Culturally Competent Practice
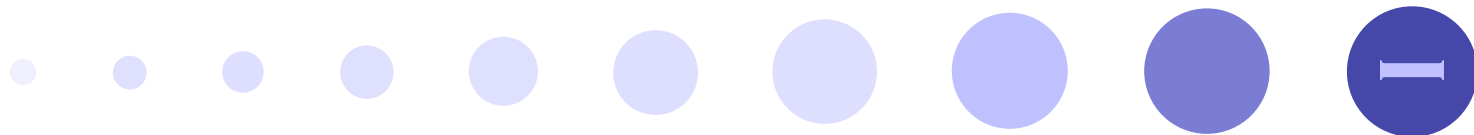
with Latino Children & Families

Instructor Manual

This curriculum is designed to train Department of Family Protective Services (DFPS) staff on culturally competent practice with Latino children and families. The goal of this curriculum is to build competency for work with this population using a Systems of Care model. It is expected that this philosophical approach will prepare DFPS staff to be more culturally competent in addressing the needs of Latino children and families.

The training is designed as a 6-hour overview of the essential elements of Systems of Care with cultural competency guidelines integrated throughout the curriculum. It is scripted as it is to be presented by a trainer.

Organizational Scheme

➢ Headings beginning with this symbol represent a main heading that corresponds to a PowerPoint slide to be used by trainers

• Under each heading, information preceded by a bullet point corresponds to a bullet point on the PowerPoint slide

⇒ This symbol indicates verbal prompts or discussion items to be used by trainers. They are not included on PowerPoint slides.

Participant's Training Manual

The Participant's Training Manual is designed as a companion for training participants to follow the information presented in the training and reduce the need for taking extensive notes. All information contained in the main headings and bullet points of the Instructor's Manual are reproduced in the Participant's Training Manual.

Worksheets for completing activities are included in the Participant's Training Manual. References to page numbers of these activities are included throughout the Instructor's Manual.

Resource Guide

A Resource Guide is included in the back of the Participant's Training Manual that includes additional handouts referenced throughout the Instructor's Manual.

NOTES FOR TRAINERS

➤ Before beginning this training, discuss with participants that we acknowledge that each of us is going to have varying degrees of cultural knowledge and awareness. There may even be some of us who are culturally competent in certain areas, and we as the trainers are not suggesting that they are not. However, we recognize that none of us are ever sufficiently culturally competent.

➤ Our hope with this training is to build upon participants' current level of cultural competence in order to enhance their practice. As we move through the training, our hope is that each person will be able to recognize areas within themselves where they can enhance their understanding in order to improve their practice.

➤ Explain that it is also important for Latino practitioners to be culturally competent and to use practice methods that respond to the needs of Latino clients. Even if one is Latino, there still exists a need to understand the cultural values and traditions of Latino families, particularly in ways that differ from their own background and upbringing – issues such as the impact of poverty, language barriers, acculturation status, and experience of immigration can all affect one's understanding of another culture.

➤ Encourage participants to share information with each other throughout the training day, i.e., at breaks, when returning from lunch. Explain to participants that they will generate a great deal of information/ideas throughout the day during small group discussions and time will not permit for all information/ideas to be shared with the larger group. This is also a way to validate the knowledge/experience within the room.

➤ Let participants know exactly how much time is allowed for an activity so they can prioritize the discussion of questions at their table. Some topics may merit further and more in-depth discussion. Encourage participants to build unit meetings around one of the discussion areas so additional ideas and suggestions can be generated. This will also aid in the application of training material.

➤ For activities in which specific strategies are developed, encourage participants to separate these pages from their Training Manual and keep at their desk/bulletin board for easy reference.

➤ Throughout the training, help participants think about how they can go back to their office and utilize the knowledge, skills, and tools from the training. Many of the tools (eco maps, umbrella analogy, etc.) can be used by supervisors in conference with caseworkers as well as by caseworkers with clients in the field.

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

| Welcome and Overview	15 minutes

A. Welcome and Introductions

⇒ Welcome participants to the training session and thank them for their commitment to children and families in Texas

⇒ Provide a brief summary of the training program: "*Today's training will focus on the use of a framework called Systems of Care when working with Latino children and families. Systems of Care is a culturally sensitive approach to service delivery that can be used to improve outcomes for safety, permanence, and well-being.*"

➢ **Introductions**

⇒ Trainer Introductions (Name, Affiliation, Practice Experience)

⇒ Trainer facilitates participant introductions – as participants introduce themselves, ask them to answer the question: "What challenges have you encountered in your practice with Latino children and families?"

⇒ One trainer should write a summary of responses on a flip chart so these can be referred to throughout the training session

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ACTIVITY: THINKING OUTSIDE THE BOX

⇒ Instruct participants to draw 9 dots on a piece of paper in the manner below as you draw this on the flip chart

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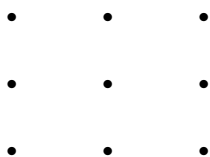
⇒ Explain to participants that the purpose of this activity is to connect all of the dots using only 4 straight lines. Allow 1-2 minutes. Provide the solution below:
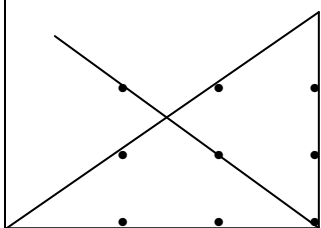
⇒ Discuss how this relates to thinking outside the box and that this training will provide a way of thinking outside the box in terms of services to children and families

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B. Purpose and Overview

➢ **What is the purpose of this training program?**

- The purpose of this training program is to respond more effectively to the needs of Latino children and families

- The training was developed in response to the changing demographics of CPS families and the need to prepare CPS staff to address the needs of the Latino population

  ⇒ Discuss what is often referred to as the "cookie-cutter approach" to child welfare services where the same services are applied to all families without consideration of individual or cultural differences
  ⇒ Relate this to the "Outside the Box" activity

- This training will provide the knowledge and skills necessary to utilize a Systems of Care model with Latino children and families that is community based, family-focused, and culturally competent

➢ **Training Overview**

- Cultural Competence with Latino Children and Families

- Overview of Systems of Care

- Phases in Systems of Care:

  o Engagement
  o Assessment
  o Planning
  o Implementation and Intervention
  o Transition

- Case Simulation

**CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES**

Module 1: Cultural Competence with Latino Children and Families	45 minutes

➢ **Learning Objectives**

1. Participants will develop an awareness of the need for culturally competent practice when working with Latino children and families.

2. Participants will develop an understanding of the cultural values and traditions of Latino children and families.

3. Participants will develop an awareness of the effects of immigration and acculturation on Latino children and families.

4. Participants will learn how to recognize and identify the cultural values, traditions, and experiences of Latino children and families in their assigned caseloads.

A. The Need for Culturally Competent Practice

➢ **Defining Culture**

• Culture is defined as an integrated set of values and beliefs that shapes how individuals view the world, themselves, and others (NASW, 2001)

• Culture includes thoughts, language, experiences, customs, traditions, religious beliefs, and social interactions (NASW, 2001)

➢ **The Importance of Culture in Child Welfare Practice**

• A family's culture influences their behavior and their responses to the behavior of others

   ⇒ This suggests that a family's cultural experiences can have an impact on practice at all levels

• Culture shapes the way that individuals view their problems and the ways in which they respond to interventions

   ⇒ A family's culture can affect the type of services needed, as well as the way in which these services are provided

➢ **Defining Cultural Competence**

• Cultural competence involves responding to children and families from all cultures in a way that recognizes and values their uniqueness (NASW, 2001)

• Culturally competent workers understand the diverse cultural beliefs, values, and traditions of the families with whom they work

   ⇒ This involves an awareness of how the family's culture influences their behavior and their view of the current situation

- Culturally competent workers practice interventions that respond to the specific cultural needs and experiences of their clients

➤ **The Need for Culturally Competent Practice**

- Historically, services to children and families have been selected from a limited set of choices that do not consider families' culture, values, or experiences

- Using interventions that address a family's cultural values and traditions increases the likelihood of positive outcomes

  ⇒ Discuss cookie-cutter approach and the need to move away from this
  ⇒ In order for interventions to be effective, interventions must consider cultural differences and how these differences may affect service delivery
  ⇒ Lack of cultural competence may result in inappropriate services being provided

- One of the largest and fastest growing populations in Texas is the Latino population

- Interventions should be used that are responsive to the Latino culture and consider cultural factors when planning for services

B. Latino Children and Families in the United States

➤ **The Latino Population**

- The Latino population includes people from Mexico, Cuba, Puerto Rico, Central America, South America, and other Spanish-speaking countries

- The Latino population is the fastest growing population in the United States

- In 2000, Latinos accounted for 12.5% of the population, an increase of 61% since 1990 (U.S. Census Bureau, 2000)

- As of 2004, the population has increased to 40.5 million people, representing 14.2% of the U.S. population, and an increase of 15% since 2000 (U.S. Census Bureau, 2004)

➤ **Latino Immigrants**

- Latino immigrants who are foreign-born account for over 46% of Latinos living in the United States (Larsen, 2004)

- As of 2004, an additional 8.4 million undocumented residents from Mexico and other Latin American countries were residing in the United States, of which 1.7 million are children under 18 (Passell, 2004)

➤ **Latino Children and Families in Texas**

- Within Texas, 34.9% of the population (approximately 7.6 million) are Latino (U.S. Census Bureau, 2004)

- Latino children comprise 42% of confirmed victims of abuse or neglect (TDFPS, 2005)

- 37.2% of children in foster care are Latino (TDFPS, 2005)

C. Cultural Values and Traditions of Latino Children and Families

NOTE TO TRAINER: Before beginning this section, it is important to note that while Latinos share a common culture and heritage, no two Latino families are the same. While the information presented in this training is a first step in understanding the Latino culture, much of the participants' knowledge of the cultural values and traditions of Latino children and families will come from their individual work with them.

