

Handouts for the Webinar

Documentation in Child Welfare: Effective Practices for County DSS Agencies

December 9, 2014

Presenters

NC DIVISION OF SOCIAL SERVICES

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Produced by

Family and Children’s Resource Program, part of the

Jordan Institute for Families

UNC-Chapel Hill School of Social Work

Sponsored by

NC Division of Social Services

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CREATING COURT-READY DOCUMENTATION

Typical

Court-Ready

| | <i>Behavioral description</i> | <i>Family-specific language</i> |
|---|--|---|
| 1) <i>Joe is manipulative.</i> | <i>When Joe's father says no, Joe sometimes asks his mother.</i> | <i>Due to risk factor of history of excessive corporal discipline, parents agree they need to discuss decisions together and to provide a consistent response to Joe's behavior. They have not demonstrated the ability to do this to date. Parents state they do not have time to attend parenting classes and don't think you can learn to parent sitting in a class.</i> |
| 2) <i>Joe is disrespectful.</i> | <i>Joe's parents say he is sometimes disrespectful.</i> | |
| 3) <i>Joe's parents need to set firm limits.</i> | <i>When Joe began throwing things at his sister, his parents tried yelling at him to stop but he did not listen.</i> | |
| 4) <i>Mary is depressed.</i> | <i>Mary says that sometimes she has a hard time getting up in the morning and feels "like it's not worth trying since no one is going to help me."</i> | |
| 5) <i>Sarah is anti-social and hides out in her room.</i> | <i>Sarah's aunt says Sarah is "anti-social" and "hides out in her room." Sarah states that she feels safe in her room.</i> | |
| 6) <i>The family doesn't get along.</i> | <i>Family members say that they would like to get along better.</i> | |

Adapted from: Sparks, J. (December 8, 1994). *In their own write: Writing with families for a change.* Presentation at National Association for Family-Based Services Conference, Boston, MA.

SKILLS PRACTICE

Instructions: Change the examples of typical language into specific, behavioral, video-camera language.

| Typical Language | Court-Ready Language |
|---|----------------------|
| 1) <i>The house is filthy.</i> | 1) |
| 2) <i>The children's behavior is out of control.</i> | 2) |
| 3) <i>Mrs. Smith used appropriate discipline during the visit.</i> | 3) |
| 4) <i>Mrs. Smith cannot manage her children's behavior.</i> | 4) |
| 5) <i>John isolates himself from the rest of the foster family.</i> | 5) |
| 6) <i>Mr. Jones was intoxicated.</i> | 6) |

Adapted from: NCDSS, 2012 (*CPS Assessment in Child Welfare Services*)

TIMELY DOCUMENTATION: STRATEGIES FOR WORKERS, SUPERVISORS, AND AGENCIES

FOR WORKERS

Staying current on documentation is a challenge for many. In child welfare we have a few things that work against us. Here are some of the myths/challenges we have heard and some of the possible solutions you might want to try:

- **“My caseload is too high, I have no time.”** Be creative with the time you have. If you have access to a laptop or a tablet, use the time you are waiting at the doctor’s office for a child to be seen, or pull over after a home visit and take 10 minutes to get the visit recorded before going to your next visit. Or, set aside the first hour in the morning for dictation; few visits happen at that time of day. Do the dictation of phone calls while you are on the phone.
- **“No one stays current on documentation, might as well not try.”** Not true! However, allowing this myth to live in your agency creates a culture that is not conducive to efficiency. Create the culture you want by the words you say!

FOR SUPERVISORS

Make a Customized Plan with Each Person You Supervise

It should be an individual plan with each worker that considers the following:

- How does this person work best? Isolated, or in the midst of things?
- When does this person work best? Morning? Afternoon?
- What are the barriers for *this* worker? Plan ways to overcome them.
- How long can this individual effectively work on documentation? (*Some can work steadily for hours, others make more progress if they work in short, concentrated bursts.*)
- What will be accomplished, and by when?
- Build accountability measures into the plan.

Set and Follow-Up on Goals

Use supervision time to talk about time management and documentation. Discuss barriers and what has worked in the past. Create a plan that includes deadlines, then follow-up on those deadlines.

Time Management Strategies

Having regular protected time in a rotation is a good way to support staff in keeping current with documentation...BUT, it may not be a *great* way if you are not tailoring it to the unique needs of each worker (see the preceding item above). Here are some options that have been shared by various counties:

- Devote a full day to documentation vs. a couple hours on multiple days.

- Allow/encourage workers to work in a more isolated space within the agency (e.g., vacant office in another area of building, conference room, etc.).
- Have someone take workers' phones (i.e., forward calls) and interrupt them only if there is a true emergency. Provide them with messages at the end of the protected time.
- Make a documentation to-do list before each documentation session that prioritizes what should be tackled first; make it clear what is expected to be completed, and by when.
- Allow the worker to work on documentation offsite. This could be done at a library or even at home. (*This is why having clear priorities and expectations for what will be completed is important.*)
- Consider allowing some overtime/comp time if the worker has had an unusually heavy work load. (*Management may find this more palatable if there are clear expectations and an understanding that if the worker doesn't meet expectations, this option will not be offered again.*)

FOR AGENCIES

If they want excellent and up-to-date documentation and the positive results that come with it, agency leaders will want to take steps to ensure that the support they provide to staff and supervisors and the messages they send about documentation are clear, positive, and consistent. To succeed, many of the strategies outlined above need the support of agency directors, program managers, and administrators.

Technology Support

Many workers and agencies have found different technology solutions can help facilitate timely documentation. Of course, these all require a financial investment. However, many agencies find the investment to be well worth it. Here are a few of the ideas we have heard:

- Dragon Speak. Some like it, some don't. It has improved over time. Available for desktop and as a free app for both iPhone and Android. If you google it there are various other voice-to-text apps to try also.
- Tablets. Tablets can make it easy to do documentation on home visits, in cars, or while waiting in court or at medical appointments.
- Dictation Services. These services provide very quick transcription by human typists. Many of these services have protections for confidentiality. Speakwrite (<http://speakwrite.com>) is just one of these services; there are many others.
- Smart Pens. Also an investment, but less costly than a dictation service. These pens allow workers to write their dictation and then download it as text to the computer. There are lots of choices here. Some require a certain writing tablet, most work with some kind of software that would need to be installed. One worker reports that she was given a pen like this for Christmas from her husband with the understanding that he hoped she would be able to spend more time with the family. She said this investment was worth it, as it did allow her more time with the family.

