

Supervisor Consultation Guide: Directing Practice and Decision Making During the *Ongoing Family Functioning Assessment*

Developed by
ACTION for Child Protection, Inc.

Authors
Matthew Gebhardt, M.Phil., M.S.W.
Todd Holder, M.S.W

Edited for Florida Department of Children and Families
Tarrin Reed, MSW

October 2014

This product was developed by ACTION for Child Protection January 2010 for the program *Using Comprehensive Family Assessments to Improve Child Welfare Outcomes* (CFA), HHS-2007-ACF-ACYF-CA-0023, which is funded through the Cooperative Agreement, Grant No. 90-CA-1751, between the Administration on Children, Youth, and Families (ACYF); Children's Bureau; and the Alabama's Comprehensive Assessment Project. The product was revised from previous work by ACTION to the program. In August 2011 specific content was edited and approved by West Virginia Bureau for Children and Families to support the implementation of West Virginia' Safety Assessment and Management System (FSDMM). In October 2014 specific content was edited and approved by Florida Department of Children and Families edited specific content for use.

© ACTION for Child Protection, Inc.

Supervisor Consultation Guide

Directing Casework Practice and Decision Making During the *Ongoing Safety Plan and Case Plan Management*

Table of Contents

Introduction.....	3
Purpose of the Case Management Supervisor Consultation Guide.....	5
Supervisor Consultation Philosophy and Style.....	6
The Humanistic Supervisor Consultation Model.....	9
Characteristics Influencing Supervisor Consultation.....	12
Supervisor Consultation Framework.....	16
Supervisor Consultation Is Driven by Intended Results.....	17
Case Management Supervisor Consultation Process.....	18
Case Management Supervisor Consultation Process.....	21
Process Point #1: Supervisory Consultation in the Preparation Phase.....	22
Process Point #2: Supervisory Consultation During the Introduction Phase.....	29
Process Point #3: Supervisory Consultation During the Exploration Stage.....	33
Process Point #4: Supervisory Consultation During Case Planning.....	45
Process Point #5: Supervisory Consultation During Evaluation of Family Progress.....	50
Conclusion.....	52

Introduction

Consulting with Case Managers related to practice and decision making is the most important activity that you will do as a supervisor. Although the need to provide consultation is a longstanding expectation in Child Welfare, often supervisor consultation is inconsistent or lacks the focus necessary to guide and support intervention. With respect to the process of ongoing family functioning assessment for purposes of safety and case plan management, supervisor consultation is crucial for helping Case Managers, engage families, work through the challenges of each stage of the process, and ultimately identify what must change. Supervisory case consultation should occur at different phases of family assessment as a case progresses, including the FFA-Ongoing, Progress Updates and Judicial Reviews (court supervised cases), Safety Planning and safety management, and Case Planning and case plan management.

In fact, it could be said that well organized, responsive, and expert consultation is the most significant influence on changing practice in the field and successfully implementing practice. The discussions and problem solving that occur when you are providing consultation concentrates on helping Case Managers achieve the purpose and objectives for the Case Management.

The primary purpose of the Case Management is to arrive at a mutual agreement with parents about what must change in order to restore them to their protective responsibilities and meet their child(ren)'s needs for safety and well-being. The practice objectives of the Case Management are to:

- Engage and build collaborative partnerships with the parents and the team of other persons necessary for parent(s) to achieve change.
- Facilitate conversations with caregivers regarding identified impending danger and how it affects their child(ren).
- Raise awareness and seek agreement with caregivers regarding "what must change."
- Collaborate with caregivers to develop, monitor and modify case plan outcomes and change strategies to enhance diminished caregiver protective capacities and achieve safe case closure.

Effective child welfare practice requires that the practice be achieved in adherence with *The Safety Methodology Practice Guidelines*. The *Safety Methodology Practice Guidelines* identify and describe the expectations for practice and decision-making necessary for effectively completing the Case Management. As a supervisor you are the person responsible for directing and regulating practice and overseeing Case Management decision-making. This means that you are in a crucial position of influence to manage and regulate how practice occurs in the field among your staff and oversee the effectiveness of Case Management processes and decision-making.

Although Ongoing Case Managers are responsible in a practical sense for the interpersonal interaction with caregivers and team members and in facilitating the Case Management stages, it is you, the supervisor, who is ultimately accountable for the performance of your staff in achieving the Case Management purposes and objectives. Given the weight of this responsibility, it is crucial that you are consistently involved and fully informed at each decision making point as your staff proceed through the Case Management process.

In order to manage and regulate the Case Management process effectively, you must have a structured approach for timely and consistent consultation that provides clear guidance and supports the best practice of Ongoing Case Managers. Such guidance and support assures you your staff are competent and confident. In terms of implementation outcomes, structured consultation ensures that caregivers are involved in the case planning process; that Case Management intervention stages occur as intended; and that case plan outcomes for behavioral change are individualized, specific, positively stated, and measurable.

Supervisory case consultation is significantly different from “Supervisory Reviews” that many agencies conduct. Generally, a “supervisory review” is a review of case record documentation and tends to focus on aspects of compliance with rules and operating procedures.

Purpose of the Case Management Supervisor Consultation Guide

The purpose of the *Supervisor Consultation Guide: Directing Practice and Decision Making during the Ongoing Family Functioning Assessment (Guide)* is to provide you with a well-organized structure for consulting with Case Managers related to Case Management practice issues and decision-making requirements.

The Guide advances a process-oriented and criteria-based approach for case consultation. The Guide emphasizes specific supervisor consultation expectations as a case proceeds through each intervention stage of the Case Management process. The Guide emphasizes supervisor-Case Manager consultation as the essential method for directing practice, overseeing Case Management decision-making, and building Case Manager competency necessary for engaging caregivers and team members in a collaborative partnership for determining what must change, and agreeing when the changes necessary have been achieved. The process is also critical to assess and monitor whether child well-being needs are adequately attended to by parents or other caregivers, including such needs in a case plan when they are determined to be not adequately met.

The objectives for the Guide are to:

- ✓ Promote proactive case consultation during the Case Management.
- ✓ Advance an approach to supervisor consultation based on a humanistic management philosophy and style.
- ✓ Delineate the fundamental supervisor responsibilities for facilitating effective casework practice, overseeing and regulating decision making, and building staff competency.
- ✓ Establish the purpose(s) and targeted objectives for supervisor consultation during the Case Management intervention stages; including the development of case plan outcomes.
- ✓ Establish criteria-based supervisor consultation related to the Case Management.
- ✓ Assure that Safety Methodology Practice Guidelines are achieved.

Supervisor Consultation Philosophy and Style (Same as CPI)

The mentality you have about the importance of consultation, the purpose for consultation, and how consultation should occur is as important as your expertise related to Safety Methodology and specifically the Case Management. Although you are in a position of authority and accountable for Case Managers proficiency and effectiveness, your approach to consultation must take into account both the complexity of the job with respect to working with families as well as the interpersonal factors and internal and external motivations of your Case Managers.

Unlike supervisors who impose rigid directives to workers to increase output or control behavior, an effective supervisor is concerned with the human element and personal meaning associated with how Case Managers perceive, understand, and value their job.

Supervisor consultation provides the opportunity and the context for bringing meaning to the job beyond the specific casework tasks and activities. Consultation encourages mutual respect and ownership within the Case Management unit. It reinforces collaboration among Case Managers to build competency that results in independence and proficiency.

As a supervisor you are in a position of authority, but this does not mean that you should be authoritarian. Your consultation must occur in such a way that there is a balance between assuring that your expectations for Case Manager accountability are met while at the same time respecting and supporting Case Managers and encouraging their input and ideas.

As you think about your approach to supervisor consultation, consider the following:

- A supervisor is most effective at improving Case Manager performance when he/she brings a “big picture” meaning to the job for Case Managers.

What is the level of awareness your Case Managers have with respect to how their involvement with families can have a significant impact on caregivers and children? It's critical, but too often taken for granted, that Case Managers recognize how their efforts in the field contribute to the achievement of the agency's mission, outcomes, and objectives for intervention.

Your consultation should move beyond discussions regarding Case Manager activities and tasks (e.g., contacting a collateral, transporting a child, preparing for court) that occur during the completion of the Case Management. Consultation should help Case Managers understand and appreciate how their work contributes to the broader mission of the agency within the community, as well as within the framework of the practice model.

- You are most effective at improving Case Manager performance when you instill a sense of ownership and commitment among Case Managers towards fidelity to the standards for intervention.

Is a professional job that requires trained and capable professional Case Managers. It is therefore important to work and interact with Case Managers as professionals. You should expect and reinforce professionalism among Case Managers.

- You are most effective at improving Case Manager performance when you communicate clear expectations for casework practice and provide guidance to staff in a collegial way.

Establishing expectations for performance is not as easy as providing Case Managers with a list of do's and don'ts. Effectively communicating expectations for practice and decision-making that are based on standards for intervention takes time, consistency, and persistence.

When you hold yourself to a high level of accountability based on practice standards, you serve as role models for Case Managers for what constitutes an acceptable level of effort and professionalism. Supervisor consultation provides the essential means for establishing and reinforcing a supervisor's expectations.

- You are most effective at improving Case Manager performance when you build competency, support independence, and promote critical thinking among Case Managers.

Individuals are often promoted into supervisor positions because of their performance as Case Managers. The challenge in supervision is to translate the casework skill into formable ways of guiding, teaching, mentoring, and consulting. Great Case Managers can become great supervisors once the transition is made from "how I do this myself" to "how to help and support another person to do this."

A large part of this is concerned with engendering growing independence in Case Managers through how you consult. In simple terms consider this: Which is better for helping growth and development to occur? You giving specific step-by-step directions, in effect, making the decisions for the person or you raising questions, listening carefully for understanding, challenging what is and isn't done or understood, encouraging critical thinking. The idea is: the approach to supervisory consultation ought not to limit Case Manager development but instead advance supervisory capacity and encouragement which empowers Case Managers to take direct charge of the case practice and decisions that occur across all cases.

