial completion of the strengths discovery and the single plan of care, or the previous monthly/quarterly summary.

Address issues such as:

1. Changes in strengths, risk, safety, needs – describe change in these areas since the initial strengths discovery or previous monthly/quarterly summary.
  - a. Describe changes in the frequency or intensity of the risk and/or safety concerns.
  - b. Describe any additional risk or safety concerns that have developed.
2. Goal achievement – describe progress toward task completion and whether goals are being accomplished.
  - a. Document any additional goals/tasks that have been added or changed.
3. Permanency Effort -- describe permanency efforts if a child(ren) is in out-of-home care:
  - a. Court related activities;
  - b. Visitation between parents and child(ren);
  - c. School reports/progress;
  - d. Mental Health and medical information that might be needed;
  - e. Con-current planning efforts; and
  - f. Document the need for current level of out-of-home care.

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As no case record can accurately reproduce everything that is said or done, the case manager needs to sift out and select items of information that are of the greatest significance. The case record should accurately summarize the relevant events of the Wraparound process.



### **Required Forms and Process for Wraparound Case Management Services 641-25-15 (Revised 6/15/06 ML #3009)**

[View Archives](#)

The following forms are utilized by case managers during the Wraparound process:

1. Authorization to Disclose Information ([SFN 1059](#)). This form is completed and signed by the client to give consent for a person/agency to release information about the client to another person/agency.
2. Multi-Agency Authorization to Disclose Information ([SFN 970](#)). This form is completed, signed, and initialed by the client to give consent for a number of persons/agencies to disclose and exchange information about the client with one another.
3. Emergency Assistance Service application ([SFN 38](#)). This form is completed and signed by the parent/legal guardian and case manager in determining eligibility for Emergency Assistance Services. Case numbers and EA eligibility are then documented on the logs and provided monthly to the State and funding is accessed at the State level from this program. EA eligibility is also utilized when providing information for random moments. (Refer to the Random Moment Time Study coordinator for a copy of the codes and quick list.)
4. Single Plan of Care (SPOC). The Single Plan of Care is the family's treatment plan and shall be completed and provided to the family and all team members at least on a quarterly basis. (Refer to [641-30-10](#) for SPOC Time Frames).
5. Child Welfare Outcomes: Case Managers shall complete the Educational Outcome Measure, Juvenile Justice and Law Enforcement Outcome Measure and Residential Living Scale (ROLES) Outcome Measure in the Single Plan of Care (Refer to [641-40-20](#) for the Single Plan of Care SPOC Computer Guide).

## **Single Plan of Care Computer Application 641-30**

### **Chapter Overview 641-30-01**

(Revised 5/15/06 ML #3009)

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This chapter pertains to the Single Plan of Care (SPOC) Computer Application, which is a web based computerized treatment plan that supports the Wraparound case management process.

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### How to Open a Case in SPOC 641-30-05 (Revised 6/15/06 ML #3009)

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<p><b>CPS Follow Up Cases-</b> Wraparound Case Management Services (non-foster care)</p>	<p>The <b>Client</b> in a case is one child who is the victim of abuse/neglect. If there are multiple victims in the same family, choose one child to be the client. The other victims and parent(s) are listed in the natural support/family section in SPOC as team members.</p> <p>Even though the child is listed as the client, parent(s) will have tasks and goals in the plan. These tasks are done for the benefit of the child(ren).</p>
<p><b>Foster Care-</b> Wraparound Case Management Services</p>	<p>The child(ren) who are/is in foster care is the client in a case in SPOC. All others in the family are listed in the natural support/family section in SPOC as team members.</p>
<p>If multiple clients (children) are involved and the planning is done <b>together</b>, put all clients into one case in SPOC and have one team. Each client's distinct plan can be printed out separately.</p>	
<p>If you have multiple clients (children) but the planning will be done <b>separately</b> with more than one team, you will have <u>multiple cases</u> in SPOC and <u>multiple teams</u>.</p>	
<p>Outcomes are done only on child(ren) <u>client(s)</u>. The child's functioning will most likely improve in school, home, and community when changes occur in the family and the planning is successful. Outcome are required to be completed for each child(ren) in a timely manner and before <b>Case Closure</b>.</p>	

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### **SPOC Time Frames 641-30-10** **(Revised 6/15/06 ML #3009)**

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#### County Social Services SPOC Time Frames

Open/Register a case into SPOC	7 - 14 working days from case assignment
Complete the Strengths Discovery and initial child and Family Team Meeting*	45 days to complete the Strengths Discovery and have the initial Child and Family Team meeting. *Foster Care Cases must have Foster Child and Family Team Meeting and development of a Single Plan of Care (SPOC) within 30 days of placement.
Send out plan to team members	15 working days from the date of the Child and Family Team Meeting
Review & approval	Within 90 days from Care Plan Effective Date

#### Effective and Review Dates

##### Initial Care Plans

Effective Date = 45 days from date of initial meeting with family\*

\*Foster Care Cases must have a Foster Care Child and Family Team Meeting and development of a Single Plan of Care (SPOC) within 30 days of placement.

Review Date = date that the care plan will be reviewed (At least within 90 days from Initial Care Plan Effective Date)

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### Subsequent plans

Effective Date = review date of previous plan PLUS 1 day

Review Date = Date the care plan will be reviewed. At least every 90 days

NOTE: Cases can be reviewed prior to the review date. Plans should be reviewed and adjusted any time major changes occur to reflect the change in plans.

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### **HELP Desk 641-30-15** **(Revised 6/15/06 ML #3009)** [View Archives](#)

Paulette Westrum is the SPOC HELP DESK person, and she can be reached at 1-800-429-8829.

Refer to [641-40-20](#) for the SPOC User Guide.

### Appendix 641-40

#### Family Systems Theory 641-40-01 (Revised 6/15/06 ML #3009)

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##### Introduction

People do not exist in a vacuum. They live, play, go to school, and work with other people. Most anthropologists agree that, next to their peculiar tendency to think and use tools, one of the distinguishing characteristics of human beings is that they are social creatures. The social group that seems to be most universal and pervasive in the way it shapes human behavior is the family. For Social Workers, counselors, and psychologists, the growing awareness of the crucial impact of families on their clients has led to the development of family systems theory.

Family systems theory is more than a therapeutic technique. It is a philosophy that searches for the causes of behavior, not in the individual alone, but in the interactions among the members of a group. The basic rationale is that all parts of the family are interrelated. Further, the family has properties of its own that can be known only by looking at the relationships and interactions among all members.

The family systems approach is based on several basic assumptions:

- Each family is unique, due to the infinite variations in personal characteristics and cultural and ideological styles;
- The family is an interactional system whose component parts have constantly shifting boundaries and varying degrees of resistance to change;
- Families must fulfill a variety of functions for each member, both collectively and individually, if each member is to grow and develop; and
- Families pass through developmental and nondevelopmental changes that produce varying amounts of stress affecting all members.

These assumptions are diagrammed in figure 1 (see next page). The components and their relationship to the whole system are as follows:

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- Family structure consists of the descriptive characteristics of the family. This includes the nature of its membership and its cultural and ideological style. These characteristics are the input into the interactional system. They are the resources and the perception of the world that shape the way in which the family interacts.
- Family interaction is the hub of the system. It is the process of interaction among family members that determines the rules by which the family is governed. This is the family's level of cohesion, its adaptability, and its communication style. Finally these interactions work together to serve individual members and collective family needs.
- Family function is the output of the interactional system. Utilizing the resources available through its structure (input), the family interacts to produce responses that fulfill its needs.
- The family life cycle introduces the element of change into the family system. As the family moves through time, developmental and non-developmental changes alter the family structure and/or the family's needs. These, in turn, produce change in the way the family interacts.

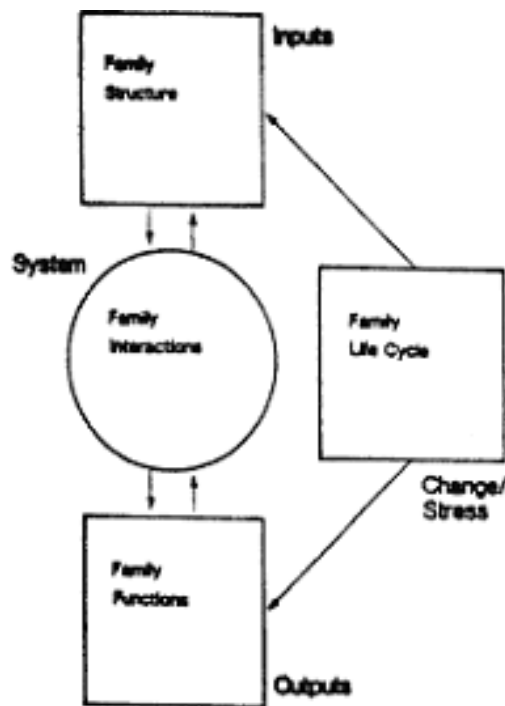


Figure 1.



### What is a Family System?

Understanding something as complex as a family unit is not an easy task. What does it mean to say that the family is a system? Webster (1979) defines a system as a "regularly interacting or interdependent group of items forming a unified whole." Certainly members of families are interrelated and interdependent parts of a whole.

Many writers in discussing the family as a system use the analogy of the heating system of a house. As Haley (1963) explains it, the furnace responds to the signal from the thermostat, but the thermostat responds to the temperature of the room, which responds to the heat from the furnace. Each element serves a function in the total heating system. The elements are interdependent. For example, when the air becomes "too cold" the thermostat signals the furnace to give more heat, and when the air is "warm" the thermostat signals the furnace to shut off. The temperature in the house fluctuates within a narrow range around the setting of the thermostat.

The heating system has a kind of balance, or homeostasis, and all of the elements of the system -- the furnace, the thermostat, and the room temperature -- are involved in maintaining that balance. So long as the setting remains the same, the temperature remains stable. Even when the setting is changed the elements of the heating system still relate to each other in the same way. There are rules, which govern this process, and all parts of the system work to maintain the rules -- in this case, the setting.

This analogy is comparable to the family system in which the elements -- the family members -- are dependent upon one another. In similar manner families develop a kind of balance in their relationship patterns.

The family is not just a collection of individuals. It is a whole larger than the sum of its parts.

### A Delicate Balance

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All family members have a stake in maintaining the delicate balance in their relationship patterns. The action of one member affects all others, and that member is in turn affected by the reaction of others. This can be seen at times of change when the established balance is threatened.

Something as seemingly simple as a change in working hours can have implications for the relationships of everyone in the family. For example, a father is suddenly changed to the day shift on his job after working for years at night. What happens when he is there in the evening to interact more closely with the other family members? Will the children see his increased attention as interference in their established patterns? If they object to this change, he may interpret it as lack of respect or rejection.

On the other hand, the father may see problems that he has not noticed before because he was home during hours that the children were in school. His wife may have become involved in evening activities that she may not want to give up to be with him. She may resist his involvement with the children after enjoying a "power position" over the years. He might decide that it would be best to immerse himself in TV or outside activities as a way of avoiding some of the issues that the increased opportunity for closeness with the family present.

A change in the family situation means readjustment of the total system and can pose problems and challenges for every single member.

### A Stable But Open System

When individuals live together in an intimate environment, such as a family, they begin to set limits on each other. There is a range of behavior that is acceptable and a certain amount of deviation that is tolerated. When individual behavior threatens to violate the limits that have been agreed upon, members respond by trying to reestablish the limits and to preserve the stability of the family system.

All members of the family system participate in this process of maintaining stability. For example, a child, upset after witnessing the

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fighting of his parents, may begin to have problems in school. He notes that when his parents focus on his problems, they spend less time fighting. In a sense, the child is able to unite them in concern over him. Even though they may eventually express anger towards him, absorbing their anger is better than having them separate. The parents, too, may take note of the fact that they get along better when the child is having problems and may begin, at some level, to reinforce the child's difficulties.