CASE SCENARIOS

1. Depression?

Madison Smith was reported to CPS when her daughters (ages 3 and 4) were found wandering the road by a neighbor. There was barely any food in the house and the CPS worker thought Madison was suffering from depression.

Madison's mother agreed to stay with the family to help care for the girls. After 30 days the family was found In Need of Services since Madison had repeatedly missed appointments for a mental health evaluation, was not making arrangements for child care, and her mother was not willing to stay much longer.

CPS In-Home Services are being provided with the following activities agreed to as part of the In-Home Family Services Plan:

- a) Madison and the social worker will call together to re-schedule the mental health evaluation.
- b) DSS will provide transportation to the evaluation.
- c) Madison will complete the evaluation and begin any recommended treatment.
- d) Madison will identify two support people in addition to her mother who can babysit when she is unable to watch her children.
- e) Madison will be able to describe the risks to her daughters in being left alone.

The In-Home worker arrives for a visit at 4 pm. She finds the girls playing by themselves in the yard, which is half a block from a major road. The girls tell the worker their grandma is out and their mom is sleeping.

The social worker enters the home and finds the mother as shown on the slide.

2. Substance Abuse?

Tony Jones was reported to CPS when his 9-year-old daughter, Hope, missed 30 days of school and then came to school with burn marks on her arm. She said the burn happened when she was making herself dinner the night before.

The CPS worker arrives for a home visit at 10 am and finds Hope watching TV by herself in the living room. Hope is eating scrambled eggs that she says she fixed for herself.

The social worker calls for Mr. Jones and finds him in the hallway as shown on the slide.

OVERVIEW OF TOL ACTION PLAN

| | |
|--|---|
| What is transfer of learning? | Training transfer occurs when learners “transfer” knowledge and skills learned in training back to the field or practice. Transfer of learning (TOL) is the effective and continuous application of information learned during training on the job. |
| Purpose of the TOL action plan | The purpose of the action plan is to enable social workers to integrate newly developed knowledge and attitudes into their practice. The action plan allows and encourages the learner to consider what they already know, what they have learned, and what additional needs they have. The customized plan will meet the participant’s needs and maximize strengths to allow for effective learning transfer. |
| Select an accountability partner | Choose a TOL accountability partner. Share your plan with each other and include each other in the development of your action plan. Decide how you will support each other and include it in the plan. |
| Questions to answer to foster success | Recall a learning experience where you successfully transferred your knowledge and skills to another setting. <ul style="list-style-type: none"> • What helped you transfer your knowledge and skills? • Were there interventions or activities that were useful in supporting your transfer of training to your job? • What worked against successfully transferring your knowledge and skills? |
| Involve your supervisor | Share your action plan with your supervisor. Ask your supervisor to provide you with opportunities to apply your new knowledge on the job. Discuss how you are applying knowledge. |
| Obstacles that can prevent transfer of learning | <ul style="list-style-type: none"> • Lack of motivation for learning or transfer • Lack of reinforcement of new knowledge of skills • Interference from the work environment • Non-supportive culture • Lack of accountability <p>Thinking through obstacles helps learners develop strategies for overcoming challenges when incorporating new knowledge and skills in the field of child welfare.</p> |
| Initiating the action plan | <ul style="list-style-type: none"> • Identify strengths, needs, and knowledge learned from the documentation training. • Consider how to use this new knowledge in your work setting. • List one or more needs you would like to begin addressing and document on the action plan. • Make your objectives SMART: Specific, Measurable, Achievable, Realistic, and Timely. • Follow the action plan prompts to include activities to achieve objectives and strategies to address challenges. • Share the plan with your supervisor and training partner. • Make copies of pages to add additional needs. |
| Timeframe | This action plan is short-term—45 days—because we want you to begin working on it right away and see the results quickly. |
| Reflection page | Use the reflection page to journal your successes and challenges and record your progress. |

Sources: Center for the Development of Human Services, 2008; Erickson, 1990; Gaudine & Saks, 2004; Salinger, 1979

EXAMPLES OF COMPLETED TOL ACTION PLAN PAGES

EXAMPLE 1

My Notes and Knowledge Gained

- Avoid negative, biased, and prejudicial language. Write in a style that is factual, objective/unbiased, specific, and to the point. No jargon.
- Omit details of the client’s intimate life unless it is relevant to case.
- Avoid using medical diagnoses that have not been verified by a medical provider (such as saying the client is depressed). Rather, say the client states that he or she is having feelings of sadness or depressed mood OR describe symptoms (client describes seeing aliens in the yard every night or is feeling sad on a daily basis).
- Documentation reflects client, family, or secondary service provider contact.
- Do not leave blanks; write N/A (or not applicable).
- Mark any error with a single line and initials – never use correction fluid.
- Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

EXAMPLE 2

My Areas of Strength and Areas in Need of Improvement

| DOCUMENTATION STRENGTHS | DOCUMENTATION NEEDS |
|--|---|
| <ul style="list-style-type: none"> • I know how to use technology to document • I write my case narrative as it happens or very soon thereafter • I am familiar with all child welfare forms • I write behaviorally-specific documentation that will hold up in court • My documentation is seven days current • Knowledge Learned from Documentation Training | <ul style="list-style-type: none"> • My documentation is not seven days current • I procrastinate when it is time to document • I do not have the support I need to stay current • I am new to my job and therefore unfamiliar with all the forms • I am not familiar with all of the timeframes |

Example of Completed TOL Action Plan Page
MY 45-DAY ACTION PLAN FOR BEST PRACTICE