It is crucial that a supervisor is highly knowledgeable regarding the status of cases in his or her unit. Being informed about cases as they proceed through the Case Management process enables supervisors to assist Case Managers in enhancing their practice and making correct decisions. Dictating to Case Managers what they must do on cases is not consultation. Supervisor consultation is interactive. It involves facilitating discussions, posing questions, and seeking clarifications as the means for overseeing practice and providing guidance. Providing direction to Case Managers during consultation is primarily intended to serve as a teaching moment to help Case Managers become more competent and independent.

The Humanistic Supervisor Consultation Model: The Cornerstone for Supervisor Philosophy and Style (Same as CPI)

The Humanistic¹ Supervisor Consultation Model refers to a particular way that a supervisor views and understands his/her staff. It results in defining supervisor interaction and relationships with staff. The supervisor applying this model appreciates the uniqueness of each of his/her staff members. The supervisor understands that Case Manager choice and responsibility are fundamental to what it means to be a human being. Further the supervisor sees how choice and responsibility contribute to and are necessary for growth and development. Staff is seen as intentional, outcome oriented, and creative as they go about their daily work. Case Manager feeling and knowledge are appreciated as important to effectiveness. The supervisor employing this approach knows that integrity in personal and professional relationships is crucial. Therefore there is a high degree of trust in the value and importance of supervisor – worker relationships, and fundamental to this way of supervising is the sense of equalitarianism that pervades all supervisor-worker interaction.

¹ Humanistic as used here is specifically applied to the thinking, perception, and behavior a supervisor applies in managing, interacting, and relating to staff. It is not associated with philosophies of a larger scope. It basically is concerned with viewing Case Managers as worthy, capable, and deserving of respect for their uniqueness and dignity. It focuses on the potential that each worker has to become competent and invested in his or her job.

Humanistic Supervisor Consultation Model

Supervisor Competence:

High Level

- Manager
- Expertise
- Knowledge
- Skill
- Established Expectations
- Accountability
- Process Oriented
- Structured

Low Level

- Lacks knowledge
- Unable to consult
- Accountability on expectations
- Emphasizes tasks/activities
- Lacks rationale

<p style="text-align: center;">Competent/Authoritarian:</p> <ul style="list-style-type: none"> ▪ Case Manager does what is minimally required to do the job. ▪ Case Manager feels coerced. ▪ Directives are rigid. ▪ Job is perceived as a series of tasks and activities. ▪ Professional growth is neither encouraged or pursued. 	<p style="text-align: center;">Competent/Humanistic:</p> <ul style="list-style-type: none"> ▪ Case Managers is internally motivated to excel. ▪ Case Manager seeks guidance and communication is valued. ▪ Promotes critical thinking and independence. ▪ Seeks to build competency. ▪ Supports professionalism.
<p style="text-align: center;">Incompetent/Authoritarian:</p> <ul style="list-style-type: none"> ▪ Case Manager avoids interaction or could be confrontational. ▪ Case Manager feels insecure about the job. ▪ Punitive and lack guidance. ▪ Use of authority to mask incompetence. ▪ High rate of staff turnover. 	<p style="text-align: center;">Incompetent/Non-Authoritative:</p> <ul style="list-style-type: none"> ▪ Case Manager manipulates due to lack of respect. ▪ Case Managers seeks other sources for information due to lack of confidence. ▪ “Folk Practices” are perpetuated. ▪ Causal and laid-back approach. ▪ Seek to please staff. ▪ Morale varies; General Dissatisfaction.

Supervisor Qualities

Low Level

- Dictator
- Disempowering
- Detached
- Aloof
- Rigid
- Insensitive
- Disrespectful

High Level

- Collaborator
- Motivator
- Accessible
- Approachable
- Flexible
- Empathetic
- Respectful

Adapted from
 Leadership: A Fundamental Perspective
 -David Barrett

The humanistic supervisor consultation model illustrates competency variables and personal qualities that personify highly effective supervisors. These supervisor characteristics have a significant bearing on how Case Managers feel about their job and the confidence they have in their supervisors to guide their work. The competence and the personal qualities that a supervisor possesses will inevitably influence the way that a supervisor interacts with Case Managers. This, in turn, results in a reaction from Case Managers with respect to how they respond to their supervisor, which ultimately can have a significant influence on how they perform on the job.

Relationship is paramount for the humanistic supervisor. It is important to emphasize that a productive supervisor-staff relationship and subsequently productive consultation does not imply a lack of structure, a lack of guidance, or a lack of oversight. The humanistic supervisor consultation model illustrates the importance of having a balance between competency, expectations, and accountability, while assuring that the personnel doing the job feel valued and respected.

Supervisors who are competent but also inflexible, insensitive, and autocratic will hinder the professional development of Case Managers, discourage openness regarding decision making and contribute and/or perpetuate the de-professionalization of the job. Alternatively, supervisors who are approachable and “people oriented” yet incompetent will likewise have difficulty assisting Case Managers in implementing the practice model as intended. A supervisor’s approach has a tremendous influence on Case Manager perceptions, attitudes, and behavior. A supervisor’s approach can result in Case Managers feeling angry to powerless and intimidated. On the other end of the spectrum, the supervisor approach can increase job satisfaction and result in Case Managers feeling empowered and confident.

Characteristics Influencing Supervisor Consultation (Same as CPI)

Supervisors who are successful at working with Case Managers in implementing the Case Management are highly competent and possess personal qualities that demonstrate that they value the perspectives, professional motivations, and growth of the people that do the practice in the field. The following are competency variables and personal qualities that contribute to effective consultation:

- **Expertise**

You are the experts² in the agency regarding what must occur related to practice and what constitutes effective decision-making. The development of a supervisor's expertise is fueled by a strong belief that the Case Management is the right way to intervene in the lives of families. There is a sense of ownership for successfully implementing the Case Management and this sense drives a supervisor to learn the practice model and, increasingly, become more expert in getting it right.

- **Knowledge and Skill**

You understand the rationale for the assessment process and structure, recognizing how the implementation of the Case Management approach is critical to family engagement and identifying what must change relative to impending danger identified in the FFA. You can clearly and precisely communicate to Case Managers the relationship between the Case Management process and outcome development. Supervisors possess a thorough understanding and have the ability to apply and communicate Case Management intervention concepts and criteria (i.e., ensuring client self-determination while supporting conversations that raise self-awareness, identifying diminished caregiver protective capacities while seeking mutuality in the helping relationship).

- **Performance Expectations**

You have specific expectations for a quality of practice that is consistent with the Case Management standards and promotes the fidelity of the Case Management

² The supervisor as an expert is one who becomes the reliable source to go to based on his or her continuing experience and capacity earned from rigorous efforts to understand SAFETY METHODOLOGY generally and the Case Management specifically. As an expert, the supervisor works daily to become an authority on the Case Management. He or she possesses extensive knowledge along with the ability to find correct answers and applications.

approach. Establishing case plans in a timely fashion occurring within designated policy timeframes is important, yet there is an equal emphasis from the supervisor on the quality of the work that is produced.

- **Accountability**

You hold yourself to a high standard for achievement. Accountability for practice and decision-making begins with the supervisor and sets the tone for the Case Managers. The supervisor uses consultation with Case Managers as an opportunity to define expectations for practice, to teach and to build competency, motivate, and internalize individual accountability.

- **Process Oriented and Structured**

You provide consultation in relation to key decision-making points in the Case Management process. Consultation is individualized based on specific Case Manager staff needs and competency. Your consultation is responsive to Case Manager's needs as issues in a case emerge, as well as maintaining consistent regulation of safety decision-making as a case proceeds forward through the entire Case Management process. You, in a disciplined and consistent manner, use safety-related concepts and criteria during consultation to prompt discussions, critical thinking, and problem solving.

- **Coach and Mentor**

Consultation has as much to do with teaching Case Managers how to practice and make correct decisions as it does with respect to oversight. Case consultation is the most opportune time for developing Case Manager staff competency and fostering worker confidence and independence. Supervisors view consultation as their primary role when working with Case Managers. Consultation related to specific case practice issues and justifying decision-making provides the ideal context for instructing and building competency and confidence of Case Managers.

- **Analytical**

You are able to view complexities in a case situation, and you are effective at examining and determining the meaning and/or significance of information. You are able to consider the relationship between pieces of information when making decisions. Supervisors use consultation to promote critical thinking and analytical problem solving among Case Managers. They ask questions and seek clarifications regarding case information to assist Case Managers in examining their own practice and decision-making and work toward arriving at their own

solutions. Ultimately, the analytical processing that occurs during consultation furthers the development and independence of Case Managers.

- **Collaborator**

You value a strong team approach among your Case Managers. You seek an open exchange of ideas, and multiple solutions to practice issues are encouraged. You use consultation during individual and team meetings to facilitate purposeful and productive partnerships. An effective supervisor does not approach consultation (individual or during team unit meetings) as being the sole “expert” with all the answers. Promoting a collaborative environment among Case Managers is intended to provide opportunity and a structure for Case Managers to express themselves, share opinions, and develop ideas that focus on working toward the achievement of Case Management facilitative objectives.

- **Accessible**

You are readily accessible to meet with Case Managers. You value high amounts of contact with Case Managers and they are available to provide timely direction. Supervisors are effective at managing multi workload demands in order to concentrate on Case Manager needs and provide support. In addition to regularly scheduled times for consultation, you are available to meet with Case Managers as unexpected case practice issues or questions arise.

- **Approachable**

You have a positive attitude and are typically well liked by Case Managers. It is important for supervisors that Case Managers feels comfortable coming to them for consultation (e.g., advice, feedback, collaboration).

- **Flexible**

You are effective at accommodating different personalities and communication styles among Case Managers. You are able to individualize consultation around Case Manager needs and varied levels of competency.