Though this sequence is dysfunctional for the child, it is functional for the continuity of the system. It keeps the family together, and all of the family members are invested in maintaining it. Typically, in such a family the child experiences a problem at times when he perceives that there is trouble between his parents. It is also possible that one of the parents, feeling anxiety over marital strife, could trigger this pattern by interpreting the child's behavior as problematic, even though that behavior might be judged quite "normal" by an outside observer. This process is not conscious. The individuals do not plan it. The pattern evolves and persists to serve the positive function of maintaining the stability of the family system over a period of time. Mother, father, and son all participate in the pattern.

When the family is viewed in this way, it becomes impossible to think of family assessment as arriving at a separate diagnosis of each individual family member at a particular moment "frozen" in time. Rather, focusing upon understanding the nature and the quality of the interactions among family members over time becomes essential. And, while family systems tend to maintain stability, they are not rigid and unchanging. A family must be prepared to respond to the changing needs of its members over time, to unpredictable events that involve family members, and to pressures that come from outside family boundaries.

Every family is faced with the test of allowing for growth and change while maintaining the integrity of the system.

### Characteristics of the Family System

A large family which includes grandparents, parents, and children whose ages range from birth to seventeen is obviously very different

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structurally from a family consisting of a mother and two children. Each of these families will be organized differently, too. In trying to understand more about these families, it is important to look at various characteristics within each family. The following sections will explore five characteristics of the family system:

- External and internal family boundaries;
- Family rules;
- Family role organization
- Power distribution among family members; and
- The communication process.

### External Boundaries

Ann Hartman (1979) has defined the external boundary of a family as "that invisible line that separates what is 'inside the family and what is outside' the family." This outside boundary defines the whole family in relation to other systems such as schools, churches, or other families, and outside individuals.

Although this boundary is not physical, it can be detected, to some extent, by observing the way a family uses its space. For instance, the family can describe its boundaries quite precisely with fences, walls, and hedges. Or, it can rely 'simply on the property line with little to separate one family's property from another. The family too, can make it relatively easy or difficult to gain access by use of gates, doors, dogs, doorbells, or intercom systems. Families do make statements about how they perceive their boundaries with these physical statements about privacy and accessibility.

In addition to its use of space, a family has many attitudes, rules, and communication patterns, which help to define its boundaries. There are rules about who is included in or given access to the family, such as extended family, in-laws, friends, and neighbors, for example. The nature of a family's boundaries might range from an extreme closed quality to an extreme open quality. Kantor and Lehr (1976) write about different structural arrangements within families and identify the following as some of the characteristics of a closed type:

- Tightly controlled access to family space - likely to have locked doors, fences and unlisted phones. Strangers are not admitted easily;

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- Connections of family members to outside systems are rigidly controlled by rules and implemented by those in authority - many rules exist about permitted activities and who can associate with whom;
- New and different links to outside are difficult for members to develop - they tend to have few connections, but they are usually stable;
- Privacy is valued. Members tend to be self-protective and sometimes secretive;
- Values regarding roles and rules tend to be rigid;
- Communication is tightly channeled with little expression of conflict;
- High priority given allegiance to the family;
- Can be affectionate, but controlled in expression;
- Discipline and traditions are valued. There is low tolerance of differentness; and
- Change is difficult and threatening.

At the other end of the continuum is the family with very open physical boundaries. Some of the characteristics of this type of family are:

- Family members, friends and strangers enter and exit with relative ease;
- There is little privacy - space is not well regulated internally or externally;
- Members develop individual connections to external environment, do their own thing;
- Planning is not valued so much as spontaneity;
- There is a great deal of energy flowing out of family;
- There is no clear-cut decision making process -rules tend to be fluid;
- Differentness is prized and often encouraged;
- Emotion and affection is expressed, but not in a consistent fashion; and
- Change can lead to chaotic situations, family has a tendency to "fly apart."

Somewhere along the middle of the continuum would be the family with well-defined and moderately open boundaries. They would tend to look like this:

- There is easy access to family space, frequent guests, unlocked doors, freedom to exchange with outside;

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- Members can explore outside community and groups -tend to have numerous and strong connections;
- Communication is relatively open, opinions and ideas exchanged openly, conflict can be openly expressed;
- Rules are well-defined, but flexible;
- Growth is encouraged, intimacy and nurturing patterns are adaptive, and differentness is tolerated within limits;
- Closeness is encouraged. There is a balance between energy flow into and out of the system; and
- Change can be somewhat stressful but the family has resources to adapt.

The degree of openness and closeness may vary with family style, preference, culture and circumstances. It would be extremely rare to find a family who fits neatly into any of these categories, though most families tend toward one type or another. Most families have a mixture of open and closed boundaries, which can change depending on circumstances. As an example, a family who is actively engaged in various community activities, a characteristic of a family with open boundaries may designate the dinner hour as their time to be together and take the phone off the hook to deliberately limit their accessibility.

Considering the implications of family boundaries is important primarily so that the child and family can come together with the least stress possible. The most important thing to remember about the external boundary is that it must be flexible enough to permit the family access to resources from the world outside the family to meet their needs in a satisfactory way.

A family has an invisible boundary that helps to define it as separate and different from other systems.

There is a wide range of boundary styles ranging from open to closed.

### Internal Boundaries

In addition to its external boundaries, a family system contains a number of subsystems, which create internal boundaries. The subsystems could consist, for instance, of those members who belong to the same generation (such as the children) or the same sex (the

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men of the family) or those who have the same interests or functions. Obviously, one individual might belong to more than one subsystem. Over a period of time, rules develop about how the subsystems interact with each other, who is included in the subsystems, and how each member participates. In other words, a kind of boundary exists that defines the relationship between and among the subsystems.

For example, in most families the parental subsystem, be it two parents or one, will establish itself as being "in charge" of the sibling subsystem. The boundaries and rules are distinct and clear. The parent or parents may interact frequently and informally with the children, or they may be somewhat remote and formal. In some families, the interaction can be so free and open that the boundaries become blurred.

People in family groups arrange themselves according to closeness and distance patterns. Aponte (1976) has written that "a family that has developed successfully will have a dependable, differentiated, and flexible system of structural alignments. Each family member will have other members on whom he or she can count to carry out family-related operations." Alignments develop between and among the individuals in a family in order to carry out tasks, developmental or otherwise, and to meet emotional needs. These alignments can shift over time, but in most families there are predictable, reliable patterns of relationships. This provides the members with dependable sources of support and nurturance. Again, there can be wide variations from family to family as to the nature and quality of these patterns. They depend in large part on such things as cultural or ethnic background, family traditions, and values.

Who is included in the subsystems can be an important issue. Sometimes a child, or perhaps a grandparent, is included in the parenting subsystem. This may be the result of circumstances -- such as both parents working, or a single parent who works or needs help with parenting. It could be the cultural norm. There is nothing inherently problematic about this kind of subsystem, so long as expectations and arrangements are clear to everyone in the family.

**A family has internal boundaries that define how family members relate to each other. These are subsystems based on generation, sex, interests, etc.**

### Role Organization

In addition to external and internal boundaries, a family is organized in terms of roles. Every family has to work out such things as who cares for the children, who does what work around the house, who makes what decisions, and who handles the money. To function well, a family must have some clarity and agreement about these roles. However, roles need not be so rigid and narrowly defined that there cannot be changes.

Role organization and expectations in any family are influenced by many factors -- culture, ethnic background, experience in the family in which one grew up, life style, and family size and composition. It is possible, for example, to find a child fulfilling parental responsibilities in certain families. In some cultures, children are given responsibility as part of their training.

The way in which a family organizes itself in terms of roles is not necessarily a statement of how well or how poorly that family is functioning. Suspending value judgments and avoiding applying one's own version of the ideal type of role arrangement is sometimes very difficult. In reality, there are a variety of role arrangements, and any of them can be functional in a given family.

Although families devise many variations of workable role arrangements, it is also true that deficits can exist in some families. The family has tasks to carry out in relation to its members and to society, and it must contain enough members with the abilities to perform those tasks adequately. In the case of a single-parent family, for example, the parenting can be carried by a single adult individual or shared with an older child, a grandparent, other relative, a friend or neighbor. Any of these arrangements can be satisfactory. However, in the event that a parent experiences the stresses of the total responsibility as an overload and does not have others to call upon, a serious deficit exists.

Role organization varies greatly among families.

Ideally, roles within the family are both clear and flexible.



### Family Rules

Over a period of time, family members develop rules about how they relate to each other and to the external environment. Many of these rules are "silent contracts," not openly recognized. There are rules about communication, such as "parents never argue in front of the children." There are rules about how decisions are made, how problems are solved, and about how people are supposed to think, feel, and behave. The rules are repetitive, predictable, and stable, although, like many traditions, how and why certain rules were established may be lost or forgotten. To understand families it is important to learn about the operating rules and the behavioral patterns that maintain them. The rules that are developed by the family system ensure its stability, promote cohesiveness, and help to establish the identity of a family as distinct from other families.

The way in which the rules themselves are made, whether or not they are openly recognized, and how they can be changed is also important. When the family experiences a good deal of anxiety about discussing rules or is unable to make necessary changes in rules as time and the situation require, there can be serious problems. For instance, the rules about bedtime and homework which operate in a family with young, school-aged children are no longer appropriate when the children reach high school. In one family these rules may be changed by democratic family process initiated by the children. In another the old rules may not be open for discussion and may remain rigidly in place, leaving the adolescent to choose between obeying inappropriate rules or rebelling.

Families maintain stability by developing rules about how to live together.

**Families have rules about everything. Some rules are explicit and some are not. Some can be discussed and some cannot.**

**Families vary in the kind of rules they have, whether they can be discussed, how easily they can be changed, and how they are enforced.**

### Distribution of Power

All families must have ways to make decisions and to resolve conflict. In most families all members have, and need to have, a certain amount of power and influence in some areas. As Aponte (1976) has pointed out, "Family members must have enough power in the family to be able to protect their personal interests in the family at all times, while keeping the well-being of the other members, and of the family as a whole, in mind." Normally, one thinks of power and decision-making as being vested primarily in adult members of the family. However, there can be a great variation in how power is distributed and used in families.

Some families strive for equality and permit everyone to participate in decision-making. Others have a clear and rigidly defined system in which one member of the family holds most of the power. The distribution of power can shift over time as the children grow and exercise autonomy. Children come to have a voice in such matters as how the family money is spent and where the family goes on vacation.

Perhaps the most important consideration is that the family have an orderly pattern of power distribution. They need one that is reliable, permits the family group to carry out its operations in a reliable fashion, and yet is flexible enough to change as circumstances change. Overly concentrated power in one member of the family, or an arrangement that is so diffuse in distribution that members assume no responsibility, can hinder family operations and individual growth.

**Families develop characteristic ways to make decisions and to resolve conflict.**

**Distribution of power usually shifts over time with needs of the members.**

**It is important that there be a reliable, predictable pattern of power distribution.**

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### Communication

The final characteristic of family systems included here is communication. It is impossible not to communicate. All behavior is communicative. Even silence is a message. A family works out its role organization, its rules of operation, all of its activities, through a process of communication. The communication system parallels the relationship system, since it is through communication that relationships are defined.

Messages have both a content and a relationship aspect. If a husband comments to his wife, "I like your blue dress," it gives her some information. Depending upon the context of the situation and the inflection of his voice, it might be a command to wear that particular dress to a party that night. This is a message that defines the relationship in some way. He is establishing the right to express a preference and expects a positive response. She may confirm the definition and agree to wear the dress. She may also attempt to redefine the relationship by ignoring his statement or in some way convey the message that he has no control over what she wears. Conversely, the husband's comment, "I like your blue dress," may be a compliment given after she is dressed.

Communication patterns express what is going on in relationships in a family. If there is a kind of power struggle occurring between two people, it can be seen in a high level of disagreements. In an extreme situation, the competition between the participants makes decision-making almost impossible. Children in a family in which the parents are in a power struggle can often get caught in the cross-fire, getting conflicting messages from the adults. At the other extreme is a situation in which one person is always in the power position, while the other person is always "one-down." Both types of communication patterns are usually present in most relationships. The important thing is to work out an arrangement that is a satisfactory "fit" in terms of the needs, desires, and circumstances of the individuals involved, and one that permits the family to carry out its functions with respect to its members.

