



QUARTER 4

PIP 2.3.1 (A)

Clark

Primary Strategy: 2 Preserve connections and strengthen relationships			Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2	
Goal: 2 Create a child welfare agency culture that values and supports the development of relationships between caseworkers and family members, and recognizes the behavioral change process			Applicable CFSR Items: 13, 16	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed
2.2.1 (A) Present the initiative statement to state and local stakeholders for support and commitment	DCFS, WCDSS, CCDFS Directors/Designee	Dissemination Plan	Q4	Q4

CFSR PIP Item 2.2.1 (B) was completed by Training Management Team at the State level with revisions of Caseworker CORE completed by UNLV and UNR per Christine Lovass, Clinical Program Planner II, Division of Child and Family Services, State of Nevada.

Primary Strategy: 2 Preserve connections and strengthen relationships			Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcome 1	
Goal: 3 Improve the quality of caseworker contacts with children and parents			Applicable CFSR Items: 18, 19, 20	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed
2.3.1 (A) Provide caseworkers and supervisors with training and support in the application of the child and parent contact standards to enhance the level of caseworker engagement; initiating in Clark County first	DCFS, WCDSS, CCDFS Directors/designee	Copy of training outline	Clark: Q4 Washoe and Rural: Q5	Q4

The NRC for In-Home Services, <http://nrcinhome.socialwork.uiowa.edu/> is scheduled to provide training for Clark County the week of December 12, 2011. The training curriculum is designed to enhance the engagement skills of front-line staff during training. Staff will be challenged to understand the family's perspective in order to facilitate a relationship that leads to positive change. Activities will include a combination of lecture, demonstration, experiential learning and role playing. Specific skills include facilitating initial engagement, recognizing and overcoming barriers to change, Motivational Interviewing techniques, developing discrepancy, rolling with resistance, expressing empathy and supporting self-efficacy. The actual curriculum can be found in Appendix G.

Also, another source of information and guidance on engagement created by New Jersey has been disseminated to all In-Home supervisors for application of the document's information. See Appendix H.

Clark County Skill Building Curriculum

Day Two- Front line staff

Family Engagement

Introduction and warm up activity (30 min)

Introductions

Note to Trainers: At the very beginning of the workshop, it is necessary for the trainers to establish the housekeeping rules for the workshop and introduce themselves.

1. Name
2. Position held, and how long.
3. What is your goal for today

Warm up: Ask participants to describe their most difficult client (this can be done in small group first.) After they have had a chance to share in large group have participants list on flip chart the things that have worked with these difficult clients (even a little bit.)

Trainer Review the training Objectives (PP)

Objectives of Training

- Participants will gain a better understanding of the family's perspective
- Participants will be able to demonstrate a variety of engagement skills
- Participants will understand the necessary elements for facilitating change
- Participants will be able to demonstrate the use of motivational interviewing techniques

Initial Engagement: (2 hours)

Activity 1: Why is engagement important?

Large group discussion: Trainer ask participants why they think engagement is important

Note to trainer: Remind participants that studies in child welfare have shown that there is a direct correlation between client engagement and child safety.

Activity 2: Three principles of engagement

There are three dimensions of the helping relationship that are at the heart of engagement: genuineness, empathy, and respect.

Genuineness is being authentic in your words and actions and therefore worthy of trust

Trainer Review the following behaviors that demonstrate genuineness:

- Do not overemphasize your professional role and avoid stereotyped role behaviors

- Remain open and non defensive, even when you feel threatened
- Be consistent in interactions with clients and avoid discrepancies between your values and your behavior, and between your thoughts and your words
- Share yourself and your experience with clients if it seems helpful to them

Note to Trainers: *trainer should take the opportunity to discuss appropriate self disclosure.*

Self disclosure should be used carefully and follow three rules of thumb.

1. *It should never be personal. Your client is not your confidant, if it isn't something everybody could know about you don't say it.*
2. *If you are still working on it or going through it don't say it. For example, if you are working with a family on potty training and you are in the middle of potty training your own child you should not bring it up. It is hard to stay objective if you have an emotional connection to the subject.*
3. *The motive of self-disclosure should be for the client, not to make yourself look better or get something off your chest.*

Empathy is the ability to perceive and communicate accurately both the current feelings and experiences of another person as well as the significance of those feelings. The skill of active or reflective listening, including nonverbal communication skills, are very important in being able to communicate empathy to another person.

Trainer Demonstration: Trainers demonstrate non-empathetic responses (directing, advice giving, threatening, judging, lecturing, consoling, minimizing, labeling, arguing, blaming, questioning, analyzing) Debrief and have participants identify the non-empathetic responses. Lead participants in a discussion about how these responses might hinder engagement.

Respect is manifested in both your attitudes toward and the ways in which you work with clients. Respect is shown in the behaviors that convey that you value someone as a human being.

Small group activity: Have participants think of behaviors that demonstrate respect using the letters in the word RESPECT (i.e. R- reflective listening, E-eye contact, S-say what you mean.)

Behaviors that demonstrate respect for your clients include:

- be attentive and listen actively
- suspend critical judgments
- communicate empathic understanding
- express reasonable warmth or friendliness
- help clients identify and cultivate their own resources
- provide support and encouragement

Activity 3: Understanding the family's perspective

Large group Activity: Ask participants to think about what might be the experiences of families involved with child welfare both past and present. Record each response on different flip chart and post in room (responses might include being told what to do, having people cringe when they enter their home, hearing their home described in extreme terms, being threatened). Next, list the emotions that these experiences would produce (embarrassment, depression, shame.) Next, list the resulting actions or inactions by the client.



Next, discuss how the worker's response can actually create a cycle.

Remind participants that there is a very important component of this cycle that needs to be recognized. That is the worker's feelings. Discuss how it feels to work with someone that is either aggressive or avoiding you.

It is important to remember to address our own feelings by practicing good self-care. In-home workers must remember not to take personally the behavior of the client. Instead of responding to the behavior, the worker must learn to respond to the client feeling.

Small Group Activity: Have participants think of actions that worker's could do in order to address the emotional response and forge a more positive relationship with client.

It is also necessary to have an understanding of how the family's culture impacts their view of the world. Being culturally competent or aware does not mean knowing everything about every culture. It is, instead, respect for difference, eagerness to learn, and a willingness to accept that there are many ways of viewing the world. A person's culture influences their belief system and the way they view the world. It is important that we understand how a person's culture influences their values and beliefs. In order to view the world through the lens of our client, in-home workers should consider the following cultural influences.

Trainer review on power point:

- View of help seeking
- Gender roles
- Parent/child relationship
- Role of extended family
- Experiences with oppression and the dominant culture
- Communication styles
- Concepts of time
- Display of respect
- Spiritual beliefs

- Mental health beliefs
- Work and educational beliefs

Changing our lens requires self awareness and a change from a deficit view to a strength view of families.

Activity 4: Facilitating relationships

Trainers explain to participants that participating in this training will require a paradigm shift or “reframe.” Begin by having participants write on cards the labels that they sometime use to describe their difficult clients. Examples might include lazy, resistant, unmotivated, borderline, etc. Next, ask participants why it is unhelpful to use labels to discuss clients.

Share the example of the label “unmotivated.” To say someone is unmotivated implies that they would do better if they “wanted” to do better. In most cases there is a skill deficit or other barriers that prevents positive change. To label them unmotivated keeps us from discovering and addressing the real barriers. It also contributes to frustration when we think we have to constantly be “motivators.”

Small group activity: Trainers give participant frames and ask them to “reframe” the labels into something more positive or changeable.

Note to Trainers: Explain to participants that instead of trying to motivate clients, it might be more helpful to think of it as facilitating relationships in order to facilitate change.

Facilitating relationship involve building trust.

Trainer Review facilitating relationships on power point

- Explain process
- Begin with families issues
- Identify strengths
- Do what you say, say what you do
- Respect values and beliefs
- Demonstrate the belief that family is primary agent of change
- Provide concrete services

Barriers to Change: (90 min)

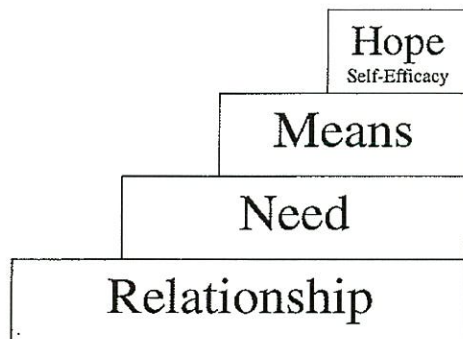
Individual activity: Have participant's complete the following questions from the handout “Reflecting on change.”

- Think of a time when you made a difficult change that took some time?
- When did you first begin to think that you needed a change?
- Who else noticed that you needed to make this change?
 - How were they helpful?
 - How were they not helpful?
- What were the time frames between when you needed to change (or when others thought you needed to change,) when you knew you needed to change, and when you actually made the change?
- What were the barriers that kept you from making the change sooner?

Debrief in large group.

Activity 5: Necessary change components

Trainer Review stair steps to change on power point



Relationship

Research also shows us that the client's view of their relationship with the service provider is a greater indication of positive outcomes than the techniques used or the experience and education of the provider. The client does not have to view the worker as a friend but rather as someone who *understands* their point of view and *supports* them in making things better.

Need

People do not change unless there is a need for change. Often times when change does not occur, it is because the client is not seeing the need for change or sees the need differently than the worker.

Means

Working with families sometimes requires subscribing to the philosophy that people are doing the best that they can at any given time. This means that in order for change to occur, we need to give them a new means of doing things. This may require learning a new skill or a new way of coping with difficult emotions or situations.

Note to Trainers: Trainer introduce the concept of breaking skills down. Remind participants that often time we make the mistake of assuming that a client already knows a skill necessary to make a change. We overlook smaller skill sets needed to accomplish goals. For example, we may be trying to teach money management when the client has not learned impulse control.

Hope or self-efficacy is the belief that you can accomplish a positive change

Large group discussion: Ask participants how they give clients hope? Discuss the importance of noticing small change.

Review the use of scales for gauging client's commitment to change. "On a scale from one to five, one being that changing is not important and five being that you would do anything in the world to make the change, where would you rate yourself?" After the client rates themselves, ask "what would it take for you to be a half of step higher on this scale" or "what would it look like if you were a half of step higher on this scale" or how will you know when you are a half of step higher on this scale."

Activity 6: Consequences of change

All change, no matter how necessary it is deemed to be, has both positive and negative consequences. Even the most positive change can be difficult and may have a "downside" for the client.

Large Group demonstration: Ask participants to give an example of something a change a client might want to make. Using a flip chart divided into four quadrants with a horizontal and vertical line, have participants list the pros and cons of the change as well as the pros and cons of keeping things the same (not changing) Note to participants that the order the quadrants are filled out is important and will be explained when debriefed. After the example is completed, explain that quadrant 1 "pros of the change" is completed first because it is the easiest (clients will tell you what they know they should say.) Quadrant 4 "Cons of keeping things the same" is completed last because it is the most dramatic (i.e. "death" or "loss my children") Quadrant 2 and 3 give you the most important information. Quadrant 2 "cons of the change" is what the client fears. Fears (whether or not they are real or perceived) can be a great barrier and must be processed with the client. Quadrant 3 "pros of keeping things the same" is what the client values most. These things must be incorporated into the new change in order for it to be successful. For example, if the client lists comfortable with routine as a pro of keeping things the same, then a new routine must be developed that the client feels comfortable with.

Activity 7: Unhelpful thinking

Trainers explain that Dysfunctional Cognitions (or more simply said, un-helpful thinking) are the thoughts that we adhere to that keep us from changing. Review handout listing common thoughts that prevent change.

- "If I Change, my feelings won't be validated"
- "I have already invested too much in this, if I change now it will be all wasted."
- "This is how I am and it is what I know"
- "Good things happen to good people, bad things happen to bad people, this is what I deserve"
- "At least things are predictable now, I know what to expect"
- "I need to stay in control"
- "If it works for me, why try anything different?"

Note to Trainers: Ask participants if there is any other that should be added to the list.

Trainers review the concept of cognitive interventions.

Cognitive Interventions identify the client's unreasonable thoughts and immediately confronts or challenges these problem-producing ideas so that the client will think differently-see things in a different way-and thus, change their feelings and behaviors.

What we want to do with our clients is to help them recognize that they have thoughts or cognition's that are harmful and self-defeating. Helping client's change their thoughts is similar to how we help them change other behaviors.

To help clients change their thoughts, we have to:

- Help the client understand that they engage in self-talk and that whatever they are telling themselves will predict how they will feel or react.
- Help the client explore what they are currently telling themselves that is interfering with their ability to change.
- Assist the client in challenging the unhelpful thinking.
- Identify positive self-talk to replace the old

Small Group activity: Ask participants to identify positive statements that challenge each of the unhelpful thinking statements. If time have them role play as a client-worker.

Motivational interviewing techniques: (2 hours 30 min)

Activity 8: Five Interviewing strategies

Trainers review the interviewing strategies and give examples

- Open- questions
- Affirmations
- Reflective listening
- Summarizing
- Eliciting change talk

Large Group Demonstration: Prepare ahead of time a beach ball with all five strategies printed on it. The trainer than begins to tell a story about a change (real or made up) that they need to make and passes the beach ball to a participant. The participant then uses the strategy that is closest to his or her thumb on the beach ball. If the participant is stuck he or she can ask for help from the group. The trainer continues the story as the participants pass the ball to each other taking turns practicing the interviewing strategies.

Activity 9: Developing Discrepancy

A discrepancy between present behavior and important goals motivates change. The task of the worker is to help focus the client's attention on how current behavior differs from ideal or desired behavior. Discrepancy is initially highlighted by raising your clients' awareness of the negative personal, familial, or community consequences of a problem behavior.

Trainers review steps for developing discrepancy:

1. Separate the behavior from the person and help your client explore how important personal goals are being undermined by current behaviors.
2. Listen carefully to your client's statements about values and goals.
3. If the client shows concern about the effects of personal behavior, amplify this concern to heighten the client's awareness of discrepancy.
4. Highlight and focus on this discrepancy until the client can articulate a consistent concern and commitment to change.

Trainers review tools and techniques for developing discrepancy:

- Show a video and then discuss it with the client to make the connection with his own situation.
- Explore how behaviors conflict with the values of a larger community that the client might identify. For example, conflicts with religious beliefs or with the client's family values.
- Use the "Columbo approach" (Kanfer and Schefft, 1988). Express understanding and seek clarification of the client's problems without appearing to perceive any solution. A stance of uncertainty or confusion can motivate the client to take control of the situation by offering a solution to the clinician (Van Bilsen, 1991).

Activity 10: Rolling with resistance

Dyad Demonstration: Trainers ask participants to turn to the person next to them and place their palms together and push. What happens? How does this relate to the families we work with? Explain that pushing against resistance usually creates more resistance.

We use the term "resistance" to refer to behaviors that interfere with making progress toward desired changes. Resistance may occur in the context of the therapeutic relationship or to self-directed efforts to change.

When workers view resistance as something that needs to be eradicated, they may unintentionally set up antagonistic relationships that are inconsistent with the changes they are trying to facilitate. Instead, it can be helpful for specialists to alter their expectations: to think of resistance as a natural part of the change process and as an expression of parents' or family members' unmet needs. This view of resistive behavior is more likely to help workers select helpful interventions.

Note to Trainers: Trainers introduce the concept of rolling with resistance.

Dyad Demonstration: Review techniques. Give each group a slip of paper with one technique. Have dyads develop and practice a demonstration to present to the large group. After the demonstration the group attempts to identify the technique. (Note: It might be necessary for the trainers to demonstrate the techniques or use a video to demonstrate the techniques first.)

Simple reflection

The simplest approach to responding to resistance is with nonresistance, by repeating the client's statement in a neutral form. This acknowledges and validates what the client has said and can elicit an opposite response.

Client: Spanking is the only way I can get Brian to listen to me.

Worker: So, having Brian follow your directions is very important to you.

Amplified reflection

Another strategy is to reflect the client's statement in a more extreme (being careful not to sound sarcastic.) This sometimes moves the client towards a softer conviction and more open to change.

Client: I don't know why the school is so worried about this. I don't think Johnny's behaviors are any different than most kids his age.

Worker: So the school is worrying needlessly.

Double-sided reflection

A third strategy entails acknowledging what the client has said but then also stating contrary things she has said in the past. This requires the use of information that the client has previously discussed.

Client: I know you want me to say I will never use physical discipline, but I'm not going to do that!

Worker: You can see that there are some real problems here, but you're not willing to think about giving up spanking altogether.

Shifting focus

You can defuse resistance by helping the client shift focus away from barriers and obstacles. This method gives you an opportunity to affirm your client's personal choice about how to conduct of his or her own life.

Client: I can't stop drinking when everyone I know is doing it.

Worker: You're way ahead of me. We're still exploring your concerns about how to make the environment more stable for the children. We're not ready yet to decide how drinking fits into your goals.

Agreement with a twist

A subtle strategy is to agree with the client, but with a slight twist or change of direction that propels the discussion forward.

Client: Why are you and my case worker so stuck on my yelling? What about all my daughters' problems? You'd yell, too, if you had to live here.

Worker: You've got a good point there, and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as one person's

problem. I agree with you that we shouldn't be trying to place blame here. Problems like these do involve the whole family.

Reframing

A good strategy to use when a client denies personal problems is reframing--offering a new and positive interpretation of negative information provided by the client. Reframing "acknowledges the validity of the client's raw observations, but offers a new meaning...for them" (Miller and Rollnick, 1991, p. 107).

Client: My mother is always nagging me about my going out. It really bugs me.

Worker: It sounds like she really cares about you and is concerned, although she expresses it in a way that makes you angry. Maybe we can help her learn how to tell you she loves you and is worried about you in a more positive and acceptable way.

Activity 11: Expressing Empathy

Expressing empathy is a skill that can be learned and practiced. The first step in expressing empathy is correctly identifying what the client is experiencing emotionally. The second step is to acknowledge and validate. Empathy can be expressed both non-verbally and verbally.

Non-verbal responses:

- Facial expressions
- Nods
- Voice tone

Verbal responses:

- Reflective statements
- Statements of understanding
- Statements of encouragement

Dyad demonstration: Have participants divide into groups of two and take turns practicing expressing empathy as their partner relays a story. Remind participants of the earlier demonstration of not being empathetic. After each participant has a few minutes to practice, debrief in larger group.

Activity 12: Supporting Self Efficacy

A person's belief in the possibility of change is one of the greatest factors in the ability to change. It is the client, not the worker, who is responsible for choosing and carrying out the change. However, the worker's belief in the client's ability to change can also be an important motivator.

Note to Trainers: Review four statements that instill hope and give examples.

- Name the problem, thus externalizing it:
"It sounds like these feelings anxiousness has kept you from doing everything that you want to do."

- Put the problem in the past:
"Before now this has been a real difficulty for you"
- Use language that suggests that clients can take action to solve problems rather than passively watching their lives unfold:
"When you tackle this problem..."
- Seek out the positive exceptions:
"What are the things in your life in which you want to continue?"

Individual Activity: pass out list of hopeless statements that a client might ask and have participants write hope instilling statements.

Note to Trainers: Remind participants the importance of being strength-focused

Appendix H

ENGAGING FAMILIES

Making Visits Matter

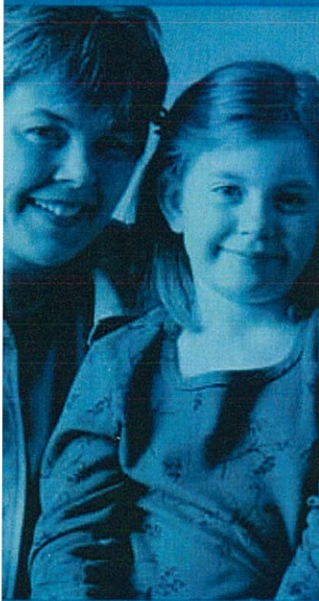


FIELD GUIDE

Department of Children and Families
Division of Youth and Family Services



ENGAGING OUTCOMES



Engaging skills demonstrate the ability to...

Develop trusting relationships with families by demonstrating genuineness, empathy, respect, and competence by utilizing key skills and techniques to develop these core competencies.

Develop an effective working agreement. Effectiveness means that the family and worker agree on the family's problem, and underlying need that must be addressed to resolve the problem, as well as their roles and responsibilities.

Identify the family's functional strengths and underlying needs.

Use a solution focused approach.

Identify, engage and prepare family members and their identified supports to work together.

*see kids
not just
as they are...*

*but as strong as their
families can become.*

CORE CONDITIONS

GENUINENESS

Make sure your nonverbal behavior, voice tone and verbal responses match and are congruent.

Communicating trustworthiness and acceptance

Being able to express yourself naturally without artificial behaviors

Being open and receptive

Be Yourself!

EMPATHY

Recognizing the person's experience, feelings and nonverbal communication

Communicating with words your understanding of the person's experience

*Communicating with empathy
results in more openness in people!*

RESPECT

Communicating warmth

Showing commitment

Recognizing and using a
person's strengths

Being open-minded

COMPETENCE

Listening

Commitment

Making progress toward goal

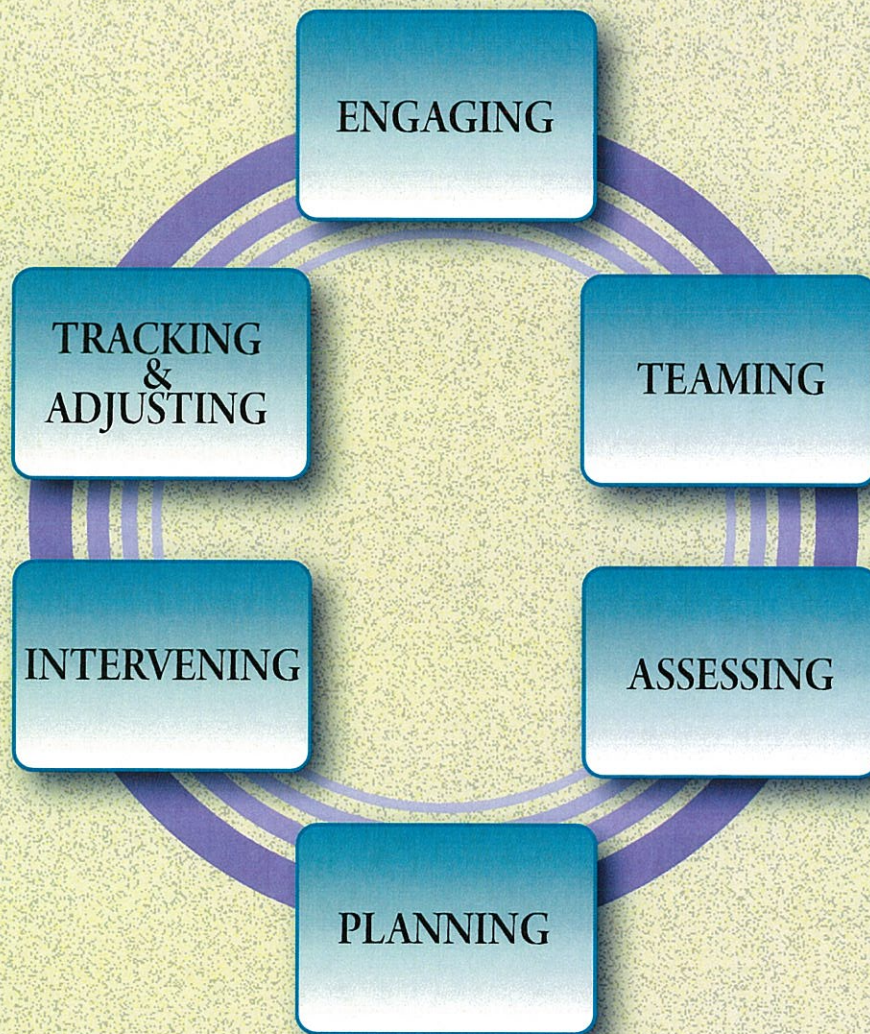
Follow-through

Being open-minded

Being knowledgeable

Providing and welcoming feedback

PRACTICE WHEEL



What is...

Engaging: Effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Teaming: Assembling, becoming a member of or leading a group to bring needed resources to the critical issues of children and families. Realizing that child welfare is a community effort and requires a team.

Assessing: Obtaining information about events that brought the families into our services and the underlying needs that drive concerning behavior. Looking for issues and strengths within the children and within the families. Determining the ability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

Planning: Tailoring the planning process to each child and family, including the design of steps that move children and families to a better level functioning. Assessing circumstances, resources, making decisions on direction, evaluating plan effectiveness, reworking as necessary, celebrating successes and facing consequences of setbacks.

Intervening: Interceding with actions that decrease risk, provide for safety, promote permanence, and establish well-being. Skills may range from finding housing to changing a deeply embedded, multi-generational pattern of thinking and behaving.

Tracking and Adjusting: Maintaining a level of diligence and attention to the family, the team, and planned interventions to assure that all actions are effectively addressing child and family needs and are incrementally moving the child and family towards safety, permanency stability, and well-being for the short and long term view.

STEPS FOR WORKING WITH RESISTANCE

“Resistance is a predictable and natural emotional reaction to feeling forced to change or when facing difficult issues. Resistance occurs as a response to feeling vulnerable, out of control and threatened by change”.

Step 1: Recognize the Cues

Identify the form of resistance.

Identify the emotions you feel in reaction to the form of resistance.

Be aware of the nonverbal messages.

Trust your own feelings and accept them as cue.

Step 2: Manage your emotions and reactions

Examine your emotions and select ways you can manage them effectively.

Remind yourself resistance is a normal response.

Do not take the expression of resistance personally.

Identify the positive intent.

Step 3: Reflect the form of resistance you observe and allow silence

Use reflection to state in a neutral way the form of resistance you are seeing and hearing.

Use “I” messages such as, “When I asked about the affect of your drinking on the children, I notice you change the subject”.

Then fall silent and allow this reflection to “echo” for them.

Step 4: Use active listening and empathic reflection to help them discuss their vulnerability

Now is the time to be quiet and help the person more clearly discuss their feelings of vulnerability or their concerns about control.

Use your empathy, active listening, attending, reframing, and clarification, which will enable the person to explore their vulnerability. Ex., “If it were true that your drinking has had a negative affect on your child, what would that mean to you?”

DEVELOPING A WORKING AGREEMENT

Step 1: Personal Expression

In this step, you will express how you feel about being with the person(s). A personal disclosure will convey your genuine interest in resolving or addressing the issue at hand. It is effective modeling to take the risk to express emotions.

Step 2: Understanding the Problem

In this step, you will express what you view as the immediate issues to be addressed. Your understanding of the problem can help you develop empathy if you and the family members view the problem in a similar way. If there is not full agreement about the problem, it opens the discussion so that reflections or other interpersonal helping skills can be used to gain clarity and mutual understanding.

Step 3: State What You Want and What You Can Provide and,

Step 4: Have Others State What They Want and What They Can Provide

This is the time when you will clarify what you want from family members and what you are willing to provide. You will also clarify what the family members want from you and are willing to offer you. Where you start will be based on previous work with family members. Sometimes you may want to start by asking, “What is it that you want from me?” Or you may want to be more directive and tell them what you can provide and what you want from them. So you need to decide which comes first, Step 3 or Step 4.

Step 5: Gain Agreement

In this step you clarify with family members what steps and tasks will be done and by whom. If there are things you want from them that they cannot provide, this should be clear. If there are things they would like from you and you cannot provide that should be clarified.

TASKS IN THE PROCESS OF CHANGE

Following are some tasks that a worker or support person can do to assist a child, parent or caregiver with each stage and to empower them to achieve and maintain their desired behavior.

Stage 1: Clearly Defining the Problem/Need

- Ask each person to describe their perspective of the problem/need. Observe the family member at times when the problem occurs (if possible).
- Provide feedback to the person about your observations.
- Help family members see discrepancies among what they say, and what they do and the outcomes they want and the outcomes they are getting.
- Help the family member define a vision for their desired change.

Stage 2: Ending and Loss

- Specifically describe what needs to change.
- Examine secondary changes and their effects.
- Determine who will lose what or what each person will have to let go. Acknowledge the losses.
- Expect and give permission to grieve.
- Try to find ways to compensate for the losses.

Stage 3: Ambivalent Discomfort Zone

- Recognize and normalize feelings.
- Examine the ambivalent feelings about the change and address ways of managing the pull toward old behaviors.
- Identify and use strong role models to guide the individual forward.
- Describe and view the situation from a positive perspective.
- Select small steps and implement small incremental steps.

Stage 4: Practicing the Desired Behavior

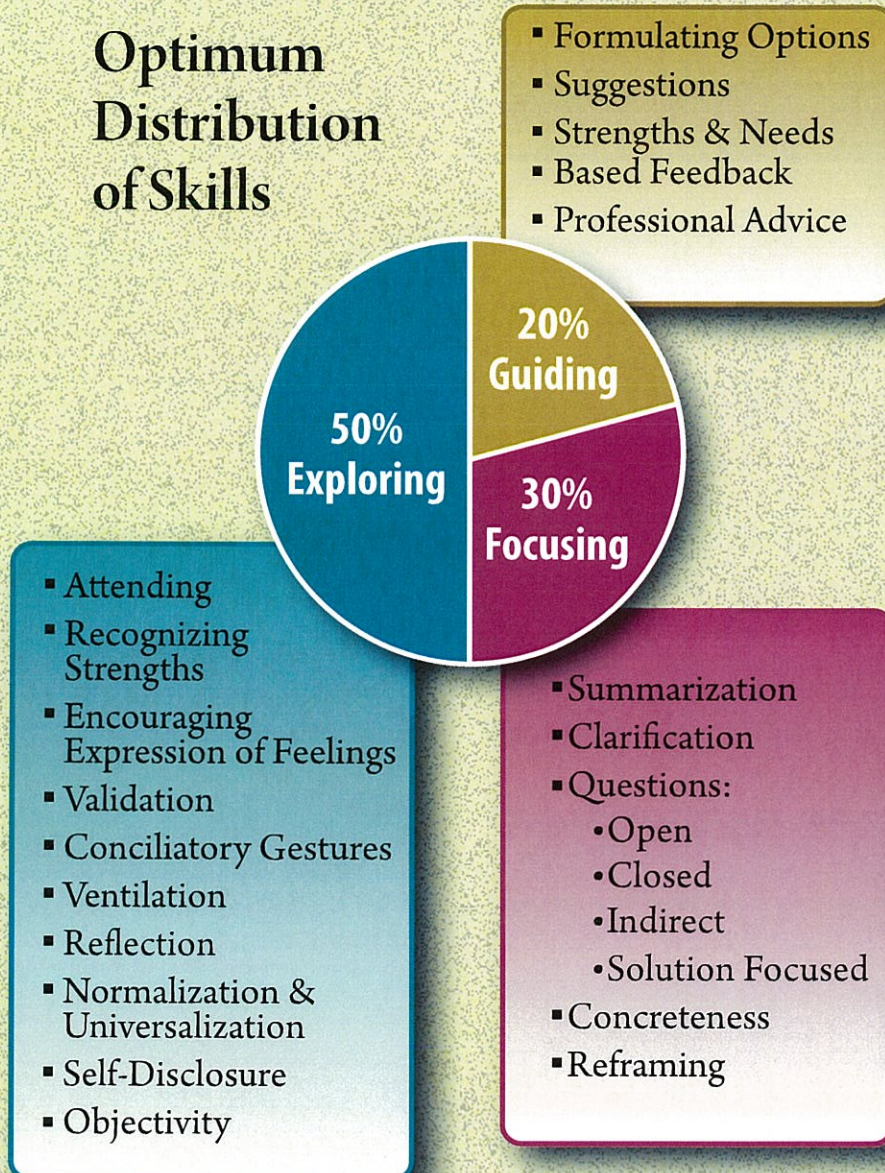
- Specify with the team exactly what new behaviors will be practiced.
- Recognize that people will be ready to commit to the new balance at their own pace.
- Reinforce in a variety of ways the purpose behind achieving their desired outcome.
- Reiterate problems experienced; plan in case a relapse occurs.

Stage 5: Maintaining the Desired Behavior

- Revise the plan for change so it focuses on support and reinforcement of the desired change.
- Empower people to take a more active role.
- Identify ways to lessen your role while assuring that progress for the family continues.
- Help the person determine ways to use their informal and formal supports on an ongoing basis.
- Put steps or supports in place to recognize the risks for regression or relapse to the old behaviors and identify a back-up safety plan in case relapse occurs.
- Help the person develop the new skills that may be necessary to maintain their behavior.

LET'S GET ENGAGED

Optimum Distribution of Skills



ELICITING SOLUTIONS WHEN TRACKING AND ADJUSTING PLANS WITH PARENTS

- ① **Build on a shared vision.** Start with the places of strong agreement and resonance between yourself and the family. Be able to point to times when the family demonstrated strengths related to this area of the work they have been doing. Help the family see that tracking and adaptation is a shared process to insure that the family goals for the children are met.
- ② **Identify what has gone according to plan.** Again, even if it means going non-sequentially through the plan, identify what has worked and gone well. Help the parent and/or caregivers operate from a sense of efficacy and success which can give them strength and openness to look at where the plan has gone awry.
- ③ **Be honest about the areas that are tough.** Acknowledge the barriers to successfully overcoming such issues as substance abuse, trauma recovery, mental illness, cognitive and developmental challenges. Help the family normalize relapse and failings as part of the process and as understandable.
- ④ **Create and recreate a shared commitment to live up to the children's needs, even when it means re-visioning the original plan.** Acknowledging that while normal, some relapses and vulnerabilities may exact too high a price from children which can help parents have a deeper commitment to change and a more thorough back-up plan.
- ⑤ **Remind the family that they can create and call upon their "team," even if you don't use formal teaming as practice.** Many of our families spiral downwards because they are afraid to ask for help. Once you know that something is not working, part of the job is to help the parent fix it; the other part is to help the parent find other supports.

SIMPLE INTERVIEWING TECHNIQUES TO ASSIST WITH EXPLORATION

- ❶ Use open ended, non-leading questions.
- ❷ Ask child to elaborate by saying, “What happened next” or “what did that look like, smell like, etc.”
- ❸ Ask for feelings instead of naming them. For example, “What was that like for you?” instead of “That must have been scary.” If children think that you will complete the sentences for them, they may revert to a more passive role. Note: for kids who like to appear tough, the word “feelings” may create resistance. You may try “What did your gut tell you?”
- ❹ If the child is cognitively able to answer, ask questions that incorporate other experiences to get more clarification. For example, “When else have you felt that way?” or “What, if anything, did that remind you of?”
- ❺ Put the child in charge of what s/he shares-formally. For example, “What else do you think I should know?”
- ❻ Allow for silence. Conversations with children about safety and stability are often difficult and children need to pace their conversations with you.
- ❼ Respond to impending “shut down” with exception finding questions. For example, “Was there a time when you thought ‘X’ would happen, but it didn’t? What was different?”
- ❽ Use miracle and minor miracle questions when children cannot or have not articulated their worries. For example, “If a miracle happened and everything was as you would like it, what would that look like? How would you know?”

SOLUTION-FOCUSED QUESTIONS

The Solution-Focused Approach focuses on solutions rather than problems. Focus is on the families' strengths and abilities rather than their weaknesses.

THESE QUESTIONS HELP FAMILY MEMBERS DEFINE WHO, WHAT, WHY, WHERE, WHEN AND HOW OF THE PROBLEM AND THE SOLUTION.

- What happened when you decided to make this change in your life?
- Under what circumstances is this likely to occur?
- When this happens, what do you do?
- What are the positives for you continuing to stay in this relationship?
- Who else is concerned about this problem in your family?
- What would have to be different for you not to be afraid?
- How often did it happen last week?
- Who was there when it happened?
- Where were you when Johnny had his temper tantrum?
- When you decide to count to 10, what will you do differently?
- How will you make sure that your children are safe in the future?
- Where in the house do you feel most relaxed and calm?
- What part do you agree with and what part do you disagree with?
- What would your child say that he/she likes the most about the changes you've made in your life?

Past Success Questions

Through the interview process, you can focus on a family's past successes, that is, when the family member was functioning well enough not to require child protective services intervention.

- ▶ It's not easy to raise three children on your own. How did you do it?
- ▶ After having been through what you've been through, how did you find enough strength to keep pushing on?
- ▶ What do you need to do so that you'll feel good about yourself and in control of your life again?
- ▶ What would it take for you to bring back the confidence you had when you were in high school?
- ▶ Under what conditions have you been able to make your family safe?
- ▶ How have you been able to change/accomplish things that are important to you before?

Exception Finding Questions

These are the times when problems could have occurred but did not. You and the family need to examine who did what, when, where and how so that the problem did not happen. That information can be used to identify the abilities the family uses successfully.

- ▶ Tell me what is different for you at those times when you don't lose control?
- ▶ Tell me about the times, in recent days, when you could have hit your child (screamed at him, called him names, etc.) but somehow managed to handle it differently?
- ▶ Can you explain to me how you did that?
- ▶ In what other situations have you been able to manage your temper in such a way that you did not have to regret it later?
- ▶ I can see you have every reason to be depressed (upset, angry, disappointed, etc.). When you do suppose you get a little bit less depressed (upset, angry, disappointed, etc.)?
- ▶ How would you say you are different when you are a little less depressed (upset, angry, disappointed, etc.)?
- ▶ You are saying that you didn't drink (scream, hit the children, etc.) for three days last week. How did you do it?
- ▶ What would have to happen for you to do it more often?

Miracle Questions

This question literally asks family members to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. The family can begin to see some hope that life can be different.

- ▶ If you could paint a picture for me of what your family would look like if all this were solved, what would that picture look like?
- ▶ If you had a magic wand and could grant yourself one thing that would solve the problem/meet the need that your family is now facing, what would you wish for?
- ▶ If you had three wishes, what would they be?
- ▶ If the miracle were to happen what would be the first change you notice about yourself?
- ▶ If you were to take these steps to make this change, what would you notice different around your house?

Scaling Questions

These questions can be used to assess self-esteem, self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc.

- ▶ On a scale of 1-10, with 10 meaning you have every confidence that this problem can be solved and 1 meaning no confidence at all, where would you put yourself today?
- ▶ On the same scale, how hopeful are you that this problem can be solved?
- ▶ What would need to be different in your life to move up just one step?

Coping Questions

These questions help you to find the areas of resiliency that support people in troubled times. It also helps to identify the personal strengths and other

- ▶ What has and is making it possible for you to cope?
- ▶ How do you keep making it work for you and your family?
- ▶ I'm sure there are days you want to pack it up and leave. What helps you stay?
- ▶ There are a lot of things people are asking you to do for your children. What helps you meet those demands?
- ▶ How come it's not worse, given all the things you are going through?
- ▶ Wow, how did you do it? It must have been very tough just to get through the week.
How did you manage to stay sober for a whole week, considering all that is happening in your life? How did you find out what to do when having a craving?

EXAMPLES OF STRENGTH BASED QUESTIONS

For Families

- What were you like as a child?
- Who has had the biggest influence on your life?
- What makes you happy? What is the best time you ever had?
- Who are your closest friends and why are they special to you?
- What do you like to do in your free time?
- What are the best things about you? Your family? Your neighborhood?
- What do you admire the most about your parents?
- What do you like best about your son/daughter?
- How do you “blow off steam?”
- Describe the best time you ever had with your son/daughter.
- When was that and what was your life like at the time?
- Who helps you out when you’re in a crisis?

For Kids

- What is the best thing you can tell me about yourself?
- What is your favorite color? Subject in school? Sports figure? Musician? Person? Pet?
- Who is your best friend and what would they tell me about you?
- If you could live anywhere, where would you live and why?
- Do you have a favorite pet? What do you like about your pet?
- Name two good things about your family? Your school? Your neighborhood?
- Who in your family are you most like? Why?
- Who do you admire most in your family? Why?
- What do you like to watch on TV? Why?

Questions to Help Families Identify Family and Informal Supports

- When (the incident/call/crisis) happened, who was the first person you called?
- Are there family members who have been supportive and helpful over the years?
- It appears you've been able to cope with this situation for a long time. Who have you relied on for help and support?
- Who at your child's school do you trust? What have they done that has been the most helpful?
- Do you have neighbors who are aware of your situation and can help you?
- Are there any activities in your community for your child?
- Was there a professional you worked with who you really felt helped?
- Do you belong to a religious group? Have you ever?
- Would you want some help in order to reconnect with that community?
- Are there any supports/services you would be interested in joining in your community?
- Are there any professionals who you would like to have on the team because of their expertise? Who?
- Does your son or daughter have any friends who they listen to? Could that person be on the team?

Questions to Promote Focus on Safety and Stability

- Ask children to describe what goes well in the family and what could go better or what doesn't go well.
- Using genograms and eco-maps or pictures of the household, have child describe each person to you in detail. Using pictures, also have them describe relationships and how each person expresses feelings, "How do you know when "X" is happy? Sad? Angry?"
- Ask children to describe the things that make them believe that the family will and won't be able to keep working on the things that are difficult for them.
- Ask children how other people can tell if things are going well and how they can know if things are not going well.
- Ask children when they know they belong? How do they know?
- Use Scaling and Comparison Questions. Thinking of how things are now, compared with when we first met or you met your first worker, would you say things are better, worse or some of each? Probe for description.
- Have child rate safety in relative terms. Thinking of the time just before you met your first worker, do you think you and your family are more safe, less safe or some of each? Probe for description.
- Build Safety: Thinking of the items when you have felt like you knew who you could count on, who has really been someone you could trust and turn to? (This also helps build a safety plan for the future).

CYCLE OF NEED



NEEDS AND NEED STATEMENTS

A need may be a requirement that is essential to all human beings such as the need for shelter, food, affiliation or nurturance. In working with families in planning, a need is often a description of the underlying conditions that are the source of the symptoms or the behavioral expressions of problems that a family may be encountering. Sometimes when we positively reframe problems we get at the need.

Need Statements Are Not

A need statement is not a service or intervention, such as a parenting class or a psychological; it is not a behaviorally specific statement or a statement of the problem; such as “the child is acting in a sexually reactive way” or “the parents use inappropriate discipline methods.” Need statements do not contain time frames, such as “the parent will achieve a recovery lifestyle within two months.” A need statement is not stated negatively, such as “the parent must do this or that or suffer the consequences.”

Possible Need Statements

The children need caregivers who provide discipline and guidance in ways which promote nurturance and attachment.

The children need caregivers who can meet their daily needs for supervision.

The caregivers need to live a recovery lifestyle that will meet the supervision and basic needs of their children.

Mom needs to be able to teach her child things in a positive way.

Dad needs support and guidance to become a more responsible father instead of just a provider.

Mom and Dad need to set limits in ways that are loving and consistent.

Needs for Safety and Caring

To feel loved

To be protected from getting hurt

To get the most out of school

To develop an attachment to at least one adult

To be cared for lovingly and protected from rough handling, abuse or injury

To achieve developmental milestones and age appropriate language skills

To be able to rely on a daily routine

To learn how to ask for what he wants and manage frustration without becoming aggressive

To have supervision that encourages activity without putting himself in danger

WINDOWS INTO CHILD/FAMILY LIFE: OUTCOME INDICATORS

SAFETY

Children are, first and foremost, free from child abuse and neglect.

Examples:

- In Home
- In Placement
- Post-Reunification

STABILITY

Children deserve predictable and continuous connections with people, places and things that contribute to their development and identify.

Examples:

- School
- Friendships
- Community
- Caring team of adults to look out for them. (caseworkers, caregivers, relatives, teachers, coaches, church).

WELL-BEING

Children's health and functioning is supported through assurance of formal and informal supports to provide them with optimal growth and developmental opportunities.

Examples:

- Physical
- Emotional
- Educational
- Vocational

PERMANENCY

Children need to know where they will grow up and to have lifelong connections to provide a sense of belonging.

Examples:

- A forever family
- A sense that although there may be more than one permanency option on the table, the adults are working together to provide for the child.

Appendix H

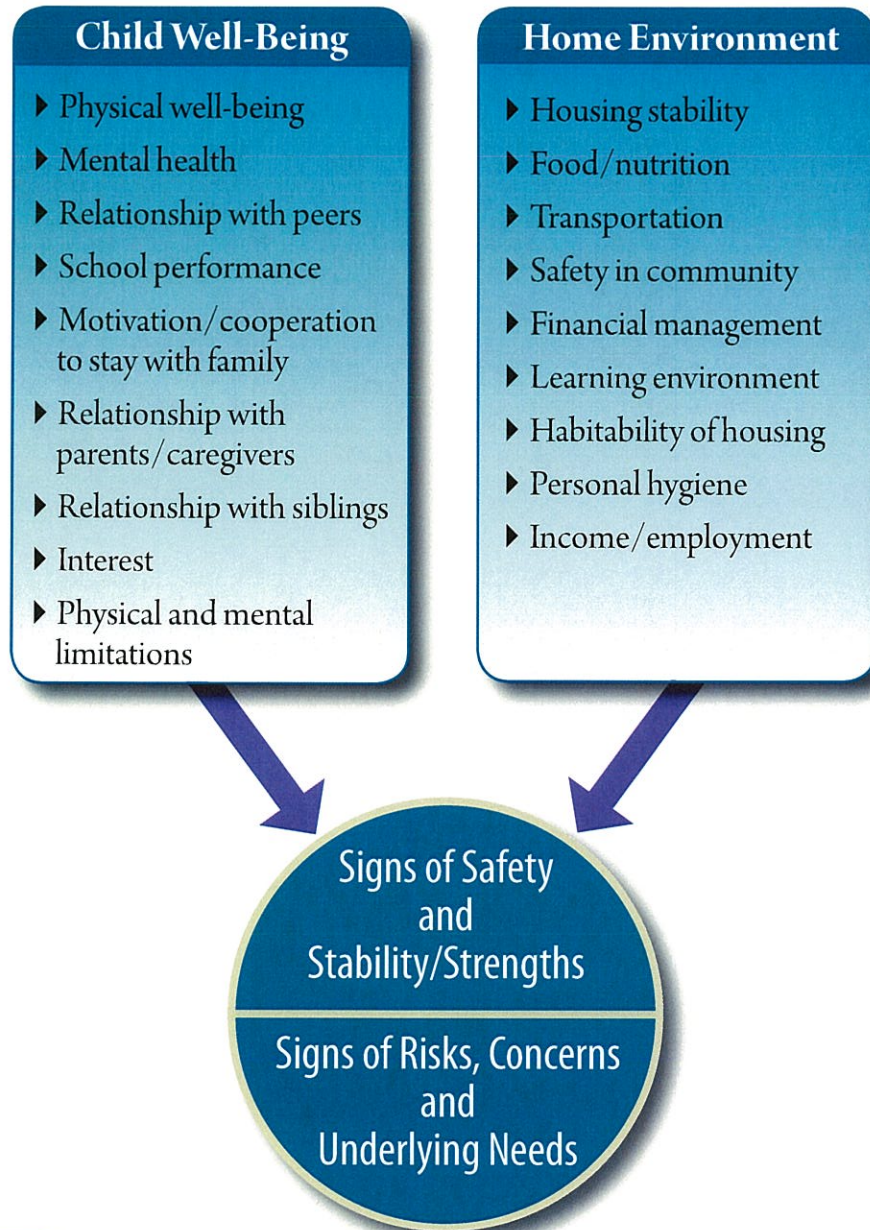
Visiting Practice Planning Guide:

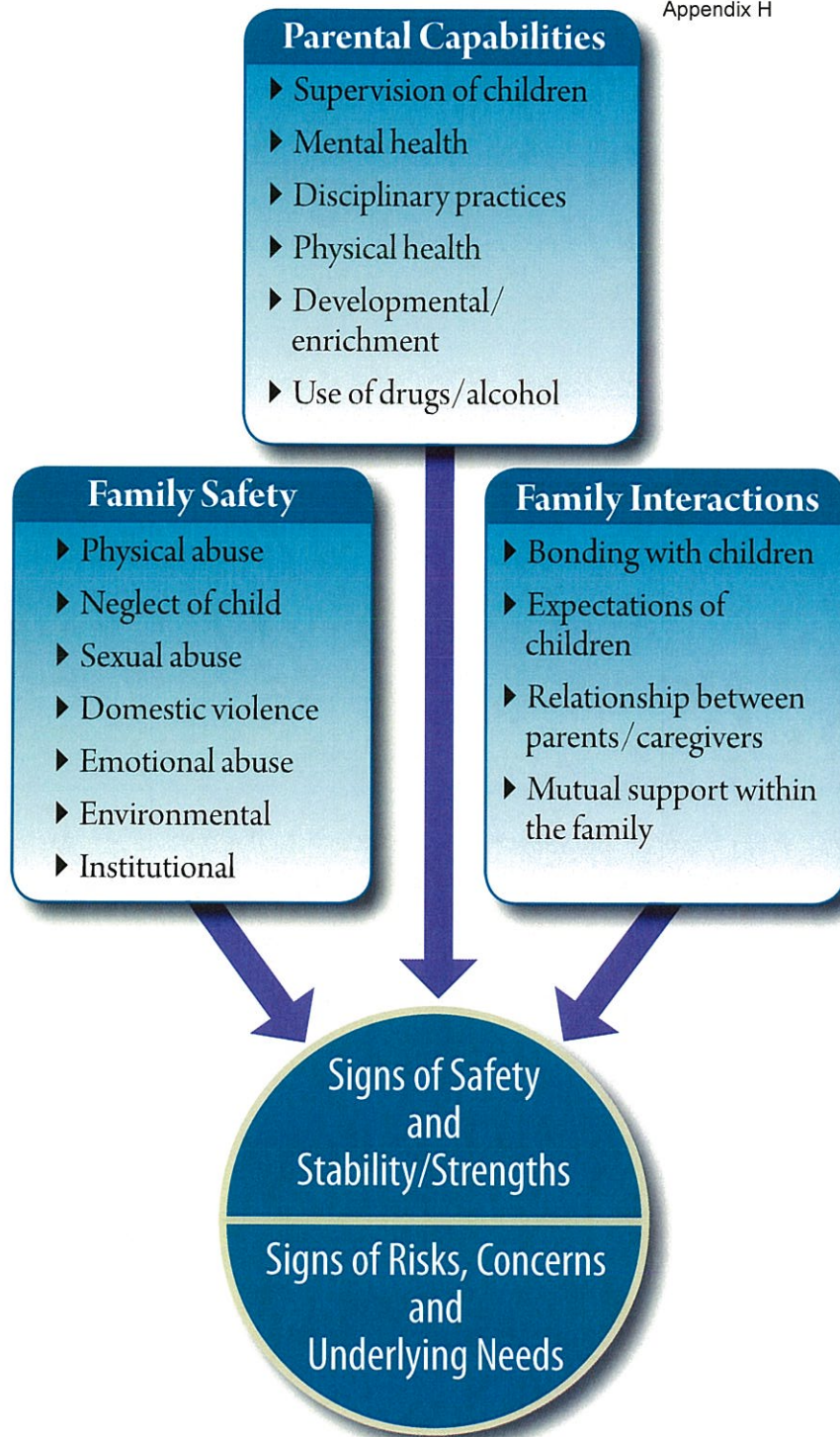
Purpose for visiting at this point in the case

	KNOWN	UNKNOWN
Safety:		
Stability:		
Well-Being:		
Permanency:		

Non-Negotiable Bottom Line

SAFETY AND STABILITY CONSIDERATIONS





Adapted from:

Berg, Insoo Kim and Kelly, Susan

Building Solutions in Child Protective Services

W.W. Norton, 2000

The Child Welfare Policy and Practice Group

Making Visits Matter

Engaging Families and Building Trust-Based Relationships

Montgomery, Alabama, 2008

Adapted by:

Eladia Gonzalez

Kathleen Niedt

Florence Racine

Aida Velasco