- **Empathetic**

You are sensitive to the demands of the job and are able to relate to the challenges that Case Managers encounter in the field. Likewise, you are patient and understanding as Case Managers become competent and proficient in completing the Case Management.

- **Respectful**

Supervisors who conduct themselves in a professional way are respectful of the Case Managers in their units. The supervisor's expression of respect is intended to demonstrate that Case Managers are valued and to build their self-esteem and confidence in performing on the job.

Supervisor Consultation Framework (Same as CPI)

Your approach to consultation is a reflection of who you are, what you know, what you are able to do, and how you perceive your role. Supervisors who are highly competent and possess personal qualities that are consistent with the principles of the humanistic supervisor consultation model are most likely to develop competent Case Managers that are internally driven to perform well in completing the Case Management.

The definition for Supervisor Case Management Consultation is:

- *Expert guided discussions that correspond with each of the Case Management intervention stages providing standardized, systematic practice and promoting effective Case Manager-caregiver relationship development that results in caregiver self-awareness and mutually identified outcomes that represent what must change while ensuring client self-determination.*

You are the expert and primary purveyor for operationalizing and advancing the implementation of the Case Management. In this role with the agency, effective consultation does not mean that you have all the answers. This also does not mean that you should be authoritative in dictating how practice occurs. While it is expected that you will not always have immediate answers or solutions, your expertise related to the Case Management will help you know the “right” questions to ask of your Case Managers. Knowing what questions to ask at specific points in the Case Management process will enable you and your Case Manager to arrive at correct decisions together.

As the expert, you must be highly knowledgeable regarding Case Management practice concepts and criteria. You must understand the rationale for the Case Management stages of intervention and be able to recognize what constitutes a sufficient level of effort for completing the Case Management. The development of your knowledge base requires that you immerse yourself in learning the Case Management. Your knowledge regarding the Case Management coupled with your skills and personal qualities will result in you being able to effectively facilitate discussions with Case Managers regarding practice and decision making throughout the Case Management process.

Supervisor Consultation Is Driven by Intended Results

The supervisor consultation discussions that occur during the Case Management will focus Ongoing Case Manager attention on assuring safety management (e.g., safety planning) as well as simultaneously directing and supporting staff in their ability to perform Case Management intervention stage interviews with caregivers.

The overall outcomes for supervisor consultation related to the Case Management are to achieve the following:

- *Provide proficient and consistent intervention approach and decision making among Case Managers.*
- *Build Ongoing Case Managers competence and independence for achieving the Case Management facilitative objectives.*
- *Motivate Ongoing Case Managers to be internally driven to excel in completing the Case Management process.*
- *Assure the practice and decision-making adheres to Case Management policy expectations and intervention standards.*

Supervisor consultation related to the Case Management is intended to achieve the following intervention objectives:

- To assist your staff in preparing to complete the Case Management.
- To assist your staff in continuing to manage child safety throughout the Case Management process.
- To assist and encourage your staff to partner and build working relationships with parents, other caregivers and other team members that results in the achievement of Case Management facilitative objectives.
- To assist your staff in analyzing the relationship between existing impending danger threats and diminished caregiver protective capacity.
- To assist your staff in accurately identifying caregiver strengths and enhanced protective capacity.
- To assist your staff in raising caregiver self-awareness and developing discrepancy that supports the change process within the Case Manager-caregiver relationship.
- To assist your staff in developing change-oriented, behaviorally stated case plan outcomes that represent what must change associated with diminished caregiver protective capacities and child needs.
- To assist your staff in working with parents, other caregivers and other team members in developing, implementing, monitoring and modifying case plan actions to achieve outcomes.


Case Management Supervisor Consultation Process


Workload requirements and the challenge of managing multiple priorities while your staff is completing the Case Management can be demanding on you as a supervisor. Effectively supervising your staff through their completion of the Case Management requires that consultation be planned and structured based on the Case Management intervention process. The illustration below provides a basic overview of the Case Management process for developing outcomes for change.


You should consider how you will structure consultation and supervision activities to support your staffs' completion of the Case Management process and intervention stages. The approach and level of effort you provide should take into account what is necessary for meeting the objectives for consultation that were discussed earlier. Consultation should consider the best way for helping your staff achieve intervention performance objectives. This includes understanding the unique characteristics and competency needs of staff. Your consultation should also be flexible and promptly available to account for unexpected practice issues or a "crisis" that comes up at any point during an Case Management.

The following table provides an overview of how supervisor consultation corresponds to the Case Management process. The middle column outlines the Case Management process and identifies the fundamental Case Management practice standards. The column on the left outlines the key supervisor consultation issues that are associated with the Case Management practice standards.

In subsequent sections of the guide, we will break down each stage of the Case Management in more detail and outline specific activities and methods for providing supervision and consultation for each stage.

Supervisor Consultation	Case Management Process with Family	Time Frames
<p>Assist Case Managers in completing Preparation Phase for completing the Case Management.</p> <p>Familiarize yourself with the case; Consider issues associated with the case that have implications for consultation; Set expectations for your staff related to being prepared to participate in consultation and the case transfer meeting; Confirm FFA decision making; and Discuss Introduction stage meeting(s).</p>	<p>Case Management Preparation Stage:</p> <ul style="list-style-type: none"> • Consider the need for any urgent or immediate responses required; assure safety plan is adequate, working dependably and that all safety plan providers know the CM who is now responsible. • Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement Standards for Preparation.” When there is insufficient time for thorough review of prior case history, ensure that it occurs after case transfer. • Ensure case transfer staffing occurs in a timely fashion and that the content of the transfer meeting remains focused on the basis for safety intervention and rationale for the level of intrusiveness regarding the safety plan actions.. • Review Case Management process and determine plan for gathering other information or expertise prior to or after family introduction, interview logistics, time management, persons to be interviewed and order of interviews if appropriate. • . 	<p>Safety Plan sufficiency determined within 5 days upon case transfer</p>
<p>Support staff in completing the Introduction Stage of Case Management, including gathering information from other sources/expertise to inform family introduction.</p> <p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Case Management Introduction Stage:</p> <ul style="list-style-type: none"> • Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement Standards for Introduction.” • Support client-centered orientation for Case Managers. • Clarify Case Manager role and expectations. • Seek feedback from caregivers on past involvement with child welfare system as well as reason for current involvement, roll with resistance. • Discuss the safety influences that were identified in the FFA and the Safety Plan that was put into place by the CPI. • Review the Case Management process with 	<p>First Meeting with Caregiver(s)</p> 

Supervisor Consultation	Case Management Process with Family	Time Frames
	<p>the caregivers.</p> <ul style="list-style-type: none"> Conclude the Introduction Stage by seeking a commitment from caregivers to participate in the Case Management process and developing a working agreement in accordance with guidelines. 	
<p>Assist with issues associated with working through the Exploration Stage.</p> <p>Assist staff in engaging and interviewing caregivers, help staff interview to gather information for deeper assessment of child strengths/needs and existing protective capacity.</p> <p>Assist staff on techniques for identifying and building discrepancy with caregivers regarding what must change.</p> <p>Assure Case Management is proceeding in a timely fashion.</p> <p>Assure FFA-Ongoing provides sufficient information and analysis to support child strength/need ratings and protective capacity ratings.</p> <p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Case Management Exploration Stage:</p> <ul style="list-style-type: none"> Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement Standards for Exploration of Child Strengths and Needs” and “Family Engagement Standards for Exploration of Parent/Legal Guardian Protective Capacities.”. Review purpose and objectives of the Case Management with caregivers. (full disclosure, why are we doing this and what is going to happen next) Discuss child strengths and needs, including visitation plans for children in an out of home safety plan. Discuss the existing caregiver strengths and/or enhance protective capacities. Discuss the correlation between safety influences and diminished protective capacities. Develop danger statement, co-constructing with parent to the extent possible. Develop any Safety Plan modifications as needed to control danger, ensuring the least restrictive actions prior to the completion of the Case Management. Consider areas of agreement regarding what needs to change and acknowledge caregiver disagreement. Explore family goal and ideas for achieving change, including any potential barriers. Reinforce caregiver self-determination and seek willingness to continue Case Management process. 	<p>FFA-Ongoing must be completed and approved by supervisor within 30 days of case transfer.</p> <p>One supervisory case consultation is required; more as needed by case manager.</p>  <p>Continue managing the existing safety plan throughout Case Management.</p>
<p>Aid staff in Case Management Change Strategy and Case Planning, including the potential use of Family Team</p>	<p>Case Management Case Planning Stage:</p> <ul style="list-style-type: none"> Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement 	<p>At least one supervisory case</p>

Supervisor Consultation	Case Management Process with Family	Time Frames
<p>Meetings to develop case plan..</p> <p>Review documentation in preparation for consultation.</p> <p>Assure staff has an understanding of the relationship between diminished protective capacities and impending danger in the family.</p> <p>Verify caregiver involvement in case planning.</p> <p>Support outcome writing, review outcomes to ensure accuracy and fidelity.</p> <p>Ensure documentation is accurate and timely.</p> <p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Standards for Building a Case Plan for Change with Families.”</p> <ul style="list-style-type: none"> • Begin the discussion by reviewing what has occurred up to this point in the PCA process that has led to the development of the Case Plan. • Review specific areas of agreement and disagreement regarding what must be addressed in the case plan. • Prioritize the order and focus for what must be addressed in the Case Plan. • Finalize Case Plan outcomes (what must change). • Discuss needs of children (as appropriate). • Identify the activities (treatment services) for promoting change and achieving Case Plan outcomes (enhancing diminished protective capacities). • Encourage the working relationship and continued partnership. 	<p>consultation provided prior to approving a case plan.</p> 
<p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Evaluating Family Progress</p> <ul style="list-style-type: none"> • Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement Standards for Building a Case Plan for Change with Families.” 	
<p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Modifying a Case Plan</p> <ul style="list-style-type: none"> • Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Modifying a Case Plan for Change with Families.” 	
<p>(See associated guidelines for Supervisor Case Consultation requirements)</p>	<p>Safe Case Closure</p> <ul style="list-style-type: none"> • Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Safe Case Closure.” 	