Families could be located on a scale ranging from "open" to "closed" kinds of communications. On one end would be those in which messages are clear and unambiguous. Individuals can reveal their

needs, requests, and desires in a relatively free manner. Expectations are clear and well-defined. On the other end would be those in which messages are distorted and ambiguous. Individuals do not freely reveal their needs, and there is little congruence between what is felt, said, and done.

It cannot be emphasized too strongly that there are all sorts of workable and effective communication and relationship patterns. Culture and ethnicity are significant variables to keep in mind.

**Each family works out its ways of operating through a communication system. Families have many rules about communication which can be located on a scale ranging from open to closed. There is no one "ideal" type, and different styles work for different families.**

### The Family Through Time -- Life Cycles

The family with its varying patterns of boundary organization, rules, roles, power distribution, and communication processes, also passes through a life cycle with certain identifiable stages. Each stage presents the family as a unit with new tasks. Each stage means considerable change for the family during transition from one stage to the next. The transitions associated with moving from one stage to another have come to be considered normal and sometimes stressful parts of development. The amount of stress experienced by a specific family during these transitions varies and depends upon many factors.

The transition points experienced by most nuclear families are outlined in the following framework. This framework is primarily applicable to nuclear families. There are variants in other kinds of families. The chart on the following pages lists the transition points and some of the tasks for family members associated with each.

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### Family Life Cycle

#### 1. COMMITMENT

##### Tasks

- Assume spouse roles
- Separate from Family of origin
- Establish relationship with in-laws
- Establish rules of interaction (intimacy/distance) Divide work

#### 2. DEVELOPING NEW PARENT ROLES

##### Tasks

- Assume parent roles, expectation, values, etc.
- Assume child-rearing responsibility
- Negotiate changes in work, recreation, housing, relationships with extended family
- Establish rules and communications regarding children (intimacy/distance)

#### 3. ACCEPTING THE NEW PERSONALITY

##### Tasks

- Continue development of parental roles
- Allow development of new individual
- Relate to developing personality
- Make new space arrangements

#### 4. INTRODUCING THE CHILD TO INSTITUTIONS OUTSIDE THE FAMILY

##### Tasks

- Expand parental roles
- Support child's first separation
- Accept child's developing autonomy and accept changes in family organization
- Relate to outside institutions – schools, church, sports, etc.

#### 5. ACCEPTING ADOLESCENCE

##### Tasks

- Deal with emerging sexual identity of child
- Accept increasing influence of peer group
- Promote differentiation and autonomy of child

#### 6. EXPERIMENTING WITH INDEPENDENCE

##### Tasks

- Deal with increased striving for independence
- Facilitate greater participation of child in decision making
- Participate in education and career planning
- Accept lessening of the tie to the family or origin

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### 7. PREPARING TO LAUNCH

#### Tasks

- Accept independent adult role of child
- Plan for separation
- Face own middle age transition issue

### 8. LETTING GO / FACING EACH OTHER AGAIN

#### Tasks

- Rework spouse roles
- Face unresolved issues of the past
- Work out separation issues around children

### 9. ACCEPTING RETIREMENT/OLD AGE

#### Tasks

- Develop role transitions and new life style
- Develop activities other than work and family responsibilities
- Face physical and emotional problems of aging
- Deal with significant losses
- Begin life review

### Variations in Life Cycle

The family life cycles and the issues involved can vary a great deal depending upon cultural and ethnic differences and upon the circumstances of the individuals involved. For instance, a family in which there has been a divorce has all of the issues of separation and loss to deal with. The family essentially faces a transition from a two-parent to a one-parent family, even though there may still be involvement of both parents. The blended family, of which there are many these days, goes through a process of trying to "fit" together two family systems. The formation stages as well as latter stages can vary for these families. The couple who has never had children will face different transitions and issues than families with children.

The cultural variations in the family life cycle are great. For example, the Mexican-American life cycle is more clearly three-generational than the Anglo-American life cycle. Extended family members, friends, and neighbors usually play a strong, role in the family life. Older members of the extended family are respected, and age is a determinant of power and control. Families tend to be protective of their members and to prize family loyalty. Ideas about when and under what

circumstances young people leave home are different from middle class Anglo-American ideas.

The life stages and tasks of the single-parent family are similar to those of any family, with the exception of those that relate to couples. The single-parent family may face problems of task overload at various stages of the life cycle unless there are adequate support systems available. Other variations would include gay and lesbian couples and the stresses they may experience in their life stages and tasks. Obviously, the family life cycle must be considered in a sociocultural content.

### Families are Multi-Generational Systems

The family life cycle is not the only way in which the time dimension is important in understanding families. A family may seem to consist of only two or three current generations. It is actually greatly influenced by many past generations. It is important to understand the linkages, or lack of them, between the current family and extended family members. Values, expectations, myths, secrets, and unresolved issues around important events are transmitted from one generation to the next. This can be a powerful influence in the context of the present family and its individual members. There is an assumption here that all people, whether consciously or unconsciously, are deeply enmeshed in their family systems. This affects people's perceptions of who they are, how they think, and communicate, and how they see themselves and others. It influences what they choose to do and be, whom they choose to be with, love, and marry. It influences how they choose to structure their new family.

Early in the life cycle, every family must make decisions about how it will relate to families of origin. How will a newly married couple relate to their own and to each other's family. For many families this can be an area of great conflict that persists over the years. Sometimes there are damaging cut-offs that divide families and limit opportunities for contact and support. The extended family can be a source of support, nurturance, and stimulation and an extremely important resource. It is essential for anyone trying to understand families to pay special attention to the intergenerational facet of family life and to understand that some of the most important people may not be current family.

### The Single Parent Family

Structures and life styles that are acceptable and functional in American society today was noted earlier. The assumption tends to exist that a family contains two parents. Yet, it is now estimated that nearly one half of all the children in the United States today will spend at least part of their lives in single-parent families. Currently, one family in five is headed by single parents. There is no question that, for a variety of reasons, the rising divorce rate being the most significant, the single-parent family has become almost commonplace.

### **Source.**

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### **Diagramming Families for Assessment 641-40-05 (Revised 6/15/06 ML #3009)**

[View Archives](#)

Click [here](#) to view Diagramming Families for Assessment.

## **The Juvenile Court and Other Considerations**

**641-40-10**

**(Revised 6/15/06 ML #3009)**

[View Archives](#)

### Purpose and Mission of the Court

As designated by the Juvenile Code, the purpose of the Juvenile Court is to "provide for the care, protection, moral, mental, and physical development of children, to remove the taint of criminality and consequences of criminal behavior from children committing criminal acts, to achieve these purposes in a family environment whenever possible, and to provide a simple judicial procedure while protecting the parties legal and constitutional rights".

### Jurisdiction of the Court

The Juvenile Court has exclusive jurisdiction over children under 18 years of age. In cases where a child has been determined to be delinquent for an act committed while under eighteen years of age, jurisdiction can be extended to age 20.

A child under the age of 21 can voluntarily remain in foster care, however, the child has to be willingly request that they be considered to be within the jurisdiction of the court as a deprived child so they can stay in their foster care placement. Consult with the Regional Supervisors for more details on this option.

If a child between the ages of 14 and 18 has committed an offense which would be considered a crime if committed by an adult, the child may be tried as an adult in the district court if;

- the child is over sixteen and requests the transfer; or
- the child is over fourteen, a hearing is held on the transfer issue, notice is given to the child and his/her parent(s)/guardian three days before the hearing, and there are reasonable grounds to believe that: 1) the child committed the delinquent act alleged; 2) the child is not amenable to treatment or rehabilitation as a juvenile; 3) the child is not treatable in an institution for the mentally retarded or mentally ill; 4) the interests of the

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community require that the child be placed under legal restraint or discipline; and 5) if the child is fourteen or fifteen years old, the child committed a delinquent act involving the infliction or threat of serious bodily harm.

### The Hearing Process

The first step in the hearing process, after the court is informed that a child appears to be under the jurisdiction of the court, is to hold a preliminary inquiry to determine the facts and whether the interests of the public or of the child require further action.

The type of hearings which the court may hold include:

- Detention or shelter care hearings:

If the juvenile has been taken into detention, is in need of protection because of an emergency safety-related situation and placed in a shelter care facility, foster care home, or another facility the juvenile court must hold a detention or shelter care hearing within ninety-six hours. This is held to determine if there is probable cause to hold the child in protective custody or in a facility until the formal adjudicatory hearing.

### Formal Hearing

A formal hearing is initiated by filing a petition alleging the child to be deprived, unruly and/or delinquent.

- Informal Adjustment/Hearing:

In some situations involving alleged unruly youth, an informal adjustment hearing can be held by the juvenile supervisor or other officer of the court to give counsel and advice to the parties and impose conditions for the conduct and control of a child. This type of proceeding can take place when the facts of the case are admitted; when this special proceeding would be in the best interest of the child; or when the child and parent(s)/guardian consent to this process.

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- Adjudication and Dispositional Hearings:

Once a petition is filed, the case proceeds to the formal fact-finding and hearing procedure. There are two phases of the formal hearing procedure; these phases may be addressed consecutively in the same hearing or separately in two hearings.

The ADJUDICATORY phase is conducted to determine if the juvenile youth or his/her parents have committed acts alleged in the petition (deprivation-abuse/neglect; unruly or status offenses; or delinquency/criminal offenses) which allow the court to take jurisdiction over the child.

If the allegations are found to be true, the hearing enters phase two, the DISPOSITIONAL phase. In the dispositional phase, the court decides the most appropriate means to address the problem. This may include commitment to a public or private agency for placement or supervision, examination by a psychiatrist or psychologist, participation in counseling, or any number of other dispositions. This is the fact-finding phase of the hearing.

- Permanency Hearings:

Permanency hearings are formal hearings required at least every twelve months to assure the plan for the youth includes a move to a permanent home/family. Refer to [NDCC 27-20](#) for scope of permanency hearing.

- Termination of Parental Rights (TPR) Hearings:

This is a formal legal proceeding which considers the need to sever the legal ties of a child from his/her biological parents, adoptive parents, or guardian.

In order to terminate the parental rights of a child, sufficient proof/evidence must be given to the court to show that the parent has abandoned the child; that the child is currently deprived and the causes of the deprivation are likely to continue and because of this, the child will therefore suffer physical, mental, moral, or emotional harm; or that the parent has consented to the termination.

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- **Adoption Hearings:**  
This is a formal legal proceeding that considers a petition to adopt a child, determines the suitability of the prospective adoptive family, and grants temporary or final legal custody of a child for the purpose of adoption.
- **Special Hearings:**  
Other matters may be heard by the court upon a petition by the parent, guardian, legal custodian, spouse, relative or next friend. For example, a petition to establish a legal guardianship between the child and a third party.

### Witnesses and Records

When the juvenile court receives a referral, at times the juvenile youth and/or parent will deny the report or facts related to the incident. When this occurs, a formal contested hearing is set and witnesses are subpoenaed. Witnesses may include social work, human services personnel, school personnel, medical personnel, the police, agency staff, etc.

- A witness may be asked to recount the facts, details and observations that have been made concerning the environment, the interactions or details, surrounding the child/family/individual or the incident in question.
- A witness may be asked to provide records concerning the work and documentation of an activity with a child/family/individual.
- Witnesses may also be called to provide recommendations during the dispositional phase of a hearing

### The Expert Witness

Agency staff may be requested or required to testify in court to the facts of a case as a lay witness (as described above) or in the role of an expert witness. Unlike a lay witness, expert witnesses' opinions are admissible when it has been established that the witness is professionally acquainted with, skilled, or trained in some field (i.e., child welfare, child custody) and therefore has knowledge or experience in matters generally not familiar to the public. For this

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reason, prior to testimony, agency staff may be asked to state their educational background, experience, credentials, etc. While agency staff may testify to matters which pertain to the "best interests of the child," they are generally not qualified to testify to matters beyond their scope of expertise (medical opinions, mental condition/diagnosis of the parent, etc.)