➢ **Familia**

- The family is the main resource for emotional and financial support, particularly in times of need

  ⇒ The family offers emotional security and a sense of belonging to its members, and is the unit to which individuals turn for help in stressful or difficult situations
  ⇒ The support of the family extends throughout each individual's lifetime

- The family unit generally extends beyond the parents and children living in the home

  ⇒ Extended family and others who are not blood related are often considered an integral part of the family system and are often involved in decision-making
  ⇒ Grandparents play a very important role in the Latino family structure

➢ **Personalismo**

- Personal relationships are the foundation of most interactions in the Latino culture

- In professional relationships, it is important for Latino families to establish a personal relationship with the caseworker

  ⇒ Family members may ask personal questions in an attempt to establish a relationship with the worker, and may offer food or small gifts
  ⇒ This should be recognized as a sign of hospitality, rather than an attempt to cross boundaries
  ⇒ Caseworkers should be sensitive to this cultural value and make an effort to demonstrate personal interest in the family

➢ **Respeto**

- Respect is an important part of Latino culture, and often involves deferential behavior with authority figures and elders

  ⇒ Use of Señor or Señora along with the last name is used to demonstrate respect with older adults and other authority figures
  ⇒ Involving the elders within the family is a sign of respect
  ⇒ Handshaking, hugging, or a kiss on the cheek are all considered signs of respect

➢ **Dignidad**

- Many Latinos have a strong sense of personal pride and dignity

- Latinos are particularly proud of their family and their ability to support and raise their children

    ⇒ Caseworkers should be particularly sensitive to anything that may question client's commitment to their family
    ⇒ Strengths should be actively sought that acknowledge client's accomplishments in providing for and raising their children

➢ **Confianza**

- In Latino culture, professional relationships are based on a mutual trust established between parties

    ⇒ Business and professional relationships in the U.S. are often based on established laws and policies that protect the individual
    ⇒ However, historically this has not always been true in Latin American countries where there have not been laws to protect consumers
    ⇒ Therefore, the success of a business or professional relationship was based on the trust established between those entering the relationship

- Any actions by the caseworker that damage trust can be very harmful to the helping relationship

➢ **Machismo**

- The traditional concept of Machismo refers to a strong male figure with ultimate authority and responsibility for the family's protection and care

    ⇒ Many Latino families hold to the traditional view of the husband and father as the head of the household, with the wife responsible for the home and the children
    ⇒ Women in traditional households may refer to the judgment of their husband in decision-making

- In Latino culture, machismo implies respect, responsibility, and honor

    ⇒ It is important to note that in the U.S., the concept of machismo or "macho" often involves a negative connotation, while this is not true in Latino culture

- The degree of male authority within households may differ from family to family

    ⇒ In many Latino families, women have more responsibility in decision-making, and may depend on the degree of acculturation or length of time in the U.S.

➢ **Religious Beliefs**

- Approximately 70% of Mexicans are Catholic, while 23% identify as Protestant or Christian

- For many Latino families, religion plays a very large role in everyday life

    ⇒ This includes prayer, adherence to religious beliefs and practices, and an affiliation with a religious institution and community

⇒ Spiritual and religious symbols play an important role in many Latino families, and may be seen as part of an altar in living rooms or bedrooms

- The church should be considered an important resource in planning and delivering services

➢ **Health and Mental Health**

- Beliefs concerning physical health and illness range from traditional, folk beliefs to modern American practices

⇒ The cause of illness may be attributed to superstition (mal de ojos), and should be explored without judgment and with respect for the family's beliefs

- Common forms of illness prevention include prayer, wearing religious symbols, and altars devoted to particular saints

- Being labeled with a mental illness carries a stigma in many Latino families, which may result in failure to acknowledge symptoms or avoidance of treatment

⇒ Issues of mental illness should be approached sensitively, following an understanding of the family's beliefs about mental illness

D. The Experience of Immigration and Acculturation

NOTE TO TRAINER: In addition to understanding the cultural values and traditions of Latino families, it is important to understand the impact that immigration and acculturation have had on the family system. Even Latino families that are born in the U.S. can experience effects of immigration and acculturation, as these experiences, along with values and traditions, are passed down from previous generations.

➢ **The Immigration Experience**

- The immigration experience denotes a significant life event for the family system

- Children are often separated from parents and other siblings for extended periods

⇒ When families immigrate, this often occurs in sections, with fathers moving first to establish housing and employment, followed by his wife and children
⇒ Children often immigrate in more than one trip, which can result in long periods of separation

- The initial act of entering the country can be very dangerous, with many immigrants experiencing violence, robbery, and sexual assault

- Once in the U.S., families continue to experience stress resulting from the language barrier, unfamiliar customs, and loss of routine

- Undocumented immigrants experience additional stress, as they live with constant fear of discovery and deportation

➢ **Acculturation and Acculturative Stress**

- Acculturation refers to the process of learning a second culture and being able to navigate in that culture

- Caseworkers should remember that for families who are immigrants, many common practices within the U.S. may be very unfamiliar

  ⇒ Caseworkers should be patient and ensure that families clearly understand the role of the agency and the expectations of the family

- Caseworkers should also be aware of the stress that acculturation often causes for immigrant families

- For many families, previously established support systems are no longer in place to help them deal with the challenges of their new environment

- Stress resulting from acculturation is associated with depression, isolation, domestic violence, marital problems, and drug and alcohol abuse (Coltrane, Parke, & Adams, 1994; Cunradi, Caetano, & Schafer, 2002; Leon & Dziegielewski, 1999; Smart & Smart, 1995)

➢ **Latino Youth and Acculturation**

- For Latino youth, the stress of acculturation involves learning to negotiate two conflicting sets of cultural values

- Many Latino youth feel torn between their cultural and family values and those of U.S. culture

- This often results in significant tension between parents and children, as children acculturate faster than their parents

- Stress resulting from acculturation is associated with depression, anxiety, alcohol and drug use, and delinquency behavior (Fontes, 2002; Partida, 1996; Vega, Kourney, Zimmerman, & Gil, 1995)

➢ **Responding to the Effects of Immigration and Acculturation**

- When working with Latino immigrants, it is important to address these issues as they are often the underlying causes of other problems in the family system

- Interventions should focus on increasing social support and reducing isolation

- Service providers should be familiar with the needs of recent immigrants or families dealing with problems related to acculturation

ACTIVITY: RECOGNZING CULTURAL VALUES, TRADITIONS, AND EXPERIENCES

⇒ Ask participants to divide into small groups and to identify a Latino family on their caseload or one with whom they have worked recently

⇒ Ask participants to identify ways in which they have seen cultural values or the effects of immigration and acculturation manifested in these families, recording their responses on page 7 in the Training Manual

⇒ After 5-10 minutes, ask a spokesperson from each group to share their responses with the larger group

Summary

- Culturally competent practice with Latino children and families involves more than a general understanding of the Latino culture

- In order to provide culturally competent practice, interventions must be used that recognize and respond to the cultural values, traditions, and experiences of Latino children and families

- This training will introduce a culturally competent intervention based on the Systems of Care framework that is designed to respond to these unique cultural needs

MORNING BREAK   **15 minutes**

Module 1 Bibliography

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

Module 2: Overview of Systems of Care	**45 minutes**

➢ **Learning Objectives**

1. Participants will be able to define and conceptualize Systems of Care as a model for service delivery with Latino children and families.

2. Participants will be able to identify the 3 core values and 5 key components of Systems of Care.

A. Defining Systems of Care

➢ **What is Systems of Care?**

• Systems of Care is an approach to service delivery that is family-focused, community-based, and culturally competent

• The focus is to build partnerships that create a network of services tailored to meet the individual needs of children and families

• It involves a system of services working together toward the common goals of safety, permanence, and well-being

• Services involve formal and informal supports that are community-based and matched to the specific needs of children and families

   ⇒ Give examples of formal and informal supports

➢ **How is Systems of Care implemented?**

• The family and the child welfare agency work together to build a network of community partners that support the family system

• This network is called the Child and Family Team and is comprised of individuals who know the child and family

   ⇒ This network can include extended family, friends, neighbors, and professionals from the child welfare system, mental health system, juvenile justice system, educational system, and other relevant systems

• Together, the Child and Family Team creates an individualized and culturally-sensitive plan of service that is tailored to the particular strengths and needs of the family

• The plan of service includes formal agency services and informal community supports that are designed to meet the family's specific needs

Systems of Care
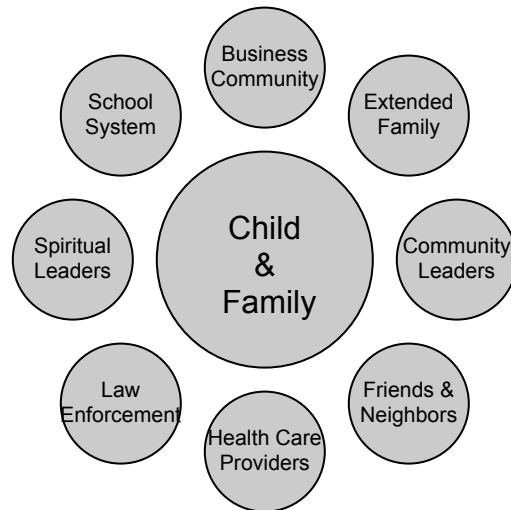
➢ **Systems of Care and the Child and Family Services Review**

⇒ The use of Systems of Care may improve outcomes on the Child and Family Services Review (CFSR) process

• Results from CFSR's have suggested the need to more effectively engage families in the development and implementation of their service plans