Case Management Supervisor Consultation Process

The Case Management Supervisor Consultation Process provides uniform steps for providing case consultation to Case Managers related to the completion of the Case Management. The process is structured based on when supervisor consultation should occur to direct intervention and help to assure that Ongoing Case Managers are able to complete the Case Management in a timely manner. The focus of supervisor consultation at each Case Management intervention stage guides your efforts with respect to what you need to know to have conversations with staff regarding their interactions with caregivers, their analysis and understanding of case information, their ability to facilitate change-based thinking with caregivers, the development of outcomes for change based on caregiver capacities that assure sufficient safety management.

The consultation process concentrates on five supervisor consultation process points:

1. Preparation in Completing the Case Management
2. Introduction
3. Exploration
4. Case Planning
5. Progress Evaluation
6. Safe Case Closure

Process Point #1: Supervisory Consultation During the Case Management Preparation Stage

Consultation Focus

- *Assist Case Managers in preparing to complete the Case Management and anticipate any safety planning/safety management issues prior to or at the point of initial contact with family members (caregivers)*
- *To ensure the Case Management Case Manager is prepared to facilitate the case transfer meeting, including making sure that the Case Manager has reviewed essential FFA documentation and has considered sufficiency of the case information and decision-making.*
- *To ensure Case Management Case Managers are adequately prepared to complete the Introduction meeting(s) and achieve Introduction facilitative objectives. (Adhere to and achieve Case Management facilitative objectives as outlined in the practice guidelines for “Family Engagement Standards for Preparation)*

The Preparation Stage is crucial to the completion of the Case Management. With this in mind, it is important to emphasize that the need for consultation during the Preparation Stage should not be left exclusively up to your staff. Earlier it was discussed that you should seek to “normalize” consultation with Case Managers. Normalization and standardization require that you establish a routine schedule for when consultation occurs and have a consistent focus and structure for consultation.

Case Management Preparation Stage is the first place for you to begin advancing a consistent schedule and structure for consultation. The level of effort in completing the Case Management Preparation Stage will in many cases have a significant influence on how a case proceeds through the rest of the Case Management intervention process. So, let’s break down what a step-by-step process might look like, knowing that workflow processes might vary.

Although this process has been broken down into a series of many steps for the purpose of clarity in this guide, it’s important to remember that they may occur very quickly and still be sufficiently achieved if workload requirements demand it.

Notification of Case Coming to the Case Management Supervisor

Agency workflow differs greatly with respect to how cases come to the attention of your team. It is even possible on rare occasions that the case may not even be in the same agency! But when cases are ready for transfer to your team, your guidance and direction is critical for ensuring preparation moves forward quickly, logically, and in a way that ensures that interventions with family are seamless and child safety is sufficiently managed.

Supervisory Assignment Decision

Do you have authority to assign cases on your team?

Some agencies have strict policy in place that dictates how you assign cases and who on your team will receive the next one. Sometimes workload is so challenging that assigning cases in a manner that matches the strengths and skills of Case Managers to the type case seems impossible. In these scenarios, you will have to work rigorously in the preparation phase to ensure Case Managers have skills, support, preparation, and oversight to handle family dynamics that they otherwise may not be prepared for.

Case Manager/Supervisor Pre-Case Transfer Preparation Activities

You have assigned the case, now what? Prior to case transfer meeting, you and your Ongoing Case Manager need to be as informed as possible regarding the FFA information collection and safety decision making in the assigned case so that the case transfer meeting and supervisor consultation can be focused and purposeful.

Promptly upon case assignment, staff should proceed with reviewing and evaluating documentation pertinent to the case. This documentation review should focus on the FFA information, Safety Assessment, and Safety Analysis and Plan. Your staff should thoroughly consider the FFA safety decision and make notes regarding questions they have regarding identified impending danger, the rationale for the safety plan, and level of intrusiveness for safety management.

Action items to consider during the preparation consultation process:

- ✓ Both you and your Case Manager have thoroughly reviewed the FFA documentation;
- ✓ Case information has been analyzed and questions have been identified that must be answered prior to beginning and/or by the completion of the Case Management Introduction Stage;
- ✓ A case transfer meeting has been set up; and
- ✓ Supervisor consultation with the Case Manager has been scheduled and completed prior to the transfer meeting.

Concurrent with your staff reviewing the FFA information collection, safety decision and safety plan, you should also be gaining familiarity with the case and have a reasonable understanding regarding the basis for safety decision making.

Your initial review of FFA, Safety Assessment, and Safety Analysis documentation helps to ensure that you are able to provide structured consultation to your staff as well as being adequately prepared to facilitate a pointed, purposeful case transfer meeting.

Guidelines for Case Management Preparation

- What significant gaps in information does the Case Management Case Manager identify in the FFA? Does the Case Management Case Manager believe that the gaps in information may have implications for child safety?
- It should be very clear to you what the impending danger is in the family and why specific impending danger threats were selected.
- If you and the Case Manager have any questions regarding the justification for identified impending danger threats, consider how case information meets the impending danger definitions and determine specific questions to ask the previous worker during the transfer meeting.
- Does your Case Manager clearly understand how impending danger is occurring in the case? Prior to initiating the Case Management Introduction Stage it is crucial that your Case Manager is able to articulate a clear understanding regarding identified impending danger.
- Based on an understanding of impending danger and the Safety Analysis, what is your Case Manager's judgment regarding the sufficiency of the Safety Plan?
- Is the Safety Plan least intrusive and most appropriate as reflected in the Safety Analysis?
- If an In-Home Safety Plan was developed by the CPI, does the In-Home Safety Plan seem appropriate?
- Does Safety Analysis seem to confirm the use of a particular type of Safety Plan?
- Do safety services and/or safety service providers match up with the way that safety influences exist in the family?
- Consider the need to make adjustments to the Safety Plan (as indicated).
- What is already known about the family in terms of past child welfare investigations and services that are documented in FSFN?
- Based on a review of past history, are there other persons who should be interviewed prior to, or after, interviews with the family?

This exploratory consultation with your Case Manager will assist in preparing the Ongoing Case Manager to complete the Case Management. Consultation will also result in the generation of questions (as indicated) that must be fully addressed during the case transfer meeting.

Case Management Preparation: Case Transfer Meeting

Case transfer is a critical point in the preparation phase. Unfortunately, there can be a tendency for case transfer meetings to become very superficial where discussion only occurs regarding concrete actions, regurgitation of FFA information, court dates, visitation schedules, exciting stories about the case etc. Some of these immediate administrative tasks are very important; however, it is

absolutely critical that this time is used to get a full understanding of the safety decision-making.

You and your staff should be invested in making sure this meeting is meaningful, thorough, and focused. If at all possible, the CPI and supervisor – as well as you and your staff should attend.

How Should This Case Transfer Meeting Proceed?

The case transfer meeting or bridge conference should be conducted in an efficient “business like” fashion. Having a designated and well-established process for how the meeting should be conducted should standardize the case transfer meeting. Critical safety information must remain the focal point at case transfer meeting. A proposed framework for a case transfer meeting agenda might look like this:

Case Transfer Meeting Agenda

1. Introductions
2. Family Members and Household Composition
3. Brief Intake Assessment Summary
4. FFA information review to discuss sufficiency and/or gaps in case information or seek clarification as needed
5. Review the Safety Determination and consider how information fits with the danger threshold criteria; confirm the identification of Impending Danger
6. Safety Analysis review and determination regarding the sufficiency of the safety plan
7. Confirm the sufficiency of the safety plan and consider need for adjustment
8. Implications for immediate steps to reconcile the sufficiency of the safety plan
9. Planning- Visitation, Court Dates, what else?
10. Close

The purpose of the case transfer meeting is to sufficiently inform you and your staff regarding FFA decision making so that the Ongoing Case Manager is able to initiate the Case Management with family in a timely and seamless manner. Therefore, it is fundamentally the role of you and your staff to facilitate the case transfer meeting. It is the responsibility of the FFA Case Manager, with input from their supervisor, to be prepared to provide and/or clarify case information to effectively support the achievement of Case Management facilitative objectives.

Case Management Preparation Stage Post Case Transfer Meeting

Following the case transfer meeting, you and the Ongoing Case Manager are now fully responsible for managing the safety plan and moving the Case Management forward. Prior to the Ongoing Case Manager moving forward with the Introduction meeting, you should initiate the second consultation process in the preparation phase.

Action items to consider during the consultation:

- ✓ Consider what information was learned from the transfer meeting;
- ✓ Determine how caregivers reacted to intervention and whether there are implications for the best way to proceed in completing the Case Management;
- ✓ Consider what challenges a particular Case Manager might have in completing the Case Management with an assigned family; and
- ✓ Consider what competency needs does a Case Manager have that will influence his/her ability to complete Case Management meetings.

Some targeted questions for directing your consultation with your staff related to the logistics for conducting the Case Management and the Ongoing Case Manager's use of interpersonal techniques:

- When, where, and with whom will the Case Manager initiate contact?
- Is there any additional information that needs to be considered prior to making contact?
- Based on what we know from the FFA, are there any implications with respect to how we should engage this family? Are caregivers likely to express resistance to the process? What are the implications for how the Case Manager should consider intervening?
- Are there specifics to the safety plan that will need attention prior to or during the introductory meeting? How does the Case Manager plan on addressing safety management issues? Are there indications that a safety plan may need to be adjusted?
- In what order should the family be interviewed? Can caregivers be interviewed together? If so, how should this influence the Case Manager's approach to introduction?
- Is there missing information that is critical to proceeding, how and when will the Case Manager gather that information?
- Is there any need for the Case Manager to be accompanied by another worker or supervisor?

The overall purpose for consultation is to develop Case Manager competency for effectively completing Case Management meetings. Consultation must take into account an Ongoing Case Manager's understanding of the Introduction facilitative objectives and his/her ability to conduct an Introduction meeting(s) in such a way that the facilitative objectives are achieved.