### Legal Rights

Certain legal rights in terms of the integrity of the family have been established by the US Supreme Court or through legislative process. Such rights include, but are not limited to:

- **Constitutional Rights:** Applied to both parents and children. Parents have the constitutionally protected right to rear their children as they see fit provided the child's general welfare is protected.

In 1967 in *In re Gault*, the United States Supreme Court ruled that the Fourteenth Amendment to the United State Constitution and the Bill of Rights applied in juvenile cases where a minor was alleged to have committed a delinquent offense. Because of this court ruling, youth have some distinct constitutional rights ( right to counsel, due process).

- **Right to Counsel:** The parent's right to counsel may vary from state to state. In ND, indigent parents have a right to have counsel appointed to represent their interests. Children in North Dakota also have a right to counsel and/or a guardian ad litem. (Guardian Ad Litem 'GAL': an adult individual appointed by a court to protect the best interests of a minor child in a specific legal action; may be, but usually is not an attorney).

Under the Uniform Juvenile Court Act in North Dakota, (Chapter [27-20](#) of the ND Century Code) parties (parent and/or child) are entitled to an attorney for all Juvenile Court proceedings; if a party requests counsel and is unable to employ counsel because of the cost, the court can arrange for an appointment of counsel. Counsel must be provided for a child not represented by his/her parents or guardian.

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The court, in every case involving an abused or neglected child which results in a judicial proceeding, must appoint a guardian ad litem (GAL) for the child in those proceedings. In other cases, the court may appoint a guardian ad litem to represent the child's best interest. It is important to remember that while counsel represents the child's wishes, a guardian ad litem represents the child's best interests.

- **Right to Impartial Hearing:** Parents and children have the right to a hearing before an impartial judge regarding removal of a child from their home.
- **Right of Family Integrity:** Before removal of a child, the agency must show that "reasonable efforts" have been made to preserve the family if possible considering the child's safety needs. Therefore, courts will generally support a preference for the child to remain in the parental home unless the child's safety precludes this option.

### Rights of the Child and Family

Family law, within the context of protective services and custody, is based upon the English Common Laws principle of "parents patriae." Historically, under the doctrine of "parens patriae," a court could declare a child a ward of the "Crown" when the parents had failed to maintain the child's welfare.

Modern legal interpretation focuses on the sanctity of the family. Children, because of their age, are always in someone's custody. Typically they are in their parents' custody. When there is an intervention and removal, they then may be placed in the State's custody. The court is empowered to protect "the best interests of the child." In this context, the court will place substantial weight on the following considerations:

- Love, affection, and emotional ties existing between parent and child;
- Presumption that biological parents have an inherent capacity and interest to best provide love, affection, and guidance, and the right to make educational, medical, disciplinary, and religious choices for the child;

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- Length of time the child has resided with the parents and desirability of maintaining continuity; and
- Financial resources of parents are of secondary importance, provided basic necessities can be met with or without the assistance of outside resources.

### Parental Responsibilities

The integrity of the family is protected by both legal and ethical rights. In contracts, parents have responsibilities as well as rights. When the welfare of the child is endangered, the state assumes the right to intervene. Children have a need for safety, care, and protection. Within their ability and available resources, parents have a responsibility to provide:

- Food, shelter, clothing;
- Medical care;
- Educational opportunities;
- Supervision; and
- Moral and social guidance.

### Recent Legislation that Impacts the Juvenile Court Process when Children and Families are involved

ICWA (Indian Child Welfare Act) - Federal Legislation that mandates that deprived children who are eligible for enrollment must have a special legal recognition. This includes notification of officials from the child's tribe of any state court proceedings, placement preferences and processes to maintain the child's cultural heritage and ties to tribal community and extended family.

ASFA(Adoption and Safe Families Act)- Federal legislation (and state law) that requires agencies and courts to follow permanency mandates or timelines of child in agency custody. Children must have permanency plans (developed at Foster Care Child and Family Team meetings) and a Permanency Hearing every 12 months they are in care to assure planning for the child's permanence is progressing. This Legislation also requires that every child in care for 15 out of the past 22 months must have either a termination of parental rights (TPR) or



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established “compelling reasons” documented to indicate why a TPR would not be in the best interests of the child at this time.

“Reasonable Efforts”- Federal legislation and regulations that require agencies to make “reasonable efforts” to: 1) preservation and provide services toward preservation prior to removal if possible, given the need to protect the child; and/or 2) make “reasonable efforts” to reunify child with family (again, with emphasis on child safety). Courts will ask agency personnel to document and testify those efforts made to either preserve or reunify, depending on the situation. For children whom ICWA applies, there must be documentation and a show of proof that efforts were “active”, one step above “reasonable” because of the need to maintain a child’s cultural ties.

### **Sources:**

Legal Rights of Children, Horowitz and Davidson. Missouri ..  
North Dakota Century Code Chapters 50-25.1 and 27.20.

### **Supervisory Considerations 641-40-15 (Revised 6/15/06 ML #3009)**

[View Archives](#)

#### Introduction

Good Supervisors are able to think and act responsibly, work cooperatively with others, and provide their staff with opportunities through which they can work together effectively and derive satisfaction within the group. These supervisors have the basic knowledge of social work theory, values, methods, and techniques. They also have the capacity to facilitate the professional and personal growth of their staff.

Effective methods of supervision are adapted to the individuality of each case manager and to the group as a whole. Thus, good Supervisors are able to identify an individual's learning needs in relation to the job requirements and professional experience. They use this information to develop training materials and appropriate teaching methods relative to the specific needs of the case managers.

There are a number of specific skills and techniques that are of special importance to a Supervisor. This section identifies some of them and describes how they can be used to increase supervisory effectiveness.

#### Enhancing the Supervisor/Case Manager Relationship

Supervisors are the most visible and accessible role models for case managers. By actions and words, Supervisors can implicitly and explicitly establish the limits of permissible behavior. Further, modeling provides case managers with nonthreatening opportunities to introduce new behaviors.

The basic question which the Supervisor must ask is: "How do I want case managers to relate to families?" Despite the need to temper one's response according to different circumstances, there are some guidelines that can be established. These guidelines indicate that a good Supervisor/Case Manager relationship has the following

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characteristics, that will hopefully be carried over into the case manager/client relationship.

- **Cooperation and Mutuality**  
Ideally, ideas, opinions, and solutions to problems should be contributed by both the Supervisor and the case manager. Supervisors who permit and encourage cooperation and mutuality with case managers provide an effective model for these behavioral characteristics between the case manager and client.

This concept is particularly important since most case manager/client relationships are involuntary. Parents may often feel that the case manager is disrupting their privacy. Cooperation and mutuality may help break down the threatened, defensive behaviors of the family, and help initiate a more positive relationship.

- **Explicitness and Honesty**  
To the maximum extent possible, communication between Supervisors and case managers should be clear, unambiguous, and concrete. Above all, communications must be honest and frank. On occasion, case managers and Supervisors will withhold information or opinions from each other. For example, case managers may withhold information regarding the nature of a specific report, believing that they are doing the Supervisor a favor by not burdening him/her all at once. In the same way, Supervisors may decline to discuss certain questionable aspects of the case manager's performance in the belief that such a discussion might undermine his/her confidence.

While there may be times when discussion of certain issues would be inappropriate (e.g., it is bad timing to provide a case manager with a great deal of negative information just before a scheduled court appearance), Supervisors should avoid withholding information or opinions indefinitely. Instead, Supervisors must find the best way and the best time to address sensitive areas or concerns. The following are "standards" to work toward:

- Nothing is bad enough to hide; the question is not whether to bring up a topic, but when and how it is best to approach it.

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- The Supervisor is an honest person; the case manager can trust the Supervisor's response.
- The Supervisor has confidence in the case manager's ability to handle sensitive situations.
  
- Firmness and Consistency  
Related to the ability to make decisions is the ability to see decisions through. This is not intended to imply rigidity, but rather to indicate the need for carrying out plans with some sense of continuity and stability. Families need this from case managers and case managers need it from Supervisors. If case managers cannot have confidence in the Supervisor's decision-making ability, they may be unable to extend a sense of commitment to their clients.
  
- Empathy  
The ability to feel what another is feeling -- to walk in another's shoes -- is a key concept in child protective work. In Supervision, it may mean being able to feel a case manager's sense of failure or sense of confidence at succeeding. Child protective work, after all, is people working together, and people experience a broad range of emotional responses. If case managers perceive their Supervisors' empathy and know how good it makes them feel, they can more readily extend it to clients who may never have had someone else demonstrate this kind of understanding.
  
- Flexibility  
Plans or decisions which do not prove to be effective or appropriate ought to be changed. It is important for Supervisors to demonstrate in interactions with case managers that plans can and should be changed, provided it is clear that the change is reasonable. This technique, in turn, should apply to the case manager's dealings with clients. Flexibility on the Supervisor's part permits the case manager to learn two key lessons:
  - It is permissible, even desirable, to admit making a mistake.
  - It is permissible to change plans or approaches.
  - Participatory Leadership

The primary concern in this area relates to the need for case managers to feel some sense of control over their own lives, although they are aware of the Supervisor's ultimate authority.

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Staff should be involved to whatever extent possible in case decisions and policy making, not just in trivial matters. The staff's advice should be solicited on matters concerning them and their work environment. Of primary importance, case managers should be given latitude to disagree with their Supervisor and to formulate their own positions on policy and procedures based on the information available to them. The Supervisor who interacts with case managers in this way will model this behavior for case managers, who in turn will be able to increase the capacities of clients to determine their own lives while protecting the rights of others.

### Working with Stages of Case Manager Development

In most instances, case managers require at least a full year of work before being able to function on an independent level. For this reason, Supervisors should anticipate devoting more time to case managers during their first year of employment. At this early stage, it is essential to train case managers in basic procedures, such as dictating case records immediately after the events occur. As case managers develop, less constant and intensive supervision will be required. It is important to remember that case managers who have previous social work experience and/or an MSW are likely to become acclimated to the social work process more quickly than untrained case managers. One way of looking at the development process is to identify various stages of Social Worker development:

- First stage -- a period of high anxiety.
- Second stage -- make it or break it.
- Third stage -- good assessment skills, rudimentary intervention skills.
- Fourth stage -- relative independence.

In general, the amount of supervisory intervention will diminish as the case manager passes through these various stages of development.

- Stage One: The High Anxiety Stage

During the first three to six months on the job, exposure to abusive and neglectful families may result in a great deal of confusion. The case manager will be searching for information on

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how to respond and examining personal feelings toward clients. If the Supervisor has not effectively set standards and provided guidance, the case manager may have a particularly difficult period initially and may feel inadequate to the tasks at hand. While this period is the most difficult for the case manager, it is also the time in which the greatest amount of learning can take place. There are several types of interventions which the Supervisor can employ to aid in this process.

Accept and meet Case Manager dependency needs: During phase one, it is appropriate for the case manager to seek security and stability from the supervisor. The supervisor can be somewhat more directive than might be appropriate with more experienced workers. Expectations regarding independence at this point are likely to be premature. Frequent reinforcement for positive behaviors, as well as the idea of unconditional caring, are key supervisory guidelines. Just as the supervisor accepts the dependency needs of the case manager, the supervisor should encourage them to accept dependency needs of their clients. This is a necessary and positive stage in the clients' treatment.

Provide factual tools: The Supervisor should provide new case managers with whatever standards, priorities, and information are required to perform their work function. The Supervisor should be assist in recognizing how these standards and priorities relate to specific cases and to intervention. Inexperienced case managers need as much structure and specific instruction as they can be given at this stage.

Accept the confused feelings: The confusion and sense of inadequacy felt by new staff should be viewed as a normal part of their development. If they can see that these feelings are acceptable to the Supervisor, they will come to accept them and view them as a natural part of personal and professional development.