• CFSR's have found that children have significantly higher rates of permanency in states that emphasize jointly developed service plans

• Systems of Care may improve outcomes of safety, permanence, and well-being by preventing out-of-home placements, reducing the number of placements, and addressing the physical, emotional, and educational needs of children

➢ **Empirical Support for Systems of Care**

⇒ Systems of Care was initially developed to address the needs of children with serious emotional and mental health needs
⇒ Since its origins, it has been applied to other populations who require services from multiple agencies, with studies indicating the following:

• Youth with Emotional Disturbances

  • Improved functioning in school performance and social behavior
  • Improved peer interactions
  • Improved parent-child relationship
  • Decreased acting-out, aggressive, and depressed behaviors
  • Reduced hospitalizations

• Youth in the Juvenile Justice System

  • Improved school attendance
  • Reduction in rates of recidivism

- Reduction in rates of assault, running away, and expulsion from school
- Reduced use of residential treatment and hospitalizations

(Burns & Goldman, 1999; Carney, & Buttell, 2003; Clarke, Schaefer, Burchard, & Welkowitz, 1992; Kamradt, 2001; Toffalo, 2000)

B. Core Values of Systems of Care

⇒ The Systems of Care model is based on a philosophy of 3 core values: (1) child-centered and family-focused, (2) community based, and (3) culturally competent

Core Values of Systems of Care
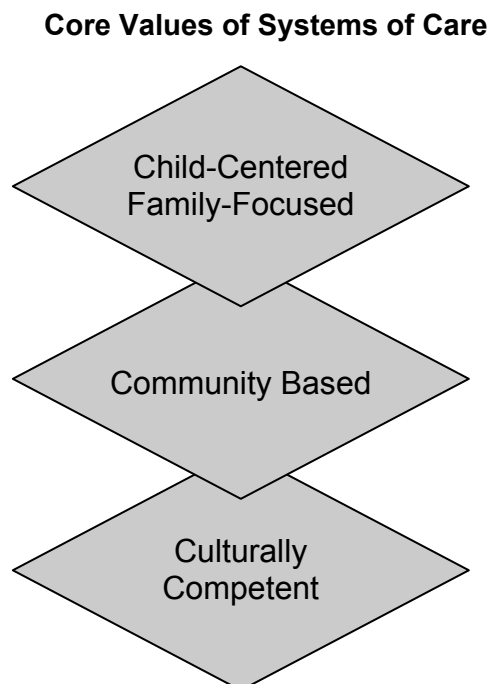
1. <u>Child-Centered and Family-Focused</u>

- The services provided are driven by the needs and preferences of the child and family

  ⇒ All services are designed for and tailored to the particular needs of each family
  ⇒ The family is not provided with a service simply because a certain protocol dictates that a service is provided (again emphasize historical cookie-cutter approach)

- Families are involved as key stakeholders in all aspects of decision-making and service delivery

  ⇒ Families are considered the most important resource for the child and are viewed as the experts concerning their children's lives
  ⇒ As a result, feedback is actively sought from families in developing their service plan
  ⇒ Family includes extended family, caregivers, and kin

➢ <u>Why is child and family involvement important?</u>

- Permanency is best facilitated when the family is actively involved in planning and participating in services

- Involving family members in the planning process emphasizes their role as part of the solution to their problems

- Engaging families helps to ensure sensitivity to their culture and values

2. Community-Based

- Services are based in the community so children can remain connected to their environment and cultural norms

  ⇒ Whenever possible, services are provided within the home or neighborhood of the family

- Community leaders are active partners in the System of Care

  ⇒ Community leaders can include religious leaders, business owners, agency directors, school administrators, or others
  ⇒ As part of the System of Care, community leaders help obtain resources and hold each other accountable to meet the needs of the children and families in their community

- Informal supports are identified in the community and become part of the service plan

  ⇒ Informal supports can include extended family, churches, neighbors, mentors, and community organizations

➢ **Why are community-based services important?**

- Keeping children in their homes and communities has a positive impact on well-being

- Children are able to maintain bonds with friends, family, and school

- Services provided to the child and family are in the context of the child's and family's environment and cultural norms

3. Culturally Competent

- The philosophy of Systems of Care holds that a family's culture, values, and ethnicity are strengths that should be built upon

- When a culturally competent system is developed, the likelihood is improved that services will have a positive effect on safety, permanence, and well-being

- Cultural competence enhances communication and ensures that a family's needs are understood, thus increasing the likelihood of a positive intervention

➢ **Why is cultural competence important?**

- Cultural competence conveys respect and preserves the dignity of families during difficult circumstances

- Demonstrating an understanding of the unique needs of families improves the family's willingness to participate in services

C. Key Components in Systems of Care

⇒ Based on the Core Values, successful implementation of Systems of Care includes 5 Key Components:

1. **Interagency Collaboration**

   - Agencies from the public, private, and faith-based sectors work together to address the needs of children and families

   - This collaboration creates a sense of community responsibility in addressing the needs of children and families

2. **Family Involvement**

   - Families provide guidance in the development and composition of the System of Care

   - Families are involved as full partners in setting goals and identifying the services necessary to achieve goals

3. **Individualized, Strength-Based Services**

   - Services and supports are individualized to meet the unique needs of the family

   - Issues of culture, values, ethnic heritage, class, and religion are addressed when developing the service plan

4. **Accessibility**

   - Services are offered through options that consider families' unique circumstances, abilities, and limitations

   - The System of Care works together to eliminate barriers to services

5. **Accountability**

   - Outcomes are regularly assessed to determine the effectiveness of the plan in meeting the needs of the family and achieving their goals

   - All members of the system share the responsibility for the success of outcomes and hold each other accountable for ensuring success

CASE EXAMPLE: THE ARRENDONDO FAMILY

⇒ Ask participants to follow along in their Training Manuals (page 15) as you read this case example:

The Arrendondo family has an open FBSS case due to physical abuse of their 8-year old son who is diagnosed as ADHD and has had a number of behavioral problems at school. The Arrendondo family immigrated to the United States five years ago from Mexico. Mrs. Arrendondo speaks very little English and misses her extended family who are still in Mexico. They have two other children in the home, ages 3 and 5. Mr. Arrendondo works almost 12 hours per day leaving the children to be cared for by an overtaxed and stressed mother who has had trouble managing her children and negotiating a foreign culture.

⇒ Ask participants to describe the services typically offered by the agency based on the case example. Record their responses on half of the flip chart paper. Then read the remainder of the case example.

The CPS caseworker begins the process of developing a mutual working relationship with the family. She begins collecting information to do a full assessment that includes assessing the crisis at hand and potential for danger to the children. The assessment includes an understanding of family strengths and an understanding of the family's culture. The worker helps the family assemble a team of family and community partners that will act as a support system to work with the family toward meeting their goals. The team members work together to develop a plan that is specific to the Arrendondo family's unique circumstances. Resources in the neighborhood are identified that will help provide Mrs. Arrendondo with support. A neighbor has been identified to help provide transportation, the school will provide a behavioral management program for their son, and the grandmother will come into the home to help care for the younger children. Parenting services are arranged to occur in the Arredondo home, to ensure these services are culturally relevant and to eliminate the need for child-care. A mentor is identified within the neighborhood that will provide Mrs. Arredondo with informal support when she is feeling overwhelmed or stressed. Ongoing crisis planning occurs and the overall outcomes for the family are periodically reviewed to ensure its effectiveness.

⇒ Ask the group to identify elements in this case example that are different from current practices within the agency and record their responses on the other half of the flip chart paper.

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

Module 3: Engagement	30 minutes

➢ **Learning Objectives**

1. Participants will gain an understanding of the importance of the engagement phase and recognize the worker's role in facilitating this process.

2. Participants will learn the activities involved in the engagement phase.

3. Participants will develop culturally specific strategies for engaging Latino children and families.

A. The Importance of Engagement

➢ **Engagement**

- The initial contacts with a family are very important as they set the groundwork for the remainder of the helping relationship

- Successful engagement requires an understanding of the family's need for reciprocity and shared responsibility in the relationship

- The use of the Systems of Care model is dependent on families being engaged and active participants throughout the process

➢ **Confianza**

- A sense of trust must be established in the initial meetings with a family in order to facilitate the family's cooperation and involvement in the System of Care

- Many Latino families have preconceived ideas about government agencies and a distrust of governmental systems

  ⇒ This distrust can create a very real, yet invisible barrier between the family and CPS
  ⇒ For immigrant families that have not obtained legal status, families may be concerned that their immigration status will be reported

NOTE TO TRAINER: Current policy is that CPS does not contact INS regarding immigration status. Discuss any questions regarding this with participants.

- Any words or actions by the caseworker that suggest irresponsibility, dishonesty, or incompetence can significantly damage trust – sometimes permanently

➢ **Respeto**

- Engagement is facilitated when there is mutual respect between both parties

- Caseworkers must convey a genuine respect for the family's culture, values, and traditions

- It is important to convey that family members' active involvement is wanted, needed, and valued throughout the process

B. Activities in the Engagement Phase

1. Facilitate conversation with the child and family

- Begin the process of engagement by listening to the family and hearing what is said

- Listen for indicators of the family's strengths, needs, goals, and hopes

- Listen for indicators of the family's cultural values and their level of acculturation

2. Stabilize crises

- Refers to the social work process of "Starting Where the Client Is"

- Successful helping relationships result when the caseworker responds to the family's immediate needs and concerns, rather than holding to a planned agenda

- Addressing the family's immediate concerns reduces their distress, which will otherwise impede their ability to participate in the discussion

- Responding sensitively to the family's immediate concerns contributes to engagement as the family will perceive the worker as being concerned and perceptive of their needs

3. Orient the family to the concept of Systems of Care

- Provide a clear and concise description of the Systems of Care framework

   ⇒ Be sure that this is communicated to the family in terms that they understand

- Clarify your role and the role of the family, emphasizing the partnership between the family and the agency

4. Gather preliminary information on potential team members

- Begin to gather information that can be used in the establishment of the Child and Family Team

- Ask questions that will identify the important figures in the family's system

   ⇒ This can include important extended family members, respected community members, religious leaders, a teacher or day-care provider, or other important figures in the family's life

- Gather information on other social service agencies with which the family is involved

NOTE TO TRAINER: Refer participants to **Handout 1** in the Resource Guide entitled, "Guidelines for Working with an Interpreter." Briefly review this information and explain the importance of effectively communicating with families through an interpreter.

