

Appendix C:

Case Discussion Guide for Reflective Practice

(This example is for a Child & Family Case. Can be modified for Adults)

INTRODUCTION

Purpose

The Discussion Guide is intended to create opportunities for reflective case practice discussions between caseworkers, practitioners, and supervisors.

The Discussion Guide may be most helpful when used to

- Identify successes and opportunities
 - Affirm good practice when observed in the case
 - Suggest options for overcoming any barriers encountered
 - Provide assistance to the caseworker or care coordinator as needed
 - Discover a worrisome case trajectory and plan actions accordingly
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QSR Practice Principles

In this example, the Discussion Guide uses five QSR Principles to assess areas of practice that are critical to attaining positive outcomes for children and families.

1. Engaging Service Partners	<ul style="list-style-type: none">• Do you have a trust-based working relationship with the child, family, and other service providers?
2. Understanding the Situation	<ul style="list-style-type: none">• Do all involved understand the child and family situation well enough to make a positive difference?
3. Planning Positive Life-Changing Interventions	<ul style="list-style-type: none">• Is service planning an ongoing process, reflective of the current situation and helping to achieve desired outcomes for the child and family?
4. Implementing Services	<ul style="list-style-type: none">• Are services appropriate to meet the need?• Is the implementation and coordination of services timely, competent, and of sufficient intensity to achieve desired outcomes?
5. Getting and Using Results	<ul style="list-style-type: none">• Are current efforts leading to positive results?• Is knowledge gained through experience being used to refine strategies, solve problems, and move the case forward?

Using the Guide

Using the Discussion Guide is optional. It may be used in any format that accommodates the needs of the local office as long as it is helpful and affirming to frontline workers, practitioners, and supervisors.

1. ENGAGING THE CHILD AND FAMILY IN A CHANGE PROCESS

- **Have you engaged the child, family, and other service partners in an ongoing trust-based working relationship?**

Strength	Opportunity	Areas to Be Explored
		The team meets with the child and family face-to-face and identifies their strengths, needs, and underlying issues.
		The family has identified and communicated their strengths and needs to those who provide services.
		The family has stated how they believe their needs can be met.
		The child and family are engaged as active participants in the service process.
		The service team includes the important people in the child's life (school, medical, legal, juvenile court, mental health, other service providers, church, mentors, friends, extended family, others)
		Every service team member is committed to helping and achieving positive outcomes. There is a strong sense of urgency in meeting near-term needs and long-term goals evident in the attitudes and actions of team members.
		There is a reliable support network involved with this child and family.

Next steps to improve engagement:

2. UNDERSTANDING THE CHILD AND FAMILY SITUATION

- **Does everyone on the service team understand the child and family well enough to improve their levels of well-being, daily functioning, sustaining supports, and role performance?**

Strength	Opportunity	Areas to Be Explored
		The presenting problems and underlying issues are clearly identified and agreed upon by the service team.
		The child's functional status in daily settings is accurately assessed and understood in context by service team members.
		Any issues related to education, substance abuse, mental health, developmental or physical disabilities are diagnosed and understood.
		Known risks of harm (abuse, neglect, domestic violence, health crisis, suicide) are understood.
		A safety plan in place, used, as needed, and understood. The safety plan is evaluated and refined after each use.
		Any special needs, risks of harm, transition requirements, or needs for further assessments are understood and addressed effectively by the service team.
		The team clearly understands what things must change for the child and family to get better, do better, and stay better.
		All other interveners in the child's life participate in developing a 'big picture' understanding of the case situation.
		All other interveners are part of the service team and/or know what services are being provided.

