



# WELCOME TO THE RFA FAMILY EVALUATION TRAINING

BROUGHT TO YOU BY CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES IN PARTNERSHIP WITH LILLIPUT FAMILIES AND  
SENECA FAMILY OF AGENCIES

FOR RFA WORKERS, SUPERVISORS AND PROBATION STAFF

**TRAINING SUMMARY: TO PROVIDE COUNTY CHILD WELFARE STAFF, SUPERVISORS AND  
PROBATION STAFF WITH ADDITIONAL SKILL DEVELOPMENT TO CONDUCT MEANINGFUL  
AND TIMELY FAMILY EVALUATIONS AND WRITTEN REPORTS THAT ARE REQUIRED TO  
APPROVE RESOURCE FAMILIES.**

## SOURCES:

**Joseph Crumbley Information:** “Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care.” Led by [Joseph Crumbley](#), the training sessions strengthen the skills of child welfare professionals in supporting families to improve outcomes for children. The series includes a [discussion guide](http://www.aecf.org/m/blogdoc/aecf-engagingkinshipcaregiversdiscussionguide-2017.pdf) (<http://www.aecf.org/m/blogdoc/aecf-engagingkinshipcaregiversdiscussionguide-2017.pdf>) to help program directors, supervisors and trainers lead group sessions to deepen the learning experience.

**TRAINING TIMES: 9-3 FOR WORKERS, 9-5 FOR SUPERVISORS (1-HR LUNCH  
PROVIDED)**

**SUPERVISORS, DON'T FORGET TO SIGN UP FOR YOUR SUPERVISOR COACHING  
CALL**

# CRITICAL COMPONENTS AND RELATED BEHAVIORAL QUESTIONS

## 1. Motivation to become a Resource Family

- How did you make the decision to become a Resource Family?
- What prompted you to pursue becoming a resource parent at this time?
- Tell me about your first conversations about becoming a resource parent. Who brought it up? What was your partner/spouse's initial response (if applicable)? Has this changed over time?
- Tell me about a time that you entered into something when your expectations were not met. What was it? What was your response? What was the outcome?

## 2. Childhood Upbringing and experiences

- What did communication look like in your family growing up?
- Describe a traumatic time in your childhood life? How did this impact you as a child? Does this continue to have an impact on you? If so, how?
- Give me a brief description of your childhood. Who raised you?
- Were you ever separated from your primary caregivers?
- What were the most significant experiences you had in childhood?

## 3. Adult experiences and personal characteristics

- Tell me about a time that you have experienced a high level of stress and how did you manage it?
- Tell me about the ending of a significant relationship in your life? How has this affected you and your other relationships?
- What did you need after that person's death or permanent absence from your family?
- Tell me about a time that you had difficulty coping with your emotions. Describe how you processed these feelings and worked through the situation.
- Briefly describe your significant adult experiences that shaped your personality today?
- Describe your personality, including strengths. What would your partner/best friend/family member say are your strengths? What do you like about yourself/your personality?
- Tell me about a time you experienced a dramatic change in your life. How did you feel? Who did you turn to?

## 4. Risk Assessment (See Scenarios on page #5, and Mitigation Factors)

- Substance Abuse: What has been your past substance use? Do you currently use substances? If so, which ones, how often?
- Do you feel you have ever had a problem with substances? If so, share what steps you took to overcome the substance abuse.
- Physical, Emotional, Sexual Abuse and Family Domestic Violence History: Do you consider yourself to have been physically, emotionally, or sexually abused as a child, teen, or adult? Is there a history of domestic violence in your family?

If yes to any of the above:

When did it begin? Did it involve immediate family members? What did you do at the time? Did you receive support? If so, from whom? What steps did you take to process this experience? How does it impact you now/today? Are you aware of any triggers? If so, what are a few? What would be your reaction/response if the child/youth in your home disclosed similar abuse to what you experienced? How would you respond verbally, what follow up actions would you take to support the child/youth, what supports/services do you feel might be needed for the youth and

child/young, what supports/services do you feel might be needed for the young and yourself? If you have a partner, are they aware of any triggers? Provide brief education to applicant if needed and see if applicant is open and responsive, if so, it's a strength.