C. Engaging Latino Children and Families

ACTIVITY: ENGAGING LATINO CHILDREN AND FAMILIES

⇒ Divide participants into small groups and refer participants to page 19 in the Training Manual

⇒ Explain that as they begin the engagement process with Latino children and families, it is important to recognize how the cultural values, traditions, and previous experiences we addressed previously may affect this process

⇒ Ask participants to discuss how these cultural issues might affect the engagement process, and to identify specific strategies that can be used to engage Latino children and families, considering these cultural issues

⇒ After 5-10 minutes, ask each group to share their strategies with the larger group

⇒ Conclude with the strategies below, highlighting similarities to those identified by the group

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➢ **Summary: Strategies for Effective Engagement with Latino Children and Families**

• Demonstrate to the family that you are interested in their culture and that their culture is an important element in this process

• Acknowledge the family as the expert in their own child and family

• Acknowledge the importance of extended family, particularly grandparents that may live in the home

• Learn who is considered family and identify other support systems that are important to the family

• Determine how acculturated the family is to their current environment and consider their level of acculturation when planning for services

• Remember that you are in a position of power – be sure the family understands that they have choices and are considered an important member of the decision making team

• Address any concerns the family may have about their immigration status – be clear that your work with the family is independent of their immigration status

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| BREAK FOR LUNCH | **60 minutes** |

Module 3 Bibliography

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

Module 4: Assessment	45 minutes

➢ **Learning Objectives**

1. Participants will understand the need for conducting a comprehensive, strengths-based, cultural assessment with Latino children and families.

2. Participants will apply the use of the strengths perspective in assessment.

3. Participants will develop an understanding of the components of a comprehensive cultural assessment and apply these components to Latino children and families in their assigned caseloads.

A. The Purpose of Assessment

➢ **The Assessment Phase**

- The purpose of the assessment phase is to understand the underlying causes of the abuse or neglect in the family, and to identify potential strengths that can be built upon in service delivery

- Accurate assessment requires that social workers clearly assess the cultural background of families and how their cultural experiences influence their thoughts and behaviors

- In order for interventions to be effective, they must consider the cultural factors associated with the problem and how these factors may affect service delivery

➢ **Steps in the Assessment Phase**

- Identification of strengths and resources

  ⇒ In the Systems of Care approach, family strengths are used as resources that can be built upon throughout service delivery
  ⇒ As all services in the Systems of Care approach are strengths-based, potential services cannot be discussed until a thorough understanding of the strengths and resources available in the family are understood

- Cultural assessment

  ⇒ Culture shapes the way that families view their problems, accept responsibility for their actions, and respond to interventions
  ⇒ This information must be understood before potential interventions can be developed

B. Identifying Strengths and Resources

➢ **Why we use the Strengths Perspective**

- All families possess strengths that can be used to improve their lives

- By identifying these strengths, we are identifying the tools that will be used to resolve many of their problems

- When we focus on strengths, we motivate our clients to change, give them hope, and help them view themselves in a more positive light

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➤ **CASE EXAMPLE (**Ask for a volunteer to read the case example on page 23 of the Training Manual)

⇒ Bianca is a 25-year old Mexican woman and a single mother of 2 children, ages 8 and 6. She has an open FBSS case because of physical abuse of her children by a boyfriend. Bianca was also found responsible for Neglectful Supervision for allowing her children to ride in a car with an intoxicated driver.

She is currently living with her sister, her sister's boyfriend, and their 3 children until she "gets back on her feet." Bianca is unemployed and has no transportation. She dropped out of high-school when she became pregnant with her first child. She has 2 alcohol related convictions: one for DWI and one for stealing a 12-pack of beer. She has been battered by 2 previous boyfriends and has lived in a shelter three times. Bianca is a former client of MHMR, where she received medication for depression for approximately 10 months. She was raised with involvement in a church congregation, but has not been active for several years, although she has expressed a desire to return. She has held over 10 jobs, but never for longer than 6 months.

⇒ Ask: *What types of problems is this client dealing with?*

⇒ Write answers on flip chart. Possible answers (prompts) include:

- *Alcohol*
- *Mental health*
- *Unemployment*
- *Poor relationship choices*
- *Housing*
- *Transportation*
- *Poor parenting skills*

⇒ Select a participant to role-play. Sit opposite the participant and state:

I would like to give you some feedback about your situation. Sometimes people find it helpful to hear how others perceive them. It seems to me that you are probably an alcoholic with a mental illness. You are incapable of keeping a job, and you are almost homeless, living on a family member's couch. It is obvious that you are attracted to abusers, so you must enjoy getting beaten up. You have no transportation and no high school education. Lastly, you have been unable to protect your children from abuse and are a neglectful mother. It seems to me as if you don't care about your children very much. How are you feeling now that we've had an opportunity to discuss your problems?

⇒ Ask the group: *How does the client feel now? Is she more motivated than before? Does she have more confidence that she can succeed?*

⇒ An important issue to remember is that our clients are generally very aware of their problems. Maintaining a constant focus on them does not help to resolve these problems.

⇒ We must assess and understand the problems in order to determine risk, but meaningful change can only occur by identifying strengths and resources. Each of our clients has a unique tool bag of strengths, and our role is to help them identify and utilize these tools.

➢ **Internal and External Strengths**

- In our assessment of clients, we assess for internal strengths and external strengths

- In assessing for internal strengths, we consider that each person has a unique set of abilities and personal characteristics that can be used as assets

- In assessing for External Strengths, we examine the client's environment to identify additional strengths that can be used to help clients achieve their goals

➢ **CASE EXAMPLE (INTERNAL STRENGTHS)**

⇒ Ask the group to identify internal strengths that are apparent in Bianca and write these on the flip chart

NOTE TO TRAINER: Record responses in the form of an eco map by drawing a circle with Bianca's name in the middle and drawing circles around the items identified as they are written. Explain that this is an empowering document that can be copied for the client so they can be reminded of their internal strengths.

⇒ Possible answers (prompts) include:

- *Motivated to keep children safe (left abusive boyfriend)*
- *Motivated to change*
- *Able to access resources*
- *Able to obtain employment*
- *Has been on medication, aware of benefits*
- *Foundation of faith*
- *Left abusive partners in the past*

⇒ Re-interview the role-play participant:

I would like to give you some feedback about your situation. Sometimes people find it helpful to hear how others perceive them. First, I want to let you know how impressed I am in your efforts to improve your parenting skills. Not all parents care enough to try to change, but you have expressed a desire to do so. You seem like a very resourceful person, someone who can figure out options when you need help. For instance, you knew to ask your sister if you could stay with her for a while. One of the really great things going for you is your ability to find employment. Not everyone can find work easily, but you have been able to. This is very positive. I am also pleased that you have been on medication in the past. This tells me two things: first, you know how to access services when you need them, and second, you have tried medication and know that it can help. Finally, I want you to understand how much I respect you for leaving your partners in the past when the relationships became abusive. You strike me as a very strong person, a real survivor.

⇒ Ask the group: *How does the client feel now? Is she more motivated? Does she have more confidence that she can succeed?*

➢ **CASE EXAMPLE (EXTERNAL STRENGTHS)**

⇒ In your continuing assessment interview with Bianca, you gather the following information about Bianca's sister and her boyfriend, with whom Bianca lives:

Bianca's sister, Margarita, has been an assistant manager in a bakery at a large grocery store for several years. She is active in her church and is a good mother. She and her boyfriend have been together for 3 years and have a good relationship. They plan to get married when their finances allow it, and they have been saving money each month. Margarita has been sober for 6 years and attending Alcoholics Anonymous, as has her boyfriend. She says that she spends too much money on Bingo, but has enjoyed the friends she has met at the bingo hall.

Margarita's boyfriend, Raymundo, is also active in their church. He is a mechanic for a used car dealership and moonlights on the side. He has assumed the role of father for Margarita's children, and treats Margarita and the children well.

⇒ Ask the group: *Based on this information, what external resources are present in the environment that Bianca is exposed to?*

NOTE TO TRAINER: Record responses in the form of an umbrella with divided sections. Write one of the answers in each section discussing the analogy that these external resources are protective, like an umbrella protects one from getting wet.

⇒ Possible responses (prompts):

- *Long-term employment*
- *Transportation*
- *Stability*
- *Modeling of parenting*
- *Exposure to healthy relationships*
- *Involvement in faith community*
- *Sobriety*

⇒ Your assessment will continue to identify strengths and resources in other areas of Bianca's external environment. For example, there may be an extended family member who can baby-sit while Bianca works.

NOTE TO TRAINER: Refer participants to **Handout 2** in the Resource Guide entitled, "Interviewing for Client Strengths." Explain that this handout provides strategies that can be used while interviewing clients to help identify their strengths.