Your staff should come prepared to participate in consultation by making sure that they bring their *Safety Methodology Practice Guidelines* to consultation.

Begin the consultation by reviewing and discussing the Introduction meeting facilitative objectives outlined in the Case Management Practice Process. Attempt to make sure that your staff clearly understands what they are trying to achieve as a result of the Introduction meeting(s) and make sure that you prompt them to consider how they intend to precede in fulfilling the facilitative objectives.

Some targeted questions for providing consultation with the Ongoing Case Manager related to the Introduction meeting facilitative objectives:

Specific to the Case Management Introduction Stage:

- Does the Case Manager have any questions about the introduction phase?
- How will the Case Manager discuss their role with the family? Have them tell you how they will describe their role.
- How will the Case Manager talk about the need for intervention with the family? How will they describe the danger that was identified?
- The caregiver will most likely see our involvement stemming from the incident outlined in the referral, what is your plan for moving away from the incident and discussing the danger identified.
- If the caregiver is obviously resigning and only wants services set up, how will you manage the conversation?
- These parents sound like they will be very resistant, what are some strategies you might be able to use during your introduction?

Prior to the Ongoing Case Manager making contact with caregivers, it is important to check out and/or be aware of Case Manager perceptions regarding the assignment. Consultation in this phase of preparation must address discrepancies regarding the perceived need for intervention and must address any ambivalence your staff may have regarding their own involvement in a family's life. Consultation should also account for staffs' perceptions or assumptions regarding caregivers. It is important that your consultation reinforce with staff the need to demonstrate respect, genuineness, and empathy when meeting with caregivers. Additionally, your consultation should encourage staff to seek partnerships with caregivers and support caregiver self-determination.

By the conclusion of your consultation with your staff regarding the Introduction meeting(s), it is crucial that you explore how staff intends to discuss with caregivers the reason for case opening. If the Ongoing Case Manager has a lack of clarity regarding impending danger and the basis for involvement, they will lack confidence, which could in turn result in a lack of focus in moving the Introduction meeting forward.

Consultation is intended to address the challenge for your staff in being able to clearly communicate to caregivers the reason and rationale for involvement. Ongoing Case Manager's confident, accurate, and focused conversations with caregivers about the need for intervention will empower caregivers, encourage caregiver engagement, and provide the foundation for success in proceeding with the Case Management.

Process Point #2: Supervisory Consultation During the Case Management Introduction Stage

Consultation Focus

- *Assist Case Managers in conducting and completing the introductory meeting, debrief Introduction Stage meeting(s), and plan for Exploration Stage meetings as outlined in the practice guidelines for “Family Engagement Standards for Exploration of Child Strengths and Needs” and “Family Engagement Standards for Exploration of Parent/Legal Guardian Protective Capacities.”*

Introduction Meeting Debrief

In a supervisor consultation role it is critical that you are timely in following up with staff to debrief them regarding what occurred during the Introduction Stage meetings. Given that supervisors are rarely able to accompany their staff into the field and observe their interactions with caregivers, effective coaching and consultation involves a deliberate walk through of the Case Manager’s experience. Specifically, conversations with staff should involve having them report on how they went about achieving the facilitative objectives.

When providing post-meeting consultation, it is important that you apply the same structured approach to debriefing the Introduction meeting that your staff are expected to demonstrate while conducting the Introduction Stage meeting. When processing the Ongoing Case Manager’s initial experience in meeting with caregivers, supervisors should again plan on using the Case Management Introduction Stage facilitative objectives as a reference point for discussions with Case Managers. Consultation serves as the primary way for institutionalizing the Case Management intervention stages and promoting standardized practice. This is why it is crucial that your staff are repeatedly prompted to consider and discuss the facilitative objectives.

Supervisor consultation associated with the Introduction Stage should involve talking through each step or agenda item for the Case Manager’s introduction with caregivers and considering the level of achievement of each objective. Consultative questions and/or issues that may emerge during supervisor discussions with Case Managers are as follows:

- Were there elements of the introduction that were missed and will need additional attention in subsequent meetings?
- Did staff get pulled away from the “client orientation” aspect of the Introduction Stage?

- Was the worker able to clearly articulate their role, and how do they know caregivers understood?
- To what extent does your staff feel that they were able to build partnerships with caregivers?
- How did they describe/discuss the impending danger? What were the caregivers' reactions to the reason why the case was opened?
- How did they feel about conducting the interview?
- What did they find frustrating?
- Did they get stuck at any point?
- What did they do really well, and what might they do better next time?
- How can you help make this process easier or more understandable?

For many of your staff, the Case Management can be a major shift in their approach in terms of both the skills required and the conceptual framework. Depending on how your staff perceives their role in working with families and how they have typically interacted with caregivers, the Case Management might initially feel difficult and perhaps intimidating.

Remember, the debrief of the Introduction Stage has as much to do with building the competency of your staff to perform the Case Management as it does to informing you regarding the status of the case. So make sure you take the time necessary to discuss not only the information exchanged during Introduction meetings and the facilitative objectives, but also how staff supported practice principles and the use of interpersonal techniques.

Caregiver Resistance in the Introduction Stage

Ongoing Case Managers are likely to encounter caregivers during the Introduction Stage meeting that are highly resistant and may even be openly argumentative with workers. Likely for some of your staff, an attack on their authority could negatively influence their approach for working with caregivers during the Case Management. You should think about how to use consultation as a way of helping your staff control their personal reactions and defensiveness and support staff in moving beyond caregiver resistance.

As noted earlier, you should routinely reinforce the significance of the Case Management as being an involuntary intervention. It is crucial that staff gain a personal sense of how caregivers are feeling given the involuntary nature of the Case Management. Such empathy, understanding, and respect are essential during the Introduction Stage. Consultation can help your staff reframe the resistance they experience as the natural reaction of the fear and disempowerment experienced by caregivers as a result of having scrutiny. While these considerations do not minimize or replace the importance of diligence in continued safety intervention, they provide for

balance and emphasize the high degree of self-awareness and the responsibility Case Managers must accept in their professional behavior.

A frustration that often comes up during consultation related to Introduction involves situations where caregivers adamantly disagree regarding the identification of impending danger. You may find during consultation that many of your staff does not feel like the Introduction meeting was a success if the caregivers do not agree that the children are unsafe. It is important to consult with Case Managers about being realistic about what they should expect from caregivers and what can be achieved during the course of the first meeting. In most cases, caregivers are not likely to agree that their children are unsafe. It is not a facilitative objective of Introduction that staff gets caregivers to agree regarding the safety decision. As long as staff are explicit regarding the reason the case was opened, regardless of caregiver response, you should encourage staff that they met the objective for the Introduction meeting.

Another consultation issue that you are likely to encounter relates to your staff moving ahead too quickly in discussing “services” prematurely. It is the importance of making sure that your staff stay focused on first engaging caregivers around understanding what has been identified as the problem (impending danger), determining the outcomes or destination for change, and then considering the means. Ongoing Case Managers are, of course, so conditioned to move forward quickly in discussing the means (services) prior to determining where they and the caregiver need to end up. Reinforce with your staff that they should trust the process and it will guide them in their work with families.

Supervisory Consultation Prior to Exploration Stage

Once the Introductory meeting(s) have been debriefed, it’s time to shift gears and discuss moving forward to the Exploration Stage. The shift in attention to preparing for the Exploration Stage meeting can occur within the same consultation as process 3 (debrief Introduction).

The purpose of differentiating these processes is to reinforce the need to debrief Case Manager’s Introduction Stage experiences prior to readying them for the Exploration Stage.

Your consultation must involve having your staff participate in some challenging and purposeful discussions that meet the following key objectives:

- Discuss the relevance prior history in terms of pattern of family dynamics and conditions; what interventions/treatments have been tried in the past and how beneficial were they?
- Discuss child strengths and needs.
- Discuss the existing caregiver strengths and/or enhanced protective capacities.
- Discuss the correlation between danger threats and diminished protective capacities.
- Consider areas of agreement regarding what needs to change and acknowledge caregiver disagreement.
- Reinforce caregiver self-determination and seek willingness to continue Case Management process.

So your consultation should confirm and support your staffs' understanding of these Exploration facilitative objectives. Consultation should seek to prepare them to have Exploration Stage meetings with caregivers that focus on these areas of conversation.

This consultation for the pre-Exploration meeting is critical for supporting the key elements of the Case Management-identifying what must change, raising caregiver self-awareness, and initiating the conversation that will result in case outcomes.

The above example is meant to stimulate your thinking and encourage you to demonstrate and model what you want your Case Managers to accomplish. Better still is figuring out some way that you can observe your staff conducting the Exploration Stage meeting. This will enable you to see how consultation influenced their conversations with caregivers during Exploration. Then you will be in a better position to have focused consultation post Exploration Stage meetings that can target staff competency development.

Is your staff ready for Exploration?

When your consultation concludes, your staff should:

- ✓ Understand the purpose for Exploration;
- ✓ Understand the objectives that they will attempt to achieve by the conclusion of Exploration Stage meeting(s);
- ✓ Have a general sense about the existing enhanced caregiver protective capacities;
- ✓ Have formed a preliminary list of diminished caregiver protective capacities that are associated with the identified impending danger;
- ✓ Consider strategies for attempting to raise caregiver self-awareness regarding diminished caregiver protective capacities and seeking a mutual agreement regarding what must change; and
- ✓ Be prepared to engage caregivers who are in pre-contemplation regarding the need for change.

Addressing Caregiver Resistance During Exploration Stage

Caregivers, often justifiably, distrust Case Managers and will openly refuse, avoid, or rebel against your Case Managers' involvement in their lives. For the less experienced staff, caregiver resistance can be distressing and surprising. For experienced staff, resistance can lead to cynical or authoritative practice with caregivers.

So how do you prepare your staff for caregiver resistance?

