

CASE PLANNING & CASE PLAN IMPLEMENTATION

**MiTEAM Specialist Led Application Exercise
PARTICIPANT PACKET**



Handout 1: Brainstorming

Guidelines for Facilitating a Brainstorming Session

1. You are asking question(s) to facilitate solutions.
 - Ask Who, What, Where, and How questions to encourage ideas.
 - Example: *What are all the possible ways you can think of to _____?*
2. Acknowledging and validating what they are communicating.
 - Give compliments and praise for contributions along the way, not just at the end.
 - Example: *Wow, I hadn't thought of that one. Great idea. Keep the ideas rolling!*
3. Paraphrasing their message/solution.
 - As an idea is expressed, it might be confusing so be sure to paraphrase to capture its meaning.
 - Example: *"I want to make sure I understand your idea. Are you suggesting we seek help through private funding or actually doing our own fundraiser?"*
4. Utilizing verbal and non-verbal cues to elicit participation in the dialogue.
 - Be cognizant of participants whose behavior suggests they have something to offer but hesitate.
 - Example: *"Joe, it appeared like you wanted to add something?"*

Brainstorming Guidelines

- Quantity vs. Quality
- Everyone participates, no observers
- Anything goes, be creative
- Include other's solutions
- No critical judgement or evaluation
- Every suggestion gets written down
- Include "out of the box" ideas
- Include person's strengths
- Hitchhike ideas (combinations and improvements)
- One person speaks at a time

Handout 2: Sample Safety Plan with Claudia Lewis

Claudia Lewis (mother) and son Cade (12 years old) have lived with Quincy Williams for the past year. CPS became involved after a report alleging that Cade had to run from the house due to a domestic altercation between Quincy and Claudia. Reportedly, his mother had told him to get out. The reporter stated that Cade came to her home and said he was afraid Quincy was about to hurt his mom. The report stated that Cade told a friend that he was afraid Quincy was going to hit his mom and that he was afraid for himself too. The Department did not find evidence of immediate danger as Quincy they did not find evidence that he had physically harmed Claudia or Cade; or that he threatened to harm Cade. The Department determined that significant risk was evident to warrant a safety plan and opened a prevention case.

Through Claudia's work with the Department, she realizes that Cade is at risk when he hears the arguments between Claudia and Quincy. Claudia wants to put a safety plan in place because situations have been escalating, and she has not yet been able to leave. They live in Quincy's home, so she says she can't ask him to move out. She believes she has resources she can access. She plans for Cade to live with her, on their own, after they leave Quincy.

Action Step	Person(s)	Time Frame
Proactive: (steps to reduce the risk, increase the safety of your family)		
Cade and I will use the phrase "The school called" when tension is building. This tells him to stay where he is or go to his friend, Russell's house.	Claudia	4/1/2017
Call Russell's family to share Cade's plan	Claudia	4/2/2017
Tell Allison, my co-worker our code; she will call 911 if needed	Allison	ASAP
Cade will practice calling 911 and providing the specific information (name, address)	Cade	ASAP
Make copies of license, bank account, social security, birth certificates, and leave at work	Claudia	By 4/2/2017
During my lunch hour, I will speak to Sheila on my work phone (DV advocate)	Sheila	By 4/7/2017
Pack an emergency bag for Cade, take it to work, and give it to Allison	Claudia	4/3/2017
Reactive: (steps to restore safety following/during an incident)		
When I expect an argument, I will move next to the TV (really next to the door); I will give Quincy what he wants to protect me and Cade.	Claudia	Begin 4/1/2017
I will ask Quincy to leave. Ask him to talk at the diner so I can get something to eat.	Claudia	ASAP
If I can leave, I will go to Allison's (she has some personal belongings of mine and Cade's)	Claudia	ongoing
Cade will stay where he is if he is away from the house or head to Russell's house. If he is in the house, he will not come out of the room he is in when he hears Quincy arguing. He will call 911 if he can. Or call Russell's mom with our code phrase "the school called..."	Cade	ongoing