C. Understanding Cultural Factors (Cultural Assessment)

➢ **Conducting the Cultural Assessment**

- The cultural assessment is used to learn about our families' culture and values, and how their culture and values influence their view of the current situation

- This information is used to develop interventions that will effectively address the issues experienced by the family

➢ **Components of a Comprehensive Cultural Assessment with Latino Families**

1. **Cultural History and Traditions**

   - Place of birth
   - Number of generations in the United States
   - Immigration experience
   - Immigration status
   - Language spoken at home
   - English fluency, communication needs
   - Cultural traditions practiced in the home
   - Religious affiliation and current involvement
   - Community and friendship patterns

2. **Experience of Acculturation**

   - Level of acculturation
   - Experience adjusting to new culture
   - Experience of being Latino in the United States
   - Family's attitude toward acculturation
   - Familiarity and comfort with U.S. culture
   - Experience and history of oppression

3. **Family and Cultural Values**

   - Family roles and structure
   - Gender roles
   - Family's attitude toward helping
   - Intergenerational family structure
   - Emotional attachment to other family members
   - Cultural norms

4. **View of the Problem**

   - How are similar problems handled in their culture?
   - Extent to which the problem is considered either normal or dysfunctional within their culture
   - Extent to which the problem is a manifestation of environmental lack of resources and supports
   - Extent to which the problem is related to cultural conflict in identity, values, or relationships

NOTE TO TRAINER: Refer participants to **Handout 3** in the Resource Guide, which reproduces the Components of a Cultural Assessment for their reference.

ACTIVITY: CONDUCTING THE CULTURAL ASSESSMENT

⇒ Divide participants into 4 groups and assign each group one of the four components of the Cultural Assessment

⇒ Ask each group to discuss a Latino family on one of their caseloads and to assess the family according to the elements of the Cultural Assessment, recording their responses on page 26 of the Training Manual

⇒ After 5-10 minutes, ask each group to provide a brief overview of the family they selected and discuss the elements of their assessment

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

Module 5: Planning	45 minutes

➢ **Learning Objectives**

1. Participants will be able to identify and define the purpose and goals of the Child and Family Team in the Planning phase.

2. Participants will learn the process of creating and convening the Child and Family Team.

3. Participants will understand and apply the components of service planning in the Planning phase.

A. Purpose of the Planning Phase

➢ **The Planning Phase**

- In the Planning phase, the Child and Family Team comes together to develop the plan of service that will address the issues that led to the family's involvement with CPS

- All planning for services is done in coordination with the Child and Family Team, with the caseworker acting as a facilitator of the process

- There are 2 important components of this phase: 1) creating and convening the Child and Family Team, and 2) identifying and planning for services

⇒ We will first review the purpose and goals of the team, and then address each of these components

➢ **Purpose of the Team**

- The Child and Family Team is a network of individuals who know the child and family and come together to support the family system

- These partners come together to create an individualized and culturally-sensitive plan of service that is tailored to the particular strengths and needs of the family

- The family is an active member of the team and is involved in all aspects in the planning process

➢ **Goals of the Team**

- Provide additional information on the cultural needs of the family

- Identify services that will strengthen the family and eliminate the need for further involvement with the child welfare system

- Help the family access needed services and resources

- Connect the family to formal and informal support systems in the community

B. Creating And Convening The Team

➢ **Creating the Team**

- Review the purpose of the team with the family and explain that it is now time to begin creating the team

- Once the family understands the purpose of the team, enlist the family's help in identifying potential team members

  ⇒ Note that many potential team members will have already been identified during the engagement and assessment phases
  ⇒ It is important that the worker does not tell the family who is going to be on the team based on information gathered previously, as this would take power away from the family

- The team usually consists of the family plus 4 to 8 additional members, and should consist of a balance between formal and informal supports

- Before contacting potential team members, a Release of Information should be obtained authorizing you to contact each team member

  ⇒ It is important for family members to understand that information about their case will be discussed during team meetings

- Ask the family to discuss their needs and preferences for meeting arrangements

  ⇒ Meetings should be accessible to all members of the team, but special emphasis should be given to family circumstances
  ⇒ It is the role of the worker to assist in eliminating any potential barriers to the family's full attendance and participation in team meetings

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GROUP DISCUSSION

⇒ Ask the group to name potential needs and preferences that will need to be considered when planning for the team

⇒ The trainer should write these on the flipchart as the participants provide ideas. Be sure each of the following are addressed:

- Suitable location
- Time that is accessible to all family members
- Child care
- Interpreting
- Transportation

➢ **Convening the Team**

- Contact potential team members and invite them to participate on the team

- Briefly explain the purpose of the team as well as the responsibilities of team members

- Whenever possible, meetings should be held in the home or neighborhood of the family

C. Identifying and Planning for Services

⇒ Once the team is convened, the focus turns to identifying and planning for services. Throughout this process, the caseworker acts as a facilitator of the team meeting, with team members providing the majority of information

➢ **Components of Service Planning**

- Set parameters and orient team members
- Listen to the family concerns
- Review the assessment
- Identify problems and prioritize needs
- Determine goals
- Select strategies and assign action steps

1. **Set Parameters and Orient Team Members**

    - Begin with a brief discussion that orients members to the purpose and goals of the meeting

    - Sets parameters that include guidelines for confidentiality and establish any necessary ground rules

        ⇒ Ground rules should focus on ensuring a safe meeting environment for all participants
        ⇒ All team members should understand that information discussed during team meetings must remain confidential and not be discussed outside the meeting

2. **Listen to the Family Concerns**

    - The planning process begins with the family discussing their view of the situation

    - All team members listen to the family and hear their concerns, from the family's perspective

        ⇒ Any inconsistencies between the family's view of the problem and the agency's view of the problem should be addressed prior to this meeting
        ⇒ The family's view of the problem should incorporate their understanding of the agency's position

3. **Review the Assessment**

- Review conclusions made during the assessment process, which includes the agency's view of the problem

- Recognize and review family strengths and resources, emphasizing cultural values that can support and strengthen the family

   ⇒ Feedback should be sought from the team members on how the family's cultural values can be used in the planning process

4. **Identify Problems and Prioritize Needs**

- Based on the information reviewed, the family and team members identify the problems and prioritize the family's needs

   ⇒ Keep in mind that the worker is acting as a facilitator throughout this process, rather than the provider of information
   ⇒ The worker directs the attention of the team members, but does not define the problems for the family

- In prioritizing needs, emphasis should be placed on child safety and the reasons that led to CPS involvement

   ⇒ The goal should be to eliminate the need for CPS involvement, so problems related to this should receive top priority

5. **Determine Goals**

- Determining goals is a critical step in this process, as goals set the direction for the remainder of the work with the family

- Each goal should directly relate to one of the identified problems

- Goals should be formed so that when they are accomplished, the identified problems are significantly resolved or reduced

NOTE TO TRAINER: Refer participants to **Handout 4** in the Resource Guide entitled, "Characteristics of Well-Formed Goals." Briefly review this information with participants.

6. **Select Strategies and Assign Action Steps**

- Guide the team to consider possible interventions to meet the prioritized needs and goals

- The team then works together to specify the steps that are needed to accomplish the goals – who will do what by when

- Team member steps can involve facilitating access to a service, identifying resources for services, or identifying ways to eliminate a barrier to service delivery

NOTE TO TRAINER: Refer participants to **Handout 5** in the Resource Guide entitled, "Culturally Competent Service Planning with Latino Children and Families." Review this information and encourage participants to keep these issues in mind during service planning.

ACTIVITY: IDENTIFYING AND PLANNING FOR SERVICES

⇒ Refer participants to the previously identified list of problems, internal strengths, and external resources in the case of Bianca (be sure these are displayed prominently in the training room)

⇒ In small groups, ask each group to think of themselves as members of Bianca's team and to walk through the process of prioritizing needs, determining goals, and selecting strategies

⇒ Using the handout, "Culturally Competent Service Planning with Latino Children and Families," encourage participants to think of as many strategies as possible that may be unique to this family, rather than the traditional services provided by CPS, recording their planning process on page 31 of the Training Manual

⇒ When participants have completed the planning process, refer them to the questions on page 32 of the Training Manual and ask them to record their responses based on the plan they developed:

1. How are services individualized and strengths-based?

2. How are services community based?

3. How are services culturally competent?

AFTERNOON BREAK   **15 minutes**

Module 5 Bibliography

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D., & National Wraparound Initiative Advisory Group. (2004). *Ten principles of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

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**CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES**

Module 6: Implementation and Intervention	20 minutes

➢ **Learning Objectives**

1. Participants will develop an understanding of the purpose of the Implementation and Intervention Phase.

2. Participants will learn the 4 tasks associated with implementation and be able to identify strategies for eliminating barriers to implementation.