Name: Mellicent D. Hollyjohn

Begins: December 9, 2014 Ends on January 23, 2015

My Training Need: My documentation is not seven days current

| Objective | Knowledge | Activities | Resources | Challenges | Strategies |
|---|---|--|---|--|--|
| <i>What do I plan to do to address this need?</i> | <i>What will I use from this training to address this issue?</i> | <i>What activities or steps will I take to begin addressing the need?</i> | <i>What support and/or resources will I need to help me address this issue?</i> | <i>What obstacles do I think I will encounter as I address this issue?</i> | <i>What is my strategy for overcoming these obstacles?</i> |
| My documentation will become seven days current by following my action plan within 45 days beginning immediately. | Supervisor support Partner system for accountability Save time to document Secure time to document | Write narrative as it happens or soon thereafter Save time to document Secure time to document | Documentation partner Supervisor Trainer | Interference from the work environment Lack of motivation | Request office time Contact documentation partner or supervisor for support |

TRANSFER OF LEARNING ACTION PLAN

NAME _____ DATE _____

TRAINING _____

MY NOTES AND KNOWLEDGE GAINED

TRANSFER OF LEARNING ACTION PLAN

NAME _____ DATE _____

TRAINING _____

MY AREAS OF STRENGTH AND AREAS IN NEED OF IMPROVEMENT

| STRENGTHS | NEEDS |
|-----------|-------|
| | |

MY 45-DAY ACTION PLAN FOR BEST PRACTICE

Name:

Begins:

My Training Need:

| Objective | Knowledge | Activities | Resources | Challenges | Strategies |
|---|--|---|---|--|--|
| <i>What do I plan to do to address this need?</i> | <i>What will I use from this training to address this issue?</i> | <i>What activities or steps will I take to begin addressing the need?</i> | <i>What support and/or resources will I need to help me address this issue?</i> | <i>What obstacles do I think I will encounter as I address this issue?</i> | <i>What is my strategy for overcoming these obstacles?</i> |
| | | | | | |

MY REFLECTION PAGE

Document your successes, challenges, and progress in the space below. Include notes about contact with your documentation partner and supervisor.

REFERENCES

- Center for the Development of Human Services. (2008). *Supervisory core curriculum*. State University of New York.
- Erickson, P. R. (1990). Evaluating training results. *Training and Development*, 44(1), 57-59.
- Gaudine, A. P. & Saks, A. M. (2004). A longitudinal quasi-experiment on the effects of posttraining transfer interventions. *Human Resource Development Quarterly*, 15(1), 57-76.
- North Carolina Division of Social Services. (2012). *CPS assessment in child welfare services* [curriculum]. Raleigh, NC: NC Department of Health and Human Services.
- Salinger, R. (1979). Measuring behavioral change with results from training. In R.O. Peterson (ed.). *Determining the Payoff of Management Training* (pp. 113-150). Madison, WI: ASTD Press.
- Sparks, J. (December 8, 1994). *In their own write: Writing with families for a change*. Presentation at National Association for Family-Based Services Conference, Boston, MA.

Documentation in Child Welfare:
Effective Practices for
County DSS Agencies

Welcome!

Please click on the colored link below to download the
handout for today:
[December 9, 2014 webinar handout](#)




Webinar Goals



- Describe and practice key suggestions for creating "court ready" documentation
- Identify the role agencies and supervisors need to play in supporting effective, timely documentation

Ultimate Goal
Help you document your efforts clearly and accurately to improve decision-making and outcomes for children

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| | |
|---|---|
| <p>Panelists</p> <p>Dee Hunt Holly McNeill</p> |  |
| <p>Moderator</p> <p>Mellicent Blythe</p> | <p>Tech Support</p> <p>Phillip Armfield John McMahon</p> |

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Why This Webinar?

1. You asked for it!
 - ❖ Top choice of supervisors and program managers on recent state-wide survey
2. Documentation is part of NC law
 - ❖ 7B-2901
3. Documentation matters!
 - ❖ It's key to making decisions that promote children's safety, well-being, and permanency



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Documentation

Affects and is needed in all areas, including . . .

- CPS Intake
- Placement
- CPS Assessments
- Foster Home Licensing
- CPS In-Home
- Adoption

NCDSS Forms Page
<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

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Key Suggestions for Court-Ready Documentation

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Stay Away from...

1. Opinions
 - ◊ "The parent is **not concerned** about safety"
2. Vague or generic descriptions
 - ◊ "The parent is **non-compliant**"
3. Acronyms and Jargon
 - ◊ "The foster parent completed **MAPP** and the **MHA** at his previous agency"
4. Boilerplate
 - ◊ "The child was dressed **appropriately** and the house was **clean**."

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Instead...Be Specific

How are your **actions, conversations, and observations** related to child-specific...

- Safety and risk factors
- Family Service Agreements



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Focus on Behavior

Help the court understand your decisions and recommendations.

- What exactly are family members saying and doing?
- What are they not doing that is needed to ensure safety and meet the goals of the family's plan?

- What did you see or hear that led you to your conclusions?
- What would you need to see or hear to change your conclusions?

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The "Video Camera" Approach

Describe what you see and do with objective, descriptive language that would be captured by a video camera




But stick to what's relevant


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Let's Practice

Refer to the "Skills Practice" page in your handouts



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The Agency's Role

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What Management Can Do

- Set the tone!
 - Emphasize quality, accountability
- Back it up by providing ongoing support
 - Investments in technology
 - Policies/practices that lead to current, high quality documentation

Good documentation supports success in court and positive outcomes for families

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What Supervisors Can Do

- Make it a priority
- Communicate your expectations clearly
- Individualized plan with each worker
- Be creative and flexible
- Follow up to ensure accountability
- Review records for a clear story, not just for compliance


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Pay Special Attention to Potential Coercion When...

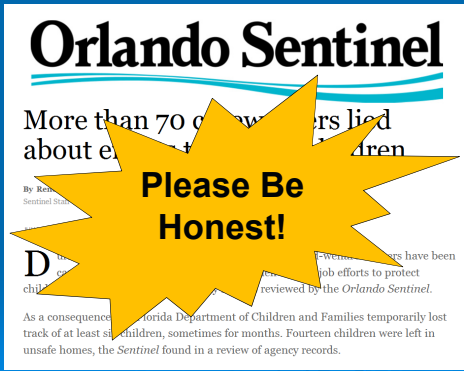
Requesting drug screens



Asking about safety resources



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Orlando Sentinel

More than 70 caregivers lied about... children

Please Be Honest!