Handout 3: Motivational Interviewing¹

Motivational interviewing (MI) is “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change” (Miller & Rollnick, 2009, p. 137). MI focuses on exploring and resolving ambivalence. It does not impose change (which may be inconsistent with the person's own values, beliefs or wishes), but rather supports change in a manner congruent with the person's own values and concerns (Miller & Rollnick, 2009). A central concept of MI is the identification, examination, and resolution of ambivalence about changing behavior. Ambivalence — feeling two ways about behavioral change — is a natural part of the change process.

The four principles of motivational interviewing are:

1. **Expressing empathy:** Empathy involves seeing the world through the learner’s eyes, thinking about things as the learner thinks about them, feeling things as the learner feels them, and sharing in the learner’s experiences. This approach provides the basis for learners to be heard and understood, and in turn, they are more likely to honestly share their experiences in depth.
2. **Supporting self-efficacy:** MI is a strengths-based approach that asserts learners have within themselves the capability to successfully change. Learners may have previously tried and been unable to achieve or maintain the desired change, which created doubt about their ability to succeed. In using MI, coaches support self-efficacy by focusing on previous successes and highlighting skills and strengths learners already have.
3. **Rolling with resistance:** From an MI perspective, resistance may occur when a learner experiences a conflict between his or her view of the “problem” or the “solution” and the coach’s view, or when a learner experiences his or her freedom or autonomy being impinged upon. These experiences are often based on the learner's ambivalence about change. In MI, coaches avoid eliciting resistance by not confronting learners when resistance occurs. They typically work to de-escalate and avoid a negative interaction — instead they "roll with it." Actions and statements that demonstrate resistance remain unchallenged, especially early in the coaching relationship. Rolling with resistance disrupts any “struggle” that may occur and prevents the session from resembling an argument or prevents the learner from playing devil's advocate or responding “yes, but ...” to the coach's suggestions. The MI value of having learners define the scope of work and develop their own solutions leaves little for learners to resist. A frequently used metaphor is “dancing” rather than “wrestling.” In exploring concerns, coaches will invite learners to examine new points of view and will be careful not to impose their own ways of thinking.
4. **Developing discrepancy:** Motivation for change occurs when people perceive a mismatch between “where they are and where they want to be.” A coach who practices MI works to develop motivation by helping learners examine the discrepancies between their current circumstances or behavior and their values and future goals. When learners recognize that their current behaviors may place them in conflict with their values or interfere with accomplishing their self-identified goals, they are more likely to experience increased motivation to make important life changes. It is important not to rush this process, but to gradually help learners become aware of how current behaviors may lead them away from, rather than toward, their important goals.

¹ The Coaching Toolkit for Child Welfare Practice, Northern California Training Academy Center for Human Services, UC Davis Extension in partnership with Casey Family Programs

Listening for change talk

Change talk statements reveal consideration of, motivation for, or commitment to change. In MI, coaches hope to guide learners to expressions of change talk as the pathway to change. Research indicates a clear correlation between statements about change and outcomes. The more someone talks about change, the more likely that person is to change.

The following strategies are likely to elicit and support change talk in MI:

- Ask evocative questions: Ask an open question and the learner's answer is likely to be change talk.
- Explore decisional balance: Ask for the pros and cons of both changing and staying the same.
- Ask about good things and not-so-good things: Ask about the positives and negatives of the target behavior.
- Ask for elaboration and examples: "What does that look like?" "When was the last time that happened?"
- Look back: Ask about a time before the target behavior emerged.
- "How were things better, different?"
- Look forward: Ask what may happen if things continue as they are (status quo). Try the miracle question, "If you were 100% successful in making the changes you want, what would be different?" "How would you like your life to be 5 years from now?"
- Query extremes: "What are the worst things that might happen if you do not make this change?" "What are the best things that might happen if you do make this change?"
- Use change rulers: Ask, "On a scale of 1–10, how important is it to you to change [the specific target behavior] where 1 is not at all important and 10 is extremely important? Follow up with "And why are you at ___ and not ___ [a lower number than stated]?" "What might happen that could move you from ___ to [a higher number]?"
- Alternatively, you could also ask "How confident are you that you could make the change if you decided to do it?"
- Explore goals and values: Ask what the learner's guiding values are. "What do you want in life?" Using a values card sort activity can be helpful here. Ask how the continuation of target behavior fits in with the learner's goals or values. Does the target behavior help realize an important goal or value, does it interfere with a goal or value, or is it irrelevant?
- Come alongside: Explicitly side with the negative (status quo) side of ambivalence. "Perhaps _____ is so important to you that you won't give it up, no matter what the cost."

Support learners in taking responsibility for their own motivation. The worst way to support a learner who is not motivated is to give advice on how to get the work done. Rather, ask what, when, and how questions.

- How is what you are doing now hurting or helping you?
- What can you do about [identified barriers]?
- How can you make it better?
- How are you going to get it done?
- What do you need to do differently?
- When can you do it? / When will you get it done?

Use significant caution when asking why questions. They may simply give learners an opportunity to give excuses for not meeting the required performance standard.

Handout 4: Jami Love Scenario

Jami Love (32 yrs.) is the mother of Kimmy (15 yrs.), Sam (8 yrs.) and Chris (5 yrs.). Tom is the legal father of Kimmy and Chris. Sam was conceived through artificial insemination and therefore, no father has been identified. Tom has been uninvolved with Kimmy and Chris however, plays an active role in his other children's lives. Tom has an extensive criminal history and Jami reported that he has been in jail over 27 times. Kimmy told CPS that she doesn't want to be around Tom. Tom and Jami have been involved with one another for the past 15 years. Jami denies that they are currently involved in a relationship but says she only contacts him about the children. Jami is prescribed anti-anxiety, muscle relaxants, sleep aids and mood stabilizers. CPS received allegations that Jami was abusing prescription medication. Jami admits to abusing some of her prescriptions since January, however, prior to that had been sober since she was 24 years old. Jami was recently admitted to the hospital for drug related issues. Jami is currently on probation and attending therapy, the CPS worker has not received a release to speak with the probation officer. The children are currently in a voluntary placement with their maternal aunt.

Handout 5: Jami Love Scenario Role A (caseworker / supervisor) Guidance

- Facilitate a discussion with the team to move them through the case planning process. Use the skills covered today in the MSLAE (see below).
- Document the case plan on the blank Family Team Meeting Report on page 8.

Case Planning Process:



Motivational Interviewing Principles:

- Expressing empathy
- Supporting self-efficacy
- Rolling with resistance
- Developing discrepancy

Guidelines for Facilitating a Brainstorming Session:

1. You are asking question(s) to facilitate solutions.
2. Acknowledging and validating what they are communicating.
3. Paraphrasing their message/solution.
4. Utilizing verbal and non-verbal cues to elicit participation in the dialogue.

Fidelity Indicators for Case Planning:

1. (Interview) The individual described specific examples where his or her input was utilized in decision making.
2. (Documentation) The plan builds resilience including two or more strategies that:
 - a) Promote family members ability to develop and build relationships
 - b) Promote family members' mastery and/or competency
 - c) Improve family member' self-esteem
 - d) Gives family members voice
 - e) Enables family members choice

Handout 6: Family Team Meeting Report

Family / Youth Strengths:

Family / Youth Needs	Action Steps	Time Frame	Person(s) Responsible

Safety Concerns	Safety Plan / Action Steps	Time Frame	Person(s) Responsible

Handout 7: Jami Love Scenario Role B (Jami Love) Guidance

- You are NOT comfortable talking about what happened in January that instigated your drug use. Refuse to acknowledge this as an issue until someone points out that you've had several years of sobriety prior to January.
- You feel your family is against you and that they are trying to keep the children, especially Kimmy, away from you.
- You are willing to inform your prescribing doctor that you are abusing your medication.
- Ultimately, you are willing to do whatever necessary to keep your children in your care, including inpatient substance abuse treatment. If the team suggests you participate in AA/NA remain adamant that you won't go to the place they suggest because your old drug dealer goes there and you hear that he's still selling drugs.
- You are on probation for placing your utilities in someone else name after you couldn't pay your bill. You are ordered to attend group and individual therapy and you've been doing this.
- You are willing to allow your children to remain in a voluntary placement while you seek services, as long as you have regular contact with them and they remain at your sister's house.

Handout 8: Jamie Love Scenario Role C (family member) Guidance

- You believe when Jami has contact with Tom she becomes consumed by their relationship and neglects her other responsibilities. You don't believe that she just contacts him to encourage him to be involved with the children.
- You are concerned with Jami's ability to provide a safe environment without intensive intervention.
- Kimmy has told you she doesn't want to return home.
- You would like a Power of Attorney so that as a placement you can authorize emergency medical treatment for the children.
- When Jami attended church in the past she was really connected with the pastor's wife. The pastor's wife has been asking about Jami and wants to get ahold of her.

Handout 9: Tracking and Adjusting a Safety Plan

Purpose: Demonstrate how to include the team member's input, including the family's input, when adjusting plans.

Fidelity Indicators for Case Plan Implementation
1. There is evidence in the documentation that service providers were provided with clear and specific service needs for the family. (Documentation).
2. When developing or adjusting the plan, asks for team member's input. (Observation).

Since creating the initial Safety Plan, Claudia has left with Cade and is staying with her friend, Allison. She said she is afraid Quincy will find her and hurt her.

Action Step	Person(s)	Time Frame
Proactive: (steps to reduce the risk, increase the safety of your family)		
Cade and I will use the phrase "The school called" when tension is building. This tells him to stay where he is or go to his friend, Russell's house.	Claudia	4/1/2017
Call Russell's family to share Cade's plan	Claudia	4/2/2017
Tell Allison, my co-worker our code; she will call 911 if needed	Allison	ASAP
Cade will practice calling 911 and providing the specific information (name, address)	Cade	ASAP
Make copies of license, bank account, social security, birth certificates, and leave at work	Claudia	By 4/2/2017
During my lunch hour, I will speak to Sheila on my work phone (DV advocate)	Sheila	By 4/7/2017
Pack an emergency bag for Cade and I take it to work, give it to Allison	Claudia	4/3/2017
Reactive: (steps to restore safety following/during an incident)		
When I expect an argument, I will move next to the TV (really next to the door); I will give Quincy what he wants to protect me and Cade.	Claudia	Begin 4/1/2017
I will ask Quincy to leave. Ask him to talk at the diner so I can get something to eat.	Claudia	ASAP
If I can leave, I will go to Allison's (she has some personal belongings of mine and Cade's)	Claudia	ongoing
Cade will stay where he is if he is away from the house or head to Russell's house. If he is in the house, he will not come out of the room he is in when he hears Quincy arguing. He will call 911 if he can. Or call Russell's mom with our code phrase "the school called..."	Cade	ongoing

Questions:

1. How would you update the Safety Plan given the new information provided?
2. How would you be sure the team member's input is included in the plan?
3. How often should the status of the child be reviewed?
4. What should be done to track and adjust for this type of plan?

Handout 10: Tracking and Adjusting a Case Plan

Purpose: Demonstrate how to include the team member's input, including the family's input, when adjusting plans.

Fidelity Indicators for Case Plan Implementation
<ol style="list-style-type: none"> 1. There is evidence in the documentation that service providers were provided with clear and specific service needs for the family. (Documentation). 2. When developing or adjusting the plan, asks for team member's input. (Observation).