A. Purpose Of Implementation And Intervention

➢ **Implementation and Intervention**

- Strategies and interventions identified in the planning phase are put into action

- Action steps are implemented, progress is monitored, and successes are noted

- Tasks involved in this phase continue until services are no longer required

B. Tasks In Implementation And Intervention

⇒ Throughout this phase, the team convenes as needed to accomplish these tasks

1. Implementation and Ongoing Evaluation of the Plan

- The family and other team members begin to implement their assigned action steps

- Progress is monitored to ensure adherence and fidelity to the plan

- Issues of accessibility and cultural appropriateness of services is monitored

- Action steps that are not completed should be examined by the team to determine if additional supports or resources are needed

2. Revise and Update Plan

- Revisions and updates to the plan occur as needed in response to the ongoing evaluation

- If strategies appear to be ineffective, previous phases are revisited

- When necessary, the caseworker guides the team through the development of alternate strategies and action steps

3. **Strengthening Trust and Cohesiveness**

    • The caseworker serves as the liaison between the family, DFPS, service providers, and other team members to provide information on successes and maintain buy-in of all members

    • Lack of commitment of team members is addressed and new members of the team may be identified

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ACTIVITY: IDENTIFYING AND ELIMINATING BARRIERS TO IMPLEMENTATION

⇒ Ask participants to consider the case of Bianca and identify some barriers that may prevent Bianca and her family from completing the strategies they developed previously (they may also think of their own cases involving Latino children and families and identify some of the barriers that kept these families from completing action steps)

⇒ Participants should identify barriers within the family, barriers within DFPS, and barriers within other service delivery systems. Once barriers have been identified, ask participants to identify strategies that might be used by the team to help eliminate these barriers, recording their responses on page 36 in the Training Manual

⇒ Ask a spokesperson from each group to share their barriers and strategies with the larger group as the trainer records these on the flipchart

Module 6 Bibliography

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D., & National Wraparound Initiative Advisory Group. (2004). *Ten principles of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

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**CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES**

Module 7: Transition	10 minutes

➢ **Learning Objectives**

1. Participants will develop an understanding of the impact that transition may have on Latino children and families.

2. Participants will be able to identify the elements of a successful transition.

A. The Impact Of Transition

➢ **Transition**

- Although this is the final phase in the process, preparation for transition is ongoing

    ⇒ It should be mentioned to families during your first meeting that your work with them is time limited

- When the Systems of Care framework is implemented correctly, formal and informal supports are in place for the ongoing benefit of the family

- When these supports are in place and the risk of abuse or neglect is significantly reduced, the formal Child and Family Team is no longer necessary

➢ **The Impact of Transition**

- By the time of transition, families have often come to value and appreciate the support given to them by their caseworker

    ⇒ Children and family members often grow to care about the caseworker as a trusted source of guidance and support who has helped them through a very difficult time
    ⇒ Families may also feel anxious or concerned that they will not be able to make it without this support

- Common feelings during this phase can range from sadness, anger, and fear to relief and gratitude

- Caseworkers should be sensitive to the family's feelings during this process and reassure the family that they can succeed

    ⇒ It is important to thoroughly address the reasons for transition and to emphasize that should a problem arise, the family can contact the worker at any time
    ⇒ It should also be emphasized that the team still exists and team members can be called upon if needed

B. Elements Of A Successful Transition

1. **Planning for Transition**

   • Develop a transition plan that identifies the family strengths and supports that will be available for the family following transition

   • As transition is planned, members of the team may change as those whose roles with the family are ending may leave the team, while those who will be providing long-term support will join the team

2. **Planning a Commencement**

   • A culturally appropriate party or event can be planned with the family to celebrate their successes

   • The team prepares a document that recognizes the strengths of the family, their successes, and the lessons learned throughout the process

3. **Following Up**

   • Develop a plan for maintaining contact with the family to ensure ongoing success

   • Follow-up may be done by direct contact or mail

Module 7 Bibliography

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D., & National Wraparound Initiative Advisory Group. (2004). *Ten principles of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

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CULTURALLY COMPETENT PRACTICE WITH
LATINO CHILDREN AND FAMILIES

Module 8: Case Simulation – The Gonzalez Family	**60 minutes**

NOTE TO TRAINER: Refer participants to page 41 in the Training Manual, and explain that you will now walk through a brief case simulation utilizing the Systems of Care framework. The trainer can read the following information as participants follow along in the Training Manual, or assign a volunteer to read the information.

Identifying Information

Mother – Crystal Gonzalez
Mother's Boyfriend – Frank Martinez
Children – Angela Gonzalez (age 7) and Jesse Gonzalez (age 3)
Father – Roberto Gonzalez (does not live in the home)

Referral History

CPS received an anonymous referral alleging neglectful supervision and physical abuse of Angela and Jesse Gonzalez by their mother, Crystal Gonzalez, and Ms. Gonzalez's boyfriend, Frank Martinez. The report alleged domestic violence between Ms. Gonzalez and Mr. Martinez. During the altercation, Angela sustained bruising to her face and arm while attempting to protect her mother. Bruising was also noticed on Jesse's arms.

Case Findings

The investigation validated the allegations of NSUP and PHAB of Angela and Jesse Gonzalez with Crystal Gonzalez designated as the AP for NSUP and Frank Martinez designated as the AP for NSUP and PHAB. Mr. Martinez routinely uses physical discipline, which has resulted in prior bruising to the arms, legs, and buttocks of Jesse Gonzalez. The current bruises on Jesse's arms are the result of Mr. Martinez grabbing Jesse to get his attention.

Risk Assessment

Family dynamics involve domestic violence between Angela Gonzalez and Frank Martinez. Mr. Martinez' frequent mode of discipline is physical. Ms. Gonzalez and Mr. Martinez have been together for 1 year and want to continue their relationship and agreed to services. They reluctantly signed the safety plan agreeing to Mr. Martinez moving out of the home temporarily.

Ms. Gonzalez is currently working as a waitress at a local restaurant. Her hours vary throughout the week between lunch and dinner shifts and she utilizes public transportation to get to and from work. Currently, extended maternal family members are in Mexico and the only external support is the children's father, Roberto Gonzalez. Ms. Gonzalez reported having a good relationship with him and that he sees the children regularly. Ms. Gonzalez is concerned about finances for a babysitter for the children with Mr. Martinez no longer living in the home.

Mr. Martinez is in the U.S. without legal documentation and speaks very little English. He has no children of his own. Mr. Martinez works occasionally as a grounds keeper for a local golf course.

Angela Gonzalez appeared to be a typical 7-year-old child. She is quite verbally expressive and is performing well in school where she has several friends. She does not demonstrate or express fear of Mr. Martinez, but does not like that he spanks and is angry that he hit her

mother. Jesse Gonzalez appears to be a normal 3-year-old. Jesse stays with a neighborhood babysitter while his mother is at work.

Roberto Gonzalez appears to play a fairly active role in the lives of his children. He sees them regularly and keeps them for overnight visits every other weekend. Mr. Gonzalez owns his own auto repair shop and often works 12-hour days.

Family Strengths and Resources

Ms. Gonzalez is employed and basic needs are met. Some supervision challenges are now created as a result of Mr. Martinez moving out of the home.

Mr. Gonzalez is actively involved with his children and the relationship between Mr. and Ms. Gonzalez is friendly and cooperative.

Ms. Gonzalez has a neighbor to assist with babysitting Jesse when she works days. Angela rides the bus to and from school. Previously, Mr. Martinez was home shortly after 2:00 to provide care for Jesse and Angela while Ms. Gonzalez was working.

Phase 1: Engagement

➤ **Tasks in Engagement**

- Facilitate conversation
- Stabilize crises
- Orient the family to Systems of Care
- Gather preliminary information on potential team members

NOTE TO TRAINER: The following role-play can be conducted by two trainers, or a participant can play the role of Ms. Gonzalez.

Home Visit with Crystal Gonzalez

Caseworker: Hello Ms. Gonzalez, I'm Sarah Johnson. I'm here for our appointment.
Ms. Gonzalez: Hi, come in.
Caseworker: Ms. Gonzalez, I've read the investigation but since this is our fist time to meet I'd like to hear in your words your understanding of why CPS is working with your family.
Ms. Gonzalez: Well, Frank and I were fighting and Angela was yelling at us to stop. Frank hit me and Angela ran in between us and Frank accidentally hit Angela in the face. He didn't mean to. When he hit her she fell onto the coffee table and got a bruise on her arm. Frank loves the kids and it was just an accident.
Caseworker: Do you and Mr. Martinez fight often?
Ms. Gonzalez: We yell sometimes, sure. Doesn't everybody? He might shove me every now and then or threaten to hit me but that was the first time he actually hit me.
Caseworker: Have you ever called the police on Mr. Martinez?
Ms. Gonzalez: No! Frank would be deported and I don't want that to happen.
Caseworker: Tell me about the bruises on Jesse's arms.
Ms. Gonzalez: Well, Jesse was pitching a fit and Frank was trying to get him to stop screaming. He wouldn't listen so Frank grabbed him by the arms and shook him. I wasn't home when it happened, I was working.
Caseworker: When the kids are acting out or not listening, how do you and Mr. Martinez usually handle them?

Ms. Gonzalez: I yell, sometimes spank, or send them to their rooms. I've never left any bruises and I only spank them on their butts, just like my parents did with me.

Caseworker: What about Mr. Martinez, how does he discipline?

Ms. Gonzalez: Frank usually spanks and we told the investigator that sometimes he leaves a bruise but it's never anything serious. They've never had a bruise other than on their arms, legs, or butt. Well, except for when Frank accidentally hit Angela in the face. The kids love Frank and he loves them. We're a family and we need to be together as a family. When is he going to be able to move back in with us?

Caseworker: Well, that's what we're going to start talking about today. First we need to determine what immediate needs you have that need to be resolved so that we can begin the process of reuniting your family. Let's talk about that first.

Ms. Gonzalez: Well, since you won't let Frank move back home I don't have a babysitter for Jesse and Angela in the afternoon or evenings when I work. Jesse's babysitter has to go to her other job at 3:00 and Angela gets home on the bus at 3:00. If I'm working the lunch shift I don't get home until about 4:00 because of the bus schedule. When I work the dinner shift I have to leave by 4:00 and then I don't get home until 9:00. I'm afraid I'll lose my job if I have to call in to stay home with the kids. I've already been told I can't bring them with me.

Caseworker: OK, I understand your parents live in Mexico, so they're unable to help right now.

Ms. Gonzalez: Yes, I really miss my parents. I used to talk see my mom every day. Whenever I had a problem I would talk to her.

Caseworker: It sounds like you have a very close relationship with your parents. It must be challenging to have them so far away. Is there someone else you've learned you can go to for help when you need it?

Ms. Gonzalez: Roberto, the kids' father is helpful. I can usually depend on him for things like baby-sitting, but he owns his own business and can't get away during the day. Otherwise, there's no one to help since Frank can't be here and I don't have the extra money to pay for more baby-sitting.