By Reuters

D... Florida Department of Children and Families temporarily lost track of at least 14 children, sometimes for months. Fourteen children were left in unsafe homes, the *Sentinel* found in a review of agency records.

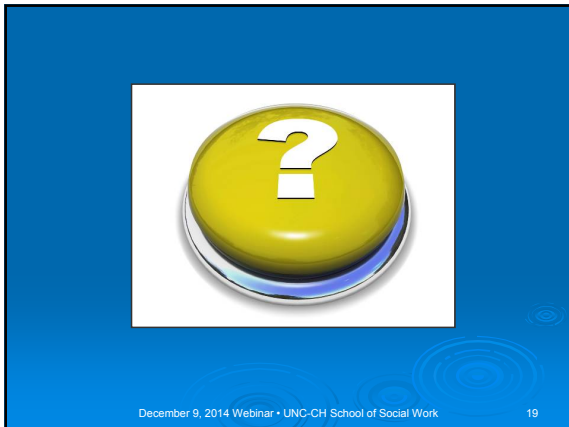
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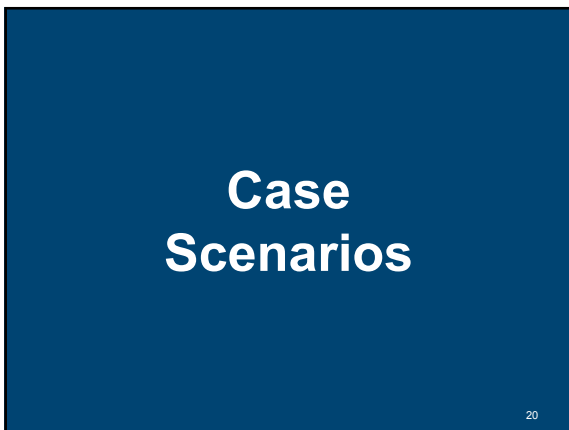
Agency Liability

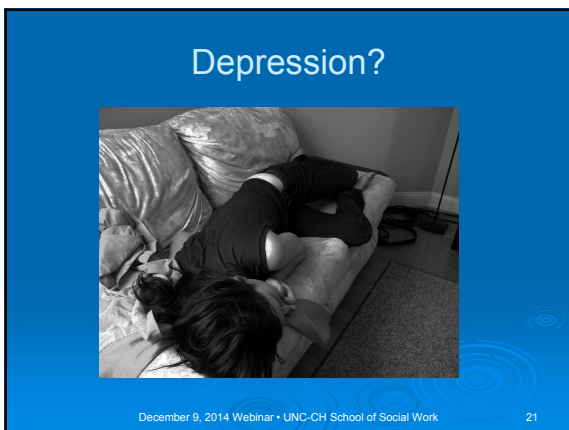
- Not liable for mistakes
- Are liable for:
 - Lying/falsifying records
 - Not following policy



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Making it "Court Ready"

Use your chat pod...

- What words would you use to describe the home and the family's behaviors?
- What should the social worker do? How would you explain those actions in terms of child-specific risk factors and case plan goals?

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Substance Abuse?



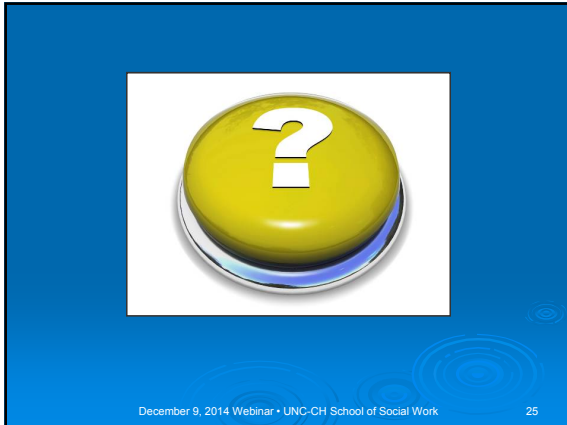
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Making it "Court Ready"

Use your chat pod...

- What words would you use to describe the home and the family's behaviors during the visit?
- What should the social worker do? How would you explain those actions in terms of child-specific risk factors?

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Final Steps for DSS Staff

1. Please take a brief survey
 - > We will provide link for those logged on
 - > Can also access thru ncswlearn.org
2. To receive training credit, you must do "Complete Course" **WITHIN ONE WEEK**
 - ✓ Log in to www.ncswlearn.org
 - ✓ Select "PLP"
 - ✓ Select "Webinars"
 - ✓ Click "Enter"
 - ✓ Click "Complete Course" button

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Follow-up Document from the Webinar

Documentation in Child Welfare: Effective Practices for County DSS Agencies

Webinar delivered Dec. 9, 2014
Follow-up document date: Feb. 5, 2015

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Webinar handouts: https://www.ncswlearn.org/ncsts/webinar/handouts/34_webinar_handouts_12_09_14.pdf

Recording: if you missed the webinar or want to view it again, go to: <http://fcrp.unc.edu/webinars.asp>

About the Webinar

Webinar Description

Clearly and accurately documenting their efforts can help North Carolina's child welfare professionals improve decision-making and outcomes for children and families. This webinar explored common challenges and best practices related to documentation in the areas of CPS, foster care, and adoption. It did not cover specific forms or instruments. Instead, it focused on key things practitioners, supervisors, and agencies can do to ensure documentation is timely, effective, and "court ready."

Attendance

A total of 773 people, representing 85 of North Carolina's 100 county DSS agencies, registered for this event. Many participated in the webinar as part of groups.