Allow Case Managers to express anxiety: Undoubtedly the case manager will be experiencing anxiety over performance and client interactions. These feelings must be elicited. The Supervisor must help and encourage expression of this anxiety and provide the necessary acceptance and support to enable professional

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development. The Supervisor also needs to help the case manager sort out realistic anxiety feelings from unrealistic ones.

Constructively assist in identifying mistakes: New staff do not always know when they make mistakes. They have not developed sufficient knowledge and skill to be able to identify gaps in their work performance, and the Supervisor will need to assist them in doing so. This should always be done, however, by building on strengths and by discovering ways in which positive qualities can be applied to counteract shortcomings.

Pair new Case Managers with experienced staff: A team system works well in a Treatment Unit. Pairing new staff with experienced ones provides a safety net and, in addition, shows new staff what they can aspire.

Be regularly available for conferences: Beginning with this initial stage, and continuing through the next two stages of development, the Supervisor should expect to spend approximately two hours per week with each new case manager in individual conferences. In addition, crises and emergencies will arise which will also require time and effort on the part of the Supervisor.

Substitute for new case managers only in cases of extreme emergency: Case managers develop a sense of confidence in themselves and in their own skills by successfully handling emergencies. They need to know that the Supervisor will support them and is available if really needed. The Supervisor demonstrates confidence in the ability of the worker to handle emergencies by remaining in the background except for those times when intervention is absolutely necessary.

Build caseloads slowly: If possible, for the first month or two limit the number of cases. This allows time for confidence building and reduces pressure.

Clarify client and case manager behaviors: Questions asked during supervisory conferences should be directed toward ways in which clients have responded to the case manager's behavior. Conferences may also include clarification regarding the reasons

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clients have responded in this way. Focusing on both client and the case manager's behaviors enables staff to be aware of which of their interventions are successful and which need to be changed.

- Stage Two: The "Make It or Break It" Stage

At this level, case managers have developed enough knowledge and skill to have some degree of confidence in making plans and decisions. However, they may still experience some anxiety and still have a limited ability to identify mistakes.

The supervisor needs to continue to encourage independence while remaining available to provide a considerable amount of support. Interactions at this stage should be characterized as follows:

Expect and allow some mistakes: Case managers at this level will begin experimenting with new behaviors in working with clients, and will experience a crisis of confidence if these attempts fail to meet their personal standards. A case manager who is beginning to take some risks and who is pressing to learn new things will inevitably make mistakes. The Supervisor will need to expect this and to help in accepting these mistakes. If Supervisors demonstrate a willingness to accept their own mistakes, they will, at the same time, show that making some mistakes is acceptable and should not be viewed as failure.

Introduce a greater degree of participatory leadership: During the first stage, the Supervisor may have needed to be more directive in providing information to the case manager. In this second stage, the Supervisor should assume that case managers have most of the necessary basic knowledge to perform their functions. The Supervisor generally needs to help draw this knowledge out. This can be done by presenting alternatives that may not be evident.

Help the case manager organize observations and ideas: Case managers will now begin to spontaneously identify patterns occurring in families and across caseloads. Similarities will be seen from one case to another. The Supervisor should begin to



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underscore these similarities and permit the case manager to synthesize them into some principles of practice.

Analyze intuitions without stifling creativity or spontaneity: As case managers in this stage gain confidence, they will begin to operate on hunches, guesses, common sense, and intuition. While these may be more effective than the Supervisor might initially suspect, Supervisors should assist in validating the intuitions.

- Stage Three: Mastery of Assessment Skills With Rudimentary Intervention Skills

At this stage, case managers are generally able to identify and analyze errors; basic knowledge has been incorporated and gaps in casework are more apparent to them. In the third phase personal and professional goals are set and the identification of times when their behavior is incompatible with theme goals. This is the beginning of independent practice. During this stage, the Supervisor can begin to allow the Social Worker to take the initiative in the supervisory process.

Listen carefully: Careful listening is the primary task of the Supervisor in relating at this level. Basic listening skills and the ability to identify not only what is said, but what is not said are important. The Supervisor may ask clarifying or informational questions, but the function of the Supervisor at this point is to listen first, then to talk.

Identify resistance and discuss it in relation to clients: While resistance may require some attention in earlier stages, it is at this third stage where the supervisor must be certain that any resistance is specifically addressed in supervisory conferences. When the case manager is reluctant to deal with certain clients or client behaviors, these behaviors should be discussed specifically in terms of how they affect the relationship with the client. Focusing on the case manager's personality or specific characteristics out of the context of client relationships can be detrimental to both the development of the case manager and of the case manager/Supervisor relationship. Attention should be directed to the way in which clients react to intervention, and the

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case manager should be assisted in using personal and professional strengths in overcoming barriers and resistance in the worker/client relationship.

Help identify and examine options: The first plans, intuitions, and perceptions of a case manager on a case may or may not be the best way to proceed. While the Supervisor may tend to agree with the options or ideas presented, it is essential to open up as many options as possible. This should be done in such a way that the case manager may still come back to the first option if it is the best one. The very nature of the process of option exploration in and of itself will assist in identifying options for other clients and in expanding the ability to work effectively with a variety of clients and cases.

- Stage Four: Relative Independence

At this stage, case managers can identify problems and options and generally can determine most of the agenda for supervisory conferences. They should have a good idea of their own supervisory needs and should have a sense of what is needed to promote further professional development. Supervisory conferences can be scheduled less frequently. The supervisory role at this point is more that of a consultant and colleague than that of an authority figure, although the case manager will always be subject to supervisory direction. The most critical supervisory function at this stage is to assist in clarifying professional development and in identifying learning needs. A serious mistake is made when the Supervisor or the case manager begins to assume that the ability to function independently and autonomously somehow marks the end of the need for learning and growing. Failure of the case manager to continue to learn and grow may well result in "burnout." The Supervisor can assist in identifying resources and opportunities for continuing education and development.

### Enhancement of Case Manager Skills

Beyond the formal means of developing the professional capacities of staff, such as continuing education and establishing and encouraging

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the use of a unit or agency library, there are some general supervisory skills that, if used on a day-to-day basis, will lead to professional growth. The following material presents some guiding principles for this type of supervisory behavior. This material also identifies several stages of normal development that the Supervisor can use as a measure of the staff's current level of development. This scheme can serve as a needs assessment tool for future developmental activities.

The wisdom of building case plans on the basis of family strengths is a widely accepted dictum of social work practice. As a corollary, it is true that effective supervision builds on staff strengths. While each Supervisor will develop special techniques for assisting the case manager in taking advantage of the individual strengths which (s)he bring to the job, there are a number of suggestions which may be useful to any Supervisor:

- Give suggestions, not prescriptions. Case managers should be assisted in identifying as many options as possible for dealing with a specific case problem, in analyzing these options in terms of the potential risks and benefits, and in selecting the "best" option based on the strengths of both the worker and the family.
- Note and acknowledge accomplishments. Supervisory conferences should always include recognition from the Supervisor for something which the case manager has done well. The accomplishments should be pointed out, and the Supervisor can then assist in identifying ways in which the strengths evidenced by these accomplishments can be translated into problem-solving strategies in more difficult areas.
- Enable case managers to assess and be responsible for personal learning needs. The Supervisor should ask the case manager to assess his/her own learning needs and to assume responsibility for fulfilling them. case managers generally acknowledge that clients probably will not change until they see a real need to do so. The same is true for case managers. By encouraging identification of specific areas where improvement is needed, the Supervisor can then be in a position to assist in developing learning strategies for overcoming weaknesses. This is much more successful than if the Supervisor sets a goal for the case manager's development which the Social Worker may not accept.
- Avoid the role of being a "therapist." The task of the Supervisor is not to serve as therapist to staff with personal problems, but rather to focus on the professional development. However, in

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situations where personal problems affect work performance, the Supervisor needs to discuss them with the case manager in a caring way.

- Don't carry cases by "remote control." Once in the field, the case manager is responsible for the case although the supervisor should provide some basic guidelines. Trying to provide the case manager with a set of detailed instructions on specific cases undermines self-confidence and conveys a general feeling of mistrust in his/her ability to effectively handle the case.
- Supervise on the basis of case manager skills as well as case needs. Staff have a variety of strengths and weaknesses and each person functions at different levels of professional development. Supervisors should encourage case managers to draw their own conclusions about cases. Suggestions for case plans should be offered only when needed. Case managers should be encouraged to capitalize on their strengths and skills in making case decisions and implementing plans. Since case managers function at different levels of competency, supervision should be geared to the workers' level of functioning.
- Enable workers to identify various stages of intervention. Child abuse and neglect cases sometimes become so complex that they often seem overwhelming. In order to overcome this sense of futility, case managers must be assisted in reducing cases to their component parts and viewing the intervention process as essentially a step-by-step procedure. Change should be viewed as occurring in increments, rather than all at once. When case managers view a case in this way, they can help clients to assess their own progress on a step-by-step basis, thus making the entire process more amenable to success.
- Teach the worker individual case management techniques. Staff should be taught to focus on individual cases. It is necessary for case managers to learn: how to formulate realistic goals and tasks, how to communicate them clearly and concisely in writing and to the family, how to implement the treatment plan effectively, and how to assess whether the goals are being achieved.
- Prepare case managers for supervision. A very important function for the Supervisor is to prepare staff to be promoted to supervisory positions within the agency. Supervisors can do this by avoiding complete supervisory autonomy and by allowing case managers to make their own decisions based on all relevant

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information available. The Supervisor should also designate a senior case manager who is responsible for supervision when the Supervisor is absent from the unit.

### Supervisory Conferences

Schedule weekly conferences as well as conferences on demand. With highly experienced staff, the Supervisor should be providing consultation on demand and emotional support. To do more is to perpetuate unnecessary dependency which may be transferred to clients.

Don't provide "coffee shop" supervision which is idle chit-chat about cases and feelings.

The Supervisor should learn to relax and not be a slave to drop-in or quickie supervision. Clients' values should not be lost by allowing discussion of cases anywhere in the office. If the discussion involves too many cases discussed quickly, the Supervisor may relate the wrong case to the wrong situation and give the wrong advise.

The Supervisor should protect him/herself by providing staff a schedule of times for supervisory conferences. Except in "life and death situations," staff should stick to these conference times. If the case manager does not stick to the time and it's the first occurrence (and it's not a life and death situation), (s)he should be allowed to discuss the case. The case manager should be reminded at the end of the conference that (s)he missed the scheduled conference time. The Supervisor should point out that it is his/her job to help staff learn to manage their time and that the case manager is expected to come to the conference at the regular time in the future. The Supervisor should resist the case manager's pattern to disrupt other conferences.

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### Selection of New Workers

The following guidelines are presented for Supervisors to use during the selection of new staff.

- Behavioral Interviewing

This type of interviewing is based on the idea that job related situations from the past predict future behavior. Don't ask about hypothetical experiences in the future. Think of the most difficult situation of its kind and describe it. Ask an applicant if they have had to respond to similar past situations.

Study the job description and list both the technical and performance skills. Develop job related situations around these skills and ask questions in the form of open-ended questions.

Consider asking questions along the following lines:

1. What is your willingness and ability to follow agency procedures? Can you give an example of where you found it necessary to ignore agency procedures and why?
2. Can you give an example of when communicating with a client was difficult?
3. Can you describe a quick decision that you have made that you are proud of?

Ask about the following issues:

Have you achieved an important goal in the past? How do you access your ability to roll with the punches? Describe a difficult job that you have had and an uninteresting job. Have you had to structure your own work schedule and how have you handled it? What do you do in a situation where upper level decision holds up your progress?