A case plan is written by the team for Claudia to go to substance-abuse treatment at New Hope but she does not want to go because her ex-boyfriend, Quincy sometimes attends. See the Family Team Meeting Report (DHS-1105) section below for details.

Family / Youth Needs	Action Steps	Time Frame	Person(s) Responsible
Substance abuse	<ul style="list-style-type: none"> • Claudia will drop at ADAM 3 times/week as directed. • No cocaine or other substance use. • Not associate with others who are using illicit substances. • As recommended in the Substance Abuse Assessment attend outpatient treatment at New Hope on Mondays and Thursdays. • Attend NA meetings 3 times a week and obtain signatures for verification. 	Begin 2/1/17	Claudia

Questions:

1. How would you track and adjust the action steps above for this parent's success?
2. What would you say or do to get the team member's input?

Handout 11: Tracking and Adjusting Counseling Services Referral

Purpose: Demonstrate how to include the team member's input, including the family's input, when adjusting plans.

Fidelity Indicators for Case Plan Implementation

1. There is evidence in the documentation that service providers were provided with clear and specific service needs for the family. (Documentation).
2. When developing or adjusting the plan, asks for team member's input. (Observation).

Three weeks ago, the caseworker made a referral for Claudia's therapy at Best Counseling Services with Mr. Smith. The caseworker told Mr. Smith that the purpose for counseling services is to help Claudia with disciplining of her child; the family's team had identified her need to not use physical discipline when she is angry. Today, Mr. Smith called the caseworker and left a message asking for a call back. He is confused because Claudia said she was there to focus on her budgeting skills so she can get an apartment. See a section of a Counseling Referral (DHS-880) below.

Case Name	Case Number	Specialist
Claudia Lewis		
Counseling Units Authorized for this Period: 12 (Max. 12 unless approved exception.)		
Service Authorized: From: 3/13/17 to 9/15/17		
MDHHS Program: Foster Care (FC)	CPS Risk Level (if applicable): High	
Type of Counseling Service: Clinical Counseling	Funding Source: CFCP	
For Foster Care Cases: Is the goal reunification? Yes		
Ancillary Services Approved? No		
Reason for Referral (describe presenting problem(s), diagnosis if known, and behaviors to be addressed by counseling)		
Claudia has been physically and emotionally abusive toward her son.		
Expected Outcomes (behavioral changes anticipated)		
Claudia needs to manage her behavior appropriately when angry and learn to speak to her son in more a more positive way.		

Questions:

1. Is there evidence in the documentation that service providers were provided with clear and specific service needs for the family?
2. How would you handle the communication with the provider?

Handout 12: Case Planning & Case Plan Implementation Overview

Case Planning Key Caseworker Activities:

- Involve parents and other team members in the case planning process with a long-term view toward safety and permanency.
- Link services to individual strengths, potential traumatic stress and specific needs of each relevant family member to the identified permanency goal or goals.
- Develop plans that have behaviorally specific and achievable goals and action steps.
- Use visits with the child and parent to make progress on goals and action steps.
- Track progress on case plan implementation and adjust as needed.

Fidelity Indicators for Case Planning:

1. (Interview) The individual described specific examples where his or her input was utilized in decision making.
2. (Documentation) The plan builds resilience including two or more strategies that:
 - f) Promote family members ability to develop and build relationships
 - g) Promote family members' mastery and/or competency
 - h) Improve family member' self-esteem
 - i) Gives family members voice
 - j) Enables family members choice

Case Plan Implementation Key Caseworker Activities:

- Engage with service providers.
- Clarify specific service needs when making referrals.
- Provide services promptly and on an ongoing basis.
- Use caseworker visits to mobilize services.
- Evaluate the appropriateness and effectiveness of services.

Fidelity Indicators for Case Plan Implementation:

1. There is evidence in the documentation that service providers were provided with clear and specific service needs for the family. (Documentation).
2. When developing or adjusting the plan, asks for team member's input. (Observation).