Next steps to improve understanding of the child and family situation:

3. PLANNING POSITIVE LIFE-CHANGING INTERVENTIONS

- **Is planning for the child and family an ongoing process that reflects the child’s situation and what must change?**
- **Are planned interventions designed to meet near-term needs and long-term outcomes for the child and family?**

Strength	Opportunity	Areas to Be Explored
		The child and family are engaged as active participants in the service planning process and have a trust-based relationship with those involved with them in the service process.
		The strategies and supports in the case plan are consistent with the strengths, needs and goals of the child and family.
		Focal problems, functional challenges, risks, and underlying issues are reflected in the choice of goals and strategies.
		The planning process includes family team conferencing.
		There is a long-term guiding view that focuses on the child living in a safe, appropriate and permanent home in the near future.
		Known transitions between settings, levels of care, providers and life stages are recognized are being addressed.
		The planning process is building sustainable supports (formal and informal) to enable the family to function safely after services are completed.
		Strategies, interventions, and supports are individualized to fit the child and family situation.
		All service team members support the service planning process.
		Treatment efforts are unified among providers.

Next steps to improve planning of services:

4. IMPLEMENTING STRATEGIES AND SUPPORTS TO GET RESULTS

- **Is implementation of planned intervention strategies, supports, and services -- timely, competent, and of sufficient intensity, duration, and consistency to achieve the desired results?**

Strength	Opportunity	Areas to Be Explored
		The child and family are engaged as active, ongoing participants in the service process.
		Supports, services, and interventions are implemented consistent with case plan goals, strategies and requirements.
		Supports, services, and interventions are provided in a timely, adequate, competent, and culturally-respectful manner by all service providers.
		The service team has timely feedback about services provided as well as about service problems encountered.
		Services are adjusted as a result of feedback received.
		The case plan is modified when goals are met, strategies are found not to work, or when circumstances change.
		Service team members are fulfilling their roles and responsibilities to insure desired outcomes.
		Safety/health procedures are implemented correctly and effectively.
		Concurrent planning, where indicated, is being implemented in a timely and appropriate manner.
		Service efforts are integrated and coordinated across providers to maximize benefits and reduce duplication.

Next steps to improve implementation of services:

5. GETTING AND USING POSITIVE RESULTS

- Are interventions leading to positive results and outcomes?
- Is knowledge of results being used to improve intervention efforts?

Strength	Opportunity	Areas to Be Explored
		Intervention strategies, supports, and services are tracked to detect any implementation problems and evaluated to determine their effectiveness in producing desired results.
		Positive changes are being observed in the problems that brought/keep the child and family in services.
		The child is demonstrating functional improvement in routine daily activities and academic performance.
		The family is demonstrating functional improvement in safe and dependable caregiving.
		Known risks of harm are being reduced or properly managed through effective strategies.
		Transition planning for the child is in process and effectively supporting any life changes and adjustments.
		An adequate, sustainable support network is being established that will stay with the family after case closure.
		Results are being used to shape strategy, solve problems, and determine readiness for step-down or case closure.

Next steps to improve results and use results to improve service efforts:

REFLECTIONS ON PRACTICE IN THIS CASE

Successes in Achieving Results

- What supports, interventions, or engagement techniques are working now?
- In what observed ways are the child and family getting better, doing better, and staying better now?
- What makes current strategies and supports successful?
- Why is the family responding favorably to the service process?

Factors Limiting Progress or Results

- Are any child or family factors limiting progress in this case? If so, how?

- Are problems in accessing necessary intervention strategies, supports, and services for this child and family limiting progress in this case? If so, what are they?
- Are any local conditions of practice (e.g., caseload sizes, staff turnovers, vacancies, waiting lists, travel and distance issues) limiting progress in this case? If so, what are they?

Case Trajectory Concerns

- Are there any unfolding circumstances that could lead to harm, hardship, or poor downstream outcomes for the child and family? If so, what are they?
- What steps, if any, should be taken to improve the trajectory of this case and achievement of desired outcomes for this child and family?

Assistance to Move Case Practice Forward

- Which of the following sources of assistance would help you most right now?

Training – on the use of a new skill or technique related to this case.

Modeling and Mentoring – on the use of a new skill, technique, or role in this case.

Supervisor Assistance – in solving a case-specific problem.

Specialty Consultation – to conduct a specialized assessment or perform a complex intervention in this case.

Multi-Organization Support – to integrate information, coordinate planning and services across providers, and integrate funding sources in this case.

Other – assistance of a unique nature not covered above.