Caseworker: OK, so helping to arrange for babysitting sounds like something urgent we need to address. Let's do some brainstorming. Let me get a piece of paper. I'm making what we call an Eco Map. We can use it several different ways but today I want it to be a picture of support for you - let me show you. First, I'll draw a circle in the middle of the page and write your name. Now, you've already said that Mr. Gonzalez is a big help, so let's draw a smaller circle out here and write his name in it. You've also talked about your mom and the neighbor who baby-sits, so let's draw two more circles and write their names inside. What's the baby-sitter's name?

Ms. Gonzalez: Lucy Rodriguez.

Caseworker: Great. I bet Angela and Jesse love when they get to visit with their grandmother.

Ms. Gonzalez: They love their grandmother. They get to see their other grandma when they visit their dad.

Caseworker: So Angela and Jesse see her often?

Ms. Gonzalez: The kids see her whenever they're with Roberto. We don't always get along because she likes to tell me what to do, but she's a good grandma to the kids.

Caseworker: Let's go ahead and draw another circle and write her name in it since she has regular contact with the kids. I read in the investigation that Angela is a very good student. Is there a person from her school that has been helpful to you?

Ms. Gonzalez: Her teacher, Ms. Low, is very nice. Angela has a friend Michele that she goes to visit sometimes after school, too. They live across the street.

Caseworker: Does Michele's mom work or does she stay at home?

Ms. Gonzalez: She works on the weekends. She's always been very nice to me and Angela. Her name is Maria Perez.

Caseworker: How about if we add Ms. Low and Maria Perez to our drawing for now. I also saw a couple of churches nearby when I was driving to your home today. Are you involved with any of the churches?

Ms. Gonzalez: Sometimes, but I don't really know anyone very well. There's a woman named Rosie that works at the church and she's brought food to the house in the past when we all had the flu. It's a program offered through the church.

Caseworker: That's terrific. It sounds like we should add the church to our map of support.

Ms. Gonzalez: Tell me again why we're doing this?

Caseworker: This is an easy way to see what kind of support you have and it will help us think about who can be of help to you. Remember when we first started talking? You were thinking Mr. Gonzalez was your only support, but all of these people provide support in some way. Do you think there's someone here that might be able to baby-sit Angela and Jesse for a few hours in the afternoons until we can find something more permanent?

Ms. Gonzalez: I hadn't thought about asking Michele's mother, but she might be willing to help out for a short time. Angela already goes there after school a few days a week to play with Michele.

Caseworker: That would be a big help for you and it would also allow us to move on to some of the other issues that need to be addressed. Let me take a few minutes to talk about what's going to happen over the next few months as we work together. You've mentioned that one of your priorities is for Mr. Martinez to return home so you can be a family again. Because that's your priority, it's my priority as well. I can also tell from talking to you that you love your children very much and care about their safety, so I think another priority is keeping your children safe. I want you to know that it is very important to me that we work together to resolve whatever issues your family is experiencing that led to Mr. Martinez leaving the home. You are the expert when it comes to your children and family, so I'm not going to tell you what you need to do or how you need to raise your children. However, I am going to ask you to help me understand the problems your family is experiencing so that we can address those problems and be sure that your children are not hurt again. I can already tell from our discussion today that you have a lot of people who are available to help you and support you. What I would like to do is help you put together a team of people that will meet regularly to help you get the services you need in order to ensure that your children are safe and Mr. Martinez can return home as soon as possible. It's important that you're comfortable with the members of the team so you'll identify who you want on your team. Usually a good number is somewhere between 4 and 8 people.

Ms. Gonzalez: Can I use the people we just talked about on the support map?

Caseworker: I think that's a good place to start.

Ms. Gonzalez: Does everyone have to know what happened?

Caseworker: You'll actually be the one to discuss your view of the situation and understanding of the agency's position, much like we've been talking about today. Your team members need to understand what happened, what's expected, and what you need in order for them to be helpful to your success.

Ms. Gonzalez: Well, when I look at my support map I definitely don't want Norma to be there. She's critical enough as it is, she'll just make me angry.

Caseworker: Then I don't think she should be on your team. Remember, this is a team of people you think will be helpful.

Ms. Gonzalez: My mom will not be able to be here, but I'd like everyone else on the support map to come. I want Frank to be here too. We're a family and I think he needs to be here.

Caseworker: I agree. I have a few more questions that I need to ask about your background that will help me understand the situation and then we'll talk more about setting up our first team meeting.

Crystal Gonzalez Eco Map
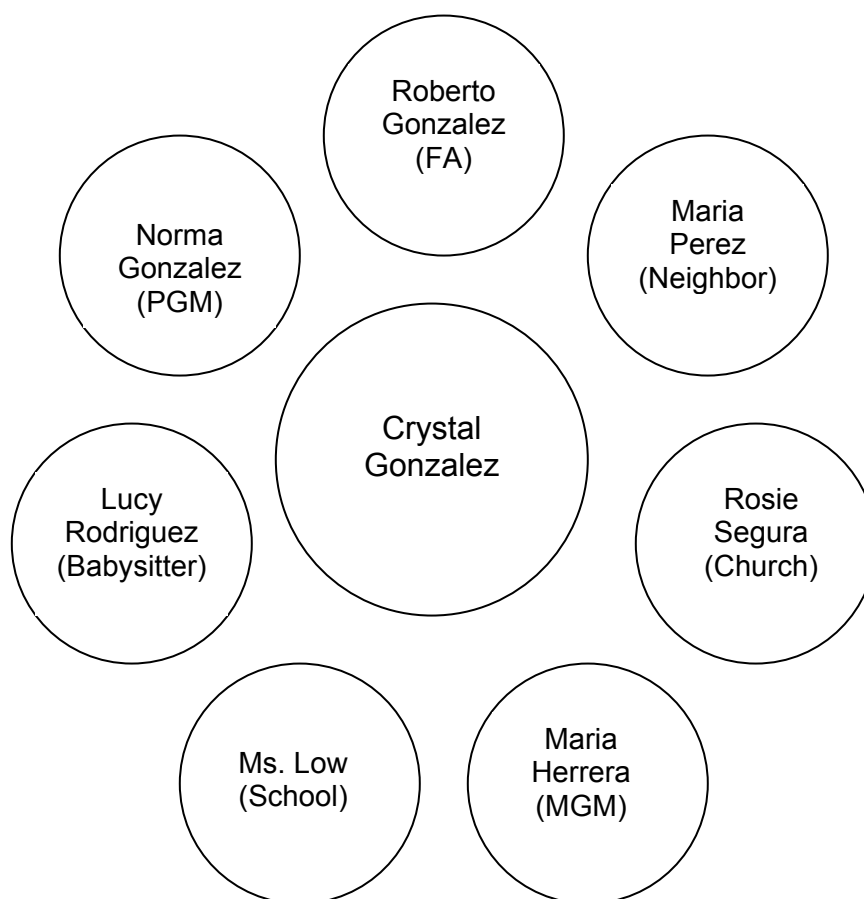
Phase 2: Assessment

➢ **Tasks in Assessment**

- Identification of Strengths and Resources
- Cultural Assessment

➢ **Internal Strengths**

- Motivated to keep children safe
- Motivated to change (cooperative, recognizes concerns)
- Believes in close family ties (relationship with children's father)
- Able to access employment

➢ **External Strengths**

- Strong support from children's father
- Supportive relationships in community
- Employment
- Support from school and church communities

> ➤ **Cultural Assessment**

- Mr. Martinez has been in the U.S. for approximately 2 years
- He has had difficulty obtaining employment because of his undocumented status
- He has started to drink more since his relationship with Ms. Gonzales has become more serious
- He does not have a history of domestic violence in previous relationships

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GROUP DISCUSSION

⇒ Ask participants to discuss some of the relevant cultural issues that might be affecting Mr. Martinez and contributing to the problems in the family. How might these issues affect service delivery?

Phase 3: Planning

> ➤ **Tasks In Planning**

- Creating and Convening the Team
- Identifying and Planning for Services

> ➤ **Step 1: Creating and Convening the Team**

- Release of Information
- Suitable location
- Time that is accessible to all family members
- Child care
- Interpreting
- Transportation

Continued Interview with Ms. Gonzalez

Caseworker: All right. Before we begin contacting everyone I have a release of information I need you to sign. This will allow me to call and invite the people we identified to the meeting.
Ms. Gonzalez: OK.
Caseworker: So, what is your work schedule for next week?
Ms. Gonzalez: I had to use my vacation time and take off until I could find a baby-sitter. I only have 1 week of vacation so I will have to go back to work next Thursday.
Caseworker: Then I'll schedule the meeting for as early in the week as possible. Would you feel comfortable holding the meeting in your home, or is there another location that would be better for you.
Ms. Gonzalez: At my house would be best so I don't have to worry about transportation or childcare. Is that okay?
Caseworker: Yes, that's perfect. In looking at your team members, what time do you think would be best for everyone?
Ms. Gonzalez: Probably an early evening, maybe 6:30?
Caseworker: OK. And because Mr. Martinez will be part of the team, I'll be sure to arrange for an interpreter to be present. Thank you for talking with me today and I'll be in touch sometime tomorrow or Monday to confirm the day and time of the meeting.
Ms. Gonzalez: Bye, thank you.

> ## The Child and Family Team

- Crystal Gonzalez (MO)
- Frank Martinez (PP)
- Roberto Gonzalez (FA)
- Maria Perez (Neighbor)
- Ms. Low (School)
- Rosie Segura (Church)
- Lucy Rodriguez (Baby-sitter)

NOTE TO TRAINER: Explain that once the team meeting is set, you move into the second component of the Planning Phase, Identifying and Planning for Services, which occurs during the first team meeting.