- Tips for the Supervisor

In interviews, be comfortable allowing time even when there are pauses. Be patient and don't be afraid of silence. Even people with no prior job skills have life experiences which can indicate how they have handled situations. This is especially true of organizational abilities and managing finances. It is important to

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establish rapport and to put the applicant at ease. Take notes and explain why. Ask for specific examples of past behavior and use your system and ask for specifics until you get the kind of details that you want. Ask them to tell you exactly how they have handled this situation rather than generalizing about an event. If an applicant is rambling and drifting from topic to topic and doesn't give you a chance to ask a question, begin talking along with them and eventually they will stop to listen to you and you can direct the conversation back to the topic you want.

If you appear to be getting a one-sided picture either good or bad, ask questions which would give you contrary evidence about the applicant. For example, ask for an example of when an applicant followed expected procedure when it would have been easier to alter their policy or ask the applicant to tell you when they have had a problem with decisiveness.

No interview should be complete without asking the applicant to discuss what they consider their areas of strengths and the areas they need to improve.

- Interpersonal Indicators of Good Case Managers
  1. How do they feel about authority. It's important to ask directly and find out what experiences people have had with using authority. Can they accept authority? How would they implement the agency authority to intervene with a family?
  2. What is the person's ability to be direct and honest in discussing problems?
  3. How consistent is the person?
  4. Stability and emotional maturity. (Dress may be a good indicator)
  5. Degree of firmness and persistence.
  6. Ability to accept the client as an individual rather than acting only to the client's behavior.
  7. Motivation to learn about the community and resources.
  8. Ability to work with suspicious, distrustful clients - ask how (s)he has dealt with a person who lies.

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### Workers Experiencing Difficulties

Supervisors must have enough concern for clients' well-being that they are willing to work with case managers who are having difficulty. All of these areas require time and training by the Supervisor to help the case manager learn how to address these problems.

- Problems Which Occur Due To A Supervisor's Lack of Training:
  1. The case manager may try to overdirect clients by talking too much. If the case manager does this in supervisory conferences, (s)he will do so in client contacts. Case managers do this because they are anxious and had no interviewing skills.
  2. A lack of focus in interviews with clients and in supervisory conferences is indicated by the case manager talking about too many different areas randomly. (S)he does this because no one has taught him/her how to focus on a few areas and how to decide what areas are important.
  3. A lack of clarity in thinking about cases and answering questions is exhibited.
  4. A case manager projects a hasty, haphazard, or unfocused approach to casework. (S)he closes cases quickly because (s)he doesn't know what to do in a case or on the opposite extreme, focuses on a limited area for an extended period of time because (s)he doesn't know what other areas to concentrate on.
  
- Indicators That A Case Manager May Be Having Difficulties
  1. The inability to discriminate and generalize even though the Supervisor has spent time teaching this.
  2. Inter-personal difficulty. The case manager holds grudges, stays upset with other staff within and outside the agency.
  3. Intra-personal difficulty. The case manager intellectualizes his/her inappropriate handling of cases. For example, (s)he claims the client is resisting but (s)he has had only one client contact in four weeks or complains that the supervisor won't tell him/her what to do.. The case manager always blames others and is self-righteous in his/her comments.



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4. It is important to make the case manager do some level of self-evaluation when discussing his/her strengths and weaknesses. If (s)he resists this, then (s)he is likely to have an inability or unwillingness to help clients develop the skill to evaluate their strengths and weaknesses.
5. The case manager hasn't seen his/her clients or avoids certain clients, due to sex, race, type of problem, etc. (S)he avoids organizational jobs such as recording monthly statistics, meetings with the Supervisor and unit.

### The Principles of Providing Feedback

"Feedback" is a way of helping another person to consider changing his/her behavior. It is communication to an individual (or group) which gives information about how (s)he affects others. Feedback helps an individual keep his/her behavior "on target" and thus better achieve goals. Criteria for useful feedback:

- It should be descriptive rather than evaluative. By describing one's own reaction, it leaves the individual free to use it or not to use it as (s)he sees fit. Avoiding evaluative language reduces the need for the individual to react defensively.
- It should be specific rather than general. To be told that one is "dominating" will probably not be as useful as to be told that, "Just now when we were deciding the issue, you did not listen to what others said, and I felt forced to accept your arguments or face attack from you."
- It should take into account the needs of both the receiver and giver of feedback. Feedback can be destructive when it serves only the sender's needs and fails to consider the needs of the person on the receiving end.
- It should be directed toward behavior which the receiver can do something about. Frustration is only increased when a person is reminded of some shortcoming over which (s)he has no control.
- It should be solicited, rather than imposed. Feedback is most useful when the receiver has formulated the kind of question which those observing him/her can answer.
- It should be well-timed. In general, feedback is most useful at the earliest opportunity after the given behavior (depending, of

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course, on the person's readiness to hear it, support available from others, etc.).

- It should be checked to ensure clear communication. One way of doing this is to have the receiver try to rephrase the feedback (s)he has received to see if it corresponds to what the sender had in mind.

### The Principles of Positive Criticism

- It is desirable to approve, affirm and give staff as much recognition as possible. Although everyone needs positive criticism, it is important to note that some case managers cannot function without constant support and approval from the Supervisor. In such cases, approval and recognition are required to sustain motivation. It becomes highly questionable that such a person could ever achieve independence from an ever-increasing dependency on the Supervisor.
- As a general rule, positive criticism is usually given more freely than negative criticism. It must be valid not artificial. If positive criticism is used invalidly, it can have a negative effect.
- Convey the positives in the case manager's performance and show enthusiasm over improvement. Always recognize when the basic needs of the clients are being met rather than personalizing comments to the staff person. Do not hesitate to compare recent work with previous activity because this tends to stimulate self-criticism.
- Some case managers seem to need the Supervisor's permission to praise themselves. They will focus on their social orientation rather than on their service orientation to clients. For example, "I don't know why I have trouble relating to Mr. X. I always get along well with everybody." The two are not comparable and the Supervisor must take it out of the social arena and keep it focused on the professional aspects of the job.
- Workers must know where they stand and how they are doing as they progress on the job. No single factor contributes more to job dissatisfaction than not knowing how we're doing until evaluation time. Then, negatives in the performance can be overwhelming. case managers must have a general understanding and objectivity about what went wrong in their cases at the time it happened.

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- Supervisors must resist striving for personal success in their staff's cases. The Supervisor should not be threatened professionally by lack of improvement in staff performance once (s)he has done all (s)he can to help.

### The Principles of Negative Criticism Given in a Positive Way

Negative criticism is received with less hostility, and in fact can provide developing staff security on the job if the Supervisor:

- Has an attitude as one of giving help by defining the problem, the problem-solving situations, and concentrating on giving help.
- Has professional values that are oriented to the norm and not to individuals. Never use another case manager as an example of professional competence. Never compare one case manager's capability to another.
- Has realistic expectations of competence and quality of performance which is related to an agency-wide standard.
- Elicits self-criticism and provides affirmation and supplementation of the supervisee's self-criticism.
- Identifies the components of the negatives and deals with them one at a time to provide a basis for change. Never generalize negatives.
- Deals with negatives in the allotted supervisory period. They should not be given in an emotionally charged situation, a crisis, or when staff is under particular stress. Wait for a more suitable time.

Rate yourself on a scale of 1 to 10 (10 being the highest score and 1 the lowest) for each of the following statements:

		<b>1 - 10</b>
1.	I share responsibility in and provide support to my workers for difficult case decisions.	_____
2.	I help my workers deal with problems they face in their work with clients.	_____

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3.	I help my workers deal with their professional development.	_____
4.	I provide my workers with stimulation in thinking about social work practice and theory.	_____
5.	I provide my workers with critical feedback to enable them to understand what they are doing wrong and make appropriate changes.	_____
		<b>1 - 10</b>
6.	I provide my workers with the emotional support they need to do their job more effectively.	_____
7.	I provide my workers with some sense of agency appreciation of their work.	_____
8.	I help my workers feel a sense of belongingness to the agency.	_____
9.	I help my workers grow toward greater maturity as persons.	_____
10.	I encourage my workers to take their own initiative and to become more autonomous in their practice.	_____
11.	I am able to set priorities among my many tasks.	_____
12.	I provide my workers with sufficient regularly scheduled, uninterrupted conference time.	_____
13.	I make myself available to workers.	_____
14.	I encourage the use of peer review and support.	_____

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### Sources:

This chapter was adapted from Supervising Child Protective Workers, authored by Julius R. Ballew, Marsha K. Salus. and Sheila Winett, and developed under U.S. Department of Health, Education and Welfare contract No. HEW-105-77-1050: published by the U.S. Department of Health, Education and Welfare. August 1979.

"The Principles of Positive Criticism" and "The Principles of Negative Criticism Given in a Positive Way" were adapted from Supervision in Child Welfare Services: A Training Program for Children's Aid Societies in the Province of Ontario. John R. MacDonald. Social Services Consultation Limited. October 1979.

"The Self Assessment of Supervisory Skills" was adapted from Supervision in Social Work. Alfred Kadushin. Columbia University Press. New York 1976. pages 212 and 214.

Regional Representative Guide to Wraparound Process and Single Plan of Care during quarterly Foster Care Child and Family Team Meetings (formerly known as Permanency Planning Meetings)

The duties of the Regional Foster Care Supervisor:

- **Refer to the Permanency Planning and Policies and Procedures Manual Service Chapter 624-05** - "The Regional Foster Care Supervisor is responsible to assure that the intent of \*permanency planning and the requirements of Service Chapter 624-05 are carried out" p.55 (\*now known as Foster Care Child and Family team meetings and do due the length of the chapter a checklist is not possible to develop in this area).
- **Refer to the Wraparound Case Management Manual Service Chapter 641**- The Regional Foster Care Supervisor's involvement in the Wraparound process and child and family team meetings is referenced in the Wraparound Case Management Manual Service Chapter 641-03-20-05 p. 6)
- **Foster Care Child and Family Team Meetings** - The Regional Representative shall monitor to see that the case manager has provided all team members a copy of the Single Plan of Care during the Foster Care Child and Family Team meeting.
- **Single Plan of Care Review (case plan)** - The Regional Foster Care Supervisor shall review the SPOC when received from the case manager to assure that required information is present in

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the plan. The Regional Foster Care Supervisor has the ability to cross-reference their own case note documentation and CCWIPS system for accuracy and consistency with the planning process. The Regional Foster Care Supervisor does have the ability at **any time** to review foster care cases on the SPOC.

- **Program Supervision and Implementation Concerns** - The Regional Foster Care Supervisor shall talk to the county supervisor and worker about concerns or inadequacies in the Single Plan of Care; for example the lack of a complete and comprehensive Strengths Discovery. If the concerns appear to be a systemic issue, contact the Central Office, Carla Kessel or Kathy Neideffer.

Step-by-step process for the Regional Representative during Foster Care Child and Family Meetings; including the Wraparound Process and the Single Plan of Care (the treatment plan for the families/children)

1. Be a co-facilitator during the **quarterly** Foster Care Child and Family team meetings (Refer to [OHS-PI-04-07](#) effective date April 1, 2004)
2. Promote discussion with the team in regard to strengths/needs/risks of child and family by reviewing the Strengths Discovery section, Safety Plan and Life Domains of the SPOC.
3. Review the goals and tasks of the SPOC, to determine progress toward safety, permanency and well-being (Refer to [641-10-20](#).)
4. Promote discussion on Reason for Placement, Education Status, Medical/Mental Health Status, Parent Status, Relative Search Activity, Independent Living Plan and Discharge Plan. If there's an Extra Maintenance Payment review the status.
5. Sign the Signature sheet in the appropriate space provided on the signature sheet form.
6. Case manager shall send a hard copy of the SPOC to all team members.

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### **Single Plan of Care SPOC Computer Guide 641-40-20 (Revised 6/15/06 ML #3009)**

[View Archives](#)

Click [here](#) to view this guide.

### **Crisis Intervention 641-40-25 (Revised 6/15/06 ML #3009)**

[View Archives](#)

A family is in crisis when they have reached a highly volatile, unstable situation. Families in crisis are at a turning point for better or worse. If immediate remedial intervention is not made, the out-of-home placement of the child(ren) may be necessary.