1. Help your Case Manager understand and empathize with caregivers.
2. Normalize resistance with your Case Manager, and plan for it.

3. Help your Case Manager remain neutral, and guide them in supporting caregiver choice and self-determination.
4. Teach specific strategies for rolling with resistance (reflective listening, reframing, joining.)
5. Keep a sense of humor.

Process Point #3: Supervisory Consultation During the Case Management Exploration Stage

Consultation Focus

- *The supervisor consults with the Case Manager throughout the Exploration Stage to remain informed regarding the status of the Case Management and to provide guidance related to effective caregiver engagement and identification of what must change.*

Consultation for Assisting Staff in Conducting Exploration Stage Meeting

Supervisor consultation is crucial for supporting Exploration Stage meetings. It is important for you to assure standardized practice among all your Case Managers and that supervisory consultation continues to occur with regularity during Exploration Stage meetings.

Consultation during the Exploration Stage is intended to assure that the facilitative objectives are achieved, that caregivers are provided the opportunity to participate in the process, and that children and collaterals are included in discussions as necessary and appropriate.

The objectives for consultation associated with Case Management Exploration are as follows:

- Ongoing Case Managers continue to interact with caregivers in such a way as to promote client involvement and self-determination.
- Ongoing Case Managers are assisted in analyzing the relationship between Impending Danger and diminished Caregiver Protective Capacities.
- Ongoing Case Managers are assisted in thinking creatively about formulating strategies for raising caregiver self-awareness regarding what must change related to Caregiver Protective Capacities.
- Ongoing Case Managers are coached on interpersonal technique to use to address resistance and facilitate caregiver to begin thinking about the need for change.
- Ongoing Case Managers remain focused on determining the outcomes for behavioral change prior to discussing services.
- Ongoing Case Managers are proactive in addressing safety management issues as indicated.

Consultation should routinely occur after the initial Exploration meeting and potentially between Exploration meetings depending on the number of meetings required, the dynamics of the family, and the competency of the assigned Case Manager. You will want to plan on consulting with your staff on a routine basis at the end of Exploration to ensure that the outcomes they have generated are accurate and well written before they meet with caregivers for the purpose of case planning.

Depending on staff competency, it is likely that early in the Case Management learning process all staff will require some level of consultation following each Exploration Stage meeting. The point is to know the knowledge and skill level of your staff and plan consultation accordingly to ensure your level of involvement is adequate to support and regulate the practice and build staff competency.

Consultation During the Exploration Stage

Consultation during Exploration is all about supporting and encouraging Case Managers. Your consultation should involve lots of listening. Allow your staff to debrief the meeting(s) and tell their story about their experience. Opportunity for them to “vent” some frustration will often be helpful, but make sure to redirect their frustration back to productive solution-focused conversations. It is important that you are prepared during consultation to provide useful and practical suggestions for how they might improve their approaches to Exploration Stage meetings.

It is important to remember that your consultation will be more effective to the extent that conversations are structured and focused. Consultation during the Case Management is not simply a general Q and A session. Always make sure to guide the discussions by framing conversations around the facilitative objectives.

During consultation related to Exploration, seek to clarify the following questions:

- ✓ What facilitative objectives have been achieved so far?
- ✓ What is the nature of the working relationship that exists between staff and caregivers?
- ✓ How are staff addressing caregiver resistance and supporting caregiver self-determination?
- ✓ What challenges are staff encountering in completing the Exploration Stage?
- ✓ What work is left to be done and what is the strategy for accomplishment?
- ✓ What are the apparent competency needs of staff related to Exploration Stage?
- ✓ What is your staff's readiness to achieve the remaining objectives?

Consultation is important to help your staff prepare for each Exploration Stage meeting. Exploration Stage meetings require staff to strategize in advance how they approach conversations with caregiver, highlight discrepancies, and raise self-awareness. Like

every meeting with caregiver during the Case Management, preparation is the key to effectiveness, and timely consultation is the key to staff preparation.

Consultation provides your staff with focus and direction for the Exploration meetings, which results in efficiency. In the absence of consultation focused on the achievement of facilitative objectives, often Exploration meetings may drift and seem to lack purpose. Staff may become frustrated or may feel things are going well when in reality very little is being accomplished. Consultation is necessary to keep the intervention on course by revealing when progress is being made or when focus has been lost related to the facilitative objectives.

The following table provides a framework for providing consultation related to Exploration Stage meetings.

Exploration Stage Facilitative Objective	Consultation Cues for staff
<p>Reviewing purpose and objectives of the Case Management with caregivers. (full disclosure, why are we doing this and what is going to happen next)</p>	<p>What do you think the caregiver’s understanding of the Case Management process is?</p> <p>What is staffs’ understanding regarding what they want to accomplish by the end of Exploration?</p> <p>How did you talk about your purpose for having Exploration meetings?</p> <p>How engaged are caregivers in participating in Exploration Stage meetings?</p> <p>Tell me how discussing the purpose of the Case Management went.</p> <p>What were some challenges in discussing the Case Management process; did you get stuck at all; did it go better than expected?</p> <p>How did you confirm that caregivers understood your explanation of the Case Management?</p>

<p>Discuss the existing caregiver strengths and/or enhanced protective capacities.</p>	<p>How did you transition into a discussion of existing protective capacities?</p> <p>What was the caregiver’s assessment of their child’s strengths and needs?</p> <p>Was the caregiver able to identify any existing caregiver protective capacities? What did they identify?</p> <p>Did you agree or disagree with the protective capacities they identified as strengths?</p> <p>How did the caregivers react when you brought up what they do well?</p> <p>How long do you believe their enhanced protective capacities have existed? What’s their origin?</p> <p>Any thoughts on how you can build on their strengths in case planning?</p> <p>If the caregiver wasn’t able or was unwilling to identify any caregiver strengths – what does that mean?</p> <p>Would you do anything differently next time?</p>
<p>Discuss the correlation between impending danger and diminished protective capacities.</p> <p>**In preparing for Exploration Stage meetings, make sure to work with staff around identifying a list of diminished caregiver protective capacities that appear to be associated with impending danger.</p> <p>**It is also crucial to use consultation as an opportunity to discuss with staff various strategies/techniques for raising caregiver</p>	<p>Walk me through your discussion regarding diminished caregiver protective capacities and any observations you made of family dynamics. How did you open the discussion?</p> <p>Were you able to raise self-awareness in the caregiver with your approach? How do you know?</p> <p>Were you able to stay on track, how did you bring the conversation back?</p> <p>What else could you do to raise this</p>

<p>self-awareness regarding diminished caregiver protective capacities.</p>	<p>caregiver’s self-awareness about the diminished caregiver protective capacities?</p> <p>If you could go back and change how this part of the meeting went, what would you do differently?</p> <p>How can I be helpful to you in making this go a little easier?</p> <p>Were you able to raise any discrepancy or inconsistency through the interview? How did you do it?</p>
<p>Continue to provisionally manage safety as needed to control danger prior to the completion of the Case Management.</p>	<p>Is the safety plan still adequate? Is the level of energy and level of intrusion enough to control the identified danger?</p> <p>Are caregivers still cooperative with the current safety plan?</p> <p>Is the household calm enough for an in-home plan to work?</p> <p>Are participants in the safety plan adhering to their commitments?</p> <p>If there is an out of home safety plan, what does family need to do in order to achieve Conditions for Return?</p> <p>What assistance do they need from CM to achieve Conditions for Return?</p>
<p>Consider areas of agreement regarding what needs to change and acknowledge caregiver disagreement.</p>	<p>Tell me about the relationship between the impending danger and the identified diminished protective capacity.</p> <p>In your view, how does the lack of this particular protective capacity contribute to the child being unsafe?</p> <p>Where do you have agreement with the</p>

	<p>caregiver with respect to what must change? How do you know?</p> <p>What are the key areas of disagreement regarding what must change?</p> <p>What still needs to be explored with the caregiver? What do we still need to know?</p> <p>Did you feel the need to push towards agreement during Exploration?</p>
<p>Reinforce caregiver self-determination and seek willingness to continue Case Management process.</p>	<p>Do you think the caregiver feels they are required to meet with you?</p> <p>How did you communicate choice and self-determination? How did caregivers react?</p> <p>If the caregiver was apathetic or resigning to intervention, how did you attempt to empower the caregiver?</p> <p>If the caregiver was openly hostile or rebellious, how did you lower your authority and support self-determination?</p>

Discrepancy Creation During Exploration Stage

Fundamental to the Exploration Stage is the process by which Case Managers facilitate change and self-awareness through discussions that highlight caregiver discrepancy. By “discrepancy” your staff are attempting to identify differences, incongruence, or inconsistencies that can help make a caregiver aware of and/or understand the need for change.

Pointing out areas of discrepancy with respect to caregiver behavior and caregiver perception is essentially an interpersonal technique and approach that is intended to result in caregivers confronting the “realities” of their family situation and their caregiver performance. Creating a sense of discrepancy among caregivers is necessary to help bring things to light that appear contradictory. The Case Manager can help create discrepancy in a caring, empathic manner while also talking candidly about the most difficult of subjects.