Physical and Mental Health: Describe your physical health? Past and current. Have you ever experienced any mental health issues? If so, how is it currently impacting you? What are the symptoms? What do you do if you start experiencing symptoms? Does your partner recognize your symptoms? Are you able to communicate with a support person about your symptoms?

#### **5. Current Relationships**

- How do you know when your partner is in distress? What do you do when you recognize this?
- Tell me about a time when you have needed help and you reached out to your support system? How was that experience for you? How did your support system respond?
- Describe your current relationship status. Tell me about your history together, how did you meet your partner? How long have you been together? What drew you to each other? Are there areas in which you strongly disagree? How do you manage or resolve disputes? Tell me about a stressful time you experienced in your relationship? What happened? How did you resolve it? Tell me about a recent argument that you had in your relationship. What was the argument about? How was it resolved? If single, describe your dating relationships and current activity related to dating (do not need details of every dating relationship). What are your plans for going through this process and dating? Expectations for introducing a new partner?

#### **6. Parenting experiences, practices, and discipline methods (can also take opportunity to briefly discuss what trauma informed parenting means and looks like)**

- Tell me about a time that you felt you made a parenting mistake. What was it? How did you respond at that time and what would you do differently?
- Can you give me an example of a time when you helped an adult /child through an emotional experience and what was the outcome?
- What has been your experience in knowing or caring for a child that has been through significant trauma? What did you observe and understand how this trauma impacted the child's growth and development?
- Describe your parenting experience. What do you enjoy about it? What do you dislike? Describe how you typically discipline your children? What discipline strategies are you most comfortable with? What works for you? In what ways have you made changes over time? Tell me about each of your child's personalities. Tell me about a time when your child(ren) misbehaved. What did your child do? What did you do? Do you use the same parenting approaches for each child?
- If no parenting experience: Tell me about a time when you were with a child that misbehaved, what did you do? How did you feel? Tell me about a time when you misbehaved as a child, how did your caregivers respond? Would you do something differently? What would you have liked them to do? Describe physical and emotional safety. What would that look like in your home? Tell me about a time you comforted a child who was frightened

#### **7. Discussion of the background check results**

- Help me understand what contributed to this situation? What led to you being arrested? How did this impact you at the time? What have you

learned from the situation? How has this changed your current behavior to avoid a similar situation from happening?

- Review results and have applicant disclose history. Use the mitigation questions to determine if concern currently impact parenting ability.

#### 8. Discussion of any services needed by applicant to meet RF responsibilities

- What community services or supports have you utilized in the past and what did you find to be helpful?
- Are there any training topics you feel you will benefit from going forward? Include any recommendations or suggestions you have for additional training, resources or services to strengthen the family and mitigate any concerns.

#### 9. Employment

- What is your current employment situation? What does a typical work week schedule look like?
- When you are feeling overwhelmed at work, how does that impact your home life?

#### 10. Financial Situation

- Tell me about a time when you have experienced financial stress? How did this impact you? How did you address this situation?

## RISK ASSESSMENT SCENARIOS

### *Scenario #1:*

A prospective resource family, a heterosexual couple in their mid-thirties, is going through the evaluation process with you and the husband, Tom, discloses that he has a history of suicidal thoughts and was hospitalized for thirty days in his early 20s. He reports that he was in significant distress due to multiple deaths in his family and had moved to a new area where he did not know anyone. Because he knew he was not doing well and wanted to get help, Tom placed himself on a hospital hold and followed the recommendation to remain in inpatient care for 30 days. He reports that he has been stable on anti-depressants since this time and sees a psychiatrist every month. While he reports no drug or alcohol use, Tom reports that cannabis edibles help him sleep.

*It would be inappropriate to deny this family based on Tom's mental health history and substance use based on the information we have at this time. How might you follow up with Tom to further explore these areas? What behavioral questions would you ask to gather important information to feel confident recommending this family for approval?*

### RFA Worker Engagement and Responses may include the following:

Tom, thank you for sharing your story with me. It sounds like you've overcome some profound obstacles in your life. What helped you during this difficult time? How specifically might you apply some of the coping strategies if you were faced with loss or distress again? Who can you go to for support? Have you experienced suicidal ideation since? If not, what would your response be if you did experience suicidal ideation in the future? What would your response be to a child who expressed suicidal thoughts to you?

What would it look like to someone else if you were feeling increased distress? How do you know when you are feeling overwhelmed? How does your medication help you day-to-day? What if you were to miss your medication? How frequently does this happen?

How frequently do you use cannabis? When you have consumed cannabis, how does this impact you and your functioning? How are such items safeguarded in your home? What safety planning would be needed to ensure proper supervision of the children?

*In gathering further information, what would you be looking for in order to recommend approval for this family?*

- An acknowledgment of the seriousness of his past condition and current plan of

- response for any relapse/child suicidality.
- Evidence that there are safeguards in place – he is consistently taking and benefiting from his medication and regularly meeting with psychiatrist. He has additional supports.
- Verify that the cannabis use does not impact his ability to respond to an emergency in the middle of the night and that it is properly safeguarded in the home.

*What might be some concerns or unresolved issues that could come up that would make you reconsider approving this family? What is the current conduct that poses a risk to the health and safety of a child?*

- Evidence of skipping medication or appointments with psychiatrist
- Inadequately addressed relapse
- Evidence contradicting his accounts in treatment records
- Multiple family members contradicting Tom's accounts or expressing concerns about his ability to care for a child.
- Lack of insight from Tom about the potential for relapse and thus denial regarding a plan to address any potential future symptoms and engage in safety planning.

### **Scenario #2**

A 40-year-old male reports that he was sexually abused as a child and teen. He does not want to discuss the details of the abuse, but states that he does not feel it has a current significant impact on his life.

- It would be inappropriate to move to deny approval based on your impression that he is not willing to participate in the interview, that he is not cooperating, and that he is not forthcoming.
- Use mitigation questions.
- Questions to consider when evaluating: What he did at the time of the abuse, did he disclose it at some point, did he receive support, if so, from who? How has he processed and healed from the experience? Has the issue ever resurfaced for him? If so, what did he do? Who is in his support system? Is he aware of triggers? Is his partner aware of his triggers? Does this impact his current functioning? If so, how? Does it impact his capacity to parent appropriately? If so, how. Utilize collateral contacts, including references, therapists if available, trainer for RFA courses if needed. Mitigation includes any actions taken to address the issue (participation in services, personal resilience, how he has incorporated the experience into his life, willingness to seek services for himself and a child if any issues resurfaced, or if a child in his care experienced similar abuse; openness to guidance on parenting a child with a similar history if needed)

## **WRITING TIPS**

- The Written report is a summary of all components of the Resource Family Approval Process. It is a snap-shot of here and now, reflective of the applicants' current functioning. It is not a detailed biography a psychological assessment or an adoption study.
- When compiling the information gathered throughout the Family Evaluation into the Written Report, the information presented in the Written Report should be relevant to the applicants' current capacity to provide safety, permanency, and well-being to a child in foster care.
- Focus on present functioning and ability to be an effective Resource Parent based on your interactions, dialogue, interviews and behaviorally based questions.
- When writing the Written Report, consider whether you are "reporting" or "assessing." It is not your job to simply report back all of the information the applicant shared with you. It is your job to receive the information, consider how this information has impacted the applicant and how it impacts their ability to parent, and put forth an assessment of the information.
- Ensure that the Written Report is written in terminology that is family friendly and the applicants will understand

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- Remember S.T.I.C.H.
  - Strengths Based
  - Trauma Informed
  - Culturally Humble
- Mitigation is key to the Written Report. Discuss the mitigation by documenting current functioning and growth, identifying supportive and protective factors as well as including any relevant collateral information.
- Provide quotes from the family, when applicable, as evidence to support your assessment.
- Make recommendations to strengthen the family in areas where concerns are present. Any concerns/curiosities and recommendations should be explored and shared with the family prior to inclusion in writing.
- Avoid autobiographical narrative (do NOT provide historical data with lots of specific dates/detailed information regarding their life chronologically from the beginning to current). Provide focus on historical information that shaped or continues to shape current functioning and parenting ability.
- Be concise yet thorough – be specific vs. vague when writing, eliminate unnecessary words or lengthy sentences.
- Avoid statements such as, “this worker feels,” or, “this worker believes.” State the facts using behaviorally specific language. Ex: “The applicant effectively manages her mental health symptoms as demonstrated by her history of taking her medication as prescribed, attending therapy consistently, and calling her friends and family when in need of encouragement and emotional support.”

## **MITIGATION FACTORS TO CONSIDER**

**This list is not exhaustive, but includes some examples of questions that can prompt further**

**This list is not exhaustive, but includes some examples of questions that can prompt further conversation. Remember that not all applicants have the ability to articulate their past behaviors compared to their current behaviors and functioning. It is the workers' responsibility to find the evidence that a concern or risk has been mitigated.**

- What did they do at the time the event occurred? What might they do differently now?
- What support did they get? (be culturally humble- some may turn to church, family, friends etc., not necessarily a therapist)
- Does it impact their current functioning? Do they currently display active risk factors (substance abuse, active MH crisis etc.)?
- Does the concern/risk history impact their capacity to parent currently?
- Triggers- are they self-aware and is partner aware? If partner is not aware, ask for clarification.
- Utilize Collateral Contacts if needed including References, Physicians, and/or Therapists
- What has been the applicant's efforts toward healing or rehabilitation and the outcome?
- Consider the applicant's age at time of experience, nature and seriousness.
- Has the issue resurfaced? If so, how did they handle it, and what supports were used?
- What has been the time that has elapsed since the last occurrence? Is there a pattern of behavior?
- Is there a relapse prevention plan if relevant?
- What is the applicant's current support system? How do those individuals offer support?
- Remember that you can make recommendations for assisting in strengthening a concern. Provide resources and encourage family to accept assistance.
- Our mission is to include, not exclude families. Include them in solutions to hurdles, rather than using challenges as a means by which to exclude them.



### **SAMPLE: November 17, 2016**

*Below is a portion of an example family evaluation report. While reading the example below, please underline the information you consider to be most relevant and important to be included in the family evaluation report.*

#### **Current Relationships:**

Mary (*prospective resource family*) and her partner, Georgia, have been together for over two years. She reports Georgia is a good provider but believes she is too regimented. Mary states Georgia is very good with the kids but she wishes Georgia would be more understanding of the current situation and more compassionate towards her daughter Debbie's (*children's birth mother*) plight. At the onset of the family study, Mary and Georgia were residing together with the children. Georgia was providing primary care for the children while Mary worked. This





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**SAMPLE: November 17, 2016**

*Revised and edited version*

**Current Relationships:**

Mary and her partner, Georgia, have been together for over two years. Mary states Georgia is very good with the kids but she wishes Georgia would be more understanding of the current situation and more compassionate towards her daughter Debbie’s plight. At the onset of the family evaluation, Mary and Georgia were residing together with the children. Georgia was providing primary care for the children while Mary worked. This became too much for Georgia so Mary and Georgia decided to get separate apartments. Currently, they are still in a relationship while maintaining separate residences. Mary acknowledges that now, she does not have much time to devote to a relationship and is entirely focused on nurturing and providing for the children. Georgia reiterated her love for Mary and has consistently stated she “will not let Mary fall.”

(The following paragraph was included in the Evaluation Summary Assessment of Family)  
Since the kids were placed in the home, a tremendous amount of stress was incurred with respect to Mary and Georgia’s relationship. Mary was working two jobs and all of the child care responsibilities were falling to Georgia. Both Mary and Georgia have indicated their relationship is essentially “on the back burner” while Mary settles into being a sole care provider for the children. Georgia has stated she loves the kids very much and wants to make sure they are taken care of. While Mary and Georgia’s relationship may be unconventional, it appears as though their current arrangement is in the best interest of the children at this time.

**Participant Notes**

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Lined writing area for notes.

Participant Notes

Lined writing area for participant notes.