Families in crisis often have increased motivation to change. During this time, the case manager has an opportunity to establish strong bonds with the family.

Crisis intervention is the provision of immediate services to reduce, or defuse, the current crisis and provide the family with information or skills to help them resolve future crises. The case manager's interventions must target the present circumstances. The goal is to remove the crisis through understanding and dealing with forces in the present, and to help the family return to a pre-crisis level of functioning. The case manager must actively modify the environment, provide some structure, and induce change to prevent further disintegration of the family system.

In these instances, the case manager should:

1. Observe the child(ren) in the home to assess the child(ren)'s safety.
2. Avoid excessive questioning and probing. This should give way to allowing family members to speak their mind and ventilate their feelings;
3. Model calmness for the family;
4. Use active listening skills with the family. These skills can be very helpful in releasing the client's feelings and defusing highly emotional situations.
5. Respond appropriately to silences;
6. Use behavioral descriptions of the concern, not labels or jargon;
7. Assess if "hard" services, which address basic survival needs, can be delivered to remedy the immediate presenting concern. Concerns within the family's environment that pose an immediate threat must be considered. Examples of these concerns are lack



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- of food, housing, transportation, and employment. Providing services to address these concerns sends a powerful message that there is hope and that the social worker is a helping agent;
8. Help the family to temporarily restructure their environment so events which may cause discord are altered. This can often reduce the immediate risk to family members. An example of this might be to arrange time-out for a family member to allow a brief "cooling off" period, or to invite a friend or relative to the home to assist getting the children ready for bed if bed-time is usually a high stress period for the parent;
  9. Assure the family that the case manager is available to the family, if needed, and/or that (s)he will return at a mutually convenient time.
  10. Follow and/or develop a safety plan to ensure the safety of all family members.

### **Initial Family Assessment 641-40-30 (Revised 6/15/06 ML #3009)**

[View Archives](#)

#### Organization of Information

Prior to meeting the family you may have information about them from any of a number of sources. These may include a referral document, assessments, information received verbally, etc.

How you gather and utilize the information becomes the initial assessment (hunch) about the family, the reason they are coming to see you, and how the family is affected by these reason(s).

This information and subsequent assessment may be helpful to you and the family or it may be harmful depending on how you utilize and organize the information.

#### Purpose for Utilization and Organization of Information

1. It can give you clues as to what strengths families with similar concerns have had.
2. It can give you clues as to what has been helpful or not helpful in working with families of similar concerns.
3. It can help guide you in understanding how these concerns affect all family members.
4. It can help introduce a systemic view to the family giving them new information, beliefs, and behaviors.

#### Sources of Information

1. Based on information from the family, intake, interviews, and referral.
  - a. Descriptive opinions
  - b. Behavioral observations
  - c. Metaphors, cue words, stories, beliefs, myths, secrets, etc.
2. Based on previous experience and knowledge of yourself or team.
  - a. About similar families
  - b. About similar problems, symptoms, and situations
  - c. About developmental and life cycle stages

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- d. General Theory
3. Based on information about the family's context.
  - a. Race
  - b. Culture
  - c. Class
  - d. Gender

### Initial Assessments (Hunches) should reflect the following:

1. Focus on strengths
2. Not be carved in stone (Be open to change)
3. Be systemic
4. Hunches are not right or wrong but rather are useful or not useful
5. Hunches can allow you to see new possibilities with families rather than present roadblocks
6. Hunches can allow you to see the uniqueness of each family
7. Hunches can lead to services/tasks that are most helpful to the family
8. Give the family hope
9. Strengthen the relationship between the helping person and the family

### Sample Questions For the Strengths Discovery

- What are the best times you have had as a family?
- Name some special rules your family has had.
- Who are the person you call when you need help, want to talk or who you have turned to in the past for support? (Social Network/Family/Spiritual)
- What are some traditions your family has or cultural events in which your family partakes? (Cultural)
- If you were to tell about the most important thing you learned from your parents or other relatives what would it be?
- Does your family belong to a religious organization? Have you ever? (Spiritual)
- What is your favorite Sport and why? (Leisure)
- Who is the person you respect most and why?
- If you could take a trip anywhere in the world where would you go and why?

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- Tell me about your friends. Why are they important to you? Would you want them to be involved in the process? (Social Network)
- What do you value most in a relationship?
- What would your friends tell me they like about you?
- Name two good things about your parents/child/siblings. (Family)
- Name two good things about your school. (Educational/Vocational)
- If you won a million dollars what would you do with it?
- What do you like to do? (Leisure)
- Who are you close friends with and why? (Social Network)
- Who has had the biggest influence in your life and why?
- What makes you the biggest influence in your life and why?
- What makes you mad?
- What are your favorite movies? Why? (Leisure)
- What are your favorite books? Why? (Leisure)
- What do you enjoy doing for relaxation? (Leisure)
- If you could snap your fingers and make anything happen, what would your life be like?
- If you could make one change in your life in the next year what would it be and why?
- Describe what you like best about yourself and why.
- Describe what you like best about your family and why.
- What have been the best times with your family?
- Who do you like at your school? (Educational/Vocational)
- What is your favorite class? (Education/Vocational)
- Can you tell me about the best day you have had at school? (Educational/Vocational)
- Are you involved in any activities after school (music, band, basketball, speech) (Leisure/Social)
- What do you like to watch on television?
- What is the best thing about each of your children? (Family)
- What do you do for fun? (Leisure)
- Do you remember the last time you laughed uncontrolled?
- What was the best vacation you took?
- What is one thing you do every week that you enjoy?
- What makes you smile about your family once a day?
- What were you like as a kid?
- What do you think you will be like as an adult?
- How did you meet your spouse/significant other?
- How do you blow off steam?

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### Examples of Circular Questions

#### 1. Problem Definition Questions

Whenever possible, ask for a description of the specific behaviors which are perceived to be problematic.

##### a. Present

- What is the problem in the family now?
- What concerns bring you into therapy now? Or: What concerns bring you here now?
- What is the main concern of the family now?
- For Children: What changes would you like in your family?
  - i. Difference:
    - How is this different than before?
    - Has this Always been true?
  - ii. Agreement/Disagreement:
    - Who agrees with you that this is the problem?
  - iii. Explanation/Meaning:
    - What is your explanation for this?
    - What does his behavior mean to you?

##### b. Past:

- What was the problem in the family then?
  - Difference:
    - How is that different from now?
      - i. Agreement/Disagreement:
        - Who agrees with Dad\* this was the major concern of the family then?
      - ii. Explanation/Meaning:
        - What is your explanation for that?
        - What do you believe was the significance of her decision to move out at that time?

##### c. Future/Hypothetical:

- What would be the problem in the family if things were to continue as they are?
  - i. Difference:
    - How would that be different than it is now?
  - ii. Agreement/Disagreement:
    - Do you agree, Mom?
  - iii. Explanation/Meaning:

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- If this were to happen, how would you explain it?
- What purpose would that serve?

### 2. Sequence Of Interaction Questions

Focus on interactional behaviors.

General Examples:

#### a. Present

- Who does what when?
- Then what happens?
- What next?
- Where is she or he when this happens?
- What does she or he do?
- Then what does she or he do?
- Who notices first?
- How does he respond?
- When he or she does not do that (problem definition), what happens?

Specific Examples:

- Ask daughter: When mom tries to get sister to eat (to solve or prevent the presenting problem) and she refuses, what does dad do? Then what does mom do? What does brother do? And what does sister do? Then what happens?
- When your mom and brother are fighting what does your dad do?
- Does dad get involved in that fight or stay out of it? Describe what happens.
- When dad doesn't get involved in their fights, what happens? How does your mom react when your dad doesn't get involved and fight with your brother?
  - i. Difference:
    - Has it always been this way?
    - Has brother always behaved in this manner?
  - ii. Agreement/Disagreement:
    - Who agrees with you that this is how it happens?
      - Who agrees with you that mother yells at dad every time he stomps out of the house?
  - iii. Explanation/Meaning:

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- What is your explanation for this?
    - How do you explain dad's tendency to leave home often?
  - What does this mean to you?
    - What does dad's behavior mean to you?
- b. Past
- Who did what then?
    - What did dad do on those days when brother used to push mother around?
  - What solutions were tried?
    - How did your folks try to get you to stop? How did that work?
      - i. Difference:
        - How was it different?
          - How was his behavior different?  
Describe what he used to do.
        - When was it different then?
        - When did he do this? How often?
        - When did he change?
          - What else was different then?
        - How did dad respond to the earlier situation? (Then what happened?)
          - How does that differ from how it is now?
        - How does that differ from how he responds now? (Then what?)
          - Was it more or less then, than it is now?
        - Was he gone more or less often than he is now?
      - ii. Agreement/Disagreement:
        - Who agrees with you?
        - Who agrees with mom that dad is more involved in the fights now?
      - iii. Explanation/Meaning:
        - How do you explain this change?
        - How do you explain this recent involvement?
          - What does this change (or lack of change) mean to you?

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- What does it mean to you that day after day, year after year, things between the two of you have not changed?
- c. Future/Hypothetical:
  - What would you/he/she do differently if she or he did (not) do this?
    - What do you think mom would do if dad were to ignore brother?
    - What will dad do with brother when mother begins to work nights?
      - i. Difference:
        - How would it be different if she or he were to do this?
          - How would your parent's relationship be different if your mom were to return to school?
      - ii. Agreement/Disagreement:
        - Who would agree with you that this is probably what would happen?
          - Do you think your mom would agree that they would probably get a divorce if she were to return to school?
      - iii. Explanation/Meaning:
        - Tell me why you believe this would happen.
    - Dad, explain to me why you think your daughter and wife both agree that a divorce is likely should your wife return to school.
      - How do you think your wife would explain it?
    - What would a divorce between your parents mean to you?
      - What would this mean to you/him/her/them?
  - 3. Comparison/Classification Questions
    - a. Present:
      - Who is closest to whom?
        - To whom does dad show most affection - mom or daughter?
      - Who is most like whom?



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- Who is most like mom of your seven children? Then who?
- Who gets angry most?
  - Who acts most upset when she seems uncooperative?
- Who acts most upset when (the problem) occurs?
  - Who is most convinced that something is wrong with his behavior? Who next?
- Who feels most helpless when (the problem) occurs?
  - And who is the least convinced that something is wrong? (Rank order)
- Who is most involved in the situation?
  - Who is the first to help you when you are having trouble with your homework?
- Then who? (Rank order)
  - Who spends the most time helping you with your homework? Who spends the least amount of time with you?
- Who helps the (so-called) problem child the most?
  - Classify the various members of the family in reference to keep their rooms neat. Begin with whoever is the neatest (or the messiest).
- Who is most apt to do what another member of the family does?

**If mother begins to cry during the session, you may state: Mother seems unhappy. Who is most able to comfort her when she is sad - your dad, your grandmother, your sister, or you? (Then who?)**

- Who generally sides with whom?
  - Who is more attached to mom - your brother or your sister?
- Who generally argues with whom the most?
  - Do you, or does your husband, communicate best with the children?
- Who has the most fun with whom?
  - Is your parents' intimate life better or worse lately?
- Who most understands a certain member of the family?
- Have you felt more like a wife or daughter in the past month?
- Who spends the most time with whom else?

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- Who else feels this way?
- Who else in the family prefers this?
  - i. Difference:
    - How do they differ?
      - How does his behavior bother you differently than it bothers mom?
    - How is this different than that?
      - How is mom's discipline different than dad's?
    - How does your family differ from other families?
      - Is your family as close as other families that you know?
      - Would you consider your parents' marriage to be happier than most?
      - Do the children fight more than most siblings do; less; or are they about average?
    - How does this family differ from your/his/her family of origin?
      - How close is he to the children compared to how close your dad was to you when you were growing up?
      - How do you think you and your spouse's relationship differs from that of your parents?
      - How are you raising the children differently than how your parents raised you?
    - Has this always been true?
    - Was it ever different?
  - ii. Agreement/Disagreement:
    - Who agrees with whom about this?
      - Who disagrees with dad the most?
    - Who else believes this is true?
      - Who do you think would agree with you that dad is closest to sister?
    - Which set of grandparents would be most apt to agree?
      - Who in the family agrees with you that mom is closest to brother?