Example of Identification of Discrepancy

Category	Example
Behavior versus feeling	The caregiver feels a strong bond and attachment to the child, but doesn't behave in a loving/caring manner.
Behavior versus thought/attitude	Caregiver talks about the importance of protecting the child from harm, but still leaves child with dangerous people.
Actual behavior versus talked about behavior	Caregiver claims to be a patient and tolerant parent, but when observed with children reacts with annoyance, anger, and impatience.
Behavior in one setting versus behavior in another setting	Caregiver is able to manage behavior at work, but is disorganized and impulsive at home.
Behavior with one individual versus behavior with another individual	Caregiver is calm and manages behavior alone, but is impulsive with friends or a particular person.
Feeling versus thought/attitude	Caregiver is despondent and depressed about loss of a relationship, but claims indifference about the person who left.
Actual feeling versus talked about feeling	Caregiver talks about emotional satisfaction with parenting role, but exhibits outward signs of being overwhelmed, anxious, and irritable in the role.
Feeling in one setting versus feeling in another setting	Caregiver feels safe, relaxed when with extended family, but is panicky and anxious when left alone with the child.
Feeling with one individual versus feeling with another individual	Caregiver feels emotionally positive and connected to one child, disconnected and indifferent to another child.
Thought/attitude in one setting versus thought/attitude in another setting	Caregiver expresses optimism and outcome-directed thought in court, but pessimistic or self-defeating during home visit with Case Manager.
Thought/attitude with one individual versus thought/attitude with another individual	Caregiver jumps to conclusions and makes prejudgments when with their children, but is open minded and flexible with friends.
Thought/feeling/behavior at previous point in time versus thought/feeling/behavior now.	Caregiver was functioning in the parent role effectively 6 months ago, no longer functioning as effectively.

How to Use Discrepancies

Consulting with your staff on how to point out discrepancies in order to raise self-awareness is a fundamental objective for consultation during Exploration Stage. The following simple process can give you guidance on how to give guidance to your staff related to their working in helping caregivers recognize the correlation between diminished caregiver protective capacities and impending danger.

Begin by defining for staff what is meant by discrepancy within the context of Exploration Stage.

One very common discrepancy found in caregivers involved with is that they are generally facing significant family system/adult functioning challenges (poverty, drug or alcohol misuse, unaddressed mental health issues) but will not recognize a need for change or will identify involvement as the family's only problem.

Consulting and guiding your staff on developing the skill to highlight these discrepancies, discuss this general four-step process:

Step One: The Ongoing Case Manager points out a discrepancy with the caregiver in a neutral, caring, and empathic manner. The inconsistency is put forward in a non-challenging but straightforward manner.

Step Two: The Ongoing Case Manager and caregiver explore the discrepancy, raise self-awareness regarding the difference.

Step Three: The Ongoing Case Manager uses a strategy to help raise caregiver self-awareness regarding the discrepancy. The strategy used by the Ongoing Case Manager is intended to bring attention on how the caregiver's perceptions are inconsistent with the realities of the caregiver's functioning and parenting.

Step Four: The caregiver recognizes the discrepancy and recognizes the impact on their life, and expresses some need for change. The Ongoing Case Manager then follows with exploration of what it would "look like" if change occurs. This discussion regarding what change would look like for a caregiver can then be used to help form behaviorally stated outcomes. **If the caregiver cannot recognize the incongruence or doesn't see the importance or impact the discrepancy, the Ongoing Case Manager documents efforts to raise awareness and their assessment of caregiver's readiness to change.

Consultation to Address Staff--Caregiver Traps in the Exploration Stage

Pre-mature Conclusions

- A common decision-making error that occurs during the Case Management process involves Case Managers drawing premature conclusions about caregivers and families based on limited surface level information. This results in influence by impressions rather than understanding and can contribute to less objectivity and increased bias. When Case Managers draw premature conclusions, often their approach to identifying what must change becomes more narrowly focused on justifying the impression that forms the decision that they have already made.
- Consultation throughout Exploration Stage meetings is intended to help Case Managers remain objective and analytical when they are having discussions with caregivers to determine what must change. Consultation needs to help staff move beyond personal bias or what appears to be immediately apparent, based on caregiver reactions toward them to assure that they are fully taking into account a caregiver's perspective regarding what must change. Your consultation will help Case Managers consider the relationship between information that has been learned about a family, what is important and stands out as more defining about a family and specifically caregiver functioning, what is occurring pervasively within a family, what is consistent and inconsistent about what is known about a family, longstanding characteristics and dynamics of a family compared to new and that which is at the onset. Consultation helps Case Managers sort out the meaning of what is being learned about a family and what information is significant for decision making with respect to what must change. Consultation should prompt Case Managers to further examine information that is contradictory and push them to do their best to try and make meaning from what they are seeing and hearing.

Pushing for Agreement

- Like staff pushing for problem acceptance during Introduction, staff continues to have difficulty during Exploration Stage meetings in trying to persistently seek or push for caregiver agreement with respect to what agency understands the family problem to be and what must change. The need for caregiver agreement seems "common sense" for staff. However, pushing for agreement is not necessarily the same things as seeking a mutual understanding with caregivers regarding what must change. Consultation needs to emphasize the staffs' role as helpers for facilitating change. The approach that many staff take in trying to convince or persuade caregivers they have a problem may seem efficient to your staff, especially when it appears to staff that the reason for the families' involvement with is obvious; however, the approach is generally self-defeating,

generates additional resistance or resignation, and isn't aligned with the Case Management process.

- Your consultation during Exploration must reinforce the principle of self-determination and direct staff to understand that the Case Management seeks to build mutuality with caregivers regarding what must change by working with caregivers in such a way that encourages them to begin thinking about the need for changing on their own. From this perspective, consultation must encourage staff to feel comfortable in talking openly in identifying the areas where they and the caregivers agree and disagree. When providing consultation, you should be prepared to help staff develop interpersonal techniques that create discrepancy, and self-awareness. So, this involves you talking with staff not only about what they are supposed to do and why, but also how they should approach Exploration meetings from a technique standpoint.

Fighting the Service Focus Paradigm

- This trap actually emerges frequently during Introduction Stage and is likely to continue to be a significant trap as the case proceeds into Exploration. As previously noted, this trap involves staff prematurely moving the conversation (or allow the conversation to move towards) a discussion of "service needs" or service provision. Supervisors must coach and consult with staff regarding when and how service delivery gets discussed during the Case Management. Early discussion of service provision is problematic for several reasons: Service provision talk pulls the Case Management intervention away from discussions of what must change. Instead, conversation about the frequency, intensity, and type of service becomes the focus. Discussion with caregivers about their willingness to change, the reasons for the service provision, and what services are expected to accomplish are effectively cut off.
- Talking about services is often what caregivers expect and may have been what they previously experienced if they have been involved with in the past. Generally, when discussion turns to service provision, caregivers stand ready to either argue against the need for them or they resign themselves to whatever authority decides is needed. Then, generally, either of the following two responses occurs: argumentation about the need for services (which is counter-productive and doesn't support change) or the client's quiet resignation to "jump through whatever hoops" is taken at face value by staff as agreement. Both pathways close off opportunities to raise caregiver self-awareness and lose the ability to engage caregivers in constructive conversations about what they may see needing to be changed, and what they might be willing to change.

Consultation and Overseeing Timely Completion of Case Management's

Your consultation during Exploration must take into account the need for timeliness in completing the Case Management intervention. This requires that you balance your approach to consultation to assure that the Case Management intervention achieves the facilitative objectives with fidelity, while at the same regulating practice to make sure that staff are completing Case Management's within designated timeframes.

It is not uncommon for many staff to get stuck in Exploration. Staff often feels frustrated when caregivers remain resistant to change or in some cases even resistant to fully participating in Exploration Stage meetings. When this happens, it can be difficult for staff to feel as though they can proceed through Exploration to Case Planning. If you are not "up to speed" on how a case is progressing, a case may start to linger in Exploration Stage for weeks and as a result interactions between your staff and caregivers could become unfocused and loose direction. Structured and timely consultation is the best way for you to keep yourself informed about how staff are progressing through the stages of the Case Management. This will enable you to prevent Case Management's from going over designated timeframes.

Involving Caregivers in Determining Needs of their Children

During Exploration Stage meetings it is important that you discuss with your staff how they are involving caregivers in determining and planning for the needs of their children. Even when children are in placement, it is crucial that the opinions of caregivers are sought out when determining outcomes for change for the children and considering options for service delivery. The placement of children for the purpose of managing their safety should not result in the preclusion of caregivers' input regarding how to address their children's needs. Consultation during Exploration Stage should assure that caregiver involvement is actively sought out.

Safety Management During the Case Management

Safety management is a crucial aspect of the Case Management. Safety management refers to all intervention activities for assuring that the safety plan is sufficient for effectively controlling impending danger. This includes overseeing kinship and foster placements as well as coordinating and directing formal and informal safety services, and if necessary adjusting in-home safety plans.

As the Case Management is proceeding from Introduction to Exploration Stage meetings, it is your responsibility as a supervisor for making sure that your staff are proactively evaluating the sufficiency of a safety plan. Any indication that a safety plan may not be sufficient during the Case Management (and following the implementation of the case plan) requires that staff take immediate steps to assure that identified safety services are effective at managing child safety.

Every consultation that you have during the Case Management must involve discussion regarding staffs' efforts in actively evaluating and overseeing the sufficiency of the safety plan as a matter of high priority.

Transitioning from Exploration Stage to Case Management Case Planning

Exploration Stage meetings are ultimately intended to result in the development of outcomes. Outcomes are formed based on the conversations that occur during Exploration Stage. Although outcomes are finalized during the Case Planning Stage, the determination of individualized behaviorally-stated outcomes that will officially become part of the case plan emerge from caregiver recognition regarding the need to change and mutual agreement between the caregiver and your staff regarding what must change.

Consultation in preparation for concluding Exploration Stage should focus on helping staff think about questions they would want to pose and have answered by caregivers prior to transitioning to the Case Planning Stage:

- ✓ Where do these conversations regarding change leave us?
- ✓ How hard might this be?
- ✓ What are the main areas of agreement regarding what needs to change?
- ✓ What are you willing to try to change?
- ✓ What concerns you most about taking the steps necessary for change?
- ✓ What are some ways we could get started?
- ✓ What do you think might be the costs of not changing?
- ✓ What would you be willing to do first?
- ✓ What are the main areas of disagreement that you do not believe need to change?
- ✓ If you had some real good choices what do you think those would be?
- ✓ If you were to start working, what needs to change, what would you need to do?
- ✓ What makes you think that you can change?
- ✓ What are some issues that will need to be taken into account as we move toward finalizing the case plan?