> ## Step 2: Identifying and Planning for Services

- Set parameters and orient team members
- Listen to the family concerns
- Review the assessment
- Identify problems and prioritize needs
- Determine goals
- Select strategies and assign action steps

Team Meeting – Monday at 6:30p – Gonzalez home

The caseworker begins with introductions and thanks everyone for their willingness to come to the meeting and the support they have shown Ms. Gonzalez and the children. Confidentiality is reviewed and the caseworker explains the purpose of the meeting. The caseworker then asks Ms. Gonzalez and Mr. Martinez to begin the discussion by explaining the current situation and what their family needs to be successful.

Ms. Gonzalez and Mr. Martinez tell the team of their wishes to be a family again. The caseworker reviews the assessment and then invites the team to begin discussing the issues as they see them. The team decides that learning to get along without further violence is the priority. The team also discusses the stress experienced by Mr. Martinez resulting from acculturation and how this might be contributing to the problems experienced by the family. The caseworker facilitates a discussion of the needs, goals, and strategies that will be used by the family.

Prioritized Needs

1. Protect children from harm
2. Address issues of domestic violence and alcohol use
3. Address issues of stress and anxiety resulting from immigration and acculturation
4. Improve relationship between Ms. Gonzalez and Mr. Martinez
5. Strengthen social networks

Goals

1. Angela and Jesse will be protected at all times from harm.
2. Mr. Martinez will learn to express his anger or disagreements in ways that do not harm Ms. Gonzalez or the children. Mr. Martinez will reduce his drinking and understand the underlying causes of his drinking and violent behavior.
3. Ms. Gonzalez and Mr. Martinez will resolve the conflicts in their relationship and understand the underlying causes of these conflicts.
4. Ms. Gonzalez and Mr. Martinez will access friends and resources for support.

Strategies

Once the goals are agreed upon the team begins to discuss how to meet these goals. This discussion results in the following:

1. Angela and Jesse will be protected at all times from harm.

   The team agreed that it would be necessary for Mr. Martinez to remain outside of the home until a re-evaluation after services have begun. The team discussed the importance of the children visiting with Mr. Martinez, and it was agreed that Mr. Martinez would visit with the children in the home once per week, to be supervised by Rosie Segura (church).

2. Mr. Martinez will learn to express his anger or disagreements in ways that do not harm Ms. Gonzalez or the children. Mr. Martinez will reduce his drinking and understand the underlying causes of his drinking and violent behavior.

   The team discussed the fact that Mr. Martinez's anger and drinking are likely related to his difficulty in obtaining employment and feelings of inadequacy. When he does work, he experiences significant stress because he is afraid his employer will report him to immigration if he does something wrong. He is also having a difficult time adjusting to the new culture and has not established significant support systems in the U.S. other than Ms. Gonzalez.

   It was determined that Mr. Martinez would attend counseling to address issues of anger and domestic violence with a counselor who has experience with the issues experienced by recent immigrants. Mr. Martinez will also attend a support group for new immigrants to share his experiences and concerns with others in similar situations and to establish supportive networks.

3. Ms. Gonzalez and Mr. Martinez will resolve the conflicts in their relationship and understand the underlying causes of these conflicts.

   Rosie Segura (church) said that the pastor of their church has experience counseling couples who have recently immigrated to the U.S. and are experiencing relationship problems as a result of this transition. The team agreed that Ms. Gonzalez and Mr. Martinez would attend couples counseling with this pastor.

4. Ms. Gonzalez and Mr. Martinez will access friends and resources for support.

   Maria Perez (neighbor) agreed to continue providing child-care as necessary throughout the case. She is a stay at home mom and said she could be available anytime the regular baby-sitter was not available. Mr. Gonzalez (FA) will be available to watch the children anytime during evening appointments.

Ms. Gonzalez and Mr. Martinez agreed to contact the caseworker and other team members if any further problems or barriers to attending services arose.

Action Steps

1. Mr. Martinez will refrain from living with Ms. Gonzalez and her children in the home until otherwise indicated by CPS. Mr. Martinez will have supervised visitation with the children on Wednesday afternoons from 5:00 – 6:00 in the Gonzalez home, monitored by Rosie Segura.

2. Mr. Martinez will attend individual counseling to address issues of anger and domestic violence. The counselor will have experience in addressing the issues experienced by recent Latino immigrants.

3. Mr. Martinez will attend a support group for Latino immigrants to address his fears and concerns associated with adjusting to U.S. culture. Mr. Martinez will use the contacts made in this group to establish supportive networks that he can use during times of stress and anxiety.

4. Ms. Gonzalez and Mr. Martinez will attend couples counseling with the pastor of their church to develop strategies for improving their relationship and addressing conflict without using violence.

5. Maria Perez will baby-sit Angela and Jesse Gonzalez while Ms. Gonzalez is at work or attending services.

6. Ms. Gonzalez and Mr. Martinez will notify their caseworker and team members when barriers arise that prevent them from attending or participating in services.

GROUP DISCUSSION

⇒ Ask participants to discuss the strategies identified by the Child and Family Team and to address how these fit with the values of the Systems of Care framework (individualized, family-focused, community-based, culturally competent).

⇒ Ask participants to discuss the feasibility of this service plan and to identify any additional services that might be required to meet agency guidelines. If additional services are suggested, be sure to address the appropriateness of these services. Are these services necessary for this family, or are they just the services that have always been done in the past? If the services are necessary, how might they be modified to fit the values of Systems of Care?

Phase 4: Implementation and Intervention

➢ **Tasks In Implementation and Intervention**

- Implementation and ongoing evaluation of plan
- Revise and update plan
- Strengthening trust and cohesiveness

Case Activity

The Gonzalez case has been going well during the first four weeks. During the 5th week, Ms. Gonzalez telephones the office voicing frustration with the demands placed on her time and the coordination of all the different schedules. Maria Perez has told Ms. Gonzalez that this is the last week she is able to baby-sit after school. The caseworker agrees to come by the house that afternoon to talk with her.

Home Visit

Ms. Gonzalez seems to be under stress and is in a panic about losing Maria Perez as a baby-sitter. She begins the conversation by announcing that quitting appears to be the only solution. The caseworker validates Ms. Gonzalez' feelings and suggests they talk a little more to see if any other options exist. After further discussion, Ms. Gonzalez realizes there are more costs than benefits to her family if she were to quit. Reluctantly, Ms. Gonzalez mentions Angela and Jesse's grandmother as an outside option. Pros and cons are discussed and it is agreed that scheduling another Team meeting would be helpful. Ms. Gonzalez agrees for the Paternal Grandmother, Norma Gonzalez, to be invited.

Second Team Meeting

A second Team Meeting is held and all participants, including Norma Gonzalez, are present. The progress the family has made so far is reviewed. Maria Perez explains that she has a new job and is no longer available to baby-sit. She has enjoyed Angela and Jesse and will still help out when can. The caseworker encourages creative thinking by the Team and offers validation of the progress and successful steps taken by the family thus far. Ms. Segura from St. Mary's Church offers an after school program but unfortunately there are no free spots currently available. There is some discussion about financial assistance but additional finances are not available. Ms. Gonzalez asks Norma if she would be willing to baby-sit after school. This is not something she wishes to do for any length of time, but she agrees to do so as long as Ms. Gonzalez will make every effort to arrange her work schedule so she only has to come over a couple of times per week. In the meantime, Ms. Segura is going to return to the church to see if there is any other way for Ms. Gonzalez to make use of the after school program. The Team agrees to meet again in two weeks.

Case Activity

There has been a great deal of tension between Ms. Gonzalez and Norma Gonzalez over the past two weeks. Most of the contacts between the caseworker and Ms. Gonzalez are consumed with complaints about how critical Normal Gonzalez is about everything Ms. Gonzalez does. Ms. Gonzalez wants to talk about other options at the next meeting.

<u>Third Team Meeting</u>

The Team is again supportive in the continued efforts of Ms. Gonzalez and Mr. Martinez to continue to access services and make improvements. Mr. Martinez shares that the couple's counseling they have been attending has been very beneficial and they hope to be reunited soon. Ms. Segura states that she was able to get Angela and Jesse free slots in the after school program at their church if Ms. Gonzalez is willing to volunteer at the church on days she isn't working. Ms. Gonzalez agrees and is very appreciative. Norma Gonzalez agrees to continue to be available for emergency situations.

Phase 5: Transition

➤ **<u>Tasks In Transition</u>**

- Planning for transition
- Planning a commencement
- Following up

After 10 weeks and a transition of Mr. Martinez back into the home, the case is ready to be closed. For the past several weeks the caseworker has spent time in discussion with Ms. Gonzalez and Mr. Martinez about the progress they have made and the upcoming case closure. Ms. Gonzalez has become more involved with St. Mary's Church and feels much support from her church friends. Ms. Gonzalez continues to be in regular contact Ms. Low, Maria Perez, and Lucy Rodriguez, who continues to baby-sit as needed.

A potluck party is planned, including the children. Certificates are awarded for Team member participation and to Mr. Martinez, Ms. Gonzalez, and the children for successful completion of their service plan.

The caseworker agrees that she will contact Ms. Gonzalez and Mr. Martinez once per month for the next several months to see how they are doing. The caseworker assures the family that she will be available to make any referrals to other services if needed. Ms. Gonzalez and Mr. Martinez are appreciative of this and agree to contact the caseworker if any needs arise.

FINAL WRAP-UP AND CONCLUSION

⇒ Refer participants to **Handout 6** in the Resource Guide entitled "Key Tasks in Systems of Care," and review each phase of the Systems of Care framework

⇒ Address any final questions about Systems of Care or implementation of the model

⇒ Explain to participants that a follow-up training will be held in 60 days, at which time they will be asked to discuss their experiences implementing the Systems of Care model

⇒ At the follow-up, barriers to implementing the model will be discussed, and potential solutions will be identified