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- To dad: Do you agree with your daughter that your son is closer to your wife when you and she quarrel?
  - iii. Explanation/Meaning:
    - What is your explanation for this?
      - What leads you to believe that dad and daughter are closest in the family?
    - Explain to me the meaning of this.
      - What do you think is the significance of their (or your) closeness?
    - Have you thought about why this occurs? What hunches have you come up with?
      - What is your explanation for this difference (or agreement)?
      - What is your reason for his extreme dislike of school?
  - How does (the outsider) explain this?
    - How does the teacher explain this behavior?
  - What does this mean to him or her?
    - What does marriage mean to your spouse?
    - How has she or he showed you that this is so?
2. Past:
- Who was closest to whom before this happened?
    - Before brother left home, who was closest to dad? (Rank order)
    - Was your mom more on your side in the past than she is now?
    - Who was most pleased with your former therapy? Who next? (Rank order)
    - Who argued the most with brother before he went to jail?
      - i. Difference:
        - Has this always been true?
          - Has she always demonstrated her sadness this way in the family?
        - How was it different then?
          - How were mom and dad closer before you moved out?
      - ii. Agreement/Disagreement:
        - Do you agree with her that it was different?

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- Do you agree with mom that they got along better before you moved?
- iii. Explanation/Meaning:
  - What was your explanation for that?
    - How did you explain the distance you both experienced at that time?
  - What do you think she or he meant when she or he did/said that?
    - What did he mean when he would never leave you again?
- c. Future/Hypothetical:
  - Who will be closest then?
  - Who will be closest to mom when all of you children have grown up and left home?
  - Who will show the most anger if \_\_\_\_\_?

### **If the girls were no longer at home, would things be better or worse for you and your husband?**

- What would happen between the two of you if this were to happen?
  - After your wife's (imminent) death, who will take care of your (handicapped) daughter?
- Who would be the best companion for whom?
- Who would seem the most helpful?
  - If one of you children had to stay home after high school graduation to take care of your parents, who would be the first to volunteer? Who would be the best for your mom? For your dad?
- Who would act the most upset if this were to happen?
  - Who would act the most upset if dad were to come home drunk - mom or daughter?
- Who would show the most relief if this no longer happened?
  - Who would show the most relief if dad were to quit drinking?
- i. Difference:
  - How would that be different than it is now?
    - What would you do differently if mom and dad got along?

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- How would their relationship be different if \_\_\_\_\_?
    - How would mom and dad's relationship be different if you were to leave home?
  - ii. Agreement/Disagreement:
    - Who agrees with her that if this were to happen, they'd be closer?
      - Who agrees with dad that son would improve if mom and dad got along?
    - If (teacher, Grandmother, school counselor, etc.) were here, with whom would she agree?
      - Do you agree with your daughter that you and your husband would get a divorce if she were to leave home?
      - If your teacher were here, what would she say?
  - iii. Explanation/Meaning:
    - What is your explanation for this?
      - How do you explain dad's guess that if they were to go on a trip, you three children would get along fine?
    - What is your reason for the likelihood that this would (not) happen should that occur?
      - Explain why you think they would not get a divorce if you left.
      - He just stated that he should run away. What purpose do you think that would serve?
    - What purpose would that serve?
4. Interventive Questions
- Note: Many of the examples above may be an interventive, depending upon the intent of the therapist and the family's frame of reference. Some additional examples appear below.
- a. Present:
    - What "fun" things do you usually do together as a family?
      - Ask each of the children: What's something fun that you did with your family this week?
    - How much time alone do you typically spend together doing something enjoyable?

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- Have you had some special time alone with your dad lately? What did you do?
  - How often do you go out together; alone; as a couple?
    - Did your mom and dad get to go out together, just the two of them?
  - How much time do you two spend alone?
    - What do you like to do when your folks go out on a date?
  - How is she or he going to learn to \_\_\_\_\_ ?
    - How do you think James will learn to do his homework on his own? (Do you agree, James?)
  - From whom did son/daughter learn to (reframe behavior or intent)?
    - How do you think Karen will best learn to share her feelings? (That's one possibility, any other ideas? Which do you think would be most helpful?)
    - From whom did daughter learn to act so courageous and persistent?
    - In what other ways does he show you that he's concerned about the two of you?
  - What would be different in your family if I told you that change would be risky now?
    - How do you think your mom would respond if I told her that the family is not ready for you to change, and that they need you to stay home from work and school in order to protect them as they grow older?
      - i. Differences: (The same type of questions suggested)
      - ii. Agreement/Disagreement: (above apply to the interventive questions.)
      - iii. Explanation/Meaning:
- b. Past:
- How did your parents do that in the past?
    - How did your parents discipline you in the past? What do you think was most helpful? What have they done with James when he misbehaves? Did that work? The last time he ran away, what did your mom do? What did

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- your dad do? What do you think helped James the most then?
- When did Carol take on the responsibility of keeping your brothers out of trouble by monopolizing all of your parents' time and attention?
  - What do you think was most effective?
  - Did that work?
  - What did your family do the last time this happened? How did that help?
  - When did she or he first take on the job of caring for her or his mom/dad/siblings in this way? ( Reframe)
  - What other creative ways have you found to discipline the children?
    - i. Differences: (The same type of questions suggested )
    - ii. Agreement/Disagreement: (above apply to the interventive questions.)
    - iii. Explanation/Meaning:
- c. Future/Hypothetical:
- What does she or he need to do to prepare for this?
    - What do you think mother needs to do to prepare for the time James leaves home?
  - Who will be the most prepared when this happens?
    - What does James need to do?
  - How will each member help the family when this happens?
    - When my Mother goes to the hospital, how are each of you going to help in the home? How could dad help the best? How could James help?
  - What would happen if \_\_\_\_\_?
    - What would happen if they grounded him from the TV every time he stayed out past his curfew?
  - What do you think would be the most effective way to resolve this problem?
    - Do you think she would be more willing to share her feelings if you were to: (a) ask her question about her day, (b) share your feelings

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- with her, or (c) if she were to see you and your wife share your feelings with each other?
- If she or he were to help how would she do it? Would she succeed?
    - If mom were to try to teach daughter not to whine and complain, how would she do it? Do you think that would work? How would dad try to teach her?
  - 1. Difference: The same type of questions suggested
  - 2. Agreement/Disagreement: above apply to the interventive questions.
  - 3. Explanation/Meaning:

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### **Level of Determination 641-40-35**

**(Revised 6/15/06 ML #3009)**

[View Archives](#)

This is a tool case managers and supervisors can use to determine the level of intervention needed in working with families.

[Click here](#) to view and/or print the Level of Service Determination form.

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### **Sample Letter to Team Members 641-40-40**

**(Revised 6/15/06 ML #3009)**

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Dear Team Member,

Thank you for making the time and commitment to family involved. I look forward to seeing you at our first team meeting and commend you on your willingness to make a difference in this family's life.

Please take a few minutes to review the questions below. Each team member will be asked these questions during our first team meeting.

1. What is your relationship with the family/youth? (Ex.: Family, Friend, Teacher, Pastor)
2. How long have you known the family/youth?
3. What do you see as the family's/youth's strengths?
4. What is your perceived role on the child and Family Team?
5. What special talents and expertise do you bring to the team to enhance services to the family? (Ex.: Could you provide respite care? Help with special projects? Further families understanding of mental illness? Etc.)
6. What do you like to do in your spare time?

If you have any questions, please feel free to contact me at the number listed above. Thanks again and I will see you at our first team meeting.

Sincerely,

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### **Sample Follow-Up Agenda 641-40-45**

**(Revised 6/15/06 ML #3009)**

[View Archives](#)

#### A. Sample Follow up Agenda

- Welcome – introduce any new members and define their role.
- Discuss what worked since the last team meeting.
- Updates from Service Providers.
- Updates on each goal.
- Discuss any new needs, brainstorm ideas, and assign tasks.
- Schedule the next child and family team meeting.

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### Checklist for Developing and Review Service Plans 641-40-50

(Revised 6/15/06 ML #3009)

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#### Checklist for Developing/Reviewing Service Plans

<b>PROBLEMS/RISKS</b>	Do the needs listed relate to the reduction of risk to the children's safety and promote the well being of the family?	
	<b>YES</b>	<b>NO</b>
Are the problems (risks) listed clearly relate to the reasons agency is involved with family?		
Are the problems (risks) stated positively as needs?		
Can the problems (risks) listed be solved?		
Are the problems (risks) described in clear and specific language or are they described in vague, general language?		
Do the problems listed relate to the reduction of risk required for prevention of placement?		
Is it clear, if the family does not agree, what source is defining the problems (risks) (as court mandate)?		

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<b>STRENGTHS</b>		
Are family strengths clearly identified with the family?		
Is the family able to identify their areas of strengths?		
Can the identified strengths be utilized to reduce the areas of risk?		
Can the identified strengths be utilized to complete the goals in their service plan?		
<b>NEEDS</b>		
Are the risks stated positively as needs?		
Does the family clearly understand the areas of change needed to reduce risk to the children?		
Does the family agree with the needs outlined on the service plan?		
<b>GOALS/OUTCOME</b>		
Are the goals stated in positive terms?		
Is each goal clearly related to the corresponding needs listed?		
Is each goal reasonable and achievable?		
Is each goal described in clear and specific language?		
Do the goals listed relate to reduction of risk required for prevention of placement or return of child home?		
Does the family agree with these goals?		

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If family members do not agree with these goals, are they aware of source of goals (such as court order)?		
<b>SERVICES TO SUPPORT GOAL ACCOMPLISHMENT</b>		
Will the services to be provided support the accomplishment of the goals agreed upon and deal with the problems listed?		
Are the services to be provided described in clear and specific language or are they described in general and vague language?		
Is the expected level of family involvement in services to be provided reasonable and achievable?		
Are the consequences of involvement or non-involvement in services clear and known to the client?		
Does the family agree with the services to be provided? (If disagreements exists, is client aware of relationship between services offered and mandated goals?)		
<b>TASKS: FAMILY MEMBERS/ WORKER/ OTHER</b>		
Are the tasks described clearly related to the services planned, goals stated, and problems listed?		
Is it clear who will do what?		
Can the tasks be accomplished by the person given responsibility for them?		
Does the person with responsibility for given tasks have access to necessary resources?		

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Are the tasks described in clear and specific language and, if appropriate, listed in a logical sequence?		
Is it possible to document when the task has been accomplished? What documentation is agreed to?		
Have necessary releases (such as for medical or psychiatric treatment) been secured?		
Are the consequences both of accomplishing and of not accomplishing these tasks clear and known to the family?		
Does the client and do you agree to work on these tasks? If others are involved in task accomplishment (such as other agency, homemaker, or foster parent) have they been involved in the planning process?		
Do methods exist for task revision? If so list below.		
<b>TIMETABLE</b>		
Is the timetable for each task clear, reasonable, achievable?		
Are the consequences both of accomplishing and of not accomplishing these tasks within this timetable clear and known to the client?		
At what points and by whom will progress be monitored during this timetable?		
Do methods exist for timetable revision? If so list below.		

### **Goals Failure 641-40-55** **(Revised 6/15/06 ML #3009)** [View Archives](#)

Goal failure is related to:

- goals are set too high
- too many goals
- focus on attitudes rather than behavior
- failure to monitor
- **who** will track B, who will provide consequences
- **what** will the consequences be
- **when** does the program begin, get evaluated, delivered
- **where** will services be provided
- **how** will services/progress be monitored
- lack of consistency in consequences, timely delivery
- inadequate provider
- ambiguity of the client
- lack of relevancy
- goal not properly prioritized
- don't confuse causation with problems
- failure to take into account cultural ethnic issues