Answers and Resources from the Webinar

Resources Discussed during the Webinar

Documentation Guidance from the NC Division of Social Services

- North Carolina's Record Management and Documentation Policy
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c10.pdf>
- Drug screens:
 - Policy related to drug screens (starts on p. 13 in the link below):
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1408.pdf>
 - Dear Co. Director Letter from 2003 about drug screens:
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/0503adminletteronline.htm>

Ethics

National Association of Social Workers and Association of Social Work Boards. (2012). *Draft: Best practice standards in social work supervision*. Washington, DC: Authors. <http://bit.ly/1vLuMhd>

Children's Services Practice Notes

Supervisory practice suggestion: develop a library of hardcopy *Practice Notes* issues as a resource for your staff. *Practice Notes* has been in publication for 20 years and has covered many key areas of child welfare practice—some more than once. All past issues are available online at www.practicenotes.org.

- *Specific issue referenced during this webinar*: vol. 12, no. 1 (Jan. 2007), p. 8
http://practicenotes.org/vol12_no1/cspnv12n1.pdf

Documentation Formats/Frameworks

- GIRP. For more on this framework, see page 9 of this document.
- PAPERS. For more on this framework, see page 10 of this document.
- SEEMAPS. For more on this framework, see pages 11-13 of this document.

Consequences for Poor/Illegal Documentation Practices

Story from the *Orlando Sentinel*: <http://www.orlandosentinel.com/news/orl-florida-child-welfare-workers-lied-071209-story.html#page=1>

Case Review Tool

Child and Family Services Reviews Onsite Review Instrument (dss-5284):
<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5284.pdf>

Formatting Documentation

Is there a specific format for documentation that's "better"?

No. But for continuity it would be good for agencies to pick one and use it. Also, frameworks taught in NC Division of Social Services-sponsored training that can be helpful for ensuring documentation is effective and sufficient include SEEMAPS, GIRP, and PAPERS. More on these frameworks can be found later in this document.

Is it necessary to write everything in your note or is it acceptable to highlight significant events?

It is not necessary to write everything in your note. Instead, focus on those observations, events, or statements that relate directly to the family service agreement and goals, or to the family's safety and risk factors.

What is the best way to incorporate emails into documentation? We have tried printing emails and putting them in the file but State reviewers have not been supportive of this.

Copies of emails should be used to support documentation, not as a replacement. Emails are similar to other outside supplementary documents, like medical or school reports. The e-mails do not provide the context for the exchange or describe how the interaction is moving the plan forward. The content of the e-mails should be interpreted into documentation, not become the documentation. For example: "Therapist Sally Jones sent the following email to the Social Worker listing the sessions that Mrs. Smith has missed, and describing her concerns that Mrs. Smith has not acknowledged that her depression affects the children."

Behaviorally-Specific Documentation

Participants were given a prompt ("Mrs. Smith used appropriate discipline during the visit") and asked to make this statement more behaviorally-specific.

Sample participant responses:

- She talked in a calm manner to the child
- Mrs. Smith counted to three and when the behavior did not stop, she directed the child to time-out and set a timer for 5 minutes.
- Mrs. Smith used a time out box for her children that required them to sit quietly for 5 minutes.
- Mrs. Smith used a calm voice to redirect John when he began to throw toys across the room.
- During the visit with Mrs. Smith, SW observed Mrs. Smith using verbal suggestions with her daughter.
 - *Dee Hunt: I saw someone use "SW observed".....wonderful way of using specificity!*
- Mrs. Smith placed Johnny in a chair facing the wall for five minutes. Johnny is five years old.
- Observed Mrs. Smith walk over to Johnny and redirect his behavior.
- Mrs. Smith got down on the children's level and looked eye to eye and without raising her voice explained what the child should do.
- Joe was trying to get into the trash can. Ms. Smith encouraged him to play with her. When he didn't stop, she got up and gently moved him along.
- During the home visit Johnny was throwing his toys and his mother told him that he was going to lose the privilege of playing with those toys if he did not quit throwing them.
- SW observed the child jumping on the couch, Ms. Smith asked child to stop and then placed child in time out.
- Mrs. Smith placed the child in time-out for 2 minutes when her 2 year old son threw a ball and hit his younger sibling during the visit.
- When Mrs. Smith was disciplining her child she spoke calmly, explained to the child what she did wrong and what the child could have done to express their frustration in a less destructive way.

How Supervisors Support Quality Documentation

Supervisors participating in the webinar were asked how they support documentation.

Sample responses:

- Offer a protected day:
 - Have a quiet or “shelter,” day during the week (Shelter day they are out of the rotation and have all day to work on documentation. Shelter = no new reports, no phone calls, out of the rotation, spend all day doing dictation; usually 1 worker per day)
 - Friday= Protected dictation time for me
- Set aside specific times throughout the week:
 - I like to get caught up on days I have back-up intake
 - We are given protective time for 2 hours every morning from 8:00-10:00
- Give staff more than a day to catch up:
 - FA workers on a rotating basis are taken off the log for a week with the expectation that they use the time to get documentation current and/or close cases
- Promote use of protected spaces to make documentation easier:
 - We share offices, so during "off rotation" we can utilize home...where I'm at today!
 - My agency allows teleworking days where social workers can select their days working out of the office to get their documentation completed
- Other strategies:
 - Assure adequate staffing levels, provide for accessible training, updated technical support
 - Richmond County uses a dictation log we use for keeping up with what sw dictate, we also have had the commission approve Saturday time for dictation

Documenting Practice Related to Drug Screens

In the webinar, presenters advised participants to be particularly careful in their documentation involving drug screens of child welfare-involved families. Remember that as child welfare professionals, we are not law enforcement. Our focus should be on the impact on the child, not whether the parent did or didn't use/abuse an intoxicating substance. Holly: Sometimes I think we spend a lot of money on drug screens and they tell us very little that is of use to us. In fact, they are probably more useful in telling us when people aren't using substances, which can help us know when to close a case. I'm not saying agencies should never use drug screens. Just be careful about how and when we request them. We cannot be coercive.

What is the AG position on drug screens? Is it true we can't require parents to take drug screens?

The North Carolina Attorney General's position is that, while county DSS agencies may ask a parent to take a drug screen, they should not require a child's parent to take drug screens when the court is not involved. The concern is that requiring drug screens may deprive parents of their right to due process guaranteed in the Fifth Amendment to the U.S. constitution, which states that no person shall be “deprived of life, liberty, or property, without due process of law.” To learn more about North Carolina policy related to this matter, refer to these resources:

- Policy related to drug screens:
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1408.pdf>

- Administrative Letter from 2003 about drug screens:
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/0503adminletteronline.htm>

What should we do if our county's policy is not in agreement with the Attorney General's position? We have a county policy that if clients do not comply with screen, that it is considered a failed screen.

In this case, you might want to have a conversation with your supervisor about the 2003 Administrative letter summarizing the NC Attorney General's position on the matter and ask if the county policy needs to be updated in light of this information. Following policy ensures consistent practice across the state and helps protect your agency from liability that could result from not following policy. The last full paragraph of the Administrative Letter states:

Based on these opinions, it is the Division of Social Services' policy that, in order for a county department of social services' social worker to request that a parent or caretaker submit to a urine drug screen in a child protective services assessment, there must (1) be a reason to suspect that substance abuse is an issue, and (2) the consent of the parent or caretaker must be voluntary and the social worker must not indicate any adverse consequences to the parent or caretaker if there is a refusal to submit to the urine drug screen, and (3) the parent or caretaker who does voluntarily submit to a urine drug screen must be referred to a certified laboratory for both collection and testing.

The Attorney General's opinion that accompanied the 2003 Administrative Letter applies to cases that are not in court. However, as with any case, it is worth having a conversation within your agency about what you gain from considering a missed drug screen as failed. Would your judge not be able to draw his or her own conclusions if you were to simply let the court know that a drug screen was offered and the parent chose not to take it?

If a child tested positive for substance abuse at birth...does that change things? Can we require drug screens then?

No, the only person who can "require" a drug screen is the court. Telling parents that a drug screen is required and that there will be consequences if they don't comply would likely be considered coercive and may be unconstitutional. There should be no statements that would lead the caretaker to feel coerced or under duress. This includes making statements such as "If you don't agree to the take the test, I will have to remove your children" or "If you refuse to take the test it will be considered a positive result."

Is a court order required to withhold visitation from a parent for refusing a drug test?

G.S. 7B-905.1 governs visitation between children and their parents. Children have a right and a need to see their parents. Withholding visits can be detrimental to the child. We should never deny or reduce visits as a punishment for a parent's behavior. Reduction in visits must always be related to safety and well-being issues for the child. Otherwise you are punishing the child for the parent's behavior. We must find a way to balance the needs of the child with the behavior of the parent. Seek your supervisor's guidance any time you consider reducing visits, as you will need a court order to guide that process. A court order is also required to move from unsupervised to supervised visits.

Our judges tell our clients if they do not take drug screens it will be counted as a positive. What can we do about this?

We can't control the judges. However, agency leaders and attorneys can educate judges and court personnel about DSS policy and legal opinions.

Participants were asked to give examples of language they might use to document practice around drug screens.

Sample participant responses:

- SW asked Ms. Jones if she would be willing to take a voluntary drug screen by 11 AM today
- SW requested a random drug screen and ENCOURAGED parent to attend.
- Social Worker contacted Mr. Doe via telephone and requested that he complete a drug screen on December 9, 2014 at 8:30 am.
- John was asked to submit to a drug screen and declined to do so. He provided the following reason for declining...
- SW asked parents if they would take a random drug screen. Parents stated "yes, but I will test positive for marijuana."
- SW asked Mr. X if he was willing to submit to a drug screen in order to address drug use allegations. Mr. X agreed to submit to the drug screen. On 12/9/14 drug screen results showed negative for all substances.
- SW asked Ms. Smith to take a drug screen. Ms. Smith states that she will do this today and SW provided her with directions to the agency and a referral form.
- More important for us is to determine how the parents' drug use is impairing their ability to provide care for the children
- SW asked Mr. Jones to take a drug screen. Mr Jones refused and SW explained how a negative drug screen could be beneficial to his case.
 - *Holly: Yes, yes, yes!*
- "Taking a drug screen will guide me to be able to provide you appropriate services."
- Parent refuses drug test. Social worker asks what the parent's plan is for when the parent chooses to use drugs. We ask what their safety plan is for their child.

Ethics

Is it possible that as workers, we need more training in the area of professional ethics?

Presenters pointed toward the following resource: National Association of Social Workers and Association of Social Work Boards. (2012). *Draft: Best practice standards in social work supervision*. Washington, DC: Authors. <http://bit.ly/1vLuMhd>. Other participants also gave these suggestions:

- If your county is close to a school of social work, they may be willing to present an ethics training. UNC-Charlotte provided for us last year.
- Research how social work and the law are interrelated or get a book that discusses this issue. Can provide helpful insights and tips.

Depression Case Example

Presented with a case example in the handouts and a photograph, participants were asked “What words would you use to describe the home and the family’s behaviors?”

Sample participant responses:

- SW entered the home and observed mother laying on the couch in a semi-fetal position. There were 3 cans of food in the cupboard and a gal. of milk in the refrigerator.
- SW observed mother in semi-fetal position on the couch.
- I would not enter the home if she was not awake....I would document attempts at rising her by knocking and calling out.
- I would contact my supervisor immediately, describe the scene and go from there....
- We would call in the other safety resources
- Upon arrival at the Smith home, SW observed the mother lying on the couch. She appeared to be asleep. After several attempts the SW was unable to wake the mother.
- Call law enforcement if she appears out of it
- When SW arrived Ms. Smith was lying on the couch sleeping while her two daughters were outside unsupervised.
- SW observed children ages 3 and 4 playing unsupervised outdoors. SW observed mother laying on couch while children unsupervised.

Participants were then asked, “How would you explain those actions in terms of child-specific risk factors and family service plan goals?”

Sample participant responses:

- SW arrived at the home at 4pm and observed mother laying on the couch. SW tried to wake mother up to ensure everything was ok and asked if she knew her children were outside playing
- SW observed mom laying on the couch sleeping, while her children were outside wandering the road, unsupervised.
- SW observed 3 and 4 year old children walking alone in the road. SW observed only 3 cans of soup in the house. Mother stated that she was exhausted and felt very sad.
- SW arrived at the home and the children were playing alone in the yard. SW took the children inside and observed mother laying on the couch in a semi fetal position and tried to wake mother up. Mother wouldn’t wake up. SW called 911 and then her supervisor.
- I would also include follow-up plans - meeting, CFT, etc.
- SW asked children to come inside and play. SW also reviewed the case plan with the mother and ensure that she understood the plan and expressed her concerns. SW asked mother what SW could do for her to help her.
- SW and Madison talked about whether or not she feels she needs help with caring for the children. After Madison agreed that she does need additional help, SW explained to her that they will work the case plan together to revisit what’s not working with family.
- SW ask mother if there was family that could help her supervise the children while mental health services are secured.
- Assist the mother with appropriate child care arrangements to allow her to engage in her identifying activities on her service agreement and revisit if the grandmother should be a back up support/caretaker for the children going forward.
- SW asked Ms. Smith why she was asleep on the couch. She said..... (to make sure HER words are documented)
- Use of county subsidized childcare to give respite for the parent

Participant suggestions for engaging the mother in this situation.

- So, tell me more about your plans for the day?
- I think if we stay calm and non-threatening we will get a more honest response
- Sometimes observing the mother's behaviors more important than questioning her as to why, what is your plan, etc.
- After getting answers from her: what can we do to help to ensure this doesn't happen again? what can we help her with or how
- Being non-judgmental because the SW will need to talk with mom first before making judgments
- When you need to nap what has worked in the past with the children so they do not leave the home and are not unsupervised. Do you have someone who can help with the children at such times?
- Asking open ended questions

Transfer of Learning

Participants were asked what they would do in the next week, based on what they had learned in this webinar.

Sample participant responses:

Modify content of what I document

- I will improve on being more behavioral, specific, and descriptive (*many people said this*)
- Limit my use of the words appropriate/inappropriate (*many people said this*)
- Not include in documentation what I think or assume based on the report
- Use less jargon and more observation
- Tie observations back into case plans more
- Watch out for boilerplate language
- Omit unnecessary information

Technology

- Use my smart phone to document when driving to my next visit
- Use electronic resources
- Practice using new computer program recently implemented in our agency
- Invest in dictation technology

Timing/location of documentation

- Document as it happens! (*many people said this*)
- Keep up to date!!!!
- Schedule specific time on calendar to do documentation
- Set timeframes to get work completed timely
- Protect my protected time
- Set time each morning for documentation, phone off.
- Let workers stay home two hours in the morning to help complete documentation

Other

- Review internally identified example of "good" documentation immediately following webinar

- Let the social workers see pages 4, 5, 6 of the handouts for their discussion as a group so they have a voice and to figure out what works for them
- As a SW intern who will be working in child welfare after I graduate I found this webinar very helpful...I will no longer use the word "appropriate" and remember to use "video" descriptions

Miscellaneous

What is the state's policy when a child is born to parents involved with the agency while the older siblings are in the custody of the department and in foster care? Should the agency automatically file for custody of the newborn?

In the situation you describe petitioning the court for custody of the newborn is an option, but it should not be automatic. It depends on the specific circumstances. In some cases there may be a reason for the child to come into care. Then again, there may not. An important factor is the reason the other children entered care. Conditions in the family may have changed; threats/safety concerns may be different. We should not automatically file for custody. But we should consider/assess the situation.

GIRP Documentation Format

What is the GIRP documentation and or narrative format?

The GIRP documentation format is simply an acronym used to guide social workers in well-rounded documentation. Although the original creator of GIRP is unclear, Yvette Murphy (now Dr. Yvette Murphy-Irby) and UNC School of Social Work/Jordan Institute for Families included this format in the *Case Planning and Management* (now *In-Home Services*) curriculum when the North Carolina Division of Social Services training system restructured in 1998. Here is the formula:

Goal – What is the purpose of the contact (tied to service agreement) and what type of contact is it? (Child and family team meeting, home visit, office, court, phone call, text message, email, school, etc.) Is the physical site where the services are provided? What does the social worker intend to accomplish? Your documentation should reflect, “Who went where to do what”?

Interventions – Your documentation should include the specific interventions/skills training services provided (coaching, modeling, referrals, teaching, etc.).

Results – What were the results of the meeting or visit? How effective was the intervention? Your documentation should reflect concrete, measurable, specific, and descriptive notation. It should be as if you were using a video camera. Include the family’s responses and progress.

Plan – The social worker should end the narrative with a plan. For example, the social worker ended the meeting by scheduling the next visit. Include any changes or revisions to the service agreement and the plan to accomplish remaining objectives and activities.

For more on GIRP, see www.spokanecounty.org/loaddoc.aspx?docid=9702.

PAPER Documentation Format

Dee Hunt developed this documentation format for the rewrite and update of the *In-Home Services* curriculum in 2009. This formula added a simple, relative acronym that also encouraged a strength-based dimension to the documentation.

P= Purpose

What is the purpose/reason for the contact with the family? Possible reasons for contact include child and family team meetings (CFT), permanency planning action team meetings (PPAT)

A= Assessment/Activities

Using the SEEMAPS domains (see page 11), assess the overall family situation during the contact as appropriate. When appropriate, engage other family systems, such as collaterals, in the information-gathering process. The social worker should continuously assess the service agreement objectives and activities, especially during CFTs and PPATs. Documentation should include assessing for strengths and needs.

P= Plan

Based on the findings during the assessment and review of activities, what should happen next? The social worker shall collaborate with the family to plan, implement, monitor, and amend services that promote family strengths and well-being and assist them in achieving their goals.

E = Encourage

Encouraging and motivating families as well as regarding them as a valuable source of achieving objectives will enhance the results. Documentation should include how the social worker confirmed the family as experts in their situation and specific techniques used to encourage, motivate, and empower.

R = Results

Document a clear, concise summary of the results of the contact. Include the specific interventions/skills training and services provided.

Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (**S**ocial, **E**conomic, **E**nvironmental, **M**ental health, **A**ctivities of daily living, **P**hysical health and a **S**ummary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

Social

Who lives in the house? How are people connected to each other? What is the feeling when you enter the house (comfortable, tense, etc.)? How do people treat one another? How do they speak to and about one another to someone outside the family? How far away is this home from other homes? Would it be likely that people would be able to visit here easily? Who does visit the family? Ask questions to determine what individuals, organizations, and systems are connected to the family. Are those people/organizations/systems helpful or not? What do people in this family do for fun? What stories do they tell about themselves? What kind of social support systems the family can depend on? How does the family use resources in the community? How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends? Do the children attend school regularly? Are there behavior problems at school? Can children discern between truths and lies? Do the children have age appropriate knowledge of social interactions? Do the children have age appropriate knowledge of physical or sexual relationships? Are pre-teen or teenage children sexually active? Do not forget the importance of non-traditional connections a family may have.

Economic

Are people willing to discuss their finances after a period of getting acquainted? Do adults here know how to pay bills and handle money? Do people in this house know how to acquire resources well enough to get their basic needs met? Does the stated amount of income seem reasonable and possible to live on? If it does not, do members have any plan or idea what to do? Has the family made plans to use economic services? Are food stamps, child support, TANF, LIEAP available to them? If not, why not? If income seems adequate but the residence and family members seem needy, is there any comprehensible explanation about where the money goes? Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Do people in this family tend to make workable fiscal decisions? What is the strongest economic skill each person in this family displays? Do they have enough money to make it through the month? Do they have any plan for where the money goes? Where does the money come from? Does the parent subsystem agree about the destination of any monies available? Are they content with the job they have? Have they considered changing job fields or careers? If so, what has prevented it?

Environment / Home

How does the residence look from the outside (kept up; in disrepair; etc.)? What is the surrounding area like? Places for children to play? Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)? What is the feeling you get when you arrive at this residence? Is the neighborhood comfortable or dangerous? Are there people walking around? Do you get a sense that people in this neighborhood would intervene if a child were in danger? Inside the residence, is there light and air? Is there any place to sit and talk? Are there toys appropriate for the ages of the children who live there? Can you tell if someone creates a space for children to play? Is there a place for each person to sleep? Is it obvious that people eat here? Can you determine what kind of food is available for people who live here? Are there any pictures of family members or friends? Is there a working phone available to the family? Is there a sanitary water supply available to the family? Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)? Is there a heating and/or cooling system in the home? What are the best features of this environment? Is the family aware of weapons safety issues?

Mental Health

Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation? Do members of this family have a history of emotional difficulties, mental illness, or impulse problems? Does anyone take medication for "nerves" or any other mental health condition? Are persons you interview able to attend to the conversation? Are there times when they seem emotionally absent / distant during conversation? Do people make sense when they speak? Are they clearly oriented to time and location? When people speak to each other, does their communication make sense to you as well as to other family members? Are people able to experience pleasure in some things? Are there indicators that persons in this family have substance abuse addictions? Is there some awareness of the developmental differences between adults and smaller children? How do people in this family express anger? Can people in this family talk about emotions, or do they only "express" them? What is the major belief system in this family? Do members of this family seem generally okay with themselves? Is anyone exhibiting signs of depression (remember that depression in children can show up as hyperactivity)? Has anyone ever received counseling or been under the care of a physician for a mental health problem? Is there any history of mental illness in the family? Do their thoughts flow in ways you can understand? If you cannot understand the person, does the rest of the family act like they understand (there may be some cultural language habits that you will have to learn)? Is anyone on medication? Are any of the medications for mental health related issues (i.e., medications for depression, sleeping pills, anti-anxiety medications, tranquilizers, etc.)? Are there funds to buy that medication? Is anyone abusing substances? What kind? Do they acknowledge a problem?

Activities of Daily Living

Do family members understand "Safe Sleeping" habits (for infants under the age of 18 months)? Is the children's clothing adequate (appropriate as to: weather, size, cleanliness, etc.)? What activities does the family participate in? How does the family spend its free time? Do adults in this family know how to obtain, prepare, and feed meals to children in this family? Does this family speak English or the prevalent language of their community? Does the family engage in some activities of a spiritual nature? Are adults able to connect usefully with their children's schools, doctors and friends? Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home? Does the family own a car? If not, are there neighbors close by who will give them rides? Is public transportation convenient and available? Do people in this family have the ability and willingness to keep the home safe and reasonably clean? What skill does this family demonstrate the most? Do the parents know how to discipline their children or adolescents? Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget? Are the family members employable?

Physical Health

Obtain demographic information for all household members. Discuss parents' or safety resources' willingness to protect the children. Discuss any additional concerns. Do the children appear healthy? Do the children appear on target with their height and/or weight? Are there any special medical concerns faced by family members? If so, who knows how to treat or administer to those concerns? How do people in this family

appear? Do they tend to their hygiene on a regular basis? Does anyone appear fatigued or overly energetic? Is anyone chronically ill, taking medication, or physically disabled? Is anyone in this family using illegal drugs or abusing prescription drugs? Do people in this family eat healthy food and/or get regular exercise? Does anyone in this family use tobacco products? Are there any members of the family who appear to be significantly obese? Are there any members of the family who appear to be significantly underweight? How long has it been since members of the family had a physical examination? Are there older children who continue to have bedwetting problems? Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)? Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards? Do small children ride in safety seats or use seatbelts? What is the healthiest thing this family does? What is the skin tone, hair quality, color of lips (especially with infants) with family members? Have the children had vaccinations? Are they up to date? Does anyone in the family have mobility issues? Are there any signs of palsy or other unusual movements? What is the family's perception of their own physical health? Does family have medical and/or dental insurance coverage? If so, who is provider? If not, is family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available? Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

Summary of Strengths

What are the major interpersonal strengths about this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Was there substance abuse or domestic violence issues in their homes of the adult family members? How was adult family members disciplined? Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family members in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work everyday, drawing a picture, making friends, and cooking a balanced meal, etc. These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.