Process Point #4: Supervisory Consultation During the Case Management Case Planning Stage

Consultation Focus

- *The supervisor reviews an Ongoing Case Manager’s conversations that occurred with caregivers during Exploration Stage, consults with her to confirm what must change, and finalize the establishment of criteria based outcomes and the consideration of options for service delivery as outlined in the practice guidelines for “Family Engagement Standards for Building a Case Plan for Change with Families.”*

When Ongoing Case Managers begin the Case Management Case Planning Stage, they will need consultation related to the development of individualized, behaviorally stated measurable outcomes targeting the enhancement of diminished caregiver protective capacities and any child needs which must be addressed in the plan.

The Case Management Case Planning Stage, in effect, is the culmination of all the efforts to engage caregivers for the purpose of raising self-awareness regarding the need to change and determining specific outcomes for change. The Case Planning Stage involves using information gained during Introduction and Exploration Stage conversations to finalize outcomes for change, determine service provision, prioritize delivery of services, establish a baseline for caregiver readiness for change, and confirm the sufficiency of the safety plan.

The objectives for supervisor consultation at the point of the Case Plan Stage involves you verifying the following:

- Assure that caregivers are engaged in formulating their outcomes for change.
- Assure that case plan outcomes are individualized and are written using the caregivers’ language when possible.
- Assure that Case Plan outcomes (enhanced diminished protective capacities) are specifically described in enough detail to provide a benchmark for behavioral change.
- Assure that the Case Manager’s level of effort in completing the Case Management was sufficient to inform case planning and service delivery efforts.
- Caregivers and children were involved in the Case Management process in so far as they were willing and able, and that the specific children’s needs are identified and addressed in the case plan.
- Reinforcing the working relationship between your staff and the family – it is critical for keeping caregivers invested, strengthening commitment, and motivating change.

Comment [LR11]: Shouldn’t his go in FFA-Ongoing supervisory consultation?

- It is clear how decisions are justified based on the information that the Case Manager documented.
- The supervisory approval of the Case Management-case plan establishes that the documentation is acceptable and the decision-making and planning is correct.

Supervisor Consultation Issues During Case Management Case Planning Stage

You should prepare for consultation with your staff by reviewing the completed Case Management documentation and case plan.

The documentation of the Case Management should clearly reflect how the Case Management process occurred with a family. Case Management documentation should justify decision-making and establish a baseline for judging progress toward change and intervention success.

When you are reviewing Case Management documentation consider the following:

- ✓ Documentation of Case Management contacts are thorough enough to describe the intervention process and staff's focus on facilitative objectives;
- ✓ The status of impending danger at the conclusion of the Case Management is described, including the addition or deletion of impending danger threats as a result of Case Management conversations;
- ✓ It is clearly understood what caregivers think and/or feel about the impending danger;
- ✓ The outcomes for change meet criteria:
 - Focus on enhancing diminished caregiver protective capacities;
 - Target individual caregiver thinking, feeling, and behaving;
 - All outcomes must be understandable;
 - Reflect specific behavioral change;
 - Individualized; and
 - Measurable.
- ✓ A baseline for caregiver motivational readiness is well established in documentation and justified using stages of change language;
- ✓ Identified treatment services logically target the outcomes for what must change;
- ✓ It is clear what the Ongoing Case Manager will do to implement the case plan and continue to facilitate change with caregivers.

Comment [LR12]: Should be in FFA Ongoing Supervisory consultation

If questions emerge during your review of the Case Management regarding the sufficiency of documentation, you should focus consultation on reconciling gaps in information and seek to clarify and/or improve outcomes and make adjustments to the service delivery strategy as necessary.

During consultation, the supervisor:

- Formulates clarifying questions for your staff to consider case data, practice, decision-making, and Case Manager competence variables associated with performance.
- Seeks information from your staff that is not contained in the documentation but may have been previously discussed during earlier consultations.
- Considers whether significant information about the caregivers, children, or family is limited or absent thus requiring consideration of additional information collection.
- Discusses the rationale and/or justification for your staff's judgments relative to the identified outcomes. It is important that your understanding includes how staff competence contributes or detracts from accurately identifying diminished protective capacity and the ability to write well-formed outcomes.

Supervisor Consultation Related to the Approval of the Case Management

Consultation associated with the finalization of outcomes will likely be the most challenging for you and arguably the most important area of discussion and deliberation that will occur with staff. Consultation related to outcome writing requires rigor to assure that the outcomes developed by your staff meet criteria.

Outcomes that you are likely to review that do not meet criteria include:

- Outcomes that are too vague and are potentially impossible to measure.
- Outcomes that essentially describe a service or service completion.
- Outcomes that do not ultimately represent enhanced caregiver capacity fundamental to identified impending danger.
- Outcomes that are written in overly complex manner or in social work jargon.
- Documentation that doesn't describe the caregiver's readiness to change or areas of agreement and disagreement with the agency.

Discussions during consultation related to outcome writing may include the following consultative questions:

Outcomes are vague

- How will you (the Ongoing Case Manager) know when this outcome is achieved? How will the caregiver know when this outcome is achieved?
- What will it look like when this protective capacity is enhanced, how will caregivers be behaving, how will the day-to-day life in the household be different?

- If we were to use the client's language in this outcome, how would it be different?
- How do you plan on measuring progress? In 90 days, what would be different that would represent progress towards meeting this outcome?

Outcomes are Services or Service Completion

- What do you hope to accomplish by having the caregiver take part in this service?
- How will you know if this service is achieving what you want it to?
- Tell me how this service relates to enhancing the diminished caregiver protective capacity.
- Could the caregiver successfully complete this outcome and not have made any significant change at all?
- To what end does achieving this outcome lead?

Outcomes that do not ultimately represent enhanced caregiver capacity fundamental to identified impending danger

- How would achieving this outcome relate to this caregiver keeping this child safe?
- What is the relationship between the change that achieving this outcome represents and the reason we're involved with the family related to impending danger?
- Could the caregivers achieve the totality of the outcomes in the case plan, and, yet, we would still assess the children as unsafe?

Outcomes that are written in overly complex manner or in social work jargon

- Explain in your own words what "jargon term" means. What do you think that sounds like from the point of view of the caregiver?
- If the caregiver were to read this days after your case planning meeting, would they still be able to understand what this means?
- Describe what "jargon term" specifically means to you, what do you think it means to the caregiver?
- Does this outcome sound like something someone would write for himself or herself, or something an agency would write on someone else's behalf?
- What are the potential consequences if you and the client have a different understanding of what these outcomes mean?

Documentation that doesn't describe the caregiver's readiness to change or areas of agreement and disagreement with the agency.

- Relative to what has been identified as what must change in the case plan, what stage of readiness are each of the caregivers? (Pre-contemplation, contemplation, preparation, action, maintenance) How do you know this?
- How will their stage of readiness affect how you proceed?
- How confident do you believe the caregivers are that they can achieve these outcomes?
- Do the caregivers see the value in making the changes outlined here? Which outcomes do they personally see the value in, and which outcomes do they not?
- During the Case Management, were there changes the client identified as wanting to make? (even if we didn't think they were significant or focused around child safety)
- What are key disagreements between how our agency is viewing "reality" as it relates to this family and how the caregivers are experiencing "reality?"

Process Point #5: Evaluation of Family Progress

Consultation Focus

- *The supervisor reviews the Ongoing Case Manager’s conversations, observations, and assessments that occur with families (caregivers and children) while facilitating change focused interventions and managing for safety. Supervisor consults with Case Managers to ensure timely progress evaluation and changes to case plans and safety plans are achieved when necessary (requirements outlined in the practice guidelines for “Family Engagement Standards for Building a Case Plan for Change with Families”).*

Consultation for Assisting Staff in Evaluation of Family Progress

Adequate evaluation of family progress is of the utmost importance in determining the direction of ongoing intervention. Case Consultation should be provided on an ongoing basis to case managers as needed to explore issues, promote the case managers competencies, and provide feedback.

The objectives for supervisor consultation during the evaluation of family progress involves you verifying the following:

- Assure that caregivers are involved in tasks/actions based upon their case plan;
- Assure that case managers are advocating and providing resources for outcome achievement with families;
- Assure the case manager is evaluating caregivers behavioral changes on a routine basis;
- Assure that the child needs are being met, either by parents/caregivers or by the safety plan providers;
- Assure that the Case Manager’s level of effort in evaluating change is sufficient to inform case planning and service delivery efforts and changes in safety plan management;
- Caregivers and children are involved in the evaluation process in so far as they were willing and able;
- Reinforcing the working relationship between your staff and the family – it is critical for keeping caregivers invested, strengthening commitment, and motivating change.

During our work with families there may arise conditions that require further consultation and guidance to case managers. Such things as a new child in the home, modifications in case plans, and/or modifications in safety plans.

During these consultations it is imperative that the supervisor apply due diligence and rigor in consulting with case managers regarding sufficiency of information and decision-making. Changes in case plans and safety plans should be based upon sufficient information collection along the six domains and assessment of danger to inform necessary changes. Focus during these consultations should apply the same process utilized during the development of the initial ongoing family functioning assessment to determine changes to case plans and safety plans or when assessing danger for new household members.

Specific guidance for practice and supervisory case consultations in the practice guidelines for:

- “Modifying a Case Plan for Change with Families”
- “Safe Case Closure”

Conclusion

Your supervisor consultation with staff will be more effective if your discussions with them correspond directly with the Case Management intervention phases. Consultation will be timelier and more focused if you are able to work with staff in a proactive way that helps them prepare for, respond, and learn from practice issues as they occur during the Case Management process.

This guide should serve as an analytic tool to give you a framework for providing consultation specific to helping staff achieve the Case Management facilitative objectives. As such, the guide includes a number of important practice and decision-making issues to keep in mind as you are working with staff as well as numerous suggestions for focusing your conversations with staff during consultation processes.

Ultimately it is anticipated that the use of the guide will help you direct and oversee the completion of the Case Management as a formal structured intervention, while also promoting the development